

# Classified Support Employees' Handbook

2023-2024

#### **FOREWORD**

The West Shore School District has established a tradition of excellence. Excellence is attained through many avenues, including effective leadership. One aspect of leadership includes the ability to identify and place appropriately skilled and qualified individuals who can support the District's goals and objectives. Included in the various categories of employees contributing to the success of the District are those who perform a specialized function that includes leadership responsibilities and/or technical support expertise. These positions, while providing invaluable support to the administrative, professional, and support staff of the District, do not align with either an administrative, professional, or support employee classification. These individuals also provide critical support to many other District employees in providing a safe, nurturing, and rich learning environment for the District's students.

It is the belief of the West Shore Board of School Directors that employees need to know that the work they perform is valued, and this is done through a variety of means including feedback, annual performance evaluation and, ultimately, the compensation an individual receives. With clearly communicated job requirements and expectations, employees will find opportunities for personal and professional growth within these skilled and technical fields. Ultimately, this document is designed to provide a structure that encourages a positive, constructive work environment that reinforces the District's value of an efficient and effective employee.

The District believes this handbook is an important mode of communication. The development of the handbook is an indication of the commitment the District places on ongoing and positive employee relations. It is through open and honest dialogue, between the employer and employee, that the functions of the District are best supported. It is our hope this reference will assist the employee to achieve the best result in his/her position.

The District desires all employees to know and understand that the *Classified Support Employees' Handbook* is not intended to create any contractual rights in favor of the West Shore School District or its employees. The District reserves the right to change or rescind any specific term of this handbook at any time.

# WEST SHORE SCHOOL DISTRICT CLASSIFIED SUPPORT EMPLOYEES' HANDBOOK

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#### CLASSIFIED SUPPORT EMPLOYEE DEFINITION

The employee category called "Classified Support" shall be for those positions which require special skills, certifications, or licensure, and do not fit into the administrative, professional, or support employee classifications. Classified support positions will be carefully developed to ensure employees cannot be placed in the other existing employment classifications. The test will be related to the employment need and required qualifications for the position.

The classified support employee possesses specialized knowledge or expertise and largely works independently of the immediate supervisor in terms of one's day-to-day work. The position is characterized by a work schedule revolving around the demands of the situation. The position may require the employee to work outside normal business hours, including evenings and weekends, in order to meet the needs of the organization. Although the classified support employee may provide supervision of others, the classified support employee is mainly self-directed and may coordinate projects involving others.

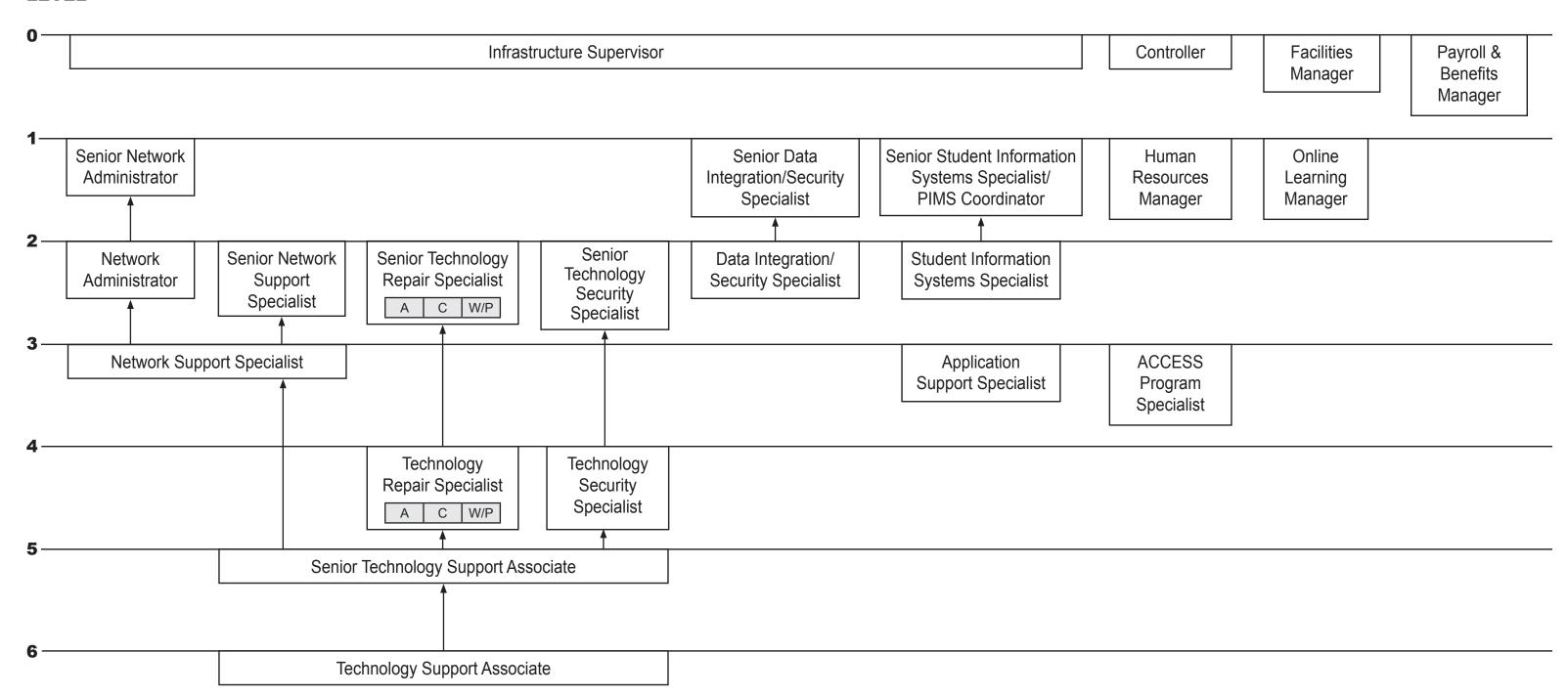
#### CLASSIFIED SUPPORT EMPLOYEE CAREER PROGRESSION

Career progression, particularly within the technology field, is illustrated on the following chart. As such, career progression is a function of time and experience in a position, as well as the achievement of additional professional growth requirements. An individual wishing to be promoted within the career ladder will need to complete two years of satisfactory service with the District in a position directly related to the desired position and acquire additional education, certification or other appropriate measures of individual growth, as identified within the appropriate job description, in order to do so. It should be noted that only one individual can occupy the most senior position at any given time for any of the progression paths. While it is primarily the employee's responsibility to ensure his/her own growth and development within his/her chosen career path, the District encourages employees to discuss their career plans with their supervisors. Tuition reimbursement is available to aid employees in their career growth. Appropriate forms must be submitted and approval must be obtained prior to registration.

