



2020 ANNUAL SALARY & FRINGE BENEFITS SURVEY



MID-OHIO REGIONAL
MORPC
PLANNING COMMISSION



MID-OHIO REGIONAL
MORPC
PLANNING COMMISSION

Dear Central Ohio communities and residents:

As an association of local government members, the Mid-Ohio Regional Planning Commission (MORPC) is focused on important issues such as transportation, energy, residential programs, land use, the environment, and economic prosperity in the fastest-growing region of the state. MORPC is continuing to develop new and innovative ways for Central Ohio to stand out both nationally and around the world.

We could not do this without the great work performed by our local government members. The cities, villages, townships and counties we serve reflect a vast array of interests, but all of them recognize the benefits that come from joining together as a region and improving the lives of the residents in our 15-county area.

We want to thank the 36 member governments who provided information for the 2020 Salary and Fringe Benefit Survey. Your willingness to participate is not only appreciated by MORPC, but also other communities throughout the region who can learn from your example.

The Salary and Fringe Benefit Survey is just one of many services, programs, and initiatives performed by MORPC's dedicated staff. If we can be of further assistance to you regarding this document or in any other way, please do not hesitate to reach out to us at 614.228.2663.

Kind regards,

William Murdock, AICP
Executive Director

Shawn P. Hufstedler
Chief of Staff & Director of Operations



SECTION 1

EXECUTIVE SUMMARY



MID-OHIO REGIONAL PLANNING COMMISSION 2020 SALARY SURVEY

Executive Summary

The Mid-Ohio Regional Planning Commission (MORPC) Salary Survey for 2020 consists of data from 36 member governments on various positions and descriptions. Salary ranges reported in the survey were received from the participating communities for year 2020. Areas of the survey were left blank if no information was provided for that section.

A copy of benchmark positions is also included in this survey for your review. These benchmark positions are noted on the survey by a number (Example: (1) Director, etc.). Some member governments included the average annual salaries for positions, the level of match of their position to the benchmark position (equal to, greater than, less than, and no match) and actual number of employees (the # of incumbents).

Please contact Shawn Hufstedler, Chief of Staff & Director of Operations, with any comments or recommendations you would like to see in future MORPC salary surveys at 614-233-4136 or shufstedler@morpc.org.

Note of Caution

Wage and salary surveys provide a valuable tool for use in determining how organizations' pay structures relate to those in a given area. However, survey users should not attempt to use the recorded measures of central tendency (averages, etc.) as absolute compensation standards. Therefore, care should be exercised in utilizing survey data, and specific results should be examined in the context of overall survey findings and the general economic situation prevailing at the time of the survey.

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2020 PARTICIPATING AGENCIES

City of Bexley	City of Pataskala	Blendon Township
City of Canal Winchester	City of Powell	Madison Township, Franklin County
City of Circleville	City of Reynoldsburg	Mifflin Township, Franklin County
City of Columbus	City of Upper Arlington	Truro Township
City of Delaware	City of Westerville	Washington Township
City of Dublin	City of Whitehall	Village of Galena
City of Gahanna	City of Worthington	Village of Gambier
City of Grandview Heights	Delaware County	Village of Lockbourne
City of Grove City	Fairfield County	Village of Plain City
City of Lancaster	Franklin County Board of Commissioners	Village of Shawnee Hills
City of Marysville	Morrow County	Village of Sunbury
City of New Albany	Union County	Village of West Jefferson



SECTION 2

PARTICIPANT INFORMATION CONTACT INFORMATION

Participants' Contact Information

(As Available)

City Agencies

Bexley

Beecher Hale, Finance Director

bhale@bexley.org

614-559-4264

Canal Winchester

Amanda Jackson, Finance Director

ajackson@canalwinchesterohio.gov

or

Nancy Stir, HR Coordinator

nstir@canalwinchesterohio.gov

614-834-5118

Circleville

Valerie Dilley, HR Assistant

Valerie.dilley@ci.circleville.oh.us

740-477-8200 Ext. 5055

Columbus

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Columbus, Ohio 43230

614-645-4314

Delaware

Whitney Faust, HR Administrative Service
Specialist

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740-203-1025

Dublin

Kelly Rose, HR Manager

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614-410-4644

Gahanna

Melissa Jackson, HR Administrator

Melissa.jackson@gahanna.gov

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Grandview Heights

James Barone, Assistant Director of Finance

jbarone@grandviewheights.org

614-481-6225

Grove City

Vikki Stoneking, HR Coordinator

vstoneking@grovecityohio.gov

614-277-3013

Lancaster

Gretchen Nihiser, HR Coordinator

gnihiser@ci.lancaster.oh.us

740-687-6676

Marysville

Tara Maine, HR Assistant

tmaine@marysvilleohio.gov

937-645-7367

New Albany

Lindsay Rasey, HR Officer

lrasey@newalbanyohio.org

614-939-2251

Pataskala

James M. Nicholson, Finance Director

jnicholson@ci.pataskala.oh.us

740-964-6274

Powell

Karen Sybert, Finance Director

Ksybert@cityofpowell.us

614-885-5380

Reynoldsburg

Sandra Boller, HR Director

sboller@ci.reynoldsburg.oh.us

614-322-6868

Upper Arlington

Abby Cochran, HR Director

acochran@uaoh.net

614-583-5044

Westerville

Kaitlin Grafmiller, Management Assistant

Kaitlin.grafmiller@westerville.org

614-901-6838

Whitehall

Tracy Wentz, HR Generalist

Tracy.wentz@whitehall-oh.us

614-338-3101

Worthington

Angela Harris, Finance/Personnel Analyst

aharris@ci.worthington.oh.us

614-786-7349

Participants' Contact Information

(As Available)

County Agencies

Delaware County

Brad Euans, HR Coordinator
beuans@co.delaware.oh.us
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Fairfield County

Cassie Strickler, HR Benefits Specialist
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740-652-7893

Franklin County

Tracy J. Hanson, Executive Assistant
tjhanson@franklincountyohio.gov
614-525-6405

Morrow County

48 East High Street
Mt. Gilead, Oh 43338

Union County

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gyonak@co.union.oh.us
937-645-3008

Township Agencies

Blendon Township

Bryan Rhoads, Township Administrator
bryan.rhoads@blendontwp.org
614-839-2013

Madison Township

Paula Parish, Administrative Specialist
pparish@madisontownship.org
614-836-5308

10/2020

Mifflin Township

Nancy White, Township Administrator
whiten@mifflin-oh.gov
614-471-4494

Truro Township

Jason W. Nicodemus, Township
Administrator
jnicodemus@trurotwp.org
614-866-1317

Washington Township

Catherine Grossman, HR Manager
cgrossman@wtwp.com
614-652-3942

Village Agencies

Gambier

Ralph (RC) Wise, Village Administrator
villageadministrator@villageofgambier.org
740-427-2063

Galena

Suzanne Rease, Fiscal Officer
srease@galenaohio.org
740-965-2484

Lockbourne

85 Commerce Street
Lockbourne, Ohio 43137

Plain City

Renee Sonnett
rsonnett@plain-city.com
614-873-3165

Shawnee Hills

Shirley Roskoski, Fiscal Officer
Shirley.roskoski@shawneehillsoh.org
614-889-2824

Sunbury

Kathy Belcher, Fiscal Officer
kbelcher@sunburyvillage.com
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West Jefferson

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614-879-7363



SECTION 3

AGENCY OPERATING BUDGET INFORMATION AND SALARY INCENTIVES



2020 Agency Operating Cost & Budget Information

Participant Information	City of Bexley	City of Canal Winchester	City of Circleville	City of Columbus	City of Delaware	City of Dublin
Total Annual Operating Budget	\$30,595	\$19,060,825	\$18,423,520	\$965,000,000	\$113,854,094	\$191,300,215
Total Annual Revenue	\$29,500	\$18,475,000	\$19,085,278	\$919,733,000	\$108,103,233	\$164,851,297
Total Number of full-time (non-union)	28	35	30	710	116	
Total Number of part-time (non-union)	20	2	23	410	28	
Total Number of full-time (union)	59	0	72	7,438	188	
Total Number of part-time (union)	0	0	0	181	0	
Total Staff	107	37	125	8,739	332	
Annual gross payroll	\$8,567,000	\$4,010,625	\$6,237,722	\$1,046,554,600	\$23,362,295	\$35,689,674
Non-Union Annual health insurance (employer cost)	\$346,199		\$1,379,083		\$1,687,109	\$6,707,094
Union Annual health insurance (employer cost)	\$729,491				\$2,734,280	included in non union amount
Non-Union Annual dental insurance (employer cost)	\$14,142		\$49,321			\$628,787
Union Annual dental insurance (employer cost)	\$29,799					included in non union amount
Non-Union Annual life insurance (employer cost)	\$3,246					\$103,920
Union Annual life insurance (employer cost)	\$6,840					included in non union amount
Total Benefit Cost	\$363,587	\$651,381	\$1,432,433		\$9,269,861	\$7,439,801
Benefit Cost as a percent of payroll	4%	16%	23%		40%	21%
Comments:	Total staff includes Seasonal employees					

2020 Salary Administration & Incentives

	City of Bexley	City of Canal Winchester	City of Circleville	City of Columbus	City of Delaware	City of Dublin
Average % of increase provided for current year base?						
Non-Bargaining	3%		3%		3%	2%
Bargaining	3%		3%		3%	2%
Increased % given to current year salary ranges.						
Non-Bargaining	3%		3%	2%	3%	2%
Bargaining	3%		3%		3%	2%
Average % of increase anticipate for base pay next yr.						
Non-Bargaining	3%				2%	2%
Bargaining	3%				2%	2%
Factors that determine individual salary Inc.						
Non-Bargaining	Cost of living, market based	Cost of living, Performance (merit) based		Cost of living , Performance (merit) , competency based	Cost of living , Performance (merit) based	Performance (Merit) Based
Bargaining	Cost of living, market based			Cost of living , Performance (merit) , competency based	Cost of living, Market based	Market Based
Short-term Incentive Pay (Bonus)	No	No	No	No	No	

Notes:



2020 Agency Operating Cost & Budget Information

Participant Information	City of Gahanna	City of Grandview Heights	City of Grove City	City of Lancaster	City of Marysville	City of New Albany
Total Annual Operating Budget	\$65,060,222	\$45,482,027	\$7,017,234	\$157,151,228	\$147,382,881	\$39,793,467
Total Annual Revenue	\$61,794,173	\$40,238,321	\$58,746,082	\$141,033,038	\$122,108,456	\$69,338,988
Total Number of full-time (non-union)	56	45	65	150	117	68
Total Number of part-time (non-union)	33	43	130	50	88	1
Total Number of full-time (union)	98	37	96	275	80	38
Total Number of part-time (union)	0	0	0	0	0	0
Total Staff	187	125	291	475	285	107
Annual gross payroll	\$15,231,800	\$7,500,000	\$18,181,390	\$31,051,478	\$14,480,478	\$13,157,322
Non-Union Annual health insurance (employer cost)	\$1,035,140	\$953,772	\$1,081,853	\$1,449,780	\$1,850,923	\$1,659,602
Union Annual health insurance (employer cost)	\$2,119,250	\$684,000	\$1,436,093	\$5,356,080	\$1,395,749	\$933,791
Non-Union Annual dental insurance (employer cost)	\$62,730		\$63,191		\$68,823	
Union Annual dental insurance (employer cost)	\$112,350		\$82,075		\$96,383	
Non-Union Annual life insurance (employer cost)	\$15,600	\$2,306	\$10,275	\$3,836	\$10,757	
Union Annual life insurance (employer cost)	\$30,260	\$2,032	\$14,260	\$11,506	\$7,669	\$16,338
Total Benefit Cost	\$3,375,330	\$956,078	\$2,687,747	\$1,453,616	\$3,430,304	\$9,426
Benefit Cost as a percent of payroll	22%	13%	15%	5%	24%	20%

Comments:

2020 Salary Administration & Incentives

	City of Gahanna	City of Grandview Heights	City of Grove City	City of Lancaster	City of Marysville	City of New Albany
Average % of increase provided for current year base?						
Non-Bargaining	3%	3%	2%		2%	3%
Bargaining	3%	3%	3%	2%	3%	varies
Increased % given to current year salary ranges.						
Non-Bargaining		3%	2%		2%	3%
Bargaining		3%	3%	2%		
Average % of increase anticipate for base pay next yr.						
Non-Bargaining	unknown	3%	2%		3%	1%
Bargaining	3%	3%	3%	2%	3%	
Factors that determine individual salary Inc.						
Non-Bargaining	Cost of living	Cost of living, performance, competency based, market based			Cost of living	Cost of living, market based, merit based, competency
Bargaining	Cost of living	Cost of living, Market based		Cost of living	Cost of living	Merit based
Short-term Incentive Pay (Bonus)	No	No		No	No	No

Notes:



2020 Agency Operating Cost & Budget Information

Participant Information	City of Pataskala	City of Powell	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
Total Annual Operating Budget	\$15,619,118	\$17,269,686	\$21,996,941	\$48,681,300	\$224,222,661	\$32,634,121
Total Annual Revenue	\$17,815,193	\$15,834,183	\$22,000,000	\$61,789,800	\$176,174,093	\$41,140,735
Total Number of full-time (non-union)	18	22	84	108	221	38
Total Number of part-time (non-union)	3	1	15	2	223	28
Total Number of full-time (union)	35	25	74	125	202	116
Total Number of part-time (union)	0	0	0	0	0	8
Total Staff	56	48	173	235	646	190
Annual gross payroll	\$3,879,469	\$6,312,650	\$12,522,639	\$22,697,900	\$65,785,421	\$15,066,500
Non-Union Annual health insurance (employer cost)	\$285,357	\$411,806	\$2,104,448	\$3,058,540	\$8,820,751	Self- Insured approx. made from COBRA rates
Union Annual health insurance (employer cost)	\$470,987	\$581,838			\$4,233,961	Self- Insured approx. made from COBRA rates
Non-Union Annual dental insurance (employer cost)	\$15,127	\$14,973	\$142,913		\$244,481	Self- Insured approx. made from COBRA rates
Union Annual dental insurance (employer cost)	\$24,968	\$20,398		\$210,000	\$225,674	Self- Insured approx. made from COBRA rates
Non-Union Annual life insurance (employer cost)	\$6,847	\$3,752	\$17,179		\$35,051	\$100,000
Union Annual life insurance (employer cost)	\$11,301	\$3,970		\$88,500	\$32,354	\$100,000
Total Benefit Cost	\$814,587	\$1,036,737	\$17,179	\$3,357,040	\$9,100,283	\$6,743,112
Benefit Cost as a percent of payroll	21%	16%	18%	15%	14%	45%

Comments:

2020 Salary Administration & Incentives

	City of Pataskala	City of Powell	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
Average % of increase provided for current year base?						
Non-Bargaining	4%	3%	3%	3%		
Bargaining		3%	3%	3%	3%	
Increased % given to current year salary ranges.						
Non-Bargaining	3%		3%	2%		
Bargaining	3%	3%	3%	3%		
Average % of increase anticipate for base pay next yr.						
Non-Bargaining	3%		3%			
Bargaining	3%		3%	3%		
Factors that determine individual salary Inc.						
Non-Bargaining				Cost of living, market based	Merit based	Cost of living
Bargaining	Cost of living		Cost of living	Cost of living, market based	Merit based	
	Cost of living		Market Based			
Short-term Incentive Pay (Bonus)	No	No	No	No	No	No

Notes:

longevity pay after 5yrs



2020 Agency Operating Cost & Budget Information

Participant Information	City of Worthington	Delaware County	Fairfield County	Franklin County Bd. of Commissioners	Morrow County	Union County
Total Annual Operating Budget	\$29,417,469	\$277,369,861	\$203,649,735	\$745,200,379	\$49,284,688	
Total Annual Revenue	\$32,499,966	\$206,662,040	\$190,014,199	\$746,621,050	\$34,710,601	
Total Number of full-time (non-union)	77	547	691	507	218	361
Total Number of part-time (non-union)	237	149	48	2	80	31
Total Number of full-time (union)	65	611	196	790	55	61
Total Number of part-time (union)	0	24	1	2	0	
Total Staff	379	1331	936	1301	353	453
Annual gross payroll	\$16,042,060	\$66,864,974	\$49,774,559	\$67,125,237	\$13,121,520	\$20,166,642
Non-Union Annual health insurance (employer cost)	\$3,500,547	\$17,037,516	\$15,584,011	\$22,176	\$1,581,375	\$3,563,849
Union Annual health insurance (employer cost)				\$22,176	\$628,529	\$569,695
Non-Union Annual dental insurance (employer cost)	\$182,601	\$186,000				\$169,657
Union Annual dental insurance (employer cost)						\$31,993
Non-Union Annual life insurance (employer cost)	\$50,660	\$85,500	\$79,641	\$34		\$9,726
Union Annual life insurance (employer cost)				\$34	\$3,381	\$1,816
Total Benefit Cost	\$3,733,808	\$17,309,016	\$15,663,652	\$24,127,388	\$1,581,375	\$3,743,232
Benefit Cost as a percent of payroll	23%	26%	31%	36%	12%	19.00%

Comments:

2020 Salary Administration & Incentives

	City of Worthington	Delaware County	Fairfield County	Franklin County Bd. of Commissioners	Morrow County	Union County
Average % of increase provided for current year base?						
Non-Bargaining	3%	3%		2%		3%
Bargaining	3%			2%	4%	
Increased % given to current year salary ranges.						
Non-Bargaining	3%					3%
Bargaining	3%					
Average % of increase anticipate for base pay next yr.						
Non-Bargaining						
Bargaining						
Factors that determine individual salary Inc.						
Non-Bargaining			Merit based	Cost of living, market based, merit based	Cost of living, Merit based	Cost of living, merit, market, competency based
Bargaining			Merit based			
Short-term Incentive Pay (Bonus)	No	No	No	No	No	Yes

Notes:

Merit payments may be awarded if certain performance metrics are achieved. Merit payments are discretionary & submit to budget & approval of the appointing authority.



2020 Agency Operating Cost & Budget Information

Participant Information	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County	Truro Township	Washington Township	Village of Gambier
Total Annual Operating Budget	\$10,513,531	\$20,970,922	\$37,453,407	\$13,842,709	\$24,115,255	\$1,819,217
Total Annual Revenue	\$9,207,284	\$16,887,028	\$28,008,544	\$11,785,477	\$23,870,318	\$2,002,006
Total Number of full-time (non-union)	11	16	105	50	108	6
Total Number of part-time (non-union)	5	20	15	20	18	
Total Number of full-time (union)	10	66	0			
Total Number of part-time (union)		0	0			
Total Staff	26	102	120	70	126	6
Annual gross payroll	\$1,643,085	\$9,044,327	\$8,940,182	\$4,828,973	\$19,937,269	\$346,500
Non-Union Annual health insurance (employer cost)		\$318,080	\$1,840,677	\$895,833	\$3,623,149	\$94,388
Union Annual health insurance (employer cost)		\$1,187,392				
Non-Union Annual dental insurance (employer cost)		\$21,336	\$133,527	\$658,452	\$145,070	
Union Annual dental insurance (employer cost)		\$75,239				
Non-Union Annual life insurance (employer cost)		\$3,529	\$26,305	\$5,651	\$18,726	
Union Annual life insurance (employer cost)		\$13,013				
Total Benefit Cost	\$463,344	\$342,944	\$2,000,509	\$1,559,936	\$19,937	\$94,388
Benefit Cost as a percent of payroll	28%	4%	22%	32%	10%	27%

Comments:

2020 Salary Administration & Incentives

	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County	Truro Township	Washington Township	Village of Gambier
Average % of increase provided for current year base?						
Non-Bargaining	3%		2%		2%	3%
Bargaining	3%	3%				
Increased % given to current year salary ranges.						
Non-Bargaining	3%		2%	2%	2%	3%
Bargaining	3%	3%				
Average % of increase anticipate for base pay next yr.						
Non-Bargaining	3%		2%	2%	3%	3%
Bargaining	3%	3%				
Factors that determine individual salary Inc.						
Non-Bargaining	Cost of living, merit, market, competency based		Cost of living, merit based adjustment, competency based		Cost of living, market based adjustment	Cost of living, market based
Bargaining	Cost of living, merit, market, competency based	Cost of living, market based adjustment		Cost of living, market based adjustment		
Short-term Incentive Pay (Bonus)	No	Yes	Yes	No	Yes	No

Notes:





2020 Agency Operating Cost & Budget Information

Participant Information	Village of Galena	Village of Lockbourne	Village of Plain City	Village of Shawnee Hills	Village of Sunbury	Village of West Jefferson
Total Annual Operating Budget	\$3,359,318	\$768,425	\$5,600,000	\$1,864,649	\$7,730,602	\$9,671,893
Total Annual Revenue	\$4,312,059	\$180,614	\$7,000,000	\$1,435,837	\$10,421,300	\$8,825,986
Total Number of full-time (non-union)	5		25	7	28	33
Total Number of part-time (non-union)	4	4	5	6	6	28
Total Number of full-time (union)	0		0	0	0	0
Total Number of part-time (union)	0		0	0	0	0
Total Staff	9	4	30	13	34	61
Annual gross payroll	\$234,866	\$34,968	\$1,300,000	\$420,401	\$1,722,508	\$2,927,920
Non-Union Annual health insurance (employer cost)			\$245,520	\$26,239	\$308,019	\$380,794
Union Annual health insurance (employer cost)						
Non-Union Annual dental insurance (employer cost)			\$18,216	\$2,330	\$20,712	\$23,938
Union Annual dental insurance (employer cost)						
Non-Union Annual life insurance (employer cost)			\$5,760	\$677	\$2,500	\$2,269
Union Annual life insurance (employer cost)						
Total Benefit Cost			\$269,496	\$28,569	\$331,231	\$407,000
Benefit Cost as a percent of payroll			21%	7%	19%	14%

Comments:

2020 Salary Administration & Incentives

	Village of Galena	Village of Lockbourne	Village of Plain City	Village of Shawnee Hills	Village of Sunbury	Village of West Jefferson
Average % of increase provided for current year base? Non-Bargaining	3%	15%	3%	4%	3%	3%
Bargaining						
Increased % given to current year salary ranges. Non-Bargaining		15			3%	3%
Bargaining						
Average % of increase anticipate for base pay next yr. Non-Bargaining	3%	15%		1%	3%	3%
Bargaining						
Factors that determine individual salary Inc. Non-Bargaining	Cost of living	Cost of living, Performance based				Cost of living
Bargaining						
Short-term Incentive Pay (Bonus)	No	No	No	No	No	No

Notes:



SECTION 4

POSITION DESCRIPTIONS



2020 MORPC Salary & Fringe Benefit Survey Job Descriptions

Job Code **Public Works/Public Service**

1 Director

This position is an advanced professional and administrative position working in planning, organizing, coordinating, and directing the administration, operation, and development activities related to the assigned functional areas of responsibility inherent to the division. The nature of this classification requires the incumbent to exercise independent judgment and discretion in managing the various organizational and functional areas of responsibility. The incumbent directly supervises staff and provides leadership and guidance to the entire divisional staff. Work also includes developing program ideas, program standards, policies and procedures.

2 Assistant Director

This position is responsible for supervision and administrative work directing public service operations including the Division of Streets and Utilities with responsibility for (streets, utility collection/distribution system, solid waste, fleet management) and Grounds and Facilities (park facilities and cemetery grounds and maintenance), Division of Parks and Recreation. Responsibilities involve the planning, organizing, directing and prioritizing work, developing budgets, capital improvements, lone and short-range maintenance and replacement. Serves as City's liaison on Service Department matters before City Council, boards, committees, and other official bodies.