# WEST SHORE SCHOOL DISTRICT

# **Classified Support • Career Ladder**

#### **LEVEL**



# Repair Specialist Focus Areas

A Apple Devices
C Chromebooks
W/P Windows/Printers

# **CLASSIFIED SUPPORT EMPLOYEE BENEFITS**

Benefits are a valuable part of any compensation package and the Board of School Directors has determined a package that reflects the uniqueness of the positions. Benefits awarded to Classified Support employees are detailed on this page and include a competitive insurance program, opportunity for educational advancement, earned vacation and personal days, and a membership stipend for a professional organization.

| membership supend for a professio                                                                                                                                                                                                                                                  | B E N E F I T S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Medical Insurance                                                                                                                                                                                                                                                                  | Refer to Appendix D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Life Insurance                                                                                                                                                                                                                                                                     | \$25,000 + opportunity to purchase additional amount equal to salary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|                                                                                                                                                                                                                                                                                    | Equal to current State System of Higher Education per credit reimbursement rate; maximum of 12 credits per fiscal year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| Credit Reimbursement                                                                                                                                                                                                                                                               | Employees who leave less than one year following receipt of reimbursement shall be required to pay back 100%. Departure from the District after one year but prior to three years will be required to pay back 50%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Full District reimbursement. Employees who leave employ less than one (1) year following receipt of train be required, at Board's discretion, to pay back 1000 training costs. Departure after one year but prior to the shall be required, at Board's discretion, to pay back 50% |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Travel Reimbursement                                                                                                                                                                                                                                                               | As per Internal Revenue rate. Reimbursement may fluctuate based upon IRS definition.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
| Sick Leave*                                                                                                                                                                                                                                                                        | <ul> <li>1 day/month employed.</li> <li>The Board reserves the right to require the following:</li> <li>a. Employee to furnish a physician's certificate for any absence based upon illness or injury.</li> <li>b. Employee to furnish a physician's certificate verifying that the employee was not able to perform his/her duties if an employee is absent on more than four occasions and/or three consecutive days for illness or injury. (An occasion is defined as any number of days of continuous sick leave not interrupted by a return to work.) If a doctor's note is supplied at the time of an absence, then that occurrence cannot be used to determine leave abuse. An absence related to a documented medical condition will not be cause to suspect leave abuse.</li> <li>c. When an employee is ill and unable to report for work, he/she should call his/her immediate supervisor as soon as possible and prior to the assigned report time. Failure to comply will result in disciplinary action or possible termination. If an employee becomes ill while on duty, he/she should inform his/her immediate supervisor immediately so that appropriate action can be taken.</li> </ul> |  |  |  |

| Family Sick Leave Bank                  | Each classified support employee may accumulate family sick leave to a maximum of 10 days, with such days identified to be used only for the care of: (a) an immediate family member defined as the employee's parent, stepparent, brother, sister, child, stepchild, spouse, parent-in-law, or a near relative of said employee who resides in the same household as the employee; or (b) a grandchild, son-in-law or daughter-in-law. Such appropriately earmarked leave is restricted to such use and is nontransferable. Employees will have the opportunity following the close of the school year, but before June 30th, to transfer sick leave into this Family Sick Leave Bank to reach the cap of 10 days in their bank. |                                                                                                                                                                                                                                                                                                                                                             |  |  |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                         | opportunity to transfer up to five (5) d<br>their family sick bank to be used<br>employment. Forms will be provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | New classified support employees will have a one-time opportunity to transfer up to five (5) days from their sick leave to their family sick bank to be used during their first year of employment. Forms will be provided to the new hire and must be returned to the human resources department within the first thirty (30) calendar days of employment. |  |  |
|                                         | Days in this bank may not be used for the Employee's personal illness, unless the Employee has exhausted all accumulated sick leave. Banked days not used at time of the employee's separation from the District shall be eligible for payment under the sick leave/longevity incentive.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Sick Leave/Longevity Incentive          | See Appendix G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Personal Days*                          | Five (5) days annually, not to be accrued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Sabbatical Leave                        | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Bereavement Leave                       | 5 days/immediate family; 1 day other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | relative                                                                                                                                                                                                                                                                                                                                                    |  |  |
| Physical Examination                    | Reimbursement up to maximum of examination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | f \$60 for initial physical                                                                                                                                                                                                                                                                                                                                 |  |  |
| Professional Organization<br>Membership | Reimbursable up to \$150/year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Loyalty                                 | 1% salary enhancement for staff mer 14 years in their position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | mbers completing 4, 9 and                                                                                                                                                                                                                                                                                                                                   |  |  |
|                                         | 3 weeks vacation through 10 <sup>th</sup> year of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | service.                                                                                                                                                                                                                                                                                                                                                    |  |  |
|                                         | In 11th year of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16 days                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Vacation*                               | In 12 <sup>th</sup> year of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17 days                                                                                                                                                                                                                                                                                                                                                     |  |  |
| v acauvii                               | In 13 <sup>th</sup> year of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 18 days                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                         | In 14 <sup>th</sup> year of service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 19 days                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                         | In 15 <sup>th</sup> year of service and thereafter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 20 days                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Vacation Carryover                      | Five (5) days maximum, not to exceed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | l four (4) weeks                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                             |  |  |

<sup>\*</sup> Leave allocations for initial work year will be prorated based on employee's start date

#### CLASSIFIED SUPPORT EMPLOYEE SALARY RANGES

Salary ranges reflect many facets of the environment in which the employee works. These ranges are established for each level, based on the content of the job description, as well as a variety of internal and external factors. Internal factors include current and anticipated organizational needs and comparison to other jobs with similar, but not necessarily identical, responsibilities, while external factors will include, but are not limited to, economic conditions and market demand. The District's compensation philosophy is to establish pay ranges that can attract and retain qualified, skilled and appropriate personnel, while maintaining fiscal responsibility. These ranges are evaluated periodically to determine whether or not they are still competitive and respect the District's fiscal position.

Establishing appropriate salary ranges requires that relevant job descriptions be evaluated for accuracy. This step is critical as the job description establishes the expectations of the position, serves as a measuring stick for performance, and provides a benchmark for comparisons to other jobs, both in and outside the organization. Once job descriptions are determined to be accurate, they are then hierarchically ranked, based on the knowledge, skills, and abilities related to the positions, as well as levels of responsibility and accountability.

After the hierarchy is established, the job description is compared to market data information, internal pay information, and other appropriate sources to determine pay ranges. This is an important step as it provides logical support to management's decisions regarding the compensation plan. Therefore, pay ranges have been established to distinguish each level from one another, encourage employee advancement, and recognize current economic conditions.

A level upgrade, either through reevaluation of a job description or a move to a higher position, will result in a two percent (2%) salary increment in addition to the merit increase. If the minimum of the new position is higher than the two percent (2%) salary increment and the merit increase, the higher will prevail.

Initial salary placement will not be below the minimum of the established ranges. The employee's salary may not exceed the maximum. Employees reaching the maximum salary may receive a one-time bonus for that year or a supplemental salary increment identified as "maximum stipend." The bonus and the maximum stipend will be determined by the Board in consultation with the Superintendent.

| Level | 23-24 Min | 23-24 Max |
|-------|-----------|-----------|
| 0     | \$69,428  | \$89,428  |
| 1     | \$64,593  | \$84,593  |
| 2     | \$56,820  | \$76,820  |
| 3     | \$50,061  | \$67,061  |
| 4     | \$46,340  | \$63,340  |
| 5     | \$42,926  | \$56,926  |
| 6     | \$39,794  | \$53,794  |

# CLASSIFIED SUPPORT EMPLOYEE PROBATIONARY PERIOD

All Classified Support employees will be subject to an initial ninety (90) day probationary period. At the completion of the probationary period, the employee will be evaluated for placement in a regular employment status. Failure to receive a "developing" evaluation or higher will result in either an extension of the probationary period or termination, based upon the supervisor's recommendation.

#### CLASSIFIED SUPPORT EMPLOYEE APPRAISAL PLAN

Classified Support staff shall be evaluated at the end of the probationary period, at an optional mid-year rating and again annually, using the following four-domain evaluation system:

#### I. Job Knowledge and Skills

This domain measures the classified support employee's job related knowledge and skill level including work processes and procedures required for successful performance in all facets of the employee's roles and responsibilities.

#### II. <u>Interpersonal Relationships</u>

This domain measures the classified support employee's cultivation and care of positive and productive relationships with all necessary stakeholders (staff, parents, students, etc.). Additionally, this domain measures the effectiveness of the employee's communication and ability to work with others.

#### III. Work Habits

This domain measures the classified support employee's performance relative to requests for support/information, organizational skills, quality/volume of work produced, initiative demonstrated, independent decision making skills, and adherence to safety & security procedures.

#### IV. Professionalism

This domain measures the classified support employee's ability to set annual goals and measure progress on those goals established with the guidance of the supervisor. It also measures the employee's dependability, sensitivity for handling confidential materials, and how the employee responds to stressful situations.

The evaluation of each domain component shall be recognized by points. The total points accrued by an individual shall determine the individual's evaluative placement into one (1) of five (5) evaluation categories:

Exemplary
High Performing
Meets Expectations
Developing
Does Not Meet Expectations

An employee who receives a "failing" score on three or more components within the four domains will receive an overall rating of "Does Not Meet Expectations".

No later than September 1, the Classified Support employee shall complete the goal setting worksheet and submit it to his/her supervisor. The supervisor will then meet with the employee to review the worksheet and determine goals to be pursued for that work year. Based upon those agreed upon goals, this goal setting worksheet will serve as a tool within the evaluation process to rate the employee in various domain components. Final rating reports shall be issued no later than May 31. In addition, the supervisor may initiate a report at any time throughout the evaluation cycle via the rubric evaluation, as performance necessitates.

Salary increases will be determined annually by the Board based upon the performance evaluation and earned points.

An employee who falls within the "Does Not Meet Expectations" performance category will not receive a salary increase and will be placed on a Performance Improvement Plan (PIP). This will result in a period of intensive supervisory management, a return to probationary status, or termination, based upon supervisor's recommendation. For those placed on a PIP, a formal evaluation shall occur at the conclusion of an additional sixty (60) day period. Failure to achieve in "Developing" performance category on this evaluation will result in a recommendation of termination of the employee to the Board.

At the discretion of the supervisor, an employee who falls within the "Developing" performance category will also be placed on a Performance Improvement Plan (PIP) to address particular component areas in need of improvement. The timeframe for the PIP will be dependent upon the specific concerns to be addressed. The employee will be evaluated at the conclusion of the prescribed timeframe.

# Domain 1: Job Knowledge/Skills

This domain measures the classified support employee's job related knowledge and skill level including work processes and procedures required for successful performance in all facets of the employee's roles and responsibilities.

| Component                         | Failing                                                                                                                                                                                                                 | Needs Improvement                                                                                                                                                                                | Proficient                                                                                                                                                                                                                                                                                                                                                             | Distinguished                                                                                                                                                                                                           |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1a: Use of Available<br>Resources | The classified support employee is unaware of available resources and does not utilize them to enhance job performance.                                                                                                 | The classified support<br>employee displays limited<br>awareness or use of available<br>resources.                                                                                               | The classified support employee displays awareness of available resources and makes use of them regularly to enhance work performance.                                                                                                                                                                                                                                 | and Actively seeks and utilizes additional outside resources to enhance work performance.                                                                                                                               |
| 1b: Skill Competency              | The classified support employee consistently demonstrates a lack of competency in the skills required by the employee's job description.                                                                                | The classified support employee relies on others' assistance in completing tasks and resolving issues;  Struggles to consistently implement the skills required by the job description.          | The classified support employee understands procedures and equipment essential to the job.  Demonstrates competency in the skills required by the job description;  Possesses the technical skills to serve as a resource for others in the department;  Possesses knowledge of technology within work specialty area(s) to assume responsibility for complex systems. | Uses knowledge of technology to advise staff regarding the impact changes to existing systems/services will have on other departments;  Possesses the skills to serve as a resource for others throughout the District. |
| 1c: Problem Solving               | The classified support employee is unable to identify problems and issues as they arise;  Is slow and indecisive when presented with a major issue;  Is poor at communicating problem status until it becomes a crisis. | The classified support employee offers potential solutions but struggles to identify appropriate solution to resolve the issue;  Lacks the ability to diagnose a problem to discuss core issues. | The classified employee is able to examine problems and quickly identify potential solutions;  Proposes solutions that include a cost/benefit analysis and recommendations to repair or replace equipment as needed;  Prioritizes his/her work to address problems based on the needs of the organization.                                                             | Serves as a resource for others to arrive at solutions and bring issues to resolution;  Anticipates problems and proactively suggests appropriate and effective solutions.                                              |

# **Domain 2: Interpersonal Relationships**

This domain measures the classified support employee's cultivation and care of positive and productive relationships with all necessary stakeholders (staff, parents, students, etc.). Additionally, this domain measures the effectiveness of the employee's communication and ability to work with others.

| Component                        | Failing                                                                                                                                                                        | Needs Improvement                                                                                                                                                                                                                                 | Proficient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Distinguished                                                                                                                                                                                                                                                                                                                    |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2a: Service-Oriented<br>Approach | The classified support employee fails to provide professional, responsive service to others;  Refuses to assist or reluctantly provides assistance when requested or reminded. | The classified support employee inconsistently provides professional, responsive service to others;  Provides assistance sporadically when requested or reminded.                                                                                 | The classified support employee consistently represents the organization in a professional manner while assisting and communicating with District stakeholders;  Regularly responds to technical questions or requests for information with the goal of providing excellent customer service.                                                                                                                                                                                                                                                                               | and  Anticipates organizational needs, develops technical solutions to meet those needs, implements those solutions, analyzes staff satisfaction, and formulates strategies to increase staff satisfaction;  Designs training materials for new technologies/services and conducts training for staff and/or users as requested. |
| 2b: Team-Oriented Approach       | The classified support employee does not work well with others;  Interpersonal relationships are counter-productive.                                                           | The classified support employee cooperates with others when requested;  Provides assistance to colleagues only when directed;  Needs to be reminded of needs and sensitivities of others;  Occasionally has difficulty getting along with others. | The classified support employee contributes to the success of the department on a regular basis and offers to help others when time permits;  Has respect for other staff members and fosters teamwork, cooperation, and professional working relationships;  Gets along well with co-workers, values professional working relationships, and addresses conflict/problem situations with others directly;  Uses proper conduct, speech and ethical behavior in all interactions. Respects confidentiality and builds trust through regular, open, and honest communication. | Makes contributions to improve the level of department morale. Regularly solicits constructive feedback, builds consensus, and asks well thought out questions;  Recognizes and appreciates others' contributions and creates a work environment based on inclusiveness, welcoming others' suggestions and points of view.       |