3 Maintenance Supervisor

This position is responsible for the supervision; logistical and administrative support tasks required to carry out the operational mission of the Services Department, either Division of Streets and Utilities or the Division of Grounds and Facilities.

4 City Engineer

Administers and manages the functions of the Division of Engineering; directs all civil engineering functions of the City which include, but are not limited to, the development, programming, design, and inspection of public improvement/construction projects (i.e. sanitary and storm sewers, streets, waterlines, etc.) and the design of sanitary and storm sewers, waterlines, traffic control and street lighting systems, and a variety of engineering -related public and private activities.

5 Associate Engineer

Responsible for performing routine engineering work and for occasionally handling minor engineering projects; assists in various phases of major projects. Assists in the development of engineering plans and designs in a particular field for a specific area. Assists in the investigation and analysis of new materials, equipment invoices and engineering practices. Analyzes costs for work projects.

6 Drafter

Lays out complete products and prepares assembly and detail drawings, following the general instructions and directions of a designer. Makes various calculations such as strength of materials, weights, simple forces, and stresses, frequently using charts and tables. Prepares bills of material specifications. Analyzes various design requirements and recommends possible solutions or alternate constructions. Makes orthographic or isometric illustrations required for sales aids.

7 Maintenance Foreman

This is advanced skilled and lead work in the construction, maintenance, and repair of public streets, buildings, grounds, parks, and utility collection/distribution systems. Work involves responsibility for assigning, instructing, and guiding and participating in the activities of maintenance crews in the Division of Streets and Utilities and/or the Division of Grounds and Facilities. Work includes maintaining time and activity work sheets, work-order data entry, determining essential equipment for each job, and operating public works equipment and vehicles. Work also involves assisting with special municipal events. Foremen are subject to call-in emergencies, may work irregular shifts during emergencies, and are subject, on a rotating basis, to be on standby to respond to and supervise emergency maintenance activities.

8 Building Inspector Administrator

Positions assigned to this class conduct inspections of public improvement/construction projects (i.e. sanitary and storm sewers, streets, roads, waterlines, etc.) to ensure compliance with approved plans and all applicable construction regulations, standards, specifications, codes, and ordinances. Incumbent also performs other civil engineering construction related inspections at residential and commercial building construction sites (i.e. sanitary sewer line taps, sidewalks, driveway approaches, engineering finals) to ensure compliance with all applicable standards, regulations, specifications, codes and ordinances.

9 Building Inspector

Position assigned to this class conducts regular and periodic inspections of commercial and residential building construction to determine and ensure compliance with approved plans, the Ohio Basic Building Code (OBBC), the Council of American Building Officials (CABO) Building Code, and other applicable codes, regulations, and ordinances. Activities do not include inspection of electrical systems.

10 Certified Mechanic

Performs skilled and semi-skilled mechanical work in the maintenance and repair of a variety of automotive and construction equipment. Work includes responsibility for performing repairs or service on all city vehicles and equipment such as small engines, automobiles, trucks, sweepers, front-end loaders, mowers, and related public works and utility related construction and maintenance equipment. Supervision may be exercised over an automotive service worker.

11 Electrical Inspector

Inspects commercial and residential buildings for compliance with applicable building codes and National Electric Code. Issue permits for all electrical work performed by contractors and builders. Work requires constant alertness to protect the City and its citizens from the serious consequences, which might result from infractions of electrical codes.

12 Water Treatment Plant Operator

To administer, operate, and monitor the mechanical and analytical systems pertinent to water treatment and control at the central municipality facility. Operates and maintains water treatment and waste equipment, ensuring compliance with state and federal environment protection limits. Activates municipal emergency procedures in the event of overflow or spill of chemicals or unpurified water. Shuts off all power, puts on personal protective equipment, and evacuates the facility, notifying local emergency responders. Monitors and samples well and groundwater on entry to the municipal system. Adjusts treatment levels when below-standard variances are detected.

13 Traffic Engineer

To perform professional traffic engineering, office and field work in investigating and analyzing vehicular and pedestrian traffic conditions; to prepare traffic plans, reports, and specifications and present these to governmental and public groups as appropriate. Studies traffic patterns, investigates and prepares engineering recommendations to improve traffic control, reduce accidents, and increase ease of flow and safety in problem areas.

14 Traffic Signal Technician

Under the direction of the maintenance department, performs craftsman-type labor involving a high degree of technical skill in traffic signal, street lighting and general electronics maintenance as required. Performs testing and inspection, field and bench repairs and record keeping on traffic signal and street lighting systems.

15 Municipal Housing Specialist

To process applications for public housing accommodations and rental assistance programs. To administer and carry out the policies and procedures established for the municipal housing authority, and to maintain records and furnish reports on these activities. Interview applicants to determine eligibility and assist applicants in filling out forms properly. Prepares contract files, acquired contract signatures, and oversees actual settlement of clients within housing units. Develops public relations program, distributes literature, and delivers talks to community groups to develop public awareness of the program and its eligibility requirements and benefits.

16 Urban Planner

To develop comprehensive plans and programs, both short and long term for the development, growth, and revitalization of the urban and suburban environment to maximize quality of life for the community and its residents. Studies redevelopment plans of other cities to analyze strengths and weaknesses of similar programs and possible adaptation for local use. Oversees and audits public development projects to ensure compliance with specifications and financial accountability.

General - Administration

17 Controller

To provide the management teams with relevant financial data necessary for budgetary and financial decisions. To oversee the efficient and timely performance of the accounting department. Directs the financial affairs of the agency within scope of responsibility delegated by the director and board of directors. Directly supervises and coordinates activities of employees in the accounting department, ensuring that standard accounting principles are followed in keeping the agency's financial records.

18 Finance Director

This is managerial and administrative work serving as the City's Chief Financial Officer directing the activities of the Department of Finance and administering the City's financial affairs. Work involves responsibility for the collection, disbursement, and investment of all city funds; preparation of financial reports, administration of the annual operating and capital budgets; and management of the City's debt financing and establishment of financial policies and controls. Work includes coordinating the annual audit and managing the City's data processing function.

19 Finance Assistant

Balances daily collections with receipts, prepares tax reports and reconciles cash records with control accounts. Maintains general and subsidiary revenue and expenditure records, posting entries from supporting records, making adjustment entries, balancing against other records. Prepares monthly and other reports as directed. Performs a wide variety of clerical-accounting related tasks.

20 Manager, Records Retention

To recommend retention periods for public records in line with policy and regulatory requirements. To oversee the effective retention of these records and the designated cycle for disposal. Prepares awareness training seminar for managers and staff to make them cognizant of changes in policy, retention periods, and disposal cycle for non-retained records.

21 Purchasing Manager

Responsible for the management of the procurement functions of the company and/or city. Establishes practices and procedures to be followed by buyers and other personnel. Selects vendors, assesses vendor capabilities, develops alternate sources, and evaluates vendor performance, negotiates price and delivery. Assures department records are maintained and that purchase are followed up or expedited when required.

22 Grants Coordinator

Under general direction, prepares and submits annual entitlement grants; prepares contracts, contract billings, project amendments, and related reports; serves as liaison between City, federal agencies, and the general public. Assesses federal rules and regulations pertaining to community development; serves as liaison between City and representative of Housing and Urban Development; coordinates monitoring and visits and prepares formal responses to monitoring reports.

23 Municipal Tax Assessor

To direct the municipal department staff in the development preparation, and tabulation of technical information involved in the assessment of property on the municipality's list. Inspects or directs the inspections of new construction sites, renovations, additions, and demolitions of buildings. Inspects, measures, and collects assessment information on buildings, furniture, machinery, equipment, and accepted principles, state law, and municipal policies and objectives. Acts as liaison between the Board of Assessment and the Board of Appeals.

24 Accounting Assistant

Performs a variety of paraprofessional accounting and accounting assistance tasks, predominately bookkeeping, auditing and accounting tasks. Employees assigned to positions in this class carry out bookkeeping and time tracking duties at the division/department level or entry-level auditing and accounting functions in the finance department. Work includes processing invoices, time records and expenses; verifying financial and time records for accuracy; receipting and posting funds; auditing of non-cash tax returns; and the maintenance of all related financial records and documents.

25 Accounting Clerk

Performs paraprofessional technical accounting tasks involving bookkeeping, accounting, auditing, clerical and related functions. Duties include processing and verifying financial transactions, receipting and posting funds, processing payments or refunds, maintaining all related records and documents, and verifying that transactions are in compliance with policies and procedures. Employee must be able to balance a variety of accounts in a timely manner, communicate regularly with the public, vendors, and other employees, and maintain confidentiality.

26 Executive Secretary

This is executive secretarial and administrative work performing difficult administrative, secretarial, and public contact work in the City Manager's, the Assistant City Manager's/Development Director and Service Director's office which are the focal points of the city government and the central point of contact with the general public. Work with considerable independence in preparing correspondence, giving information, receiving complaints, scheduling appointments, and in general handling office management functions. Work requires the exercise of initiative, independent judgment, and advanced secretarial skills to handle a wide range of work situations often involving highly sensitive and confidential information.

27 Administrative Assistant

Performs work as administrator, specific duties vary depending on department assignment. General assists superior, with limited supervision, by performing a variety of duties. Assists with coordination and reporting of information and completes special projects of a difficult nature. This position is usually a higher level non-exempt clerical position.

28 Secretary/Administrative Clerk

Responsible work providing a variety of administrative and secretarial support services to a department or a division director and serving as office manager/lead secretary to a division or finance department. Work involves performing diverse administrative, secretarial, and support activities such as preparing and composing correspondence and reports; answer phones, schedule appointments, distribute documents and information, arranging meetings, etc.

29 Receptionist

Answers telephone and routes calls promptly; greets visitors; takes coats; notifies person(s) being visited. Distributes incoming mail; maintains filing systems for reports and other documents as request; maintains visitor logs; applications, etc.

30 Clerk Typist

Responsible for secretarial and clerical work performing a variety of journey-level specialized non-routine clerical support functions for the department. Work involves typing; transcribing meeting minutes; producing material through the use of a personal computer; maintain complex or specialized tracking systems; processing monthly status reports, etc.

31 Mailroom Clerk

Responsible for the timely and accurate distribution and dispatching of incoming, outgoing, and department mail. Additionally responsible for all department's photocopying and distribution as instructed. This position is responsible for handling and processing all mail. This includes sorting incoming mail, interdepartmental mail, notices, and memorandums for accurate and timely distribution.

Court Administrator

32 Clerk of Courts

This is administrative support for the members of Council. Work involves documenting the legislative actions of City Council, creating and maintaining the legislative record, and providing notice or regular and special meetings of Council to its members and the public as mandated by the Charter, Rules of Council, or ordinances or resolutions of Council. Ensures compliance with all legal requirements of the Clerk of Council position as provided under the City Charter, the Codified Ordinances and laws of the State of Ohio.

Development - Planning

33 Zoning/Compliance Officer

Performs on-site field inspections to ensure compliance with applicable zoning ordinances, codes, and regulations. On a sporadic, occasional basis, however, the incumbent also reviews site plans and blueprints for compliance with applicable ordinances, codes, and regulations.

34 Zoning Administrator

This is advanced professional, administrative, and managerial work directing the city planning, zoning and related community development activities. Work involves responsibility for planning, organizing, and directing all division personnel and activities, ensuring sound urban planning, land use management, and community and economic development programs for the city.

35 Planner

Performs responsible professional work in planning, zoning, and community development. Specific areas of responsibilities include data collection; field assessment; preparation of detailed reports, budgets and plans; public presentations; implementation of city codes and plans; assessment of development proposals; writing codes, legislation, contracts and reports; and assembling and maintaining permanent records.

36 Public Information/Special Events Coordinator

This professional and managerial position works directing the public information/special events division of the city. The incumbent oversees the coordination and implementation of city-sponsored events, internal and external communications and publications, media relations, and crisis communication. Work includes developing programs, standards, policies and procedures to promote special events and a positive image for the city.

Police Department

37 Police Chief

This is managerial and administrative work directing the activities of the city's Police division. Work involves responsibility for planning, organizing, and managing the efficient and effective operation of the city's Police division; assuring that laws and ordinances are enforced, that criminal offenders are identified and apprehended, that measures are implemented to prevent crimes and to protect lives and property. Work includes determining overall plans and policies to be followed in conducting police operations, manpower planning and deployment, division budgeting and goal and objective setting.

38 Police Captain

This is highly responsible administrative and specialized law enforcement work in planning, organizing, and managing the activities within the police division. Work includes directing, coordinating, supervising operations and administrative work as well as managing critical incidents and special events. Work includes all aspects of personnel management and development, specialized law enforcement actions, and implementation of programs. In the absence of the Chief of Police, the incumbent oversees all sections of the division.

39 Police Sergeant

Under the administrative direction and supervision of a Lieutenant and/or the Chief of Police, a Sergeant supervises and directs the activities of a group of Police Officers on an assigned shift. A Sergeant also performs regular patrol duties and/or related tasks and assignments as required and directed by a Lieutenant and/or the Chief of Police. A Sergeant receives general instruction from a Lieutenant and/or the Chief of Police regarding assignments to be accomplished and procedures to be followed. The duties and assignments of a Sergeant are quite varied in nature.

40 Police Officer

Under the direct supervision of a Sergeant, a Police Officer patrols a designated area ensuring compliance with all applicable State Laws and City Ordinances; answers calls when a crime is suspected or an emergency exists; takes such actions as are necessary to prevent crime, to apprehend a criminal, to maintain emergency situations; and performs other related duties, tasks, and assignments as required and directed by a Sergeant, Lieutenant, or the Chief of Police.

41 Police Detective

Attempts to clear general assignment cases in addition to cases within own specialty area. Investigates all serious crimes as assigned in such manner that upholds the laws, ordinances, policies, and procedures of the City, State, and Department. Investigation entails such duties as making arrests, assisting the prosecution, releasing fugitives to the proper authorities, and preparing reports.

42 Criminal Investigator

Learns to conduct investigations of the Uniform Controlled Substances Act, the Alcohol Beverage Control Act, and other criminal and civil violations of the state, and to perform related work. Incumbents serve in a training capacity concentrating efforts in one investigative specialty, but also investigate a variety of cases. Incumbents are exposed to weather extremes and physical danger, including raids, surveillance, and vehicular pursuits over all types of terrain. Night, weekend, and holiday work is required. Begins and conducts covert and overt investigations of criminal, civil, administrative, and regulated activities including suspected crimes in narcotics, fraud, alcohol beverage control, arson, embezzlement, forgery, or any other area of illegal activity. Gathers, prepares, and presents evidence in court and testifies as an expert witness; prepares reports.

43 Police Dispatcher (Communications Technician)

Under the general direction of the Service Bureau Commander and the direct supervision of the Chief Communications Technician, a communications technician performs a variety of duties involving radio, telephone, automated data communications system with the Division of Police. A communications technician operates base radio console equipment and acts as a central dispatch/control or relay point to receive and transmit information to safety (Police & Fire) service, and other appropriate personnel; operates computer CAD terminals to record calls for service from the public and track police unit activity; answers inquiries from the public, directs them to the appropriate personnel within the Division of Police as well as other Divisions; and operates emergency equipment including 911 and the Outdoor Early Warning/Public Address System.

44 Police Records Clerk

Responsible clerical work involving moderately complex and varied work methods and procedures in the Records Division of the Police Department. Employees are responsible for the maintenance of all records, criminal case files and department documents within the Records Division. Work review and supervision is received from supervisor of the Records Division. Stores records; seals and expunges all police records as ordered by the court; and prepares statistical reports.

45 Emergency Evacuation Director

To direct the city's chain of command for emergency evacuation procedures at the local site in line with policies and procedures as well as federal and state regulations. In consultation with line and staff management, develops emergency escape procedures and emergency escape routes. Coordinates development of written emergency evacuation plan as well as helps each department develop procedures to account for all employees after emergency evacuation has been completed. Coordinates effort with community emergency preparedness personnel to protect public safety and property and provide full information to community leaders.

46 Emergency Preparedness Coordinator

To coordinate emergency preparedness procedures for the facility and, in the absence of the facility manager, to determine when partial or complete evacuation of the facility should occur during an emergency. Assesses a work situation to determine whether an emergency exists that requires activating emergency procedures. Authorizes outside emergency services, such as community fire departments and medical aid, to be summoned if necessary. Directs all emergency efforts and discusses the necessity of complete or partial evacuation with the facility manager, in the absence of the manager, determines necessity of evacuating personnel. Arranges training of rescue of medical staff and conducts mock evacuations to ready them for the real thing.

Fire Department

47 Fire Chief

This is a technical and administrative position that directs the activities and personnel of the municipal fire department. Responsible for the protection of life and property through the direction of fire fighting activities, including the direction of a training program and fire prevention and inspection activities. Administrative duties include the recommendation of purchase of supplies, equipment, preparation of annual budget and effecting efficient use of personnel and equipment in carrying out fire protection activities.

48 Fire Captain/Assistant Chief

Supervises and coordinates activities of Lieutenants and Fire Fighters. Determines work procedures, prepares work schedules, and expedites workflow. Studies and standardizes procedures to improve efficiency of subordinates. Assign duties and examines work for exactness, neatness, and conformance to policies and procedures of the department. Maintains harmony among workers and resolve grievances. Responds to alarms, evaluates situation at scene and assigns personnel and equipment as needed.

49 Fire Lieutenant

Supervises and coordinates activities of Fire Fighters. Determines work procedures, prepares work schedules, and expedites workflow. Studies and standardizes procedures to improve efficiency of subordinates. Assigns duties and examines work for exactness, neatness, and conformance to policies and procedures of the department. Maintains harmony among workers and resolve grievances. Responds to alarms, evaluates situation at scene and assigns personnel and equipment as needed.

50 Fire Fighter

Under immediate supervision, controls and extinguishes fires, protects life and property, and maintains equipment. Responds to fire alarms and other emergency calls. Selects hose and/or nozzle, depending on type of fire, and directs stream or chemicals onto fire. Administers Basic Life Support to injured persons and those overcome by fire and smoke. Communicates with superiors via two-way radio. Maintains apparatus, quarters, buildings, equipment, grounds, and hydrants.

51 Fire Inspector

Inspects premises to detect and eliminate fire hazards; investigates the causes and origins of fires. Inspects fire extinguishing and fire protection equipment is operable and prepares reports listing repairs and replacement needed. Reports on areas and notes and investigates unsafe conditions and practices which might or increase fire hazards. Witnesses test on fire protection equipment in buildings where explosive or flammable materials are processed.

Parks and Recreation

52 Parks Superintendent

This is advanced professional and administrative work in planning, organizing, coordinating, and directing the administration, operation, and development activities related to the assigned functional areas of responsibility inherent to the division. The nature of this classification requires the incumbent to exercise independent judgment and discretion in managing the various organizational and functional areas of responsibility. The incumbent directly supervises staff and provides leadership and guidance to the entire divisional staff. Work also includes developing program ideas and program standards, policies, and procedures and considerable coordination with other departments and divisions.

53 Parks Maintenance Supervisor

This position involves assisting in the coordination and supervision of the park maintenance employees. Must have the ability to deal effectively with the public and make appropriate decisions regarding prioritizing work projects, maintenance emergencies and disciplinary actions in compliance with city policy. Assures all vehicles in the fleet of the department are properly maintained, scheduled for maintenance by the city mechanic and that all-basic maintenance on vehicles is performed on a daily and weekly basis.

54 Recreation Coordinator/Supervisor

This is supervisory and administrative work planning and developing recreational programs, services, and activities and supervising part-time, seasonal and contract staff providing a variety of recreational and instructional programs. Incumbents assigned to positions in this class are usually assigned to supervise a specific recreation/leisure time activity for a general or special population (e.g., adult recreation, adult sports, youth recreational programs and instructional classes, fitness and wellness programs, summer playground and camp programs and/or aquatic programs). Work involves responsibility for managing financial aspects of assigned programs; planning and developing programs and activities and services; administrative and personnel functions such as recommending for hiring, scheduling, and evaluating staff; safety; and recreation activity promotion.

55 Horticulturist

The incumbent in this position works alone or in a crew situation and carries out the installation and maintenance of plant material in the city's park and in the city's street right-of-ways. The Horticulturist initiates and develops projects and provides guidance and direction to a crew of assigned employees involved in planting and maintenance operations.

Human Resources

56 Director of Human Resources

This position develops human resources policies and programs for the entire municipality. Plans, organizes, and controls all activities of the department. The major areas covered are organizational planning, organization development, employment, indoctrination and training, employee relations, compensation, benefits, safety and health, and employee services. Develops, recommends, and implements personnel policies and procedures. Prepares and maintains handbook on policies and procedures. Also performs benefits administration to include claims resolution, change reporting, approving invoices for payment. Monitors annual re-evaluation of policies for cost effectiveness, information activities program, and cash flow for said program. Originates human resources practices and objectives that will provide a balanced program throughout all divisions. Assists and advises management staff on human resources issues.

57 Assistant Human Resources Manager

Assists the Director of HR in planning, organizing, and controlling all activities of the department. Assists with developing department goals, objectives, and systems with Director of HR, and recommends necessary changes. Rewrites job descriptions as necessary ; conducts annual salary surveys and analyzes compensation; monitors performance evaluation program and revises as necessary. Assists the Director of HR with the preparation and maintenance of the handbook of policies and procedures. Conducts recruitment efforts for all exempt and nonexempt personnel, conducts new hire orientations; employee relations counseling, and exit interviewing.

58 Training Manager

To provide a service to all departments concerned with organization and implementation of all training programs undertaken. Develops, writes and coordinates training materials working with specialists for specific details. Prepares training videotapes and/or films and maintains library of video and film training aids. Schedules training sessions with individual training programs ensuring facility setup, audiovisual setup and employee notification. Develops a means of measuring the effectiveness of divisional and/or departmental training programs through testing, etc.

59 Employee Benefits Administrator

Responsible for administration of employee benefits in all operations. As needed, provides special guidance and assistance to all locations on various employee benefit plans. Surveys industry and/or community to determine company's competitive position in employee's benefits. Develops, recommends, and installs approved, new, or modified plans and employee benefit policies, and supervises administration of existing plans. Develops cost control procedures to assure maximum coverage at the least possible cost to the organization and employee.

60 HR Administrative Assistant

Responsible for all administrative tasks pertaining to Personnel office function. Opens, scans, and distributes mail to department. Assists employees with problems with benefits and payroll questions. Provides information on work related injuries. Proofreads all correspondence from the HR department. Monitors telephone traffic for Director of HR as well as helps to schedule appointments.

Information Technology

61 Director of Information Technology

Responsible to ensure the development and implementation of cost effective systems and efficient computer operations to meet current and future decision making requirements. This incumbent provides companywide direction in areas of policy and planning for data processing and related functions within the company. Makes sure the latest and greatest software and technology is used when budget allows.

62 Project Leader

Assists in planning and coordinating systems analysis design and implementation projects. Such projects involve the development of new data processing applications systems or the substantial modification of existing systems. Projects may also involve major changes in data processing resources (equipment, staff, organization) and basic changes in methods and techniques employed.

63 Manager - Data Processing

Directs and manages the scheduling and operation of computer processing production and provides efficient, effective, and timely services to users in the organization. Also directs and manages the technical support efforts which includes responsibility for all system software, hardware, and database administration.

64 Senior Systems Programmer

This position supports the software necessary to operate the organization's computer database and telecommunications system in a reliable and efficient manner. This position individually performs or participates with others in performing technical services projects. Such projects produce new (or modifications to existing) operating, database, and data communications systems. This position provides information, direct assistance, and technical resources to other data processing staff.