| Component         | Failing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Needs Improvement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Proficient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Distinguished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2c: Communication | The classified support employee fails to communicate effectively or in a timely manner;  Fails to listen effectively and/or frequently interrupts;  Has minimal use of correct spoken and written language and is unable to convey ideas and concepts;  Communication is often negative, or disrespectful, contributing to a climate where interactions are characterized by conflict, sarcasm, or destructive criticism;  Has little or no regard for following the appropriate channel of communication. | The classified support employee does not communicate effectively and/or in a timely manner on a consistent basis;  Listens to supervisor(s), colleagues, other staff members, and all applicable stakeholders but at times is inattentive or disengaged;  Lacks clarity in the spoken or written word; employee displays general use of correct spoken and written language;  Communication may be inappropriate, sarcastic, negative, disrespectful at times, or insensitive;  Occasionally bypasses appropriate channels of communication. | The classified support employee communicates effectively both formally and informally and exchanges relevant information in a timely manner;  Listens to supervisor(s), colleagues, other staff members, and all applicable stakeholders with intent and understanding;  Speaks and writes clearly; displays consistent and proficient use of correct spoken and written language;  Communication demonstrates understanding and respect for others;  Consistently uses appropriate channels of communication;  Communicates technical issues regularly with supervisor, fellow department staff members, and relevant staff members across departments and buildings;  Actively encourages two-way communication with immediate supervisor and seeks assistance when needed. | Maintains open and effective communication at all times; proactively shares important information with the appropriate stakeholders;  Listens to supervisor(s), colleagues, other staff members, and all applicable stakeholders with intent and understanding and seeks or provides feedback when appropriate;  Organizes and presents difficult facts and ideas orally and in writing;  Communication motivates and encourages others to positively contribute to the District/departmental culture. |

| Component                              | Failing                                                                                                                                                                                         | Needs Improvement                                                                                                             | Proficient                                                                                                                                                                                                                                                                                                                            | Distinguished                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2d: Work Coordination/ Task Completion | The classified support employee fails to meet established deadlines and complete assigned tasks as needed;  Failure to meet established deadlines adversely impacts others in the organization. | The classified support employee inconsistently meets established deadlines;  Occasionally impacts others with lack of action. | The classified support employee has an understanding of processes and completes tasks within the required timeframes;  prioritizes their own work based on organizational needs, department objectives, and available resources;  Keeps supervisor informed of project status, emergent issues, problems resolved, and general plans. | Is able to coordinate large or complex projects which may require cooperation with other employees or departments to complete major milestones;  Updates, designs or refines processes and provides direction to other employees or departments;  Forecasts upcoming deadlines and frequently has tasks completed in advance of established deadlines;  Serves as a resource for others on time management skills. |

#### **Domain 3: Work Habits**

This domain measures the classified support employee's performance relative to requests for support/information, organizational skills, quality/volume of work produced, initiative demonstrated, independent decision making skills, and adherence to safety & security procedures.

| Component           | Failing                                                                                                                                                                                                                   | Needs Improvement                                                                                                                                                                                                    | Proficient                                                                                                                                                                                                                                                              | Distinguished                                                                                                                    |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 3a: Responsiveness  | The classified support employee consistently fails to meet responsiveness standards;  Response to urgent requests is consistently delayed and contain limited information, providing little or no communication to staff. | The classified support employee has difficulty meeting responsiveness standards;  Response to urgent requests is sometimes delayed or the challenges to reaching resolution are not always communicated to person in | The classified support employee responds to requests as they are received and appropriately assesses the urgency of requests;  Responds expediently for urgent requests and communicates with appropriate staff when immediate resolution to a request is not possible; | and  Utilizes diagnostic tools and monitors processes to identify problems and enact corrective action before disruptions occur. |
|                     |                                                                                                                                                                                                                           | need of assistance.                                                                                                                                                                                                  | Effectively responds to appropriate staff when work is delayed or if additional information is needed.                                                                                                                                                                  |                                                                                                                                  |
| 3b: Quality of Work | The classified support<br>employee consistently has<br>multiple call backs or<br>recurring tickets placed for<br>same issue;                                                                                              | The classified support<br>employee may have call backs<br>or recurring tickets placed for<br>same issue;                                                                                                             | The classified support employee produces work that is accurate and complete;                                                                                                                                                                                            | and  Considers the quality of work to be important when completing assigned tasks;                                               |
|                     | Final work is regularly inaccurate and incomplete;                                                                                                                                                                        | Struggles to produce work that is accurate and complete;                                                                                                                                                             | Corrects errors and recognizes inconsistencies in work assigned;                                                                                                                                                                                                        | Applies solutions from a given issue to others                                                                                   |
|                     | Fails to recognize errors and correct them as appropriate;                                                                                                                                                                | Inconsistently recognizes errors to correct them as appropriate;                                                                                                                                                     | Maintains an awareness of changes in technical areas and responds to those changes appropriately;                                                                                                                                                                       | potentially impacted by the same or similar problem.                                                                             |
|                     | Fails to achieve results consistent with job expectations and performance standards;                                                                                                                                      | Occasionally achieves results consistent with job expectations and performance standards                                                                                                                             | Achieves results consistent with job expectations and performance standards;                                                                                                                                                                                            |                                                                                                                                  |
|                     | Does not follow troubleshooting steps for work assigned.                                                                                                                                                                  | Does not consistently follow troubleshooting steps for work assigned.                                                                                                                                                | Follows troubleshooting steps for work assigned.                                                                                                                                                                                                                        |                                                                                                                                  |

| Component            | Failing                                                                                                                                                                                                                                                                                                                                                                      | Needs Improvement                                                                                                                                                                                                                                                                                                                                                         | Proficient                                                                                                                                                                                                                                                                                                                                                                                                               | Distinguished                                                                                                                                                                                                                                                      |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3c: Quantity of Work | The classified support employee poorly manages time, does not take initiative, and is not able to take independent, appropriate action to resolve issues or assigned work;  Fails to plan and prioritize work, does not set and accomplish goals or complete assigned work on schedule;  Maintains an output level that is below job expectations and performance standards. | The classified support employee needs assistance to establish more effective processes for meeting output standards;  Does not regularly manage his/her time, take initiative, or independent, appropriate action within prescribed limits;  Struggles to plan and prioritize their work, set and accomplish goals and complete assigned work on schedule;                | The classified support employee effectively manages his/her time, takes initiative, and is able to take independent, appropriate action within prescribed limits;  Plans and prioritizes their work, sets and accomplishes goals and completes assigned work on schedule;  Maintains an output level that is consistent with job expectations and performance standards.                                                 | and  Systems and processes used become a model for the improvement of other employees.                                                                                                                                                                             |
| 3d: Decision-Making  | The classified support employee fails to make sound decisions or requires others to make routine decisions;  Is not objective when assessing situations, does not use good judgment to reach logical conclusions;  Does not consider the effects of their decisions on the department and impact on the District before taking action.                                       | Output level is inconsistent.  The classified support employee requires a great deal of coaching from others to make sound decisions;  Is rarely objective when assessing situations, inconsistently uses good judgment to reach logical conclusions;  Seldom considers the effects of their decisions on the department and impact on the District before taking action. | The classified support employee takes responsibility within their assigned authority and makes sound fact-based judgments. Decisions beyond their authority are referred to the appropriate administrative level;  Is objective when assessing situations, uses a logical process and reaches reasonable conclusions;  Considers the effects of their decisions on the department and the District before taking action. | and Will consider or present multiple alternative solutions, including the benefits or complications for each alternative, and determine or recommend the best option; Will include factors of timing and urgency when making a decision or reaching a conclusion. |