65 Database Analyst

Assists in planning, designing, and implementing the database of the organization. Such activities involve interaction with development and end-user personnel to determine application data access requirements, transaction rates, volume analysis, and other pertinent data required to develop and maintain integrated databases.

66 Supervisor, Data Entry

This position is accountable for quality, productivity, cost effectiveness, and timeliness of work to ensure efficient and effective conversion and verification of data into computer-readable form, and the proper utilization of external data conversion services. To maintain and improve this section, this individual must work independently devising new methods, and modifying methods and procedures to predict and meet changes in internal and external requirements and conditions, as well as approve changes to schedules, methods, and procedures requested by other departments.

67 Data Processing, Help Desk Specialist

Improve the level of service to staff by establishing a central point that users can contact to report problems or address questions and requests related to Information Technology issues. This individual is responsible for assisting users with data processing inquiries and providing solutions to the problems. The major challenge facing the incumbent in effectively evaluating user problems is keeping up-to-date with MIS equipment, system software, and production jobs. This position has the authority to evaluate users' problems, determine if the problems are the user, software, or equipment related, and then assign the problems to the appropriate MIS area for problem resolution.

68 Programmer

Performs maintenance and modifications of programs currently in production to keep them responsive to user needs and to assure efficient operation in the production environment. This individual is responsible to plan, design, and install integrated data processing systems to support management control and decision-making activities. This individual is responsible for analyzing existing program logic to determine last method of accomplishing required changes or causes of program malfunction.

69 Database Manager

To design, maintain, and control the organization's database. To analyze all informational requirements, develop database specifications, and enforce all database standards. Establishes, maintains, and controls the organization's data directory, develops, documents, and enforces the standards, security procedures, and controls for access to ensure integrity of the database system. Interacts with technical support team and vendors to schedule upgrades, modifications, and required maintenance. This position is responsible for the supervision of the data entry personnel and analysis.

Public Affairs/Communications

70 Director of Public Affairs and Information

Incumbent responsible for leading, directing and managing the Public Affairs Department in accordance with the mission, objectives, and policies of the organization. Creates and implements comprehensive programs for the dissemination of information about and promotion of the organization's programs. Responds to all press inquiries and serves as public spokesperson for the organization. Participates in community activities, professional meetings, and conferences as required.

71 Director, Public Relations

Incumbent is responsible for developing, coordinating, directing and administering policies relating to all phases of public relations. Evaluates existing programs, services, techniques, and procedures, and establishes methods for installation of new or improved programs. Organizes and establishes continuing internal communication as well as develops rapport with media. Develops long-range plan of the organization in relation to the public relations requirement.

72 Public Information Director

Incumbent is responsible for the recruitment, placement, and exit of all volunteers. Arranges the training for the volunteers. Schedules agency films and programs for presentation to community groups and organizations. Gathers and edits information for new releases and agency newsletter. Maintains a current inventory of agency service brochures and mailing inserts. Maintains an inventory of agency audiovisual equipment and maintains the maintenance of these items.

73 Graphics Manager

Directs the production of artwork and printing. Coordinates between all departments, assuring the customer requirements are met in conjunction with art specifications. Prioritize workflow of art and printing needs. Provides staff assistance to all production departments concerning technical printing problems. Works directly with outside vendors ensuring the quality of the printing and artwork requested is maintained.

74 Community Relations Specialist

Implements and supervises programs designed to advance the objectives of the agency. Reports directly to the director of public relations department. Supervises ongoing community relations projects and develops appropriate problem-solving actions. Plans and executes special events, provides creative support for departmental and agency publications. Works directly with members of the public and community groups on projects, which enhance the image of the organization and advance its objectives.

75 Public Information Representative

Serves as a resource to the staff as requested by the direction of the immediate supervisor which is usually at the director level. Updates and implements the public information plans. Acts as liaison staff member with outside organizations. Coordinates community education activities, seeks maximum constructive publicity through the news media. Organizes and distributes an agency newsletter and develops appropriate brochures and promotional materials. Recommends and maintains organization's mailing list.

Marketing

76 Marketing Manager

Plans, organizes, directs, controls, and provides the leadership to achieve the organization's short-range and long-range business objectives in the various market segments. Analyzes and defines the market for growth within the market segment. Provides data to prepare, update, and control forecasts covering projected new business. Develops marketing plans, business plans, sales strategies, schedules, and action plans.

77 Marketing Coordinator

Is responsible for the coordination of the preparation and procurement of advertising materials required for packaging, advertising, and promotion of the organization's service or product. Undertakes specific studies and investigates in support of advertising and marketing efforts and produces required reports, summaries, and recommendations.



SECTION 5

SALARIES BY JOB TITLE



Salaries Broken Down by Title

Development - Planning

Director of Development	Government Entity	Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	Seasonal Employee	P/T Employee	F/T Employee	Intern Appr.	# of Employs
Development Director	City of Canal Winchester	\$ 96,762	\$ 78,270	\$ 115,253	Equal to							
Development Director	City of Columbus	\$ 193,461	\$ 134,846	\$ 224,786						1		1
Director of Development	City of Delaware	\$ 115,947	\$ 90,457	\$ 126,639	Equal to	Master	5			1		1
Director of Development	City of Gahanna	\$ 107,494	\$ 76,841	\$ 107,577	Equal to	Master	7 - 10			1		1
Director of Building and Zoning	City of Grandview Heights	\$ 112,112	\$ 85,000	\$ 130,000	Greater than					1		1
Director of Development	City of Grove City	\$ 107,078	\$ 93,600	\$ 135,200	Equal to					1		1
Director of Community Development	City of New Albany		\$ 110,920	\$ 138,650	Greater than							
Director	City of Pataskala	\$ 98,604	\$ 87,608	\$ 117,738	Equal to					1		1
Director of Development	City of Powell	\$ 110,656	\$ 92,274	\$ 120,154	Equal to					1		1
Director of Development	City of Reynoldsburg	\$ 92,206	\$ 72,800	\$ 106,080		Bachelor	4			1		1
Community & Economic Development Director	City of Upper Arlington	\$ 112,462	\$ 92,687	\$ 129,750	Equal to	Bachelor	6			1		1
Director of Development	City of Westerville	\$ 154,669	\$ 96,658	\$ 154,669	Equal to					1		1
Planning Director	City of Worthington	\$ 110,486			Equal to					1		1
Executive Director	Delaware County	\$ 91,166								1		1
Regional Planning Director	Fairfield County	\$ 71,070	\$ 59,550	\$ 104,213		Bachelor				1		1
Director, Economic Development & Planning	Franklin County Board of Commissioners	\$ 159,058	\$ 90,667	\$ 126,942	Equal to	Master	7			1		1
Economic Development Director	Union County	\$ 98,241	\$ 78,125	\$ 117,187								1
AVERAGES		\$ 115,647	\$ 90,145	\$ 131,399	Equal to							

Zoning/Compliance Officer

Zoning/Compliance Officer	Government Entity	Avg. Annual Salary	Salary Range Minimum	Salary Range Maximum	Level of Match	Min Educ	Yrs. of Exp	Seasonal Employee	P/T Employee	F/T Employee	Intern Appr.	# of Employs
Zoning Inspector/Code Enforcement Officer	City of Dublin	\$ 56,524	\$ 41,900	\$ 61,400	Equal to					5		5
Code Enforcement Officer	City of Gahanna	\$ 55,744	\$ 46,384	\$ 58,365	Equal to	HS or GED				1		1
Building Inspector Tech	City of Grandview Heights	\$ 75,792	\$ 50,000	\$ 87,000	Greater than					2		2
Planning & Zoning Coordinator	City of Grove City	\$ 71,760	\$ 47,300	\$ 71,760						1		1
Building Administrator	City of Lancaster	\$ 66,497	\$ 50,980	\$ 66,497	Equal to	HS or GED				1		1
Code Enforcement Officer	City of Marysville	\$ 59,519	\$ 50,000	\$ 65,000	Equal to					1		1
Zoning Officer	City of New Albany		\$ 52,548	\$ 66,340	Equal to							1
Zoning Inspector	City of Pataskala	\$ 51,730	\$ 46,467	\$ 53,789	Equal to					1		1
Planning Zoning Clerk	City of Powell	\$ 22,378							1			1
Code Compliance Officer	City of Reynoldsburg	\$ 41,406	\$ 33,176	\$ 54,267	Less than	HS or GED	1			3		3
Code Compliance Officer	City of Upper Arlington	\$ 74,875	\$ 59,364	\$ 83,110	Equal to	Bachelor	1			1		1
Enforcement Supervisor	City of Westerville	\$ 90,438	\$ 75,442	\$ 113,340	Equal to					1		1
Zoning Enforcement Officer	Franklin County Board of Commissioners	\$ 43,846	\$ 39,124	\$ 54,787	Equal to	Associate	3			2		2
Zoning/Compliance Officer	Village of Galena	\$ 44,760	\$ 52,000	\$ 38,500	Greater than	Bachelor	4			1		1
Code Enforcement Officer	Village of Lockbourne	\$ 8,400										0
Code Enforcement Officer	Village of Shawnee Hills	\$ 38,979			Equal to					1		1
Zoning Inspector / Enforcement	Village of Sunbury	\$ 49,483	\$ 27,040	\$ 49,483						1		1
Zoning and Code Enforcement Inspector	Village of West Jefferson		\$ 39,416	\$ 45,531						1		1
Code Enforcement Officer	Blendon Township	\$ 39,000										
Zoning Assistant	Washington Township	\$ 13,314										
AVERAGES		\$ 50,247	\$ 47,409	\$ 64,611					1			1



SECTION 6

MEDICAL, DENTAL & VISION PLANS BARGAINING & NON-BARGAINING SECTIONS

	City of Bexley	City of Circleville	City of Columbus	City of Delaware
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	ALL (FOP, AFSCME, & NON-BARGAINING)	OPBA, IAFF, NUEO	AFSCME 1632, AFSCME 2191, CWA, FOP, FOP-OLC, IAFF	IAFF, FOP, AFSCME, Public Works & Parks, Water/Wastewater
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	HSFA	POS	PPO, HSFA	PPO
How many employees are enrolled in medical plan?	75	55	PPO 7051, HSFA 29	
Funding type?	Self-Insured	Fully-Insured	Self-Insured	Self-Insured
If other, please describe:				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$690	\$921	\$923	\$892
Employee & Spouse/Domestic Partner	\$1,351	\$1,841	\$2,324	\$2,675
Employee & Children	\$1,527	\$1,841	\$2,324	\$2,675
Employee & Family	\$2,127	\$2,577	\$2,324	\$2,675
Monthly Premiums: Total Employer Cost				
Employee Only	\$552	\$184	\$791.54	\$783
Employee & Spouse/Domestic Partner	\$1,081	\$368	\$1,994.59	\$2,350
Employee & Children	\$1,221	\$368	\$1,994.59	\$2,350
Employee & Family	\$1,702	\$515	\$1,994.59	\$2,350
Monthly Premiums: Total Employee Cost				
Employee Only	\$138	\$736	\$132	\$108
Employee & Spouse/Domestic Partner	\$270	\$1,473	\$330	\$325
Employee & Children	\$305	\$1,473	\$330	\$325
Employee & Family	\$425	\$2,062	\$330	\$325
In Network Deductible:				
Individual deductible	\$550	\$5,000	\$300	
Family deductible	\$1,100	\$10,000	\$600	
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	80 / 20	82 / 18	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$35	\$20	\$10
Office co-payment (Specialist)		\$70	\$30	\$10
Co-payment or co-insurance (Emergency room)		\$300	\$75	\$50 then 10% co-insurance, co-pay waived if admitted
Co-payment or co-insurance (Urgent Care)		\$75	\$30	\$10 copay if billed as a physician, or coinsurance if billed as a facility
Co-payment or co-insurance generic drugs (retail)		\$10	\$6	80 / 20

	City of Bexley	City of Circleville	City of Columbus	City of Delaware
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		\$30	\$16	80 / 20
Co-payment or co-insurance non-preferred drugs (retail)		\$60	\$34	\$25 co-pay then 50% co-ins
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$25	\$13	10%
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$75	\$25	25%
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$150	\$60	25%
Out-of-Network Deductible:				
Individual deductible	\$1,100	\$10,000	\$800	\$500
Family deductible	\$2,200	\$20,000	\$1,600	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	30% co-ins	60 / 40	50 / 50
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		30% co-ins	40% after deductible	50%
Office co-payment (Specialist)		30% co-ins	40% after deductible	50%
Co-payment or co-insurance (Emergency room)		30% co-ins	\$75, 20% after copay & deductible	50%
Co-payment or co-insurance (Urgent Care)		30% co-ins	\$30, 40% after copay & deductible	50%
Co-payment or co-insurance generic drugs (retail)		\$10	\$6	
Co-payment or co-insurance preferred brand (retail)		\$30	\$16	
Co-payment or co-insurance non-preferred drugs (retail)		\$60	\$34	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$13	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$25	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)			\$60	
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	No	Yes

	City of Bexley	City of Circleville	City of Columbus	City of Delaware
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	No	Yes	Yes	No
If yes, per person lifetime maximum?		\$1,500	\$1,850	
If yes, what age group is covered?		Up to age 19	Up to age 26	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$38	\$23		\$55
Employee & Spouse/Domestic Partner	\$72	\$44		\$120
Employee & Child(ren)	\$85	\$90		\$120
Employee & Family	\$131	\$90		\$120
Monthly Employer Cost				
Employee only	\$19	\$18		\$48
Employee & Spouse/Domestic Partner	\$36	\$35		\$106
Employee & Child(ren)	\$43	\$72		\$106
Employee & Family	\$65	\$72		\$106
Monthly Employee Cost				
Employee only	\$19	\$5		\$7
Employee & Spouse/Domestic Partner	\$36	\$9		\$15
Employee & Child(ren)	\$43	\$18		\$15
Employee & Family	\$65	\$18		\$15

	City of Dublin	City of Gahanna	City of Grove City	City of Lancaster
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	USW, FOP and FOP-OLC	USW & FOP, FOP/OLC	FOP, FOP-OLC, AFSCME	FOP, IAFF, AFSCME
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO, DCFSA	PPO	HSFA	PPO
How many employees are enrolled in medical plan?	398	92	150	
Funding type?	Self-Insured	Self-insured	Self-Insured	Self-Insured
If other, please describe:			HDHP, HSA	
Monthly Premiums: Total Monthly Premium				
Employee Only	\$578	\$928	\$784	\$859
Employee & Spouse/Domestic Partner			\$2,031	
Employee & Children			\$2,031	
Employee & Family	\$1,734	\$2,365	\$2,031	\$2,302
Monthly Premiums: Total Employer Cost				
Employee Only	\$578	\$789	\$667	\$730
Employee & Spouse/Domestic Partner			\$1,727	
Employee & Children			\$1,727	
Employee & Family	\$1,734	\$2,011	\$1,727	\$1,957
Monthly Premiums: Total Employee Cost				
Employee Only		\$139	\$118	\$129
Employee & Spouse/Domestic Partner			\$305	
Employee & Children			\$305	
Employee & Family		\$355	\$305	\$345
In Network Deductible:				
Individual deductible	\$2,500	\$200	\$2,800	\$250
Family deductible	\$5,000	\$600	\$5,000	\$500
Coinsurance (e.g., 80/20, 70/30, etc.)	85 / 15	90 / 10		80 / 20
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$15		\$25
Office co-payment (Specialist)		\$15		
Co-payment or co-insurance (Emergency room)		\$150 + 10%		\$100
Co-payment or co-insurance (Urgent Care)		10% co-ins		\$50
Co-payment or co-insurance generic drugs (retail)		\$8		\$10

	City of Dublin	City of Gahanna	City of Grove City	City of Lancaster
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		\$20		\$30
Co-payment or co-insurance non-preferred drugs (retail)		\$35		\$60
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$10		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$30		\$60
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$50		\$120
Out-of-Network Deductible:				
Individual deductible	\$5,000	\$400	\$5,000	\$500
Family deductible	\$10,000	\$1,200	\$10,000	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	60 / 40	70 / 30		60 / 40
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		30% co-ins		\$50
Office co-payment (Specialist)		30% co-ins		\$50
Co-payment or co-insurance (Emergency room)		\$150 + 10%		\$100
Co-payment or co-insurance (Urgent Care)		30% co-ins		\$75
Co-payment or co-insurance generic drugs (retail)				
Co-payment or co-insurance preferred brand (retail)				
Co-payment or co-insurance non-preferred drugs (retail)				
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	Yes	Yes	No

	City of Dublin	City of Gahanna	City of Grove City	City of Lancaster
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$2,000	\$1,500	\$1,500	\$2,000
If yes, what age group is covered?	All	Up to age 19	to 25 (end of cal. Year)	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$140.00	\$97	\$97	
Employee & Spouse/Domestic Partner			\$97	
Employee & Child(ren)			\$97	
Employee & Family	\$140.00	\$97	\$97	
Monthly Employer Cost				
Employee only	\$140.00	\$97	\$83	
Employee & Spouse/Domestic Partner			\$83	
Employee & Child(ren)			\$83	
Employee & Family	\$140.00	\$97	\$83	
Monthly Employee Cost				
Employee only			\$15	
Employee & Spouse/Domestic Partner			\$15	
Employee & Child(ren)			\$15	
Employee & Family			\$15	

	City of Marysville	City Of New Albany	City of Pataskala	City of Powell
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	IAFF, FOP, OLC	FOP, USW	FOP, OPBA, USW	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	
What type of plan do you offer?	PPO, HSFA, DCFSA	PPO, HSFA, DCFSA	PPO HSFA	PPO HSFA DCFSA
How many employees are enrolled in medical plan?	13, 56	85	8 12	24 1 0
Funding type?	Self-Insured	Self-Insured	COHCC healthcare group partially self-funded plan	Fully Insured
If other, please describe:		Benefits are exactly the same for bargaining and non-bargaining. See other worksheet. USW pays 10%	The city funds \$1,500 for single coverage & \$3,000 for all other	
Monthly Premiums: Total Monthly Premium				
Employee Only	\$1,186	\$908	\$759	\$716
Employee & Spouse/Domestic Partner	\$3,099	\$1,676	\$1,511	\$1,054
Employee & Children	\$3,099	\$1,970	\$1,467	\$1,360
Employee & Family	\$3,099	\$2,640	\$2,198	\$2,147
Monthly Premiums: Total Employer Cost				
Employee Only	\$949		\$683	\$637
Employee & Spouse/Domestic Partner	\$2,479		\$1,360	\$1,338
Employee & Children	\$2,479		\$1,320	\$1,211
Employee & Family	\$2,479		\$1,978	\$1,911
Monthly Premiums: Total Employee Cost				
Employee Only	\$237		\$76	\$79
Employee & Spouse/Domestic Partner	\$620		\$151	\$165
Employee & Children	\$620		\$147	\$150
Employee & Family	\$620		\$220	\$236
In Network Deductible:				
Individual deductible	\$100		\$2,500	\$2,800
Family deductible	\$200		\$5,000	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20		100	0 / 100
Lifetime maximum for medical plan	\$600 / \$1,200			
Office co-payment (Primary Care Physician)	\$15		Deduct. then 100%	Deduct. then 100%
Office co-payment (Specialist)	\$15		Deduct. then 100%	Deduct. then 100%
Co-payment or co-insurance (Emergency room)	\$100		Deduct. then 100%	Deduct. then 100%
Co-payment or co-insurance (Urgent Care)	\$25		Deduct. then 100%	Deduct. then 100%
Co-payment or co-insurance generic drugs (retail)	\$10		Deduct. then 100%	Deduct. then 100%

	City of Marysville	City Of New Albany	City of Pataskala	City of Powell
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$25		Ded then 100%	Deduct. then 100%
Co-payment or co-insurance non-preferred drugs (retail)	\$45		Ded then 100%	Deduct. then 100%
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$25		Ded then 100%	Deduct. then 100%
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$63		Ded then 100%	Deduct. then 100%
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$113		Ded then 100%	Deduct. then 100%
Out-of-Network Deductible:				
Individual deductible	\$200		\$5,000	\$5,000
Family deductible	\$400		\$10,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	60 / 40		80 / 20	80 / 20
Lifetime maximum for medical plan	\$1,200 / \$2,400			
Office co-payment (Primary Care Physician)	40%		Ded then 80%	Ded then 20%
Office co-payment (Specialist)	40%		Ded then 80%	Ded then 20%
Co-payment or co-insurance (Emergency room)	\$100		Ded then 100%	Ded then 20%
Co-payment or co-insurance (Urgent Care)	40%		Ded then 80%	Ded then 20%
Co-payment or co-insurance generic drugs (retail)	\$10		Ded then 100%	
Co-payment or co-insurance preferred brand (retail)	\$25		Ded then 100%	
Co-payment or co-insurance non-preferred drugs (retail)	\$45		Ded then 100%	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	Not Covered		Ded then 100%	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	Not Covered		Ded then 100%	
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	Not Covered		Ded then 100%	
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes		Yes	Yes

	City of Marysville	City Of New Albany	City of Pataskala	City of Powell
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	No
If yes, per person lifetime maximum?	\$1,000	\$1,500	\$1,500	
If yes, what age group is covered?	Up to age 19	Up to age 19	Up to age 19	
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$34	\$97	\$35	\$27
Employee & Spouse/Domestic Partner	\$101	\$97	\$69	\$72
Employee & Child(ren)	\$101	\$97	\$86	\$72
Employee & Family	\$101	\$97	\$132	\$72
Monthly Employer Cost				
Employee only	\$27	\$1,169	\$31	\$26
Employee & Spouse/Domestic Partner	\$80	\$1,169	\$62	\$71
Employee & Child(ren)	\$80	\$1,169	\$78	\$71
Employee & Family	\$80	\$1,169	\$119	\$71
Monthly Employee Cost				
Employee only	\$7		\$3	\$1
Employee & Spouse/Domestic Partner	\$20		\$7	\$1
Employee & Child(ren)	\$20		\$9	\$1
Employee & Family	\$20		\$13	\$1

	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	FOP, OPBA	FOP, Teamsters, IAFF	FOP, IAFF, USW	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	HSFA	PPO, HSFA, DCFS	HSFA	PPO, HSFA, DCFS
How many employees are enrolled in medical plan?	149	55 65	202	
Funding type?	Fully Insured	Self-Insured	Self- Insured	Self-Insured
If other, please describe:	High ded health plan HSA Once deductible is met and it is a network provider, benefits are paid at 100%.			
Monthly Premiums: Total Monthly Premium		PPO/HSA Rates		
Employee Only	\$667	\$639 / \$605	\$457	\$75
Employee & Spouse/Domestic Partner	\$1,793	\$1341 / \$1270	\$1,335	\$100
Employee & Children	\$1,793	\$130 / \$1028	\$1,335	\$125
Employee & Family	\$1,793	\$1788 / \$1693	\$1,335	\$125
Monthly Premiums: Total Employer Cost				
Employee Only	\$587	\$562 / \$532	\$388	
Employee & Spouse/Domestic Partner	\$1,578	\$1180 / \$1118	\$1,135	
Employee & Children	\$1,578	/ \$905	\$1,135	
Employee & Family	\$1,578	\$1573 / \$1490	\$1,135	
Monthly Premiums: Total Employee Cost				
Employee Only	\$80	\$77 / \$73	\$69	\$75
Employee & Spouse/Domestic Partner	\$215	\$161 / \$152	\$200	\$100
Employee & Children	\$215	\$130 / \$123	\$200	\$125
Employee & Family	\$215	\$215 / \$203	\$200	\$125
In Network Deductible:				
Individual deductible	\$3,300	\$200	\$2,000	\$350 - \$550
Family deductible	\$6,600	\$400	\$4,000	\$1050 - \$1400
Coinsurance (e.g., 80/20, 70/30, etc.)	100	80 / 20		90 / 10 or 70 / 30
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$20		\$30
Office co-payment (Specialist)		\$50		\$30 - \$60
Co-payment or co-insurance (Emergency room)		\$250		\$150 - \$300
Co-payment or co-insurance (Urgent Care)		\$25		\$50 - \$75
Co-payment or co-insurance generic drugs (retail)	\$10	\$10		\$10

	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$30	\$40		\$20 to \$40
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$70		\$45 to \$75
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$25	\$25		\$20
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$75	\$100		\$70
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$125	\$175		\$150
Out-of-Network Deductible:				
Individual deductible	\$4,600	\$400	\$4,000	\$700 - \$1100
Family deductible	\$9,200	\$800	\$8,000	\$2100 - \$2800
Coinsurance (e.g., 80/20, 70/30, etc.)	100%	40%		80 / 20 or 50 / 50
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		Ded then 30% co-ins		
Office co-payment (Specialist)		Ded then 30% co-ins		
Co-payment or co-insurance (Emergency room)		\$250		\$150 - \$300
Co-payment or co-insurance (Urgent Care)		Ded then 30% co-ins		\$50 - \$75
Co-payment or co-insurance generic drugs (retail)	\$10	\$10		
Co-payment or co-insurance preferred brand (retail)	\$30	\$40		
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$70		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$25			
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$75			
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$125			
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes	No

	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	No	Yes	Yes
If yes, per person lifetime maximum?	\$1,500		\$2,000	\$2,000
If yes, what age group is covered?	Up to age 19		Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$99	\$37	\$33	
Employee & Spouse/Domestic Partner	\$99	\$82	\$97	
Employee & Child(ren)	\$99	\$82	\$97	
Employee & Family	\$99	\$82	\$97	
Monthly Employer Cost				
Employee only	\$92	\$37	\$33	
Employee & Spouse/Domestic Partner	\$92	\$82	\$97	
Employee & Child(ren)	\$92	\$82	\$97	
Employee & Family	\$92	\$82	\$97	
Monthly Employee Cost				
Employee only	\$7			
Employee & Spouse/Domestic Partner	\$7			
Employee & Child(ren)	\$7			
Employee & Family	\$7			

	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			Dispatcher, Deputies, Sergeant/Lieutenant, Engineer, Forest Rose Education Assoc	
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO, HSFA, DCFSA	PPO HSFA DCFSA
How many employees are enrolled in medical plan?	131	855		
Funding type?				
	Self-Insured	Fully Insured	Self-Insured	Self-Insured
If other, please describe:				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$937	\$735	\$863	\$1,988
Employee & Spouse/Domestic Partner		\$1,620		\$2,160
Employee & Children		\$1,322		\$1,988
Employee & Family	\$2,428	\$2,206	\$2,057	\$2,160
Monthly Premiums: Total Employer Cost				
Employee Only	\$825	\$655	\$734	\$1,848
Employee & Spouse/Domestic Partner		\$1,442		\$1,848
Employee & Children		\$1,176		\$1,848
Employee & Family	\$2,136	\$1,964	\$1,748	\$1,848
Monthly Premiums: Total Employee Cost				
Employee Only	\$112	\$81	\$129	\$140
Employee & Spouse/Domestic Partner		\$178		\$312
Employee & Children		\$145		\$140
Employee & Family	\$291	\$243	\$309	\$312
In Network Deductible:				
Individual deductible	\$2,800	\$250.00	\$300	\$400
Family deductible	\$5,000	\$500.00	\$600	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	100	90 / 10	85 / 15	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		\$15	\$15	\$20
Office co-payment (Specialist)		\$25	\$30	\$40
Co-payment or co-insurance (Emergency room)		\$150	\$200	\$150
Co-payment or co-insurance (Urgent Care)		\$35	\$20	\$25
Co-payment or co-insurance generic drugs (retail)		\$15	\$4	\$5

	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)		\$40	\$25	\$25
Co-payment or co-insurance non-preferred drugs (retail)		\$60	\$50	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$30	\$10	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$80	\$50	\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)		\$120	\$100	\$125
Out-of-Network Deductible:				
Individual deductible	\$10,000	\$500	\$650	\$800
Family deductible	\$20,000	\$1,000	\$1,300	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20	70 / 30	70 / 30	80 / 20
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)		30%	30%	80 / 20
Office co-payment (Specialist)		30%	30%	80 / 20
Co-payment or co-insurance (Emergency room)		\$150	\$200	\$150
Co-payment or co-insurance (Urgent Care)		\$35	30%	80 / 20
Co-payment or co-insurance generic drugs (retail)			\$4	
Co-payment or co-insurance preferred brand (retail)			\$25	
Co-payment or co-insurance non-preferred drugs (retail)			\$50	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$150	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	No	No

	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	No	Yes	Yes
If yes, per person lifetime maximum?	\$1,000		\$1,500	\$1,500
If yes, what age group is covered?	18 and under		Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only	\$97	\$26		
Employee & Spouse/Domestic Partner	\$97	\$52		
Employee & Child(ren)	\$97	\$57		
Employee & Family	\$97	\$91		
Monthly Employer Cost				
Employee only	\$97	\$20		
Employee & Spouse/Domestic Partner	\$97	\$20		
Employee & Child(ren)	\$97	\$20		
Employee & Family	\$97	\$20		
Monthly Employee Cost				
Employee only		\$6		
Employee & Spouse/Domestic Partner		\$32		
Employee & Child(ren)		\$37		
Employee & Family		\$71		

	Morrow County	Union County	Blendon Township	Madison Township Franklin County
2020 Health, Dental & Vision Plans				
BARGAINING				
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)		FOP		Fire, Police
Do you offer medical coverage to your employees?	Yes	Yes	Yes	Yes
What type of plan do you offer?	PPO HSFA	PPO	PPO	PPO
How many employees are enrolled in medical plan?	32	311	11	61
Funding type?				
	Self-Insured	Fully Insured	Self- Insured	Self-Insured
If other, please describe:				
Monthly Premiums: Total Monthly Premium				
Employee Only	\$778	\$707	\$707	\$864
Employee & Spouse/Domestic Partner	\$1,694	\$1,557	\$1,553	\$2,199
Employee & Children	\$1,401	\$1,270	\$1,193	\$2,199
Employee & Family	\$2,324	\$2,120	\$2,182	\$2,199
Monthly Premiums: Total Employer Cost				
Employee Only	\$662	\$530	\$707	\$734
Employee & Spouse/Domestic Partner	\$1,441	\$1,126	\$1,553	\$1,870
Employee & Children	\$1,192	\$953	\$1,193	\$1,870
Employee & Family	\$1,977	\$1,548	\$2,182	\$1,870
Monthly Premiums: Total Employee Cost				
Employee Only	\$116	\$177		\$130
Employee & Spouse/Domestic Partner	\$253	\$432		\$330
Employee & Children	\$209	\$318		\$330
Employee & Family	\$348	\$572		\$330
In Network Deductible:				
Individual deductible	\$1,100	\$1,000	\$5,000	\$2,700
Family deductible	\$2,200	\$2,000	\$10,000	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	75 / 25	80 / 20	\$100	
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	\$20	\$15	\$30	
Office co-payment (Specialist)	\$40	\$15	\$60	
Co-payment or co-insurance (Emergency room)	\$200	\$200	\$300	
Co-payment or co-insurance (Urgent Care)	\$50	\$35		
Co-payment or co-insurance generic drugs (retail)	\$15	\$15	\$10	

	Morrow County	Union County	Blendon Township	Madison Township Franklin County
2020 Health, Dental & Vision Plans				
BARGAINING				
In Network Deductible: (Con't.)				
Co-payment or co-insurance preferred brand (retail)	\$30	\$30		
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$50		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$30	\$30		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$60	\$60		
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)	\$100	\$100		
Out-of-Network Deductible:				
Individual deductible	\$3,300	\$2,000		\$5,000
Family deductible	\$6,600	\$4,000		\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	60 / 40		
Lifetime maximum for medical plan				
Office co-payment (Primary Care Physician)	50%	40%		
Office co-payment (Specialist)	50%	40%		
Co-payment or co-insurance (Emergency room)	\$200	\$200		
Co-payment or co-insurance (Urgent Care)	\$50	\$35		
Co-payment or co-insurance generic drugs (retail)		\$30		
Co-payment or co-insurance preferred brand (retail)		\$60		
Co-payment or co-insurance non-preferred drugs (retail)		\$100		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)				
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)				
Co-pay or co-insurance non-preferred drugs (mail order - 3 mos.)				
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes	Yes

	Morrow County	Union County	Blendon Township	Madison Township Franklin County
2020 Health, Dental & Vision Plans				
BARGAINING				
Dental Coverage:				
Do you offer Dental coverage to your employees?	Yes	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,000		\$1,500
If yes, what age group is covered?	Up to age 19	Up to age 19		Up to age 19
Monthly Dental Premiums if not bundled with medical plan				
Total Monthly Premium				
Employee only		\$29	\$30	\$35
Employee & Spouse/Domestic Partner		\$57	\$56	\$69
Employee & Child(ren)		\$62		\$69
Employee & Family		\$102	\$103	\$130
Monthly Employer Cost				
Employee only		\$25	\$30	\$35
Employee & Spouse/Domestic Partner		\$48	\$56	\$69
Employee & Child(ren)		\$53		\$69
Employee & Family		\$87	\$103	\$130
Monthly Employee Cost				
Employee only		\$4		
Employee & Spouse/Domestic Partner		\$9		
Employee & Child(ren)		\$9		
Employee & Family		\$15		

2020 Health, Dental & Vision Plans	City of Bexley	City of Canal Winchester	City of Circleville
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	AFSCME, FOP & Non-Bargaining		
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	HSFA		POS
How many employees are enrolled in medical plan?	75		25
Funding type?	Self-Insured	Self-Insured	Fully-Insured
If other, please describe:		High Deductible-Health Savings Account	
Monthly Premiums: Total Monthly Premium			
Employee Only	\$690	\$738	\$921
Employee & Spouse/Domestic Partner	\$1,351		\$1,841
Employee & Children	\$1,527		\$1,841
Employee & Family	\$2,127	\$1,910	\$2,577
Monthly Premiums: Total Employer Cost			
Employee Only	\$552		\$736
Employee & Spouse/Domestic Partner	\$1,081		\$1,473
Employee & Children	\$1,221		\$1,473
Employee & Family	\$1,702		\$2,062
Monthly Premiums: Total Employee Cost			
Employee Only	\$138	\$738	\$184
Employee & Spouse/Domestic Partner	\$270		\$368
Employee & Children	\$305		\$368
Employee & Family	\$425	\$1,910	\$515
In Network Deductible:			
Individual deductible	\$550	\$2,800	\$5,000
Family deductible	\$1,100	\$5,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	100	80 / 20
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)			\$35
Office co-payment (Specialist)			\$70
Co-payment or co-insurance (Emergency room)			\$300
Co-payment or co-insurance (Urgent Care)			\$75
Co-payment or co-insurance generic drugs (retail)			\$10

2020 Health, Dental & Vision Plans			
NON-BARGAINING	City of Bexley	City of Canal Winchester	City of Circleville
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)			\$30
Co-payment or co-insurance non-preferred drugs (retail)			\$60
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$75
Co-pay or co-insurance non-preferred drugs (mail order - 3			\$150
Out-of-Network Deductible:			
Individual deductible	\$1,100	\$5,000	\$10,000
Family deductible	\$2,200	\$10,000	\$20,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50		
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)			30% co-ins
Office co-payment (Specialist)			30% co-ins
Co-payment or co-insurance (Emergency room)			30% co-ins
Co-payment or co-insurance (Urgent Care)			30% co-ins
Co-payment or co-insurance generic drugs (retail)			\$10
Co-payment or co-insurance preferred brand (retail)			\$30
Co-payment or co-insurance non-preferred drugs (retail)			\$60
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	Yes	No

2020 Health, Dental & Vision Plans	City of Bexley	City of Canal Winchester	City of Circleville
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	No	Yes	Yes
If yes, per person lifetime maximum?		\$1,500	\$1,500
If yes, what age group is covered?		Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only	\$38	\$97	\$23
Employee & Spouse/Domestic Partner	\$72	\$97	\$44
Employee & Child(ren)	\$85	\$97	\$90
Employee & Family	\$131	\$97	\$90
Monthly Employer Cost			
Employee only	\$19	\$97	\$18
Employee & Spouse/Domestic Partner	\$36	\$97	\$35
Employee & Child(ren)	\$43	\$97	\$72
Employee & Family	\$65	\$97	\$72
Monthly Employee Cost			
Employee only	\$19		\$5
Employee & Spouse/Domestic Partner	\$36		\$9
Employee & Child(ren)	\$43		\$18
Employee & Family	\$65		\$18

2020 Health, Dental & Vision Plans	City of Bexley	City of Canal Winchester	City of Circleville
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$9	\$22	\$7
Employee & Spouse/Domestic Partner	\$18		\$14
Employee & Child(ren)	\$18		\$14
Employee & Family	\$30	\$22	\$25
Monthly Employer Cost			
Employee only	\$5	\$22	
Employee & Spouse/Domestic Partner	\$9		
Employee & Child(ren)	\$9		
Employee & Family	\$15	\$22	
Monthly Employee Cost			
Employee only	\$5		\$7
Employee & Spouse/Domestic Partner	\$9		\$14
Employee & Child(ren)	\$9		\$14
Employee & Family	\$15		\$25
Notes:	This is for both Bargaining and Non-Bargaining		

2020 Health, Dental & Vision Plans	City of Columbus
NON-BARGAINING	
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	
Do you offer medical coverage to your employees?	Yes
What type of plan do you offer?	PPO
How many employees are enrolled in medical plan?	1,001
Funding type?	Self-Insured
If other, please describe:	
Monthly Premiums: Total Monthly Premium	
Employee Only	\$932
Employee & Spouse/Domestic Partner	\$2,329
Employee & Children	\$2,329
Employee & Family	\$2,329
Monthly Premiums: Total Employer Cost	
Employee Only	\$772
Employee & Spouse/Domestic Partner	\$1,929
Employee & Children	\$1,929
Employee & Family	\$1,929
Monthly Premiums: Total Employee Cost	
Employee Only	\$160
Employee & Spouse/Domestic Partner	\$400
Employee & Children	\$400
Employee & Family	\$400
In Network Deductible:	
Individual deductible	\$300
Family deductible	\$600
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	\$20
Office co-payment (Specialist)	\$30
Co-payment or co-insurance (Emergency room)	\$75
Co-payment or co-insurance (Urgent Care)	\$30
Co-payment or co-insurance generic drugs (retail)	\$5

2020 Health, Dental & Vision Plans	City of Columbus
NON-BARGAINING	
In Network Deductible: (Con't.)	
Co-payment or co-insurance preferred brand (retail)	\$15
Co-payment or co-insurance non-preferred drugs (retail)	\$30
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$25
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$60
Out-of-Network Deductible:	
Individual deductible	\$800
Family deductible	\$1,600
Coinurance (e.g., 80/20, 70/30, etc.)	60 / 40
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	\$0 co-pay, 60% of eligible
Office co-payment (Specialist)	\$0 co-pay, 60% of eligible
Co-payment or co-insurance (Emergency room)	\$75
Co-payment or co-insurance (Urgent Care)	\$30
Co-payment or co-insurance generic drugs (retail)	\$5
Co-payment or co-insurance preferred brand (retail)	\$15
Co-payment or co-insurance non-preferred drugs (retail)	\$30
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$25
Co-pay or co-insurance non-preferred drugs (mail order - 3	60
Do you provide a credit/incentive to employees who opt out of medical coverage?	No

2020 Health, Dental & Vision Plans	City of Columbus
NON-BARGAINING	
Dental Coverage:	
Do you offer Dental coverage to your employees?	Yes
Do you offer orthodontic benefits?	Yes
If yes, per person lifetime maximum?	\$1,850
If yes, what age group is covered?	Up to age 26
Monthly Dental Premiums if not bundled with medical plan	
Total Monthly Premium	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employer Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	

2020 Health, Dental & Vision Plans	City of Columbus
NON-BARGAINING	
Vision Coverage:	
Do you offer vision coverage to your employees?	Yes
Is your vision bundled with your medical plan?	Yes
Please provide information below if not bundled with medical	
Total Monthly Premium	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employer Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Notes:	

2020 Health, Dental & Vision Plans	City of Delaware	City of Dublin	City of Gahanna
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO, DCFSA	PPO
How many employees are enrolled in medical plan?	277	398	
Funding type?	Self-Insured	Self-Insured	Self-Insured
If other, please describe:			
Monthly Premiums: Total Monthly Premium			
Employee Only	\$892	\$578	\$890
Employee & Spouse/Domestic Partner	\$2,675		\$1,669
Employee & Children	\$2,675		\$1,842
Employee & Family	\$2,675	\$1,734	\$2,621
Monthly Premiums: Total Employer Cost			
Employee Only	\$783	\$578	\$757
Employee & Spouse/Domestic Partner	\$2,350		\$1,418
Employee & Children	\$2,350		\$1,566
Employee & Family	\$2,350	\$1,734	\$2,227
Monthly Premiums: Total Employee Cost			
Employee Only	\$108		\$134
Employee & Spouse/Domestic Partner	\$325		\$250
Employee & Children	\$325		\$276
Employee & Family	\$325		\$393
In Network Deductible:			
Individual deductible	\$0	\$2,500	\$200
Family deductible	\$0	\$5,000	\$600
Coinsurance (e.g., 80/20, 70/30, etc.)	EE: 10% of \$1,000, 20% of \$3,000, Fam:10% of \$2,000, 20% of \$5,000	85 / 15	90 / 10
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)	\$10		\$15
Office co-payment (Specialist)	\$10		\$15
Co-payment or co-insurance (Emergency room)			\$150 + 10%
Co-payment or co-insurance (Urgent Care)			10% co-ins
Co-payment or co-insurance generic drugs (retail)	\$0		\$8

2020 Health, Dental & Vision Plans	City of Delaware	City of Dublin	City of Gahanna
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)	\$25 co-pay then 50%		\$20
Co-payment or co-insurance non-preferred drugs (retail)	\$25 co-pay then 50%		\$35
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	10%		\$10
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	25%		\$30
Co-pay or co-insurance non-preferred drugs (mail order - 3	25%		\$50
Out-of-Network Deductible:			
Individual deductible	\$500	\$5,000	\$400
Family deductible	\$1,000	\$10,000	\$1,200
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	60 / 40	70 / 30
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)	50%		30% co-ins
Office co-payment (Specialist)	50%		30% co-ins
Co-payment or co-insurance (Emergency room)	50%		\$150 + 10%
Co-payment or co-insurance (Urgent Care)	50%		30% co-ins
Co-payment or co-insurance generic drugs (retail)			
Co-payment or co-insurance preferred brand (retail)			
Co-payment or co-insurance non-preferred drugs (retail)			
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes

2020 Health, Dental & Vision Plans	City of Delaware	City of Dublin	City of Gahanna
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	No	Yes	Yes
If yes, per person lifetime maximum?		\$2,000	\$1,500
If yes, what age group is covered?		All	Up to age 19
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only	\$55	\$140	\$97
Employee & Spouse/Domestic Partner	\$120		
Employee & Child(ren)	\$120		
Employee & Family	\$120		\$97
		\$140	
Monthly Employer Cost			
Employee only	\$48	\$140	\$97
Employee & Spouse/Domestic Partner	\$106		
Employee & Child(ren)	\$106		
Employee & Family	\$106	\$140	\$97
Monthly Employee Cost			
Employee only	\$7		
Employee & Spouse/Domestic Partner	\$15		
Employee & Child(ren)	\$15		
Employee & Family	\$15		

2020 Health, Dental & Vision Plans	City of Delaware	City of Dublin	City of Gahanna
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$6	\$24	\$28
Employee & Spouse/Domestic Partner	\$12		
Employee & Child(ren)	\$13		
Employee & Family	\$19	\$24	\$28
Monthly Employer Cost			
Employee only		\$24	\$28
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family		\$24	\$28
Monthly Employee Cost			
Employee only	\$6		
Employee & Spouse/Domestic Partner	\$12		
Employee & Child(ren)	\$13		
Employee & Family	\$19		
Notes:	\$50 then 10% co-ins, co-pay waived if admitted		

2020 Health, Dental & Vision Plans	City of Grandview Heights
NON-BARGAINING	
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	
Do you offer medical coverage to your employees?	Yes
What type of plan do you offer?	PPO
How many employees are enrolled in medical plan?	71
Funding type?	Fully-Insured
If other, please describe:	
Monthly Premiums: Total Monthly Premium	
Employee Only	\$2,056
Employee & Spouse/Domestic Partner	\$2,056
Employee & Children	\$2,056
Employee & Family	\$2,056
Monthly Premiums: Total Employer Cost	
Employee Only	\$1,909
Employee & Spouse/Domestic Partner	\$1,681
Employee & Children	\$1,681
Employee & Family	\$1,681
Monthly Premiums: Total Employee Cost	
Employee Only	\$147
Employee & Spouse/Domestic Partner	\$375
Employee & Children	\$375
Employee & Family	\$375
In Network Deductible:	
Individual deductible	\$400
Family deductible	\$1,000
Coinsurance (e.g., 80/20, 70/30, etc.)	100
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	\$20
Office co-payment (Specialist)	\$20 - \$40
Co-payment or co-insurance (Emergency room)	\$150
Co-payment or co-insurance (Urgent Care)	\$25
Co-payment or co-insurance generic drugs (retail)	\$5

2020 Health, Dental & Vision Plans	City of Grandview Heights
NON-BARGAINING	
In Network Deductible: (Con't.)	
Co-payment or co-insurance preferred brand (retail)	\$25
Co-payment or co-insurance non-preferred drugs (retail)	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$125
Out-of-Network Deductible:	
Individual deductible	\$800
Family deductible	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	20%
Office co-payment (Specialist)	20%
Co-payment or co-insurance (Emergency room)	20%
Co-payment or co-insurance (Urgent Care)	20%
Co-payment or co-insurance generic drugs (retail)	
Co-payment or co-insurance preferred brand (retail)	
Co-payment or co-insurance non-preferred drugs (retail)	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	
Co-pay or co-insurance non-preferred drugs (mail order - 3	
Do you provide a credit/incentive to employees who opt out of medical coverage?	No

2020 Health, Dental & Vision Plans	City of Grandview Heights
NON-BARGAINING	
Dental Coverage:	
Do you offer Dental coverage to your employees?	Yes
Do you offer orthodontic benefits?	Yes
If yes, per person lifetime maximum?	\$1,500
If yes, what age group is covered?	Up to age 19
Monthly Dental Premiums if not bundled with medical plan	
Total Monthly Premium	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employer Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	

2020 Health, Dental & Vision Plans	City of Grandview Heights
NON-BARGAINING	
Vision Coverage:	
Do you offer vision coverage to your employees?	Yes
Is your vision bundled with your medical plan?	Yes
Please provide information below if not bundled with medical	
Total Monthly Premium	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employer Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Notes:	