| Component                    | Failing                                                                                                                                                                                                                                                             | Needs Improvement                                                                                                                                                                                                                                      | Proficient                                                                                                                                                                                                                                                                                                    | Distinguished                                                                                                                                                                                                         |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3e: Ability/Willing to Learn | The classified support employee lacks a systematic approach to learning new tasks and responsibilities;  Has great difficulty carrying out or comprehending new responsibilities;  Frequently requires assistance after instruction and training has been provided. | The classified support employee often requires instructions to be repeated;  Learns new skills and technology only when required;  Requires assistance even after instruction or training is provided.                                                 | The classified support employee is able to work independently on tasks once instruction or training is provided;  Embraces the opportunity to learn new skills and technology in an effort to benefit the organization;  Demonstrates ongoing desire to improve.                                              | and  Makes recommendations that lead to implementation of new technology within the District;  Quickly masters new responsibilities/tasks, and makes recommendations to refine or improve processes and efficiencies. |
| 3f: Safety and Security      | The classified support employee fails to follow established policies and safety procedures;  Fails to recognize and/or report potential hazards in the workplace.                                                                                                   | The classified support employee struggles to adhere to the organization's safety and security procedures;  Seldom reports or addresses safety hazards in the workplace;  Demonstrates limited awareness of established safety policies and procedures. | The classified support employee adheres to the organization's safety and security procedures;  Recognizes, addresses and reports safety hazards in the workplace;  Models and enforces security protocols and uses best practices for the protection and security of hardware, data, and information systems. | and  Contributes to accident prevention and workplace safety processes;  Contributes to reviewing and improving digital security protocols;  Reviews access logs to ensure users are accessing appropriate resources. |

#### Domain 4: Professionalism

This domain measures the classified support employee's ability to set annual goals and measure progress on those goals established with the guidance of the supervisor. It also measures the employee's dependability, sensitivity for handling confidential materials and how the employee responds to stressful situations.

| Component                            | Failing                                                                                                                                                                                                                                       | Needs Improvement                                                                                                                                                                                                                                                                                                                                                                                                                         | Proficient                                                                                                                                                                                                                                                    | Distinguished                                                                                                                                                                                                |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4a: District Policies/<br>Procedures | The classified support<br>employee has little<br>understanding of District<br>policies, procedures and<br>processes related to the<br>position;                                                                                               | The classified support<br>employee has a basic<br>understanding of District<br>policies, procedures, and<br>processes related to the<br>position;                                                                                                                                                                                                                                                                                         | The classified support<br>employee understands and<br>adheres to essential District<br>policies, procedures, and<br>processes related to the<br>position;                                                                                                     | and  Acts as a resource to others on essential District policies, procedures, and processes related to the position;                                                                                         |
|                                      | Fails to access and reference current District policies, procedures, and processes related to the position.                                                                                                                                   | Occasionally accesses and references current District policies, procedures, and processes related to the position;  Fails to consistently base action on policies, procedures, or mandates.                                                                                                                                                                                                                                               | Accesses and regularly references current District policies, procedures, and processes related to the position.                                                                                                                                               | Assists in the creation or refinement of procedures and processes;  Notifies supervisor when deficiencies are identified in current policies and changes are needed.                                         |
| 4b: Handling Stressful Situations    | The classified support employee is unable to cope with stressful situations; is uncooperative, short, or disinterested, and creates tension within the building/department; employee's attitude negatively affects their coworkers and peers. | The classified support employee is generally able to cope with stress; stressful situations sometimes cause the employee to become uncooperative, short or disinterested, and create tension within the building/department; employee's attitude affects his/her coworkers and peers;  Does not consistently react to change and frequent interruptions in a positive manner; becomes irritated and projects that irritation onto others. | The classified support employee manages stress effectively; only the most extreme circumstances have any impact on the employee's composure;  Reacts to change and frequent interruptions in a productive and positive manner, meeting deadlines as assigned. | and Often views stressful situations as a challenge or an opportunity; Maintains his/her composure and remains positive even under extreme circumstances; Positively influences his/her coworkers and peers. |

| Component                           | Failing                                                                                                                                                                                                                                       | Needs Improvement                                                                                                                                                                                         | Proficient                                                                                                                                                                                                                                                                                                           | Distinguished                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4c: Managing Change and Improvement | The classified support employee does not adapt to change well;  Doesn't modify behavior in response to feedback;  Is not interested in looking for ways to improve rather is interested in maintaining the ways things have always been done. | The classified support employee is somewhat reluctant or unable to adapt to change or challenges;  Does not show a consistent interest in generating improvement in personal or departmental improvement. | The classified support employee initiates change and is able to adapt from old methods that are no longer effective/efficient;  Is able to identify new methods and generate improvement in the department's performance;  Generally demonstrates willingness and ability to successfully adapt to changing demands. | and  Identifies new technology and develops systems to support departmental research and project planning. Technology reflects the expressed needs of faculty and staff;  Consistently demonstrates willingness and ability to successfully adapt to changing demands.  |
| 4d: Professional Growth             | The classified support employee fails to recognize the need for professional growth; participation in staff development is only completed when directed by supervisor and is met with resistance.                                             | The classified support employee reluctantly participates in professional growth. While present for activities, the employee is limited in his/her engagement.                                             | The classified support employee welcomes professional growth opportunities and actively participates in staff development;  Targets professional development focused on improving, including quality of service.                                                                                                     | and  Actively seeks out professional growth opportunities;  Professional development is utilized not just as a personal activity, but a way to improve their building/department;  Ensures that professional development is aligned with department and District goals. |

| Component                        | Failing                                                                                                                                                                                                                                                       | Needs Improvement                                                                                                                                                                                                                                                     | Proficient                                                                                                                                                                                                                                                                                               | Distinguished                                                                                                                                                                                                                               |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4e: Confidentiality              | The classified support employee routinely shares sensitive information; confidential information is handled, processed, stored, and disposed of with minimal regard for records management policies and procedures.                                           | The classified support employee occasionally demonstrates poor judgment when sharing sensitive information; confidential information is not always handled, processed, stored, and disposed of properly.                                                              | The classified support employee is able to distinguish what information may be shared; confidential information is handled, processed, stored, and disposed of properly.                                                                                                                                 | Always exercises discretion while interacting with others; sensitive information is kept in confidence but is utilized to ensure students and staff are treated with empathy, compassion, and a commitment to a service oriented mentality. |
| 4f: Dependability and Attendance | The classified support employee is often absent or late, fails to provide acceptable excuses, and has exhausted all available leave and had to use unpaid leave; the employee's absences have adversely affected the overall functioning of the organization. | The classified support employee continually asks for exceptions to approved work hours, i.e. appointments, personal business, unpaid leave, etc.; pattern of attendance has an adverse effect on the output of the position.                                          | The classified support employee arrives to work on time and occasionally varies work hours with prior approval;  Recognizes the impact of his/her work schedule on the functioning of the organization.                                                                                                  | and  Is absent or late only for warranted reasons;  Attendance consistently demonstrates a recognition of the needs of the position, the supervisor, and the organization.                                                                  |
| 4g: Goal Oriented                | The classified support employee fails to establish goals completely or has no defined plan to show progress towards established goals.                                                                                                                        | The classified support employee establishes goals with assistance from their supervisor, but frequently loses focus on his/her goals;  Progress towards goals is limited or occurs through normal work routine rather than a schedule of milestones and achievements. | The classified support employee establishes goals with assistance from his/her supervisor and maintains focus on his/her goals throughout the school year;  Progress is measurable through a schedule of milestones and achievements; when progress cannot be made, adequate justification is available. | and  Establishes goals clearly aligned with District and departmental/building goals; adjustments occur to ensure that progress towards goals continues in spite of obstacles and challenges.                                               |