2020 Health, Dental & Vision Plans	City of Grove City	City of Lancaster	City of Marysville
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	HSFA	PPO	PPO, HSFA, DCFSA
How many employees are enrolled in medical plan?	150	358	30, 68, 3
Funding type?	Self-Insured	Self-Insured	Self-Insured
If other, please describe:	HDHP, HSA		
Monthly Premiums: Total Monthly Premium			
Employee Only	\$784	\$824	\$1,186
Employee & Spouse/Domestic Partner	\$2,031		\$3,099
Employee & Children	\$2,031		\$3,099
Employee & Family	\$2,031	\$2,205	\$3,099
Monthly Premiums: Total Employer Cost			
Employee Only	\$667	\$703	\$949
Employee & Spouse/Domestic Partner	\$1,727		\$2,479
Employee & Children	\$1,727		\$2,479
Employee & Family	\$1,727	\$1,881	\$2,479
Monthly Premiums: Total Employee Cost			
Employee Only	\$118	\$121	\$237
Employee & Spouse/Domestic Partner	\$305		\$620
Employee & Children	\$305		\$620
Employee & Family	\$305	\$324	\$620
in Network Deductible:			
Individual deductible	\$2,800	\$500	\$100
Family deductible	\$5,000	\$1,000	\$200
Coinsurance (e.g., 80/20, 70/30, etc.)		80 / 20	80 / 20
Lifetime maximum for medical plan			\$600 / \$1,200
Office co-payment (Primary Care Physician)		\$25	\$15
Office co-payment (Specialist)		\$25	\$15
Co-payment or co-insurance (Emergency room)		\$100	\$100
Co-payment or co-insurance (Urgent Care)		\$50	\$25
Co-payment or co-insurance generic drugs (retail)		\$10	\$10

2020 Health, Dental & Vision Plans	City of Grove City	City of Lancaster	City of Marysville
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)		\$30	\$25
Co-payment or co-insurance non-preferred drugs (retail)		\$60	\$45
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$60	\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3		\$120	\$113
Out-of-Network Deductible:			
Individual deductible	\$50,000	\$1,000	\$200
Family deductible	\$10,000	\$2,000	\$400
Coinsurance (e.g., 80/20, 70/30, etc.)		60 / 40	60 / 40
Lifetime maximum for medical plan			\$1,200 / \$2,400
Office co-payment (Primary Care Physician)		\$50	40%
Office co-payment (Specialist)		\$50	40%
Co-payment or co-insurance (Emergency room)		\$100	\$100
Co-payment or co-insurance (Urgent Care)		\$75	40%
Co-payment or co-insurance generic drugs (retail)			\$10
Co-payment or co-insurance preferred brand (retail)			\$25
Co-payment or co-insurance non-preferred drugs (retail)			\$45
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			Not Covered
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			Not Covered
Co-pay or co-insurance non-preferred drugs (mail order - 3			Not Covered
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes

2020 Health, Dental & Vision Plans	City of Grove City	City of Lancaster	City of Marysville
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$1,500	\$2,000	\$1,000
If yes, what age group is covered?	To 25th birthday	Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan	(end of cal. Yr.)		
Total Monthly Premium			
Employee only	\$97		\$34
Employee & Spouse/Domestic Partner	\$97		\$101
Employee & Child(ren)	\$97		\$101
Employee & Family	\$97		\$101
Monthly Employer Cost			
Employee only	\$83		\$27
Employee & Spouse/Domestic Partner	\$83		\$80
Employee & Child(ren)	\$83		\$80
Employee & Family	\$83		\$80
Monthly Employee Cost			
Employee only	\$15		\$7
Employee & Spouse/Domestic Partner	\$15		\$20
Employee & Child(ren)	\$15		\$20
Employee & Family	\$15		\$20

2020 Health, Dental & Vision Plans	City of Grove City	City of Lancaster	City of Marysville
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$24	\$12	\$6
Employee & Spouse/Domestic Partner	\$24	\$17	\$14
Employee & Child(ren)	\$24		\$14
Employee & Family	\$24	\$30	\$14
Monthly Employer Cost			
Employee only	\$20		\$6
Employee & Spouse/Domestic Partner	\$20		\$11
Employee & Child(ren)	\$20		\$11
Employee & Family	\$20		\$11
Monthly Employee Cost			
Employee only	\$4	\$12	
Employee & Spouse/Domestic Partner	\$4	\$17	\$3
Employee & Child(ren)	\$4		\$3
Employee & Family	\$4	\$30	\$3
Notes:			

2020 Health, Dental & Vision Plans	City of New Albany
NON-BARGAINING	
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	FOP, USW
Do you offer medical coverage to your employees?	Yes
What type of plan do you offer?	HSFA, DCFSA
How many employees are enrolled in medical plan?	
Funding type?	Self-Insured
If other, please describe:	
Monthly Premiums: Total Monthly Premium	
Employee Only	\$908
Employee & Spouse/Domestic Partner	\$1,676
Employee & Children	\$1,970
Employee & Family	\$2,640
Monthly Premiums: Total Employer Cost	
Employee Only	
Employee & Spouse/Domestic Partner	
Employee & Children	
Employee & Family	
Monthly Premiums: Total Employee Cost	
Employee Only	\$68
Employee & Spouse/Domestic Partner	\$126
Employee & Children	\$148
Employee & Family	\$198
In Network Deductible:	
Individual deductible	\$2,500
Family deductible	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	100
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	
Office co-payment (Specialist)	
Co-payment or co-insurance (Emergency room)	
Co-payment or co-insurance (Urgent Care)	
Co-payment or co-insurance generic drugs (retail)	

2020 Health, Dental & Vision Plans	City of New Albany
NON-BARGAINING	
In Network Deductible: (Con't.)	
Co-payment or co-insurance preferred brand (retail)	
Co-payment or co-insurance non-preferred drugs (retail)	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	
Co-pay or co-insurance non-preferred drugs (mail order - 3	
Out-of-Network Deductible:	
Individual deductible	\$5,000
Family deductible	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	
Office co-payment (Specialist)	
Co-payment or co-insurance (Emergency room)	
Co-payment or co-insurance (Urgent Care)	
Co-payment or co-insurance generic drugs (retail)	
Co-payment or co-insurance preferred brand (retail)	
Co-payment or co-insurance non-preferred drugs (retail)	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	
Co-pay or co-insurance non-preferred drugs (mail order - 3	
Do you provide a credit/incentive to employees who opt out of medical coverage?	No

2020 Health, Dental & Vision Plans	City of New Albany
NON-BARGAINING	
Dental Coverage:	
Do you offer Dental coverage to your employees?	Yes
Do you offer orthodontic benefits?	Yes
If yes, per person lifetime maximum?	\$1,500
If yes, what age group is covered?	Up to age 19
Monthly Dental Premiums if not bundled with medical plan	
Total Monthly Premium	
Employee only	\$1,170
Employee & Spouse/Domestic Partner	\$1,170
Employee & Child(ren)	\$1,170
Employee & Family	\$1,170
Monthly Employer Cost	
Employee only	\$1,170
Employee & Spouse/Domestic Partner	\$1,170
Employee & Child(ren)	\$1,170
Employee & Family	\$1,170
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	

2020 Health, Dental & Vision Plans	City of New Albany
NON-BARGAINING	
Vision Coverage:	
Do you offer vision coverage to your employees?	Yes
Is your vision bundled with your medical plan?	Yes
Please provide information below if not bundled with medical	
Total Monthly Premium	
Employee only	\$288
Employee & Spouse/Domestic Partner	\$288
Employee & Child(ren)	\$288
Employee & Family	\$288
	\$288
Monthly Employer Cost	
Employee only	\$288
Employee & Spouse/Domestic Partner	\$288
Employee & Child(ren)	\$288
Employee & Family	\$288
Monthly Employee Cost	
Employee only	
Employee & Spouse/Domestic Partner	
Employee & Child(ren)	
Employee & Family	
Notes:	

2020 Health, Dental & Vision Plans	City of Pataskala	City of Powell
NON-BARGAINING		
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	FOP, OPBA, USW	
Do you offer medical coverage to your employees?	Yes	
What type of plan do you offer?	PPO & HSFA	PPO HSFA DCFSA
How many employees are enrolled in medical plan?	PPO 18, HSFA 12	21 1 0
Funding type?	Partially Self-Insured	Fully-Insured
If other, please describe:	City funds \$1,500 for single coverage and \$3,000 for all other	
Monthly Premiums: Total Monthly Premium		
Employee Only	\$759	\$716
Employee & Spouse/Domestic Partner	\$1,511	\$1,504
Employee & Children	\$1,467	\$1,360
Employee & Family	\$2,198	\$2,147
Monthly Premiums: Total Employer Cost		
Employee Only	\$683	\$637
Employee & Spouse/Domestic Partner	\$1,360	\$1,338
Employee & Children	\$1,320	\$1,211
Employee & Family	\$1,978	\$1,911
Monthly Premiums: Total Employee Cost		
Employee Only	\$76	\$79
Employee & Spouse/Domestic Partner	\$151	\$165
Employee & Children	\$147	\$150
Employee & Family	\$220	\$236
in Network Deductible:		
Individual deductible	\$2,500	\$2,800
Family deductible	\$5,000	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)	100	0 / 100
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)	Ded then 100%	Ded then 100%
Office co-payment (Specialist)	Ded then 100%	Ded then 100%
Co-payment or co-insurance (Emergency room)	Ded then 100%	Ded then 100%
Co-payment or co-insurance (Urgent Care)	Ded then 100%	Ded then 100%
Co-payment or co-insurance generic drugs (retail)	Ded then 100%	Ded then 100%

2020 Health, Dental & Vision Plans	City of Pataskala	City of Powell
NON-BARGAINING		
In Network Deductible: (Con't.)		
Co-payment or co-insurance preferred brand (retail)	Ded then 100%	Ded then 100%
Co-payment or co-insurance non-preferred drugs (retail)	Ded then 100%	Ded then 100%
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	Ded then 100%	Ded then 100%
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	Ded then 100%	Ded then 100%
Co-pay or co-insurance non-preferred drugs (mail order - 3	Ded then 100%	Ded then 100%
Out-of-Network Deductible:		
Individual deductible	\$5,000	\$5,000
Family deductible	\$10,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20	80 / 20
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)	Ded then 80%	Ded then 20%
Office co-payment (Specialist)	Ded then 80%	Ded then 20%
Co-payment or co-insurance (Emergency room)	Ded then 100%	Ded then 20%
Co-payment or co-insurance (Urgent Care)	Ded then 80%	Ded then 20%
Co-payment or co-insurance generic drugs (retail)	Ded then 100%	
Co-payment or co-insurance preferred brand (retail)	Ded then 100%	
Co-payment or co-insurance non-preferred drugs (retail)	Ded then 100%	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	Ded then 100%	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	Ded then 100%	
Co-pay or co-insurance non-preferred drugs (mail order - 3	Ded then 100%	
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No

2020 Health, Dental & Vision Plans	City of Pataskala	City of Powell
NON-BARGAINING		
Dental Coverage:		
Do you offer Dental coverage to your employees?	Yes	Yes
Do you offer orthodontic benefits?	Yes	No
If yes, per person lifetime maximum?	\$1,500	
If yes, what age group is covered?	Up to age 19	
Monthly Dental Premiums if not bundled with medical plan		
Total Monthly Premium		
Employee only	\$35	\$27
Employee & Spouse/Domestic Partner	\$69	\$72
Employee & Child(ren)	\$86	\$72
Employee & Family	\$132	\$72
Monthly Employer Cost		
Employee only	\$31	\$26
Employee & Spouse/Domestic Partner	\$62	\$72
Employee & Child(ren)	\$78	\$72
Employee & Family	\$119	\$72
Monthly Employee Cost		
Employee only	\$3	\$1
Employee & Spouse/Domestic Partner	\$7	\$1
Employee & Child(ren)	\$9	\$1
Employee & Family	\$13	\$1

2020 Health, Dental & Vision Plans	City of Pataskala	City of Powell
NON-BARGAINING		
Vision Coverage:		
Do you offer vision coverage to your employees?	Yes	Yes
Is your vision bundled with your medical plan?	No	No
Please provide information below if not bundled with medical		
Total Monthly Premium		
Employee only	\$22	\$10
Employee & Spouse/Domestic Partner	\$22	\$17
Employee & Child(ren)	\$22	\$18
Employee & Family	\$22	\$29
Monthly Employer Cost		
Employee only	\$20	
Employee & Spouse/Domestic Partner	\$20	
Employee & Child(ren)	\$20	
Employee & Family	\$20	
Monthly Employee Cost		
Employee only	\$2	\$10
Employee & Spouse/Domestic Partner	\$2	\$17
Employee & Child(ren)	\$2	\$18
Employee & Family	\$2	\$29
Notes:		

2020 Health, Dental & Vision Plans	City of Reynoldsburg	City of Upper Arlington
NON-BARGAINING		
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)		
Do you offer medical coverage to your employees?	Yes	Yes
What type of plan do you offer?		PPO, HSFA, DCFSA
How many employees are enrolled in medical plan?		62 36
Funding type?		Self-Insured
If other, please describe:	HDHP w/Health Saving account partial funded.	
Monthly Premiums: Total Monthly Premium		
Employee Only	\$667	\$639 / \$604
Employee & Spouse/Domestic Partner	\$1,793	\$1341 / \$1270
Employee & Children	\$1,793	\$130 / \$1028
Employee & Family	\$1,793	\$1788 / \$1693
Monthly Premiums: Total Employer Cost		
Employee Only	\$587	\$562 / \$532
Employee & Spouse/Domestic Partner	\$1,578	\$1180 / \$1118
Employee & Children	\$1,578	/ \$905
Employee & Family	\$1,578	\$1573 / \$1490
Monthly Premiums: Total Employee Cost		
Employee Only	\$80	\$77 / \$73
Employee & Spouse/Domestic Partner	\$215	\$161 / \$152
Employee & Children	\$215	\$130 / \$123
Employee & Family	\$215	\$215 / \$203
In Network Deductible:		
Individual deductible	\$3,300	\$200
Family deductible	\$6,600	\$400
Coinsurance (e.g., 80/20, 70/30, etc.)	100	80 / 20
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)		\$20
Office co-payment (Specialist)		\$50
Co-payment or co-insurance (Emergency room)		\$250
Co-payment or co-insurance (Urgent Care)		\$25
Co-payment or co-insurance generic drugs (retail)	\$10	\$10

2020 Health, Dental & Vision Plans	City of Reynoldsburg	City of Upper Arlington
NON-BARGAINING		
In Network Deductible: (Con't.)		
Co-payment or co-insurance preferred brand (retail)	\$30	\$40
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$70
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$25	\$25
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$75	\$100
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$125	\$175
Out-of-Network Deductible:		
Individual deductible	\$4,600	\$400
Family deductible	\$9,200	\$800
Coinsurance (e.g., 80/20, 70/30, etc.)	100%	40
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)		Ded then 30%
Office co-payment (Specialist)		Ded then 30%
Co-payment or co-insurance (Emergency room)		\$250
Co-payment or co-insurance (Urgent Care)		Ded then 30%
Co-payment or co-insurance generic drugs (retail)	\$10	\$10
Co-payment or co-insurance preferred brand (retail)	\$30	\$40
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$70
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$25	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$75	
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$125	
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No

2020 Health, Dental & Vision Plans	City of Reynoldsburg	City of Upper Arlington
NON-BARGAINING		
Dental Coverage:		
Do you offer Dental coverage to your employees?	Yes	Yes
Do you offer orthodontic benefits?	Yes	No
If yes, per person lifetime maximum?	\$1,500	
If yes, what age group is covered?	Up to age 19	
Monthly Dental Premiums if not bundled with medical plan		
Total Monthly Premium		
Employee only	\$99	\$37
Employee & Spouse/Domestic Partner	\$99	\$82
Employee & Child(ren)	\$99	\$82
Employee & Family	\$99	\$82
Monthly Employer Cost		
Employee only	\$92	\$37
Employee & Spouse/Domestic Partner	\$92	\$82
Employee & Child(ren)	\$92	\$82
Employee & Family	\$92	\$82
Monthly Employee Cost		
Employee only	\$7	
Employee & Spouse/Domestic Partner	\$7	
Employee & Child(ren)	\$7	
Employee & Family	\$7	

2020 Health, Dental & Vision Plans	City of Reynoldsburg	City of Upper Arlington
NON-BARGAINING		
Vision Coverage:		
Do you offer vision coverage to your employees?	Yes	Yes
Is your vision bundled with your medical plan?	No	No
Please provide information below if not bundled with medical		
Total Monthly Premium		
Employee only	\$22	\$6
Employee & Spouse/Domestic Partner	\$22	\$11
Employee & Child(ren)	\$22	\$12
Employee & Family	\$22	\$17
Monthly Employer Cost		
Employee only	\$20	
Employee & Spouse/Domestic Partner	\$20	
Employee & Child(ren)	\$20	
Employee & Family	\$20	
Monthly Employee Cost		
Employee only	\$2	\$6
Employee & Spouse/Domestic Partner	\$2	\$11
Employee & Child(ren)	\$2	\$12
Employee & Family	\$2	\$17
Notes:		

2020 Health, Dental & Vision Plans	City of Westerville	City of Whitehall	City of Worthington
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	HSFA	PPO HSFA DCFSA	PPO
How many employees are enrolled in medical plan?	221	151 75 4	131
Funding type?	Self-Insured	Self-Insured	Self-Insured
If other, please describe:		for medical dental & vision with stop loss coverage	
Monthly Premiums: Total Monthly Premium			
Employee Only	\$657	\$75	\$937
Employee & Spouse/Domestic Partner	\$1,446	\$100	
Employee & Children	\$1,315	\$125	
Employee & Family	\$2,300	\$125	\$2,428
Monthly Premiums: Total Employer Cost			
Employee Only	\$559	Self Insured	\$825
Employee & Spouse/Domestic Partner	\$1,229	Self Insured	
Employee & Children	\$1,117	Self Insured	
Employee & Family	\$1,955	Self Insured	\$2,136
Monthly Premiums: Total Employee Cost			
Employee Only	\$99	\$75	\$112
Employee & Spouse/Domestic Partner	\$217	\$100	
Employee & Children	\$197	\$125	
Employee & Family	\$345	\$125	\$291
In Network Deductible:			
Individual deductible	\$2,000	\$350 - \$550	\$2,800
Family deductible	\$4,000	\$1050 - \$1400	\$5,000
Coinsurance (e.g., 80/20, 70/30, etc.)		90 / 10 or 70 / 30	100
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)		\$30	
Office co-payment (Specialist)		\$30 - \$60	
Co-payment or co-insurance (Emergency room)		\$150 - \$300	
Co-payment or co-insurance (Urgent Care)		\$50 - \$75	
Co-payment or co-insurance generic drugs (retail)		\$10	

2020 Health, Dental & Vision Plans	City of Westerville	City of Whitehall	City of Worthington
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)		\$20 to \$40	
Co-payment or co-insurance non-preferred drugs (retail)		\$45 to \$75	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$20	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		\$70	
Co-pay or co-insurance non-preferred drugs (mail order - 3		\$150	
Out-of-Network Deductible:			
Individual deductible	\$4,000	\$700 - \$1100	\$10,000
Family deductible	\$8,000	\$2100 - \$2800	\$20,000
Coinsurance (e.g., 80/20, 70/30, etc.)		80 / 20 or 50 / 50	80 / 20
Lifetime maximum for medical plan		None	
Office co-payment (Primary Care Physician)			
Office co-payment (Specialist)			
Co-payment or co-insurance (Emergency room)		\$150.00 - \$300	
Co-payment or co-insurance (Urgent Care)		\$50 - \$75	
Co-payment or co-insurance generic drugs (retail)			
Co-payment or co-insurance preferred brand (retail)			
Co-payment or co-insurance non-preferred drugs (retail)			
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	No	Yes

2020 Health, Dental & Vision Plans	City of Westerville	City of Whitehall	City of Worthington
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes
If yes, per person lifetime maximum?	\$2,000	\$2,000	\$1,000
If yes, what age group is covered?	Up to age 19	Up to age 19	18 and under
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only	\$33		\$97
Employee & Spouse/Domestic Partner	\$97		\$97
Employee & Child(ren)	\$97		\$97
Employee & Family	\$97		\$97
Monthly Employer Cost			
Employee only	\$33		\$97
Employee & Spouse/Domestic Partner	\$97		\$97
Employee & Child(ren)	\$97		\$97
Employee & Family	\$97		\$97
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			

2020 Health, Dental & Vision Plans	City of Westerville	City of Whitehall	City of Worthington
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$7		\$28
Employee & Spouse/Domestic Partner	\$20		\$28
Employee & Child(ren)	\$20		\$28
Employee & Family	\$20		\$28
Monthly Employer Cost			
Employee only	\$7		\$28
Employee & Spouse/Domestic Partner	\$20		\$28
Employee & Child(ren)	\$20		\$28
Employee & Family	\$20		\$28
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			
Notes:			

2020 Health, Dental & Vision Plans	Delaware County	Fairfield County	Franklin County Board of Commissioners		
NON-BARGAINING					
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)					
Do you offer medical coverage to your employees?	Yes	Yes	Yes		
What type of plan do you offer?	PPO	PPO, HSFA, DCFSA	PPO HSFA DCFSA		
How many employees are enrolled in medical plan?	855		5766	1162	82
Funding type?	Fully Insured	Self-Insured	Self-Insured		
If other, please describe:			HCFSFA & DCFSA is 100% Employee Funded		
Monthly Premiums: Total Monthly Premium					
Employee Only	\$735	\$863	\$1,988		
Employee & Spouse/Domestic Partner	\$1,620		\$2,160		
Employee & Children	\$1,322		\$1,988		
Employee & Family	\$2,206	\$8,057	\$2,160		
Monthly Premiums: Total Employer Cost					
Employee Only	\$655	\$691	\$1,848		
Employee & Spouse/Domestic Partner	\$1,442		\$1,848		
Employee & Children	\$1,176		\$1,848		
Employee & Family	\$1,964	\$1,646	\$1,848		
Monthly Premiums: Total Employee Cost					
Employee Only	\$81	\$173	\$140		
Employee & Spouse/Domestic Partner	\$178		\$312		
Employee & Children	\$145		\$140		
Employee & Family	\$243	\$411	\$312		
In Network Deductible:					
Individual deductible	\$250	\$300	\$400		
Family deductible	\$500	\$600	\$1,000		
Coinsurance (e.g., 80/20, 70/30, etc.)	90 / 10	85 / 15			
Lifetime maximum for medical plan					
Office co-payment (Primary Care Physician)	\$15	\$15	\$20		
Office co-payment (Specialist)	\$25	\$15	\$40		
Co-payment or co-insurance (Emergency room)	\$150	\$200	\$150		
Co-payment or co-insurance (Urgent Care)	\$35	\$20	\$25		
Co-payment or co-insurance generic drugs (retail)	\$15	\$4	\$5		

2020 Health, Dental & Vision Plans	Delaware County	Fairfield County	Franklin County Board of Commissioners
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)	\$40	\$25	\$25
Co-payment or co-insurance non-preferred drugs (retail)	\$60	\$50	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$30	\$10	\$13
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$80	\$50	\$63
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$120	\$100	\$125
Out-of-Network Deductible:			
Individual deductible	\$500	\$650	\$800
Family deductible	\$1,000	\$1,300	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	70 / 30	70 / 30	80 / 20
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)	30%	30%	80 / 20
Office co-payment (Specialist)	30%	30%	80 / 20
Co-payment or co-insurance (Emergency room)	\$150	\$200	\$150.00
Co-payment or co-insurance (Urgent Care)	\$35	30%	80 / 20
Co-payment or co-insurance generic drugs (retail)		\$4	
Co-payment or co-insurance preferred brand (retail)		\$25	
Co-payment or co-insurance non-preferred drugs (retail)		\$50	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		\$150	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	No

2020 Health, Dental & Vision Plans	Delaware County	Fairfield County	Franklin County Board of Commissioners
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	No	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,500	\$1,500
If yes, what age group is covered?		Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			
Monthly Employer Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			