# **Classified Support Goal Setting Worksheet**

| Employee Name:                                                       | Supervisor:      |  |
|----------------------------------------------------------------------|------------------|--|
| Conference Date:                                                     | Evaluation Date: |  |
| Strengths of Performance                                             |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
| Areas for Growth in Performance/Goal Areas                           |                  |  |
| Areas for Growth in Ferrormanoc/Goal Areas                           |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
| Action Steps:                                                        |                  |  |
| , resident estapos                                                   |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
|                                                                      |                  |  |
| A meeting was held to discuss the growth (goal) areas for the 2023/2 | 2024 work year.  |  |
| Employee's Signature:                                                | Date:            |  |
| Supervisor's Signature:                                              | Date:            |  |

# **Classified Support Evaluation Summary Worksheet**

| Employee:   |                                     | Position:    |                           |                 | 2023-2024     |   |
|-------------|-------------------------------------|--------------|---------------------------|-----------------|---------------|---|
| Employee #: |                                     | Evaluator:   |                           |                 | Building:     |   |
|             |                                     | Failing<br>0 | Needs<br>Improvement<br>1 | Proficient<br>2 | Distinguished |   |
| Doi         | nain 1: Job Knowledge/Skills        |              |                           |                 |               |   |
| 1a.         | Use of Available Resources          |              |                           |                 |               | 0 |
| 1b.         | Skill Competency *                  |              |                           |                 |               | 0 |
| 1c.         | Problem Solving                     |              |                           |                 |               | 0 |
|             | Domain 1: Overall Score             |              |                           |                 |               | 0 |
| Doi         | main 2: Interpersonal Relationships |              |                           |                 |               |   |
| 2a.         | Service-Oriented Approach *         |              |                           |                 |               | 0 |
| 2b.         | Team-Oriented Approach              |              |                           |                 |               | 0 |
| 2c.         | Communication *                     |              |                           |                 |               | 0 |
| 2d.         | Work Coordination/Task Completion   |              |                           |                 |               | 0 |
|             | Domain 2: Overall Score             |              |                           |                 |               | 0 |
| Doi         | main 3: Work Habits                 |              |                           |                 |               |   |
| 3а.         | Responsiveness *                    |              |                           |                 |               | 0 |
| 3b.         | Quality of Work                     |              |                           |                 |               | 0 |
| 3c.         | Quantity of Work                    |              |                           |                 |               | 0 |
| 3d.         | Decision-Making                     |              |                           |                 |               | 0 |
| 3e.         | Ability/Willing to Learn            |              |                           |                 |               | 0 |
| 3f.         | Safety and Security                 |              |                           |                 |               | 0 |
|             | Domain 3: Overall Score             |              |                           |                 |               | 0 |
| Doı         | main 4: Professionalism             |              |                           |                 |               |   |
|             | District Policies/Procedures        |              |                           |                 |               | 0 |
|             | Handling Stressful Situations       |              |                           |                 |               | 0 |
|             | Managing Change and Improvement     |              |                           |                 |               | 0 |
| 4d.         | Professional Growth                 |              |                           |                 |               | 0 |
| 4e.         | Confidentiality                     |              |                           |                 |               | 0 |
| 4f.         | Dependability and Attendance        |              |                           |                 |               | 0 |
| 4g.         | Goal Oriented *                     |              |                           |                 |               | 0 |
|             | Domain 4: Overall Score             |              |                           |                 |               | 0 |
|             |                                     |              | Total                     | Score for I     | Domains 1-4   | 0 |
|             |                                     |              |                           |                 |               |   |
|             | Signature of Employees              |              |                           | Data            |               |   |

| Signature of Evaluator: | Date: |
|-------------------------|-------|
| Additional Comments:    |       |
|                         |       |
|                         |       |
|                         |       |
|                         |       |
|                         |       |
|                         |       |
|                         |       |

<sup>\*</sup> Score is doubled for these components.

# CLASSIFIED SUPPORT PERFORMANCE CATEGORIES

#### Exemplary 66-75

The exemplary employee consistently performs at an exceptional level of effectiveness in achieving goals and ongoing work responsibilities; creatively solves problems; and contributes positively to the District. The exemplary employee regularly seeks opportunities to increase job knowledge and skills and applies new knowledge to improve performance of self and the team. Ratings at this level require examples of exceptional accomplishments and how the individual contributed significantly toward school or department growth.

#### High Performing 58-65

The high performing employee proactively meets and frequently exceeds expectations in regard to goals and ongoing position responsibilities; makes a significant contribution to achieving building/department goals; increases job knowledge and skills and applies new knowledge to improve performance. The high performing employee consistently meets or exceeds District competencies at the expected level or above. Ratings at this level require examples of how the individual's performance contributes to school or department growth.

#### Meets Expectations 48-57

In order to earn a meets expectations rating, the employee must consistently meet job expectations and accomplish goals and ongoing work responsibilities; be successful in terms of expected work output, quantity/quality and contribute to the building/department's success. The employee readily adjusts to changing situations and additional work; successfully addresses problems and improves processes. Ratings at this level require examples of meeting goal accomplishments and work responsibilities.

#### Developing 42-47

In order to earn a developing rating, the employee must complete some, but not all, of the key tasks and objectives necessary to achieve goals. The employee partially demonstrates the competencies and knowledge required to fully accomplish the job and produces an outcome that partially meets the job expectations. The employee requires some close supervision toward achieving goals and meeting job responsibilities. Ratings at this level require examples of partially meeting goal accomplishments and work responsibilities.

#### Does Not Meet Expectations 41 or less

In order to earn a does not meet expectations rating, the employee must be inconsistent in job performance related to goal achievement, quality, quantity of work and/or the individual is not yet technically proficient or does not show sustained and continuing progress toward achieving proficiency, ongoing work results, or goals. The employee frequently needs assistance, requires more supervision, and/or deadlines may be missed; work may need to be or has been modified or reassigned to others. Ratings at this level are based upon previous documentation of performance issues during the review period and require illustrations of ongoing or sustained improvement needed. Employees at this level will be placed on an improvement plan.

# CLASSIFIED SUPPORT EMPLOYEE APPEAL PROCESS

Should an employee be dissatisfied with an evaluation, that employee may initiate an appeal, utilizing the following appeal procedure. Differences may arise because of an honest difference of opinion, an error in judgment, an oversight, or a misinterpretation and it is the intent of the appeal procedure to settle differences as promptly as possible.

- 1. An employee shall present an appeal in writing to the supervisor who issued the report. The appeal must be filed within five (5) working days\* of the date the employee is informed of the report and shall state in clear, specific terms the reason for the appeal.
- 2. If the appeal has been presented in accordance with Step 1 above, and the matter has not been satisfactorily settled within ten (10) working days subsequent to the employee's being informed of the evaluation, the employee shall present the appeal in writing to the Superintendent or his designee. The appeal to the Superintendent must be presented within fifteen (15) working days of the employee being informed of the report or rating.

<sup>\*</sup> A working day is one that the District office is open for business.

#### BACKGROUND CLEARANCE RENEWAL

All school employees are required to renew their background clearances every 60 months. This clearance renewal requirement is a condition of continued employment and is done at the employee's expense. Information on how to go about renewing the three clearances is available on the employment page of the District website.

#### EMPLOYEE ACCESS CENTER

Biweekly payroll information is accessible via the District's online Employee Access Center (EAC). The EAC enables employees to view personalized demographic, attendance, and payroll information through a centralized online location.

Employees who have recently moved or would like to change the phone number used for automated calls should log into the Employee Access Center (EAC) to make the necessary changes to the demographic information they have on file with the District. A link to the EAC may be found on the District web site (under the Staff button). To access the EAC, employees use their employee number as their User ID, and if they have never logged into the EAC before, the last four digits of their social security number as their password. Once in the EAC, employees may change their password.

Employees who make a change to their address in the EAC should also complete the Residency Certification Form on the Tax Information page. A link to the Tax Information page where the form may be found is conveniently located on the demographic page to expedite that process for employees. (See the yellow highlighted information at the top of the page.)

#### POLICIES REGARDING BEHAVIOR

All employees employed by a public school in Pennsylvania are subject to provisions of the Public School Code of 1949, as amended. Section 514 of the Code specifically details "incompetency, intemperance, neglect of duty, violation of any of the school laws of the Commonwealth, and other improper conduct" as grounds for disciplinary action.

In addition, employees are subject to the provisions of the Policy Manual published by the Board of School Directors. The manual is available on the District web site at <a href="www.wssd.k12.pa.us">www.wssd.k12.pa.us</a>. Employees are encouraged to read and become familiar with the sections of the Policy Manual that pertain to their job.

Important policies that everyone should review annually are Weapons; Tobacco/Nicotine; Discrimination/Title IX Sexual Harassment Affecting Staff; Hazing; Drug & Substance Abuse; and Maintaining Professional Adult/Student Boundaries. A brief synopsis of these policies is included below.

#### Weapons

The policy bans at all times the presence of weapons in its buildings and grounds. When weapons are found on school property, the District will intervene to remove the weapons and prosecute.

#### Tobacco/Nicotine

This policy prohibits use of tobacco, nicotine, and nicotine delivery products by District employees in a school building and on any property, buses, vans, and vehicles that are owned, leased, or controlled by the School District. The policy also prohibits use of tobacco, nicotine, and nicotine delivery products by District employees at school-sponsored activities that are held off school property.

#### Discrimination/Title IX Sexual Harassment Affecting Staff

The West Shore School District does not discriminate against any person in any of its business or educational activities, including but not limited to any employment practice, student related matter, or contracting activity.

The District will provide to all persons equal access to all categories of employment in this District, regardless of race, age, color, creed, religion, sex, gender, gender identity, sexual orientation, ancestry, genetic information, marital status, pregnancy, national origin, handicap/disability, or differently-abled status, in accordance with state and federal laws governing educational and vocational programs and in its recruitment and employment practices. The District shall make reasonable accommodations for identified physical and mental impairments that constitute disabilities, consistent with the requirements of federal and state laws and regulations.

The Board also declares it to be the policy of this District to comply with federal law and regulations under Title IX prohibiting sexual harassment, which is a form of unlawful discrimination on the basis of sex. Such discrimination shall be referred to throughout this policy as Title IX sexual harassment. Inquiries regarding the application of Title IX to the District may be referred to the Title IX Coordinator, to the Assistant Secretary for Civil Rights of the U.S. Department of Education, or both.

The Board encourages employees and third parties who believe they or others have been subject to Title IX sexual harassment, other discrimination or retaliation to promptly report such incidents to the building administrator. A person who is not an intended victim or target of discrimination but is adversely affected by the offensive conduct may file a report of discrimination.

The District has established Title IX personnel to promptly respond to concerns and reports of sexual harassment and assault. All investigations into reports of sexual harassment and assault will be impartial, free of bias and conflicts, and will not prejudge the facts for either side. The District strives to maintain an environment where all students, staff, and greater community feel safe.

For more information, please contact the Mrs. Vangie Unti, Compliance Officer and Title IX Coordinator; 507 Fishing Creek Road, Lewisberry, PA 17339, eunti@wssd.k12.pa.us, telephone (717) 938-9577.

The Board prohibits retaliation by the District or any other person against any person for:

- 1. Reporting or making a formal complaint of any form of discrimination or retaliation, including Title IX sexual harassment.
- 2. Testifying, assisting, participating or refusing to participate in a related investigation, process or other proceeding or hearing.
- 3. Acting in opposition to practices the person reasonably believes to be discriminatory.

The District, its employees and others are prohibited from intimidating, threatening, coercing, or discriminating against anyone for actions described above. Individuals are encouraged to contact the Title IX Coordinator immediately if they believe retaliation has occurred. A complaint of retaliation shall be handled in the same manner as a complaint of discrimination.

#### **Hazing**

The purpose of this policy is to maintain a safe, positive environment for students and staff that is free from hazing. Hazing activities of any type are inconsistent with the educational goals of the District and are prohibited at all times. No student, parent/guardian, coach, sponsor, advisor, volunteer or District employee shall engage in, condone, or ignore any form of hazing. Students, parents/guardians, coaches, sponsors, advisors, volunteers, and District employees shall be alert to incidents of hazing and shall immediately report such conduct to the building principal.

#### Drug & Substance Abuse

This policy speaks to the concern of the Board about the problems that may be caused by employee drug use, especially as it relates to their health and interactions with students and other employees.

#### Maintaining Professional Adult/Student Boundaries

All adults shall be expected to maintain professional, moral, and ethical relationships with District students that are conducive to an effective, safe learning environment. This policy addresses a range of behaviors that are prohibited for employees and other adults when interacting with students.

# REQUIRED REPORTING OF CRIMINAL CHARGES

All employees are required to report to their direct supervisor any criminal charges or convictions upon their return to work or within seventy-two hours, whichever comes first. Failure to do so may result in disciplinary action up to and including termination of employment.

Additionally, Act 24 of 2011 requires all school employees to provide written notice, via the PDE 6004 form, within 72 hours of any arrest or conviction of offenses outlined in Section 111(e) and (f.1) of the Pennsylvania Public School Code. A copy of the PDE-6004 form may be found on the District website under "Forms-Business Office and HR" within the staff section of the website. The list of reportable offenses is provided. Failure to report such offenses may result in disciplinary action up to and including termination of employment.

#### LIST OF REPORTABLE OFFENSES

#### A reportable offense enumerated under 24 P.S. §1-111(e) consists of any of the following:

- (1) An offense under one or more of the following provisions of Title 18 of the Pennsylvania Consolidated Statutes:
  - Chapter 25 (relating to criminal homicide)
  - Section 2702 (relating to aggravated assault)
  - Section 2709.1 (relating to stalking)
  - Section 2901 (relating to kidnapping)
  - Section 2902 (relating to unlawful restraint)
  - Section 2910 (relating to luring a child into a motor vehicle or structure)
  - Section 3121 (relating to rape)
  - Section 3122.1 (relating to statutory sexual assault)
  - Section 3123 (relating to involuntary deviate sexual intercourse)
  - Section 3124.1 (relating to sexual assault)
  - Section 3124.2 (relating to institutional sexual assault)
  - Section 3125( relating to aggravated indecent assault)
  - Section 3126 (relating to indecent assault)
  - Section 3127 (relating to indecent exposure)
  - Section 3129 (relating to sexual intercourse with animal)
  - Section 4302 (relating to incest)
  - Section 4303 (relating to concealing death of child)

- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301(a)(1) (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)
- Section 6318 (relating to unlawful contact with minor)
- Section 6319 (relating to solicitation of minors to traffic drugs)
- Section 6320 (relating to sexual exploitation of children)
- (2) An offense designated as a felony under the act of April 14, 1972 (P.L. 233, No. 64), known as "The Controlled Substance, Drug, Device and Cosmetic Act."
- (3) An offense SIMILAR IN NATURE to those crimes listed above in clauses (1) and (2) under the laws or former laws of:
  - the United States: or
  - one of its territories or possessions; or
  - · another state; or
  - the District of Columbia: or
  - the Commonwealth of Puerto Rico; or
  - a foreign nation; or
  - under a former law of this Commonwealth.