2020 Health, Dental & Vision Plans	Delaware County	Fairfield County	Franklin County Board of Commissioners
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	Yes	Yes
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$7		
Employee & Spouse/Domestic Partner	\$14		
Employee & Child(ren)	\$15		
Employee & Family	\$24		
Monthly Employer Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			
Monthly Employee Cost			
Employee only	\$7		
Employee & Spouse/Domestic Partner	\$14		
Employee & Child(ren)	\$15		
Employee & Family	\$24		
Notes:			

2020 Health, Dental & Vision Plans	Morrow County	Union County
NON-BARGAINING		
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)		
Do you offer medical coverage to your employees?	Yes	Yes
What type of plan do you offer?	PPO, HSFA	PPO
How many employees are enrolled in medical plan?	180 8	311
Funding type?	Self-Insured	Fully-Insured
If other, please describe:		
Monthly Premiums: Total Monthly Premium		
Employee Only	\$735	\$707
Employee & Spouse/Domestic Partner	\$1,519	\$1,557
Employee & Children	\$1,321	\$1,270
Employee & Family	\$2,205	\$2,120
Monthly Premiums: Total Employer Cost		
Employee Only	\$568	\$530
Employee & Spouse/Domestic Partner	\$1,275	\$1,126
Employee & Children	\$1,036	\$953
Employee & Family	\$1,744	\$1,548
Monthly Premiums: Total Employee Cost		
Employee Only	\$168	\$177
Employee & Spouse/Domestic Partner	\$244	\$432
Employee & Children	\$285	\$318
Employee & Family	\$462	\$572
In Network Deductible:		
Individual deductible	\$1,100	\$1,000
Family deductible	\$2,200	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	75 / 25	80 / 20
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)	\$20	\$15
Office co-payment (Specialist)	\$40	\$15
Co-payment or co-insurance (Emergency room)	\$200	\$200
Co-payment or co-insurance (Urgent Care)	\$50	\$35
Co-payment or co-insurance generic drugs (retail)	\$15	\$15

2020 Health, Dental & Vision Plans	Morrow County	Union County
NON-BARGAINING		
In Network Deductible: (Con't.)		
Co-payment or co-insurance preferred brand (retail)	\$30	\$30
Co-payment or co-insurance non-preferred drugs (retail)	\$50	\$50
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$30	\$30
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	\$60	\$60
Co-pay or co-insurance non-preferred drugs (mail order - 3	\$100	\$100
Out-of-Network Deductible:		
Individual deductible	\$3,300	\$2,000
Family deductible	\$6,600	\$4,000
Coinsurance (e.g., 80/20, 70/30, etc.)	50 / 50	60 / 40
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)	50%	40%
Office co-payment (Specialist)	50%	40%
Co-payment or co-insurance (Emergency room)	\$200	\$200
Co-payment or co-insurance (Urgent Care)	\$50	\$35
Co-payment or co-insurance generic drugs (retail)		\$30
Co-payment or co-insurance preferred brand (retail)		\$60
Co-payment or co-insurance non-preferred drugs (retail)		\$100
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		
Co-pay or co-insurance non-preferred drugs (mail order - 3		
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No

2020 Health, Dental & Vision Plans	Morrow County	Union County
NON-BARGAINING		
Dental Coverage:		
Do you offer Dental coverage to your employees?	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes
If yes, per person lifetime maximum?	\$1,000	\$1,000
If yes, what age group is covered?	Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan		
Total Monthly Premium		
Employee only		\$30
Employee & Spouse/Domestic Partner		\$57
Employee & Child(ren)		\$62
Employee & Family		\$102
Monthly Employer Cost		
Employee only		\$25
Employee & Spouse/Domestic Partner		\$48
Employee & Child(ren)		\$53
Employee & Family		\$87
Monthly Employee Cost		
Employee only		\$4
Employee & Spouse/Domestic Partner		\$9
Employee & Child(ren)		\$9
Employee & Family		\$15

2020 Health, Dental & Vision Plans	Morrow County	Union County
NON-BARGAINING		
Vision Coverage:		
Do you offer vision coverage to your employees?	Yes	Yes
Is your vision bundled with your medical plan?	Yes	No
Please provide information below if not bundled with medical		
Total Monthly Premium		
Employee only		\$7
Employee & Spouse/Domestic Partner		\$11
Employee & Child(ren)		\$11
Employee & Family		\$18
Monthly Employer Cost		
Employee only		\$1
Employee & Spouse/Domestic Partner		\$2
Employee & Child(ren)		\$2
Employee & Family		\$3
Monthly Employee Cost		
Employee only		\$6
Employee & Spouse/Domestic Partner		\$9
Employee & Child(ren)		\$9
Employee & Family		\$15
Notes:		

2020 Health, Dental & Vision Plans	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO
How many employees are enrolled in medical plan?	14	15	All Full-time
Funding type?	Self-Insured	Self-Insured	Fully-Insured
If other, please describe:			
Monthly Premiums: Total Monthly Premium			
Employee Only	\$707	\$864	\$646
Employee & Spouse/Domestic Partner	\$1,553	\$2,199	
Employee & Children	\$1,193	\$2,199	
Employee & Family	\$2,182	\$2,199	\$1,771
Monthly Premiums: Total Employer Cost			
Employee Only	\$707	\$734	\$601
Employee & Spouse/Domestic Partner	\$1,553	\$1,870	
Employee & Children	\$1,193	\$1,870	
Employee & Family	\$2,182	\$1,870	\$1,612
Monthly Premiums: Total Employee Cost			
Employee Only		\$130	\$45
Employee & Spouse/Domestic Partner		\$330	
Employee & Children		\$330	
Employee & Family		\$330	\$159
In Network Deductible:			
Individual deductible	\$5,000	\$2,700	\$2,000
Family deductible	\$10,000	\$5,000	\$4,000
Coinsurance (e.g., 80/20, 70/30, etc.)	100		90 / 10
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)	\$30		90 / 10
Office co-payment (Specialist)	\$60		90 / 10
Co-payment or co-insurance (Emergency room)	\$300		\$250 plus 10%
Co-payment or co-insurance (Urgent Care)			
Co-payment or co-insurance generic drugs (retail)	\$10		\$5

2020 Health, Dental & Vision Plans	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)			\$15
Co-payment or co-insurance non-preferred drugs (retail)			\$30
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			\$10
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			\$30
Co-pay or co-insurance non-preferred drugs (mail order - 3			\$60
Out-of-Network Deductible:			
Individual deductible		\$5,000	\$5,000
Family deductible		\$10,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)			60 / 40
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)			60 / 40
Office co-payment (Specialist)			60 / 40
Co-payment or co-insurance (Emergency room)			\$250 plus 10%
Co-payment or co-insurance (Urgent Care)			40%
Co-payment or co-insurance generic drugs (retail)			40%
Co-payment or co-insurance preferred brand (retail)			40%
Co-payment or co-insurance non-preferred drugs (retail)			\$40
Co-pay or co-insurance generic drugs (mail order- 3 mos.)			
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	Yes	Yes	Yes

2020 Health, Dental & Vision Plans	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes	Yes
If yes, per person lifetime maximum?		\$1,500	\$1,500
If yes, what age group is covered?		Up to age 19	Up to age 19
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only	\$30	\$35	\$36
Employee & Spouse/Domestic Partner	\$56	\$69	\$67
Employee & Child(ren)		\$69	\$36
Employee & Family	\$103	\$130	\$123
Monthly Employer Cost			
Employee only	\$30	\$35	\$36
Employee & Spouse/Domestic Partner	\$56	\$69	\$67
Employee & Child(ren)		\$69	\$36
Employee & Family	\$103	\$130	\$123
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			

2020 Health, Dental & Vision Plans	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	No	No	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only	\$21	\$11	\$8
Employee & Spouse/Domestic Partner	\$21	\$22	\$16
Employee & Child(ren)	\$21	\$22	\$16
Employee & Family	\$21	\$35	\$25
Monthly Employer Cost			
Employee only	\$21	\$11	\$8
Employee & Spouse/Domestic Partner	\$21	\$22	\$16
Employee & Child(ren)	\$21	\$22	\$16
Employee & Family	\$21	\$35	\$25
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner			
Employee & Child(ren)			
Employee & Family			
Notes:			

2020 Health, Dental & Vision Plans	Truro Township	Washington Township
NON-BARGAINING		
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)		
Do you offer medical coverage to your employees?	Yes	Yes
What type of plan do you offer?	PPO	HSFA
How many employees are enrolled in medical plan?	46	112
Funding type?	Fully-Insured	Self - Insured
If other, please describe:		
Monthly Premiums: Total Monthly Premium		
Employee Only	\$611	\$994
Employee & Spouse/Domestic Partner	\$1,337	
Employee & Children	\$1,095	
Employee & Family	\$1,822	\$2,506
Monthly Premiums: Total Employer Cost		
Employee Only	\$519	\$994
Employee & Spouse/Domestic Partner	\$1,137	
Employee & Children	\$931	
Employee & Family	\$1,549	\$2,506
Monthly Premiums: Total Employee Cost		
Employee Only	\$92	
Employee & Spouse/Domestic Partner	\$201	
Employee & Children	\$164	
Employee & Family	\$273	
In Network Deductible:		
Individual deductible	\$2,000	\$2,600
Family deductible	\$4,000	\$5,200
Coinsurance (e.g., 80/20, 70/30, etc.)		100%
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)		Ded then 100%
Office co-payment (Specialist)		Ded then 100%
Co-payment or co-insurance (Emergency room)		Ded then 100%
Co-payment or co-insurance (Urgent Care)		Ded then 100%
Co-payment or co-insurance generic drugs (retail)		Ded then \$10

2020 Health, Dental & Vision Plans	Truro Township	Washington Township
NON-BARGAINING		
In Network Deductible: (Con't.)		
Co-payment or co-insurance preferred brand (retail)		Ded then \$35
Co-payment or co-insurance non-preferred drugs (retail)		Ded then \$70
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		Ded then \$10
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		Ded then \$80
Co-pay or co-insurance non-preferred drugs (mail order - 3		Ded then \$175
Out-of-Network Deductible:		
Individual deductible	\$5,000	\$5,000
Family deductible	\$10,000	\$10,000
Coinsurance (e.g., 80/20, 70/30, etc.)		70 / 30
Lifetime maximum for medical plan		
Office co-payment (Primary Care Physician)		Ded then 30%
Office co-payment (Specialist)		Ded then 30%
Co-payment or co-insurance (Emergency room)		Ded then 30%
Co-payment or co-insurance (Urgent Care)		Ded then 30%
Co-payment or co-insurance generic drugs (retail)		
Co-payment or co-insurance preferred brand (retail)		
Co-payment or co-insurance non-preferred drugs (retail)		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)		
Co-pay or co-insurance non-preferred drugs (mail order - 3		
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	Yes

2020 Health, Dental & Vision Plans	Truro Township	Washington Township
NON-BARGAINING		
Dental Coverage:		
Do you offer Dental coverage to your employees?	Yes	Yes
Do you offer orthodontic benefits?	Yes	Yes
If yes, per person lifetime maximum?	\$2,000	\$2,000
If yes, what age group is covered?	Up to age 19	To age 26
Monthly Dental Premiums if not bundled with medical plan		
Total Monthly Premium		
Employee only	\$32	\$39
Employee & Spouse/Domestic Partner	\$62	
Employee & Child(ren)	\$120	
Employee & Family	\$120	\$112
Monthly Employer Cost		
Employee only	\$32	\$39
Employee & Spouse/Domestic Partner	\$62	
Employee & Child(ren)	\$120	
Employee & Family	\$120	\$112
Monthly Employee Cost		
Employee only		
Employee & Spouse/Domestic Partner		
Employee & Child(ren)		
Employee & Family		

2020 Health, Dental & Vision Plans	Truro Township	Washington Township
NON-BARGAINING		
Vision Coverage:		
Do you offer vision coverage to your employees?	Yes	Yes
Is your vision bundled with your medical plan?	No	No
Please provide information below if not bundled with medical		
Total Monthly Premium		
Employee only	\$9	\$23
Employee & Spouse/Domestic Partner	\$18	
Employee & Child(ren)	\$30	
Employee & Family	\$30	\$23
Monthly Employer Cost		
Employee only	\$9	\$23
Employee & Spouse/Domestic Partner	\$18	
Employee & Child(ren)	\$30	
Employee & Family	\$30	\$23
Monthly Employee Cost		
Employee only		
Employee & Spouse/Domestic Partner		
Employee & Child(ren)		
Employee & Family		
Notes:		

2020 Health, Dental & Vision Plans	Village of Gambier	Village of Shawnee Hills Delaware County	Village of Sunbury Delaware County
NON-BARGAINING			
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)			
Do you offer medical coverage to your employees?	Yes	Yes	Yes
What type of plan do you offer?	PPO	PPO	PPO
How many employees are enrolled in medical plan?	6	4	23
Funding type?	Fully-Insured	Fully-Insured	Fully-Insured
If other, please describe:			
Monthly Premiums: Total Monthly Premium			
Employee Only	\$1,500	\$600	\$840
Employee & Spouse/Domestic Partner	\$1,936	\$1,319	\$1,713
Employee & Children	\$1,590	\$1,013	\$1,713
Employee & Family		\$1,853	\$2,559
Monthly Premiums: Total Employer Cost			
Employee Only	\$1,350	\$540	\$806
Employee & Spouse/Domestic Partner	\$1,356	\$540	\$1,612
Employee & Children	\$1,390	\$540	\$1,612
Employee & Family		\$540	\$2,418
Monthly Premiums: Total Employee Cost			
Employee Only	\$150	\$60	\$34
Employee & Spouse/Domestic Partner	\$580	\$779	\$101
Employee & Children	\$200	\$473	\$101
Employee & Family		\$1,313	\$141
In Network Deductible:			
Individual deductible	\$1,000	\$1,000	\$4,000
Family deductible	\$3,000	\$2,000	\$8,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$4	80 / 20	80 / 20
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)		\$30	
Office co-payment (Specialist)		\$60	
Co-payment or co-insurance (Emergency room)		\$350	\$250
Co-payment or co-insurance (Urgent Care)		\$75	\$250
Co-payment or co-insurance generic drugs (retail)	\$10		15 / 50 / 100 / 200

2020 Health, Dental & Vision Plans	Village of Gambier	Village of Shawnee Hills Delaware County	Village of Sunbury Delaware County
NON-BARGAINING			
In Network Deductible: (Con't.)			
Co-payment or co-insurance preferred brand (retail)	\$30	15 / 45 / 80	15 / 50 / 100 / 200
Co-payment or co-insurance non-preferred drugs (retail)	\$70		15 / 50 / 100 / 200
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		38 / 135 / 240	37.50 / 125 / 250 / 500
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			37.50 / 125 / 250 / 500
Co-pay or co-insurance non-preferred drugs (mail order - 3			37.50 / 125 / 250 / 500
Out-of-Network Deductible:			
Individual deductible	\$2,000		\$7,500
Family deductible	\$6,000		\$15,000
Coinsurance (e.g., 80/20, 70/30, etc.)	\$1.50		50 / 50
Lifetime maximum for medical plan			
Office co-payment (Primary Care Physician)			
Office co-payment (Specialist)			
Co-payment or co-insurance (Emergency room)			20%
Co-payment or co-insurance (Urgent Care)			50%
Co-payment or co-insurance generic drugs (retail)	\$10		
Co-payment or co-insurance preferred brand (retail)	\$30	50%	
Co-payment or co-insurance non-preferred drugs (retail)	\$70		
Co-pay or co-insurance generic drugs (mail order- 3 mos.)		50%	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)			
Co-pay or co-insurance non-preferred drugs (mail order - 3			
Do you provide a credit/incentive to employees who opt out of medical coverage?	No	No	Yes

2020 Health, Dental & Vision Plans	Village of Gambier	Village of Shawnee Hills Delaware County	Village of Sunbury Delaware County
NON-BARGAINING			
Dental Coverage:			
Do you offer Dental coverage to your employees?	Yes	Yes	Yes
Do you offer orthodontic benefits?	Yes	No	Yes
If yes, per person lifetime maximum?			\$2,000
If yes, what age group is covered?	18 and under		Up to age 19
Monthly Dental Premiums if not bundled with medical plan			
Total Monthly Premium			
Employee only		\$29	\$162
Employee & Spouse/Domestic Partner		\$59	\$82
Employee & Child(ren)		\$64	\$162
Employee & Family		\$98	\$162
Monthly Employer Cost			
Employee only		\$29	\$162
Employee & Spouse/Domestic Partner		\$29	\$82
Employee & Child(ren)		\$29	\$162
Employee & Family		\$29	\$162
Monthly Employee Cost			
Employee only			
Employee & Spouse/Domestic Partner		\$30	
Employee & Child(ren)		\$35	
Employee & Family		\$69	

2020 Health, Dental & Vision Plans	Village of Gambier	Village of Shawnee Hills Delaware County	Village of Sunbury Delaware County
NON-BARGAINING			
Vision Coverage:			
Do you offer vision coverage to your employees?	Yes	Yes	Yes
Is your vision bundled with your medical plan?	Yes	No	No
Please provide information below if not bundled with medical			
Total Monthly Premium			
Employee only		\$6	\$15
Employee & Spouse/Domestic Partner		\$10	\$30
Employee & Child(ren)		\$16	\$30
Employee & Family		\$17	\$30
Monthly Employer Cost			
Employee only		\$6	
Employee & Spouse/Domestic Partner		\$6	
Employee & Child(ren)		\$6	
Employee & Family		\$6	
Monthly Employee Cost			
Employee only			\$15
Employee & Spouse/Domestic Partner		\$4	\$30
Employee & Child(ren)		\$10	\$30
Employee & Family		\$11	\$30
Notes:			

2020 Health, Dental & Vision Plans	Village of West Jefferson Madison County
NON-BARGAINING	
If you have multiple Bargaining Units, please indicate the name of the union. (e.g.: Fire, Police, AFSCME, etc.)	
Do you offer medical coverage to your employees?	Yes
What type of plan do you offer?	HMO
How many employees are enrolled in medical plan?	31
Funding type?	Fully-Insured
If other, please describe:	
Monthly Premiums: Total Monthly Premium	
Employee Only	\$675
Employee & Spouse/Domestic Partner	\$1,485
Employee & Children	\$1,215
Employee & Family	\$2,025
Monthly Premiums: Total Employer Cost	
Employee Only	\$540
Employee & Spouse/Domestic Partner	\$1,188
Employee & Children	\$972
Employee & Family	\$1,620
Monthly Premiums: Total Employee Cost	
Employee Only	\$135
Employee & Spouse/Domestic Partner	\$297
Employee & Children	\$243
Employee & Family	\$405
In Network Deductible:	
Individual deductible	\$1,000
Family deductible	\$2,000
Coinsurance (e.g., 80/20, 70/30, etc.)	80 / 20
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	\$30
Office co-payment (Specialist)	\$30
Co-payment or co-insurance (Emergency room)	\$200
Co-payment or co-insurance (Urgent Care)	\$60
Co-payment or co-insurance generic drugs (retail)	

2020 Health, Dental & Vision Plans	Village of West Jefferson Madison County
NON-BARGAINING	
In Network Deductible: (Con't.)	
Co-payment or co-insurance preferred brand (retail)	15 / 35 / 70
Co-payment or co-insurance non-preferred drugs (retail)	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	\$37 / \$87 / \$175
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	
Co-pay or co-insurance non-preferred drugs (mail order - 3	
Out-of-Network Deductible:	
Individual deductible	\$3,000
Family deductible	\$6,000
Coinurance (e.g., 80/20, 70/30, etc.)	60 / 40
Lifetime maximum for medical plan	
Office co-payment (Primary Care Physician)	Ded then co-ins
Office co-payment (Specialist)	Ded then co-ins
Co-payment or co-insurance (Emergency room)	\$200
Co-payment or co-insurance (Urgent Care)	Ded then co-ins
Co-payment or co-insurance generic drugs (retail)	
Co-payment or co-insurance preferred brand (retail)	
Co-payment or co-insurance non-preferred drugs (retail)	
Co-pay or co-insurance generic drugs (mail order- 3 mos.)	
Co-pay or co-insurance preferred drugs (mail order - 3 mos.)	
Co-pay or co-insurance non-preferred drugs (mail order - 3	
Do you provide a credit/incentive to employees who opt out of medical coverage?	No

2020 Health, Dental & Vision Plans	Village of West Jefferson
NON-BARGAINING	Madison County
Dental Coverage:	
Do you offer Dental coverage to your employees?	Yes
Do you offer orthodontic benefits?	Yes
If yes, per person lifetime maximum?	Yes
If yes, what age group is covered?	Up to age 19
Monthly Dental Premiums if not bundled with medical plan	
Total Monthly Premium	
Employee only	\$35
Employee & Spouse/Domestic Partner	\$65
Employee & Child(ren)	\$65
Employee & Family	\$123
Monthly Employer Cost	
Employee only	\$28
Employee & Spouse/Domestic Partner	\$52
Employee & Child(ren)	\$52
Employee & Family	\$99
Monthly Employee Cost	
Employee only	\$7
Employee & Spouse/Domestic Partner	\$13
Employee & Child(ren)	\$13
Employee & Family	\$25

2020 Health, Dental & Vision Plans	Village of West Jefferson Madison County
NON-BARGAINING	
Vision Coverage:	
Do you offer vision coverage to your employees?	Yes
Is your vision bundled with your medical plan?	Yes
Please provide information below if not bundled with medical	
Total Monthly Premium	
Employee only	\$25
Employee & Spouse/Domestic Partner	\$25
Employee & Child(ren)	\$25
Employee & Family	\$25
Monthly Employer Cost	
Employee only	\$20
Employee & Spouse/Domestic Partner	\$20
Employee & Child(ren)	\$20
Employee & Family	\$20
Monthly Employee Cost	
Employee only	\$5
Employee & Spouse/Domestic Partner	\$5
Employee & Child(ren)	\$5
Employee & Family	\$5
Notes:	



SECTION 7

DISABILITY and SICK LEAVE

2020 Disability & Sick Leave			
	City of Bexley	City of Canal Winchester	City of Circleville
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1000 of payroll?			
What is the maximum time-off for STD?			
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			
What is the maximum time-off for LTD?			

2020 Disability & Sick Leave	City of Bexley	City of Canal Winchester	City of Circleville
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	120 hours	120 hours	119 hours
Does your company have a maximum number of sick leave hours?	Yes		No
If yes, indicate maximum # of sick leave hours allowed	2100 hours		
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	Yes	Yes	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)	Yes for FOP only	Full time employees	Full time employees
What is the percentage rate of cash-out?	100%		100%
Do you have a cash-out limit?			Yes
If yes, what is the annual cash-out limit?			Amount used in year minus earned up to 120 hours

2020 Other Insurance	City of Bexley	City of Canal Winchester	City of Circleville
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	Yes
Basic Insurance			
Amount of coverage	\$50,000	\$50,000	2X Annual Salary
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit			\$0.25
Maximum dollar amount of coverage		\$50,000	\$25,000
AD&D Insurance			
Amount of coverage	\$100,000	\$50,000	2X Annual salary
Percent company pays		100%	100%
Cost per \$1,000 or unit			\$0.75
Maximum dollar amount of coverage			\$25,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	Yes
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Columbus	City of Delaware	City of Dublin
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	Yes	No	Yes
If yes, what is the waiting period (# of work days)?			7 work days
What is the benefit as a percent of regular salary?	Varies per union		70%
What percent of the premium does the company pay?			100%
What is the cost per \$1000 of payroll?			\$100
What is the maximum time-off for STD?	26 weeks		24 weeks
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			
What is the maximum time-off for LTD?			

2020 Disability & Sick Leave	City of Columbus	City of Delaware	City of Dublin
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	106 hours (avg)	119.6 hours	72 hours
Does your company have a maximum number of sick leave hours?	No but CWA has a maximum number of 400 sick leave hours	No	No
If yes, indicate maximum # of sick leave hours allowed			
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	Yes	No	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)	All		All Full-Time employees
What is the percentage rate of cash-out?	Varies		100% up to 28hrs Cash out 28hrs of sick/yearly
Do you have a cash-out limit?	Yes		Yes
If yes, what is the annual cash-out limit?	Varies		28 hours

2020 Other Insurance	City of Columbus	City of Delaware	City of Dublin
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	No	Yes	Yes
Do you offer dependent life insurance?	No	Yes	Yes
Basic Insurance			
Amount of coverage	1.5X salary rounded to next higher multiple of \$1,000. Min - \$27,000	Flat dollar based on contract/ pay plan	1.5x Salary
Percent company pays	100%		100%
Cost per \$1,000 or unit	0.102%		\$0.12
Maximum dollar amount of coverage	\$200,000		\$150,000
AD&D Insurance			
Amount of coverage		Flat Dollar based on contract/pay plan	1.5X salary
Percent company pays			200%
Cost per \$1,000 or unit		Depends upon age and amount elected	\$0.12
Maximum dollar amount of coverage		\$150,000	\$150,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	No	Yes
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Gahanna	City of Grandview Heights	City of Grove City
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	Yes	No
If yes, what is the waiting period (# of work days)?		14 days	
What is the benefit as a percent of regular salary?		60%	
What percent of the premium does the company pay?			
What is the cost per \$1000 of payroll?		Varies	
What is the maximum time-off for STD?		26 weeks	
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	Yes	Yes
If yes, what is the waiting period (# of work days)?		180 days	14 or 90 days
What is the benefit as a percent of regular salary?		60%	60%
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?		Varies	
What is the maximum time-off for LTD?		Varies	

2020 Disability & Sick Leave	City of Gahanna	City of Grandview Heights	City of Grove City
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually		119.6 hours	120 hours
Does your company have a maximum number of sick leave hours?		No	No
If yes, indicate maximum # of sick leave hours allowed			
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	Yes	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)		Full-time Employees	Full-time Employees
What is the percentage rate of cash-out?		100%	50%
Do you have a cash-out limit?	No	Yes	Yes
If yes, what is the annual cash-out limit?	Paid @ 30% upon termination 60% upon retirement up to 1200 hrs.	64 hours	Must maintain 360 hrs.

2020 Other Insurance	City of Gahanna	City of Grandview Heights	City of Grove City
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	Yes
Basic Insurance			
Amount of coverage	2X Annual Salary	\$75,000.00	Flat Dollar
Percent company pays	100%	100%	85%
Cost per \$1,000 or unit	\$0.10	0.037	\$20
Maximum dollar amount of coverage	\$500,000	\$500,000	\$75,000
AD&D Insurance			
Amount of coverage	2X annual salary	\$75,000.00	Flat
Percent company pays	100%	100.00%	85%
Cost per \$1,000 or unit	\$0.035	0.02	
Maximum dollar amount of coverage	\$500,000	\$500,000	\$75,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	Yes
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Lancaster	City of Marysville	City of New Albany
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	Yes	Yes
If yes, what is the waiting period (# of work days)?			15 days
What is the benefit as a percent of regular salary?		67%	60%
What percent of the premium does the company pay?			100%
What is the cost per \$1000 of payroll?			
What is the maximum time-off for STD?		13 weeks	90 days
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			
What is the maximum time-off for LTD?			

2020 Disability & Sick Leave	City of Lancaster	City of Marysville	City of New Albany
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	119.6 hours	119.6 hours	120 hours
Does your company have a maximum number of sick leave hours?	No	No	No
If yes, indicate maximum # of sick leave hours allowed			
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	Yes	Yes	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)	Full-time	Full-time	Full-time
What is the percentage rate of cash-out?	Depends on EE group		100%
Do you have a cash-out limit?	Yes	Yes	Yes
If yes, what is the annual cash-out limit?	\$500	Sell up to 32 hours	48 hours

2020 Other Insurance	City of Lancaster	City of Marysville	City of New Albany
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	No	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	Yes
Basic Insurance			
Amount of coverage	Flat	1.5 Annual up to \$50K	1.5X
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	\$0.08		
Maximum dollar amount of coverage	\$50,000	\$50,000	\$150,000
AD&D Insurance			
Amount of coverage	Flat	1.5 Annual up to \$50K	1.5X
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	\$0.02		
Maximum dollar amount of coverage	\$50,000	\$50,000	\$150,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	No	No	Yes
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Pataskala	City of Powell	City of Reynoldsburg
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	Yes	Yes
If yes, what is the waiting period (# of work days)?		8 days	14 days
What is the benefit as a percent of regular salary?		60%	60%
What percent of the premium does the company pay?		100%	100%
What is the cost per \$1000 of payroll?			.22 per \$10 benefits
What is the maximum time-off for STD?		180 days	180 days
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	Yes
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			60
What percent of the premium does the company pay?			100
What is the cost per \$1,000 of payroll?			.31 of \$100 monthly payroll
What is the maximum time-off for LTD?			2 years

2020 Disability & Sick Leave	City of Pataskala	City of Powell	City of Reynoldsburg
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	80 hours	119 hours	120 hours
Does your company have a maximum number of sick leave hours?	No	Yes	No
If yes, indicate maximum # of sick leave hours allowed		1040 hours	
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	Yes	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)		Full-time	
What is the percentage rate of cash-out?		50%	
Do you have a cash-out limit?		No	No
If yes, what is the annual cash-out limit?			

2020 Other Insurance	City of Pataskala	City of Powell	City of Reynoldsburg
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	
Basic Insurance			
Amount of coverage	\$100,000	1x salary	Min \$50K
Percent company pays	90%	100%	100%
Cost per \$1,000 or unit	0.24%	0.21%	0.13%
Maximum dollar amount of coverage	\$100,000	\$75,000	\$100,000
AD&D Insurance			
Amount of coverage	\$200,000	up to 75K	Min \$50K
Percent company pays	90%	100%	100%
Cost per \$1,000 or unit	0.03%	0.21%	0.13%
Maximum dollar amount of coverage	\$200,000	\$75,000	\$100,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	No
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Upper Arlington	City of Westerville	City of Whitehall
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	Yes	Yes	No
If yes, what is the waiting period (# of work days)?	45 days	14 days	
What is the benefit as a percent of regular salary?	60%	60%	
What percent of the premium does the company pay?	100%	100%	
What is the cost per \$1000 of payroll?		\$5000 annual	
What is the maximum time-off for STD?	180 days	180 days	
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	Yes	No	No
If yes, what is the waiting period (# of work days)?	180		
What is the benefit as a percent of regular salary?	60%		
What percent of the premium does the company pay?	100%		
What is the cost per \$1,000 of payroll?	Self-Insured		
What is the maximum time-off for LTD?	2 years		

2020 Disability & Sick Leave	City of Upper Arlington	City of Westerville	City of Whitehall
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	120 hours	96 or 288 for IAFF	135 hours
Does your company have a maximum number of sick leave hours?	Yes	No	No
If yes, indicate maximum # of sick leave hours allowed	1920 hours		
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	Yes	Yes	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)	Senior Executives	up to 48hrs but must have 250hrs in bank	Full-time
What is the percentage rate of cash-out?	50%	100%	3:1
Do you have a cash-out limit?	No	Yes	Yes
If yes, what is the annual cash-out limit?		up to 48hrs but must have 250hrs in bank	24 hours

2020 Other Insurance	City of Upper Arlington	City of Westerville	City of Whitehall
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	No
Basic Insurance			
Amount of coverage	Salary & Flat Dollar	\$100,000.00	\$100,000
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	0.098	Unit	
Maximum dollar amount of coverage	\$250,000	\$100,000	\$300,000
AD&D Insurance			
Amount of coverage	Salary and Flat Dollar	\$100,000.00	\$100,000
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	0.019	Unit	
Maximum dollar amount of coverage	\$250,000	\$100,000	\$300,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	No	Yes	Yes
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	City of Worthington	Delaware County	Fairfield County
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	No	Yes
If yes, what is the waiting period (# of work days)?			14
What is the benefit as a percent of regular salary?			60%
What percent of the premium does the company pay?			
What is the cost per \$1000 of payroll?			0.04
What is the maximum time-off for STD?			24 weeks
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	Yes
If yes, what is the waiting period (# of work days)?			180 days
What is the benefit as a percent of regular salary?			60%
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			0.22
What is the maximum time-off for LTD?			Up to retirement age or bridge over to other retirement plan

2020 Disability & Sick Leave	City of Worthington	Delaware County	Fairfield County
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	120 hours	120 hours	119.6 hours
Does your company have a maximum number of sick leave hours?	No	No	No
If yes, indicate maximum # of sick leave hours allowed			
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	No	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)			
What is the percentage rate of cash-out?			
Do you have a cash-out limit?			
If yes, what is the annual cash-out limit?			

2020 Other Insurance	City of Worthington	Delaware County	Fairfield County
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes	Yes
Basic Insurance			
Amount of coverage	\$100,000	1x	Flat
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	0.2	\$0.150	\$0.07
Maximum dollar amount of coverage		\$125,000	\$50,000
AD&D Insurance			
Amount of coverage	\$100,000		Flat
Percent company pays	100%		100%
Cost per \$1,000 or unit	0.03		\$0.07
Maximum dollar amount of coverage			\$50,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	No
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	Franklin County Board of Commissioners	Morrow County	Union County
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	Yes	No	Yes
If yes, what is the waiting period (# of work days)?	14 days		7 days
What is the benefit as a percent of regular salary?	60% weekly		50-60%
What percent of the premium does the company pay?			
What is the cost per \$1000 of payroll?	Varies		\$0.90
What is the maximum time-off for STD?	26 weeks		24 months
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	Yes	No	No
If yes, what is the waiting period (# of work days)?	180 days		
What is the benefit as a percent of regular salary?	65%		
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?	Age/Salary Based		
What is the maximum time-off for LTD?	Up to retirement age or bridge over to other retirement plan		

2020 Disability & Sick Leave	Franklin County Board of Commissioners	Morrow County	Union County
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	119.6 hours	119.6 hours	119.6 hours
Does your company have a maximum number of sick leave hours?	No	No	No
If yes, indicate maximum # of sick leave hours allowed			
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	No	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)			
What is the percentage rate of cash-out?			
Do you have a cash-out limit?			
If yes, what is the annual cash-out limit?			

2020 Other Insurance	Franklin County Board of Commissioners	Morrow County	Union County
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	No	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	No	Yes
Do you offer dependent life insurance?	Yes	No	Yes
Basic Insurance			
Amount of coverage	Flat		Flat
Percent company pays	100%		100%
Cost per \$1,000 or unit	\$0.040		\$0.190
Maximum dollar amount of coverage	\$50,000		\$10,000
AD&D Insurance			
Amount of coverage	Flat		Flat
Percent company pays	100%		100%
Cost per \$1,000 or unit	\$0.020		\$0.190
Maximum dollar amount of coverage	\$50,000		\$10,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes		Yes
Long-term care insurance	No		Yes

2020 Disability & Sick Leave			
	Madison Township County	Franklin Mifflin Township County	Truro Township
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	Yes	No
If yes, what is the waiting period (# of work days)?		8 days no PTO	
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?		100%	
What is the cost per \$1000 of payroll?			
What is the maximum time-off for STD?		26 weeks	
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			
What is the maximum time-off for LTD?			

2020 Disability & Sick Leave	Madison Township Franklin County	Mifflin Township Franklin County	Truro Township
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	120 hours	40 / 204 56 / 288	40 / 120 56 / 240
Does your company have a maximum number of sick leave hours?		Yes	No
If yes, indicate maximum # of sick leave hours allowed		40 / 1413 56 / 1980	
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	No	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)			
What is the percentage rate of cash-out?			
Do you have a cash-out limit?			
If yes, what is the annual cash-out limit?			

2020 Other Insurance	Madison Township Franklin County	Mifflin Township Franklin County	Truro Township
Life Insurance			
Do you offer basic group term life insurance?	Yes	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes	No
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes	No
Do you offer dependent life insurance?	Yes	Yes	No
Basic Insurance			
Amount of coverage	Flat	\$50,000	Flat
Percent company pays	100%	100%	100%
Cost per \$1,000 or unit	\$0.220	\$0.0042	\$2.4800
Maximum dollar amount of coverage	\$75,000	\$50,000	\$50,000
AD&D Insurance			
Amount of coverage	Flat	\$50,000	
Percent company pays	100%	100%	
Cost per \$1,000 or unit	\$0.040	\$0.0042	
Maximum dollar amount of coverage	\$75,000	\$50,000	
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	Yes	Yes
Long-term care insurance	Yes	Yes	No

2020 Disability & Sick Leave			
	Washington Township	Village of Galena	Village of Gambier
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1000 of payroll?			
What is the maximum time-off for STD?			
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	Yes	No	No
If yes, what is the waiting period (# of work days)?	90 days		
What is the benefit as a percent of regular salary?	60%		
What percent of the premium does the company pay?	100%		
What is the cost per \$1,000 of payroll?	0.46%		
What is the maximum time-off for LTD?	\$5,000		

2020 Disability & Sick Leave	Washington Township	Village of Galena	Village of Gambier
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually	216 hours	96 hours	120 hours
Does your company have a maximum number of sick leave hours?	Yes	No	No
If yes, indicate maximum # of sick leave hours allowed	2756 hours		
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	No	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)			
What is the percentage rate of cash-out?			
Do you have a cash-out limit?			
If yes, what is the annual cash-out limit?			

2020 Other Insurance	Washington Township	Village of Galena	Village of Gambier
Life Insurance			
Do you offer basic group term life insurance?	Yes	No	Yes
Do you offer voluntary supplemental group term life insurance?	Yes		Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes		Yes
Do you offer dependent life insurance?	Yes		Yes
Basic Insurance			
Amount of coverage	75K		25,000
Percent company pays	100%		100%
Cost per \$1,000 or unit	\$10.50		
Maximum dollar amount of coverage			
AD&D Insurance			
Amount of coverage	75K		\$50,000
Percent company pays	100%		100%
Cost per \$1,000 or unit	\$3		
Maximum dollar amount of coverage			
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)	Yes	No	No
Long-term care insurance	No	No	No

2020 Disability & Sick Leave			
	Village of Lockbourne	Village of Plain City	Village of Shawnee Hills
Short-Term Disability (other than sick leave)			
Do you offer a short-term disability (STD) plan?	No	Yes	No
If yes, what is the waiting period (# of work days)?		7	
What is the benefit as a percent of regular salary?		66 2/3 or max \$500	
What percent of the premium does the company pay?		100%	
What is the cost per \$1000 of payroll?			
What is the maximum time-off for STD?		12 weeks	
Long-Term Disability			
Do you offer a long-term disability (LTD) plan?	No	No	No
If yes, what is the waiting period (# of work days)?			
What is the benefit as a percent of regular salary?			
What percent of the premium does the company pay?			
What is the cost per \$1,000 of payroll?			
What is the maximum time-off for LTD?			

2020 Disability & Sick Leave	Village of Lockbourne	Village of Plain City	Village of Shawnee Hills
Sick Leave (other than short-term disability)			
Number of hours accrued/credited annually		112 hours	40 hours
Does your company have a maximum number of sick leave hours?		No	Yes
If yes, indicate maximum # of sick leave hours allowed			200 hours
Sick Leave Cash-Out Plan			
Do you offer a sick leave cash-out plan annually?	No	Yes	No
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)		Full-time	
What is the percentage rate of cash-out?		50%	
Do you have a cash-out limit?		No	No
If yes, what is the annual cash-out limit?			

2020 Other Insurance	Village of Lockbourne	Village of Plain City	Village of Shawnee Hills
Life Insurance			
Do you offer basic group term life insurance?		Yes	Yes
Do you offer voluntary supplemental group term life insurance?		Yes	No
Do you offer Accidental Death and Dismemberment (AD&D) insurance?		Yes	Yes
Do you offer dependent life insurance?		No	No
Basic Insurance			
Amount of coverage		25,000	Flat Amount
Percent company pays		100%	100%
Cost per \$1,000 or unit		\$6	\$13.96
Maximum dollar amount of coverage			\$20,000
AD&D Insurance			
Amount of coverage		\$25,000	Flat fee
Percent company pays		100%	100%
Cost per \$1,000 or unit		\$0.75	\$0.40
Maximum dollar amount of coverage			\$20,000
Does your company provide/offer the following:			
Supplemental Insurance (e.g. AFLAC)		Yes	No
Long-term care insurance		Yes	No

2020 Disability & Sick Leave		
	Village of Sunbury	Village of West Jefferson
Short-Term Disability (other than sick leave)		
Do you offer a short-term disability (STD) plan?	No	No Aflac by employee
If yes, what is the waiting period (# of work days)?		
What is the benefit as a percent of regular salary?		
What percent of the premium does the company pay?		
What is the cost per \$1000 of payroll?		
What is the maximum time-off for STD?		
Long-Term Disability		
Do you offer a long-term disability (LTD) plan?	No	No Aflac by employee
If yes, what is the waiting period (# of work days)?		
What is the benefit as a percent of regular salary?		
What percent of the premium does the company pay?		
What is the cost per \$1,000 of payroll?		
What is the maximum time-off for LTD?		

2020 Disability & Sick Leave	Village of Sunbury	Village of West Jefferson
Sick Leave (other than short-term disability)		
Number of hours accrued/credited annually	95.94 hours	119.6 hours
Does your company have a maximum number of sick leave hours?	No	No
If yes, indicate maximum # of sick leave hours allowed		
Sick Leave Cash-Out Plan		
Do you offer a sick leave cash-out plan annually?	No	Yes
If yes, what employee groups are eligible? (e.g.: Full-time, Part-time, Seasonal or Intern)		Full-time
What is the percentage rate of cash-out?		50%
Do you have a cash-out limit?		Yes
If yes, what is the annual cash-out limit?		80

2020 Other Insurance	Village of Sunbury	Village of West Jefferson
Life Insurance		
Do you offer basic group term life insurance?	Yes	Yes
Do you offer voluntary supplemental group term life insurance?	Yes	Yes
Do you offer Accidental Death and Dismemberment (AD&D) insurance?	Yes	Yes
Do you offer dependent life insurance?	Yes	Yes
Basic Insurance		
Amount of coverage	\$25,000	Flat Amount
Percent company pays	100%	90%
Cost per \$1,000 or unit		
Maximum dollar amount of coverage	\$25,000	\$10,000
AD&D Insurance		
Amount of coverage	\$50,000	
Percent company pays	100%	
Cost per \$1,000 or unit		
Maximum dollar amount of coverage	\$50,000	
Does your company provide/offer the following:		
Supplemental Insurance (e.g. AFLAC)	Yes	Yes
Long-term care insurance	No	Yes



SECTION 8

PAID TIME OFF

2020 Paid Time Off	City of Bexley Non Bargaining	City of Bexley AFSCME	City of Bexley FOP	City of Canal Winchester
Vacation				
What is the maximum number of hours per year accrued at the highest level?	208 hours	208 hours	232 hours	216 hours
How many years of service does it take to get to the maximum accrual level?	22 years	22 years	22 years	25 years
What is the maximum hours allowed to roll-over annually?	80 hours	80 hours	80 hours	324 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	Yes	Yes
If yes, please explain:				Employee can convert up to 40 hours of vacation
Vacation hours accrued per year				
1 year service	80 hrs. (1-3yrs)	80 hrs. (1-3yrs)	44 hrs. (6 mos.)	96 hrs.
5 years service	96 hrs. (4--7yrs)	96 hrs. (4--7yrs)	112 hrs. (4yrs)	96 hrs.
8 years service	128 hrs. (8-11yrs)	128 hrs. (8-11yrs)	144 hrs. (8yrs)	144 hrs.
10 years service	136 hrs. (12-14yrs)	136 hrs. (12-14yrs)	152 hrs. (12yrs)	144 hrs.
15 years service	168 hrs. (15-17yrs)	168 hrs. (15-17yrs)	184 hrs. (15yrs)	176 hrs.
20 years service	176 hrs. (18-21yrs)	176 hrs. (18-21yrs)	192 hrs. (18yrs)	176 hrs.
25 years service	208 hrs. (22+yrs)	208 hrs. (22+yrs)	232 hrs. (22yrs)	216 hrs.

2020 Paid Time Off	City of Bexley Non Bargaining	City of Bexley AFSCME	City of Bexley FOP	City of Canal Winchester
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Personal	Personal	40 Personal, 176 Military	Personal, Bereavement & Military
Holidays/Personal Days				
Total number of Holidays per year	10 days	10 days	10 days	11 days
Total number of Personal days per year	3 days	3 days	5 days	2 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	City of Circleville	City of Columbus	City of Delaware	City of Dublin
Vacation				
What is the maximum number of hours per year accrued at the highest level?	220 hours	Depends on years of continuous service	200.2 hours	246 hours
How many years of service does it take to get to the maximum accrual level?	25 years	20 to 25 or more years, depending on the employee group or union	16 years	21 years
What is the maximum hours allowed to roll-over annually?	Up to 3 years	Depends on years of continuous service	per years of service maximum	200 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	Yes		Yes	No
If yes, please explain:			An EE may elect to trade 3 weeks of vacation time or the equivalent of vacation time earned in one year, whichever is greater, for equivalent pay during the calendar year.	
Vacation hours accrued per year				
1 year service	80 hrs.	Varies by EE group	80.6 hrs.	40 hours
5 years service	120 hrs.	Varies by EE group	80.6 hrs.	108 hours
8 years service	120 hrs.	Varies by EE group	119.6 hrs.	108 hours
10 years service	160 hrs.		119.6 hrs.	182 hours
15 years service	180 hrs.		161.2 hrs.	208 hours
20 years service	200 hrs.		200.2 hrs.	246 hours
25 years service	220 hrs.		200.2 hrs.	246 hours

2020 Paid Time Off	City of Circleville	City of Columbus	City of Delaware	City of Dublin
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement & Military FMLA, Injury	Military, bereavement, Jury - Other depends on Union or Employee Group	Bereavement, Injury	Persona, Military, Bereavement, Jury Duty
Holidays/Personal Days				
Total number of Holidays per year	11 days	Up to 13, depending on union or EE group	9 days	9 days
Total number of Personal days per year	up to 4 days		4 days	5 days
Do you allow cash-out of personal days?	No	No	Yes	No
If yes, please indicate the maximum number of personal days eligible for cash-out			4	
Comments:				

2020 Paid Time Off	City of Gahanna	City of Grandview Heights	City of Grove City	City of Lancaster
Vacation				
What is the maximum number of hours per year accrued at the highest level?	200 hours	216	240 hours	200 hours
How many years of service does it take to get to the maximum accrual level?	20 years	23	18 years	21 years
What is the maximum hours allowed to roll-over annually?	240 hours	648	720 hours	40 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	Yes	No
If yes, please explain:		hours are forfeited	can convert to pay at 100%	
Vacation hours accrued per year				
1 year service	104 hours	96 hours	80 hours	80 hours
5 years service	136 hours	116 hours	120 hours	120 hours
8 years service	152 hours	138 hours	120 hours	120 hours
10 years service	152 hours	176 hours	160 hours	120 hours
15 years service	176 hours	196 hours	200 hours	160 hours
20 years service	200 hours	216 hours	240 hours	200 hours
25 years service	200 hours		240 hours	200 hours

2020 Paid Time Off	City of Gahanna	City of Grandview Heights	City of Grove City	City of Lancaster
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	No	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Sick, Personal, Bereavement, Jury Duty, Major Medical, Injury	Bereavement, Military, Comp.		Bereavement
Holidays/Personal Days				
Total number of Holidays per year	10 days	10 days	13 days	10 days
Total number of Personal days per year	2 days	1 day		5 days
Do you allow cash-out of personal days?	No	No		No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	City of Marysville	City of New Albany	City of Pataskala	City of Powell
Vacation				
What is the maximum number of hours per year accrued at the highest level?	240 hours	200 hours	240 hours	200 hours
How many years of service does it take to get to the maximum accrual level?	20 years	15 years	26 years	26 years
What is the maximum hours allowed to roll-over annually?	2.5x annual accrual	3x	Annual Accrual Amount + 40 hours	300 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	Yes	No
If yes, please explain:	Forfeited		Cash out / forfeit	
Vacation hours accrued per year				
1 year service	96 hours	80 hours	80 hours (0 - 5yrs)	80 hours (0 - 4yrs)
5 years service	96 hours	120 hours		120 hours (5 -9yrs)
8 years service	144 hours		120 hours (6 - 11yrs)	120 hours (5 -9yrs)
10 years service	144 hours	160 hours		140 hours (10 -15yrs)
15 years service	192 hours	200 hours	160 hours (12 - 19yrs)	140 hours (16 - 20yrs)
20 years service	240 hours		200 hours (20 - 25yrs)	160 hours (21 - 25yrs)
25 years service	240 hours		240 hours (26+ yrs.)	180 hours / 200 hours (26+ yrs.)

2020 Paid Time Off	City of Marysville	City of New Albany	City of Pataskala	City of Powell
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Sick, Military, FMLA, Bereavement, Jury Duty, Examination, Court, Administrative,	Personal, Bereavement, military, sick	City Admin. & Finance Director each get 2 personal days	Personal Leave
Holidays/Personal Days				
Total number of Holidays per year	11 days	11 days	11 days	10 days
Total number of Personal days per year	4 days	2 days	2 days	2 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
Vacation				
What is the maximum number of hours per year accrued at the highest level?	240 hours	120 hours	240 hours	850 hours
How many years of service does it take to get to the maximum accrual level?	16 years	16 years	after 24 years	
What is the maximum hours allowed to roll-over annually?	240 hours	3x annual accrual	No more than 2X their annual accumulation rate	850 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	Union Yes / Non Union No	no limit	Yes	No
If yes, please explain:	Union employees can sell back vacation leave unused once a year. Non-union are not permitted to do.		See Below	
Vacation hours accrued per year				
1 year service	80 hours (1-5yrs)	80 hours	80 hours	
5 years service	120 hours (6-11yrs)	120 hours	81 hours	
8 years service	120 hours (6-11yrs)	120 hours	120 hours	
10 years service	160 hours (11-15yrs)	120 hours	121 hours	
15 years service	200 hours (16+ yrs.)	120 hours	160 hours	
20 years service	200 hours (16+ yrs.)	120 hours	240 hours	
25 years service	200 hours (16+ yrs.)	120 hours		

2020 Paid Time Off	City of Reynoldsburg	City of Upper Arlington	City of Westerville	City of Whitehall
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Military, comp, flex	Bereavement, Military	Sick, Funeral, Military, Personal, Injury	Personal, Military, Bereavement
Holidays/Personal Days				
Total number of Holidays per year	12 days	9 days	7 days	7 days
Total number of Personal days per year	1 day	5 days	6 days	5 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				
			Forfeited vacation hours - EE who accrue at least 3 weeks of vacation per year may request pay in lieu if vacation. They must take 5 consecutive vacation days and have up to 2 weeks. EE accruing 4 weeks or	

2020 Paid Time Off	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Vacation				
What is the maximum number of hours per year accrued at the highest level?	216 hours	200 hours	200 hours	200 hours
How many years of service does it take to get to the maximum accrual level?	21 years	25 years	15 years	20 years
What is the maximum hours allowed to roll-over annually?	288 hours	3 x max		600 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	Yes	No	Yes	No
If yes, please explain:				
Vacation hours accrued per year				
1 year service	96 hours	80 hours	40 hours	80 hours
5 years service	104 hours	80 hours	80 hours	119 hours
8 years service	144 hours	120 hours	120 hours	119 hours
10 years service	168 hours	120 hours	160 hours	161 hours
15 years service	200 hours	160 hours	200 hours	179 hours
20 years service	216 hours	160 hours		200 hours
25 years service	216 hours	200 hours		200 hours

2020 Paid Time Off	City of Worthington	Delaware County	Fairfield County	Franklin County Board of Commissioners
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	FLSA, Kelly days, Compensatory Leave	Personal, Bereavement, Military Jury Duty	Bereavement, Court Leave, military, personal	Bereavement & Military
Holidays/Personal Days				
Total number of Holidays per year	12 days	12 days	12 days	10 days
Total number of Personal days per year	1 day	3 days	3 days	Up to 40 hours
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	Union County	Blendon Township Franklin County	Jefferson Township Franklin County	Madison Township Franklin County
Vacation				
What is the maximum number of hours per year accrued at the highest level?	200 hours	280 hours	240 / 360	280 hours
How many years of service does it take to get to the maximum accrual level?	25 years	30 years	20 years	25 years
What is the maximum hours allowed to roll-over annually?	600 hours	80 hours	160 / 240 hours	280 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	Yes	No	Yes
If yes, please explain:				Employees may cash out hours
Vacation hours accrued per year				
1 year service	80 hours	80 hours	80 - 120 hours	80 hours
5 years service	80 hours	120 hours	120 - 192 hours	120 hours
8 years service	120 hours			120 hours
10 years service	120 hours	160 hours	160 - 240 hours	160 hours
15 years service	160 hours	200 hours	200 - 300 hours	200 hours
20 years service	160 hours	240 hours	240 - 360 hours	240 hours
25 years service	200 hours	260 hours		280 hours

2020 Paid Time Off	Union County	Blendon Township Franklin County	Jefferson Township Franklin County	Madison Township Franklin County
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Military, Personal (varies by agency)	Military, personal, comp, bereavement	Bereavement (union), Military and Civil	Bereavement, Injury, and Military
Holidays/Personal Days				
Total number of Holidays per year	10 days	10 days	10 days	11 days
Total number of Personal days per year	0 (Unless approved by agency)	3 days		
Do you allow cash-out of personal days?	Yes	Yes	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out	Varies by agency	3 days		
Comments:				

2020 Paid Time Off	Mifflin Township Franklin County	Washington Township	Morrow County	Truro Township
Vacation				
What is the maximum number of hours per year accrued at the highest level?	240 / 336 hours	408 / 280	3 years	40 / 216 56 / 456
How many years of service does it take to get to the maximum accrual level?	20 years	25 years	21 years	20
What is the maximum hours allowed to roll-over annually?		48 hours	3 years	24
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	No	No
If yes, please explain:			Request made no later than the first pay of December. May cash out up to 40 hours on an annual basis and need to have a minimum balance of 80 vacation hours. Employees with 20+ years may exchange 120 hours.	
Vacation hours accrued per year				
1 year service	80 - 120 hours	80 hours	3.1 hours	240 (56-hr)/96 (40-hr)
5 years service	120 - 168 hours	120 hours	4.6 hours	240 (56-hr)/96 (40-hr)
8 years service	120 - 168 hours	9 yrs 160 hours	4.6 hours	312 (56-hr)/136 (40-hr)
10 years service	160 - 240 hours	14 yrs 200 hours	4.6 hours	312 (56-hr)/136 (40-hr)
15 years service	200 - 288 hours		6.2 hours	384 (56-hr)/176 (40-hr)
20 years service	240 - 336 hours	19 yrs 240 hours	7.7 hours	456 (56-hr)/216 (40-hr)
25 years service	240 - 336 hours	24+ yrs 280 hours	7.7 hours	456 (56-hr)/216 (40-hr)

2020 Paid Time Off	Mifflin Township Franklin County	Washington Township	Morrow County	Truro Township
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Comp time accrual, Bereavement, Military	Earned, Bereavement, Jury, Military, Injury	Jury Duty	Comp, Military, Court, Bereavement
Holidays/Personal Days				
Total number of Holidays per year	8 days	10 days	12 days	10 days
Total number of Personal days per year		2 to 9 days	3 days	
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	Village of Galena	Village of Gambier	Village of Plain City	Village of Shawnee Hills
Vacation				
What is the maximum number of hours per year accrued at the highest level?	160 hours	200 hours		160 hours
How many years of service does it take to get to the maximum accrual level?	10 years	25 years	10	15
What is the maximum hours allowed to roll-over annually?	2 weeks	600 hours	1 year	40 hours
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	No	yes	No
If yes, please explain:			cash out 1/2 of vacation accrual	
Vacation hours accrued per year				
1 year service	80 hours	80 hours	80 hours	10 days
5 years service	120 hours	80 hours	120 hours	10 days
8 years service	120 hours	120 hours	120 hours	15 days
10 years service	160 hours	120 hours	160 hours	15 days
15 years service	160 hours	160hours	160 hours	20 days
20 years service	160 hours	160 hours	160 hours	20 days
25 years service	160 hours	200 hours	160 hours	20 days

2020 Paid Time Off	Village of Galena	Village of Gambier	Village of Plain City	Village of Shawnee Hills
Vacation				
Other forms of paid leave				
Are your employees eligible for other forms of paid leave?	Yes	Yes	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Personal	Bereavement, military	Bereavement, FMLA	Bereavement, Military
Holidays/Personal Days				
Total number of Holidays per year	10 days	10 days	10 days	10 days
Total number of Personal days per year	2 days	3 days	2 days	2 days
Do you allow cash-out of personal days?	No	No	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out				
Comments:				

2020 Paid Time Off	Village of Sunbury	Village of West Jefferson
Vacation		
What is the maximum number of hours per year accrued at the highest level?	Unlimited	200 hours
How many years of service does it take to get to the maximum accrual level?	unlimited	25 years
What is the maximum hours allowed to roll-over annually?	1 year	3 Years
In lieu of taking a minimum number of vacation/annual leave hours or forfeiture of used hours, can employees cash out or convert to personal time?	No	Yes
If yes, please explain:		
Vacation hours accrued per year		
1 year service	80 hours	80 hours
5 years service	80 hours	
8 years service	120 hours	120 hours
10 years service	120 hours	
15 years service	160 hours	160 hours
20 years service	160 hours	
25 years service	200 hours	200 hours

2020 Paid Time Off	Village of Sunbury	Village of West Jefferson
Vacation		
Other forms of paid leave		
Are your employees eligible for other forms of paid leave?	Yes	Yes
If yes, please list other types of leave (e.g. merit leave, bereavement, military, etc.)	Bereavement, Military	Bereavement Military
Holidays/Personal Days		
Total number of Holidays per year	12 days	10 days
Total number of Personal days per year	1 day	3 days
Do you allow cash-out of personal days?	No	No
If yes, please indicate the maximum number of personal days eligible for cash-out		
Comments:		



SECTION 9

RETIREMENT BENEFITS

	City of Bexley	City of Canal Winchester	City of Circleville	City of Columbus
2020 Retirement Plans				
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	Yes	Yes
If yes, does the employer contribute to the plan?	Yes	Yes	Yes	Yes
If yes, what percentage does the employer contribute to the plan?	14% OPERS	14%	Depends on retirement system	14%
Do employees contribute to this plan?	Yes	Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?	10%	10%	Depends on retirement system	10%
What is your retirement benefit formula?				
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp/Other	Deferred Comp	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Post
Is there an employer match to the plan(s)?	No	No	No	No
If yes, what is the maximum percent of the employer match?				

	City of Delaware	City of Dublin	City of Gahanna	City of Grandview Heights
2020 Retirement Plans				
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	No	Yes
If yes, does the employer contribute to the plan?	Yes	Yes		Yes
If yes, what percentage does the employer contribute to the plan?	OPERS: 14% Police 19.5% Fire 24%	14%		14% OPERS 19.5% Police / 24% Fire
Do employees contribute to this plan?	Yes	Yes		Yes
If yes, what percentage does the employee contribute to the plan?	OPERS 10% OP&F 12.25%	10%		10% OPERS / 12.25%
What is your retirement benefit formula?	OPERS and OP&F	OPERS		OPERS & OP&F
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	No
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp	Deferred Comp	
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Pre
Is there an employer match to the plan(s)?	No	No	No	No
If yes, what is the maximum percent of the employer match?				

	City of Grove City	City of Lancaster	City of Marysville	City of New Albany
2020 Retirement Plans				
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	No	Yes	No
If yes, does the employer contribute to the plan?	Yes		Yes	
If yes, what percentage does the employer contribute to the plan?	14%		12% - 14%	
Do employees contribute to this plan?	Yes		Yes	
If yes, what percentage does the employee contribute to the plan?	10%		10% - 12.25%	
What is your retirement benefit formula?	OPERS & OP&F		OPERS & OP&F	
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp	Deferred Comp	
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	
Is there an employer match to the plan(s)?	No	No	No	
If yes, what is the maximum percent of the employer match?				

	City of Pataskala	City of Powell	City of Reynoldsburg	City of Upper Arlington
2020 Retirement Plans				
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	No	Yes	Yes	No
If yes, does the employer contribute to the plan?		Yes	Yes	
If yes, what percentage does the employer contribute to the plan?		14%	14-19.5%	
Do employees contribute to this plan?		Yes	Yes	
If yes, what percentage does the employee contribute to the plan?		10%	10-14.5%	
What is your retirement benefit formula?		OPERS	OPERS, PFDPF	
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes		Yes
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp Other	Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre	Pre	Post	Pre
Is there an employer match to the plan(s)?	Yes	No	No	No
If yes, what is the maximum percent of the employer match?	50%			
	Fin Dir & C. Admin have 50% share of pension contrib. picked up			

	City of Westerville	City of Whitehall	City of Worthington	Delaware County
2020 Retirement Plans				
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	No	Yes	Yes
If yes, does the employer contribute to the plan?			No	Yes
If yes, what percentage does the employer contribute to the plan?				14%
Do employees contribute to this plan?	Yes		Yes	Yes
If yes, what percentage does the employee contribute to the plan?			Varies	10%
What is your retirement benefit formula?	OPERS			OPERS
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	Yes	Yes	No
If yes, what type of plan(s) do you offer?	Deferred Comp	Deferred Comp	Deferred Comp	Other
If yes, is it a pre or post-tax plan?	Pre	Pre	Pre	Pre
Is there an employer match to the plan(s)?	Yes	No	No	No
If yes, what is the maximum percent of the employer match?	14%			

	Fairfield County	Franklin County	Morrow County	Union County
2020 Retirement Plans		Board of Commissioners		
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	No	Yes	No
If yes, does the employer contribute to the plan?	Yes		Yes	
If yes, what percentage does the employer contribute to the plan?	14%		14%	
Do employees contribute to this plan?	Yes		Yes	
If yes, what percentage does the employee contribute to the plan?	14%		10%	
What is your retirement benefit formula?			OPERS and Age	
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?	Yes	No	Yes	Yes
If yes, what type of plan(s) do you offer?	Deferred Comp		Deferred Comp	Deferred Comp
If yes, is it a pre or post-tax plan?	Pre		Pre	Pre
Is there an employer match to the plan(s)?	No		No	No
If yes, what is the maximum percent of the employer match?				

	Blendon Township	Madison Township	Mifflin Township	Truro Township
2020 Retirement Plans	Franklin County	Franklin County	Franklin County	
Defined Benefit (DB) Plan				
Do you offer a defined benefit plan?	Yes	Yes	No	Yes
If yes, does the employer contribute to the plan?	Yes	No		Yes
If yes, what percentage does the employer contribute to the plan?	ORC			2% EE pickup
Do employees contribute to this plan?	Yes	Yes		Yes
If yes, what percentage does the employee contribute to the plan?	ORC	100%		10.25% OPF 8% PER
What is your retirement benefit formula?	OPERS			OPERS and OPF
Defined Contribution (DC) Plan				
Do you offer a defined contribution plan?		Yes	Yes	No
If yes, what type of plan(s) do you offer?		Deferred Comp	Deferred Comp, 401k, other	
If yes, is it a pre or post-tax plan?		Pre	Pre	
Is there an employer match to the plan(s)?		No	No	
If yes, what is the maximum percent of the employer match?				

	Washington Township	Village of Galena	Village of Gambier	Village of Lockbourne	Village of Plain City
2020 Retirement Plans					
Defined Benefit (DB) Plan					
Do you offer a defined benefit plan?	Yes	Yes	Yes	Yes	Yes
If yes, does the employer contribute to the plan?	Yes	Yes	Yes	Yes	Yes
If yes, what percentage does the employer contribute to the plan?	14% or 24%	14%	14%	14%	14%
Do employees contribute to this plan?	No	Yes	Yes	Yes	Yes
If yes, what percentage does the employee contribute to the plan?		10%	10%	10%	10%
What is your retirement benefit formula?		OPERS	OPERS	OPERS	
Defined Contribution (DC) Plan					
Do you offer a defined contribution plan?	Yes	Yes	No	No	No
If yes, what type of plan(s) do you offer?	Deferred Comp, Other	Deferred Comp			
If yes, is it a pre or post-tax plan?	Pre	Pre			
Is there an employer match to the plan(s)?	No	No			
If yes, what is the maximum percent of the employer match?					

	Village of	Village of Sunbury	Village of West Jefferson
2020 Retirement Plans	Shawnee Hills		
Defined Benefit (DB) Plan			
Do you offer a defined benefit plan?	No	Yes	No
If yes, does the employer contribute to the plan?		Yes	
If yes, what percentage does the employer contribute to the plan?		14%	
Do employees contribute to this plan?		Yes	
If yes, what percentage does the employee contribute to the plan?		10	
What is your retirement benefit formula?		OPERS and OP&F	
Defined Contribution (DC) Plan			
Do you offer a defined contribution plan?	No	Yes	
If yes, what type of plan(s) do you offer?		Deferred Comp	
If yes, is it a pre or post-tax plan?		Pre	
Is there an employer match to the plan(s)?		No	
If yes, what is the maximum percent of the employer match?			



SECTION 10

MISCELLANEOUS BENEFITS

2020 Miscellaneous

Miscellaneous

	City of Bexley	City of Canal Winchester	City of Circleville	City of Columbus
Agency vehicle	Yes	Yes	Yes	Yes
Vehicle allowance	Yes	Yes	Yes	Yes
Employee Assistance Program (EAP)	No	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	Yes	No	No
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	Yes	No
Professional association membership dues	No	Yes	Yes	Yes
Organizational club membership dues	Yes	No	Yes	Yes
529 (College Plan)	No	No	Yes	No
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive			No	Yes

2020 Miscellaneous

Miscellaneous

	City of Delaware	City of Dublin	City of Gahanna	City of Grandview Heights
Agency vehicle	No	Yes	Yes	Yes
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	No	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	No	No	Yes
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	Yes	Yes	No	No
529 (College Plan)	No	Yes	No	Yes
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	No

2020 Miscellaneous

Miscellaneous

City of Grove City

City of Lancaster

City of Marysville

City of New Albany

Agency vehicle	No	Yes	No	No
Vehicle allowance	No	No	No	Yes
Employee Assistance Program (EAP)	Yes	No	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	No	No	Yes	Yes
Tuition reimbursement	Yes	No	Yes	Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	Yes	No	No	
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	Yes	No	No
529 (College Plan)	Yes	No	Yes	No
Health & Wellness Incentives	Yes	No	Yes	Yes
Alternative Transportation Incentive	No	No	No	No

2020 Miscellaneous

Miscellaneous

City of Pataskala

City of Powell

City of Reynoldsburg

City of Upper Arlington

Agency vehicle	No	No	No	No
Vehicle allowance	No	No	No	No
Employee Assistance Program (EAP)	No	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	Yes	Yes	Yes
Tuition reimbursement	Yes	Yes	Yes	No
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	No	Yes	No
529 (College Plan)	No	Yes	No	No
Health & Wellness Incentives	Yes	Yes	No	Yes
Alternative Transportation Incentive	No	No	No	No

2020 Miscellaneous

Miscellaneous

City of Westerville

City of Whitehall

City of Worthington

Delaware County

Agency vehicle	No	No	No	Yes
Vehicle allowance	Yes	No	Yes	No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	No	No	Yes
Tuition reimbursement	Yes	Yes	Yes	Yes
457B (Deferred Compensation Plan)	Yes	No	Yes	No
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	No		Yes
529 (College Plan)	Yes	No	Yes	No
Health & Wellness Incentives	No	Yes	Yes	Yes
Alternative Transportation Incentive	No	No	No	No

2020 Miscellaneous

Miscellaneous

	Fairfield County	Franklin County Board of Commissioners	Morrow County	Union County
Agency vehicle	Yes	No	No	No
Vehicle allowance	Yes	No	No	No
Employee Assistance Program (EAP)	Yes	Yes	No	Yes
Cell phone	Yes	Yes	Yes	Yes
Cell phone - stipend/allowance	Yes	No	Yes	Yes
Tuition reimbursement	Yes	Yes	No	No
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	No	Yes	No	Yes
Organizational club membership dues	No	No	No	Yes
529 (College Plan)	No	No	No	Yes
Health & Wellness Incentives	Yes	Yes	Yes	Yes
Alternative Transportation Incentive	No	Yes	No	No

2020 Miscellaneous

Miscellaneous

	Blendon Township	Madison Township Franklin County	Mifflin Township Franklin County	Truro Township
Agency vehicle	Yes	Yes	Yes	Yes
Vehicle allowance	Yes	No		No
Employee Assistance Program (EAP)	Yes	Yes	Yes	Yes
Cell phone	Yes	Yes	Yes	No
Cell phone - stipend/allowance	Yes	No	Yes	Yes
Tuition reimbursement	Yes	Yes		Yes
457B (Deferred Compensation Plan)	Yes	Yes	Yes	Yes
Prepaid legal	No	Yes	Yes	No
Professional association membership dues	Yes	Yes		Yes
Organizational club membership dues	Yes	Yes		No
529 (College Plan)	No	No	Yes	No
Health & Wellness Incentives	Yes	Yes	Yes	No
Alternative Transportation Incentive	No	No		No

2020 Miscellaneous

Miscellaneous

Washington Township

Village of Gambier

Village of Plain City

Village of Shawnee Hills

Agency vehicle	Yes	No	No	Yes
Vehicle allowance	No	No	yes	Yes
Employee Assistance Program (EAP)	Yes	Yes	No	No
Cell phone	Yes	Yes	No	Yes
Cell phone - stipend/allowance	No	No	Yes	No
Tuition reimbursement	Yes	No	No	No
457B (Deferred Compensation Plan)	Yes	No	No	Yes
Prepaid legal	No	No	No	No
Professional association membership dues	Yes	Yes	Yes	Yes
Organizational club membership dues	No	No	Yes	Yes
529 (College Plan)	No	No	No	No
Health & Wellness Incentives	No	No	No	No
Alternative Transportation Incentive	No	No		No

2020 Miscellaneous

Village of Sunbury

Village of West Jefferson

Miscellaneous

Agency vehicle	Yes	Yes
Vehicle allowance	No	No
Employee Assistance Program (EAP)	No	No
Cell phone	No	No
Cell phone - stipend/allowance	No	Yes
Tuition reimbursement	No	No
457B (Deferred Compensation Plan)	No	Yes
Prepaid legal	No	No
Professional association membership dues	Yes	Yes
Organizational club membership dues	Yes	No
529 (College Plan)	No	No
Health & Wellness Incentives	Yes	No
Alternative Transportation Incentive	No	No



MID-OHIO REGIONAL
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