#### A reportable offense enumerated under 24 P.S. §1-111(f.1) consists of any of the following:

- (1) An offense graded as a felony offense of the first, second or third degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (10) ten years has elapsed from the date of expiration of the sentence for the offense.
- (2) An offense graded as a misdemeanor of the first degree, other than one of the offenses enumerated under 24 P.S. §1-111(e), if less than (5) five years has elapsed from the date of expiration of the sentence for the offense.
- (3) An offense under 75 Pa.C.S. § 3802(a), (b), (c) or (d)(relating to driving under influence of alcohol or controlled substance) graded as a misdemeanor of the first degree under 75 Pa.C.S. § 3803 (relating to grading), if the person has been previously convicted of such an offense and less than (3) three years has elapsed from the date of expiration of the sentence for the most recent offense.

# CLASSIFIED SUPPORT EMPLOYEE APPLICABILITY OF EXISTING POLICIES

Unless otherwise specified in the *Classified Support Employees' Handbook*, all Board policies applicable to Support Services Personnel shall apply to Classified Support Personnel.

#### **Electronic Communications**

**Board Policy 815** – Violation of the Acceptable Use of Computing Resources and the Internet policy may result in disciplinary action up to and including recommendation for the termination of employment.

**Third Party Equipment** – The use of non-district purchased computing and/or electronic equipment including but not limited to printers, computers, and hand-held devices in conjunction with District resources is prohibited without consent of the Technology and Media Services Department. In some buildings, personal devices can access network resources using the designated Wi-Fi networks. Otherwise, all requests should be initiated through the building principal/supervisor. For purposes of this section, the term "in conjunction with" means electronic transfer of data from one device to another.

#### **Posting Electronic-Based Information**

- The use of electronic devices to take photographs, or to record audio or video at any time during the school day or at any school sponsored event that is not open to the general public is prohibited, unless the building administrator has authorized the photograph or recording for educational or instructional purposes.
- Descriptions of events or accounts involving students and/or employees should be positive in tone and not derogatory in any way.

#### **Electronic Mail and/or Messaging Policy**

- The District is not responsible for the content of unsolicited electronic communications.
- Electronic communication accounts (e-mail) are provided for professional use only.
- E-mail is not a secure form of communication. It is impossible to verify either the sender or the recipient or to restrict dissemination of electronic communications. Therefore, communication via electronic means should be limited to factual information pertaining to topics directly related to the performance of an employee's related duties.

#### **Personal Cell Phone Use Guidelines**

Given the pervasive use of cell phones in our society, it is necessary for employers to establish practices and procedures for personal cell phone use in the workplace. Personal business should be conducted outside the work day; however, emergency situations may warrant a readily accessible cellular telephone.

The following guidelines shall be followed for the use of personal cell phones during the workday:

• Employees may possess personal cell phones on school district property. They may not be used in the presence of students during normal working hours under normal conditions.

- Sounding devices must be turned off at all times. Incoming or outgoing calls must be limited to emergency issues only.
- Unless there is an emergency situation, all outgoing calls shall be made during scheduled break or lunch times and out of the line of sight and hearing range of students and coworkers.
- A cell phone may always be used for communication purposes during emergencies.
- If an employee successfully contacts an emergency services provider during a crisis situation, the employee should not hang up the telephone at the end of the call. The employee should stay on the telephone line and keep the line open in order to provide additional information.
- It is permissible for a District employee to use another person's cell phone in the event of a school emergency.
- Use of a cell phone while operating machinery or driving a District vehicle is strictly prohibited.
- The District is not responsible for damage to the personal cell phone of an employee.
- A violation of the cell phone use guidelines may subject an employee to disciplinary action.

# West Shore School District - AED Defibrillator Campus Locations

<u>Building</u> <u>Location</u>

Cedar Cliff High School\* Athletic Training Room (2 one travels with trainer)

Outside Auditorium Outside Cafeteria

1st floor ramp between Planetarium and main building

Red Land High School\* Athletic Training Room (2 one travels with trainer)

Main Gym Main Office Library

Field House (outside)

Allen Middle School\* Outside the Main Office

Crossroads Middle School\* Outside Nurse's Office

Rear Lobby at Entrance of Cafeteria

Concession Stand (comes in during the winter months)

New Cumberland Middle School\* Outside the Auditorium

Outside the Gym Lobby

Fairview Elementary School\* Outside Main Office

Fishing Creek Elementary School\* Outside Office in Hallway

Highland Elementary School\* Main Hallway between Gym and Cafeteria

Hillside Elementary School\* Outside Gym and Cafeteria

Newberry Elementary School\* Outside Main Office

Red Mill Elementary School\* Main Office

Hallway Outside of the Gym

Rossmoyne Elementary School\* Hallway by Nurse's Office

Washington Heights Elementary School\* Main Lobby by Main Office

District Facilities

Administration Center for Education Hallway outside Print Shop (Stop the Bleed kit)

Lowther Field Concession Stand (comes in during the winter months)

Natatorium Pool Deck

Stadium Boys' Team Room (comes in during the winter months) with Stop

the Bleed kit in main concession.

Transportation Center Hallway over the Water Fountain

<sup>\*</sup>Indicates presence of Stop the Bleed kit in main area of office. High schools have Stop the Bleed in every classroom.

#### RETURN-TO-WORK PROGRAM PHILOSOPHY

#### **EMPLOYEES ARE OUR MOST IMPORTANT ASSETS!**

West Shore School District's Return-To-Work Program is based on the assumption that there is nothing more important than our employees. When an employee loses time from his or her job as a result of poor health or accidents, or is unable to return to work due to these conditions, everyone loses.

- The employee loses contact with his/her friends, relationships with coworkers, income, benefits and, most importantly, self-esteem, which is often so closely tied to employment.
- West Shore School District loses a valuable employee.

#### **OUR PROGRAM**

In order to meet our goal of enabling employees to return to productive employment as rapidly as possible, West Shore School District takes the following steps:

- We will work with the treating provider from the employee's first medical appointment to discuss the physical demands of the employee's regular job, or the demands of alternative temporary tasks. Every effort is made to enable the employee to return to work either immediately or in the very near future.
- We maintain contact on each case on a regular basis with the healthcare provider to see if an enhanced release can be obtained or whether alternate tasks or additional hours of duty can be approved safely.
- We meet with the healthcare provider immediately if permanent limitations of any kind are projected to determine if these will, in any way, affect the employee's ability to return to his or her regular job or to determine whether we need to consider permanent modifications or other alternatives.

Because everyone loses when an employee must be temporarily or permanently off the job, it stands to reason that everyone wins when employees are returned to work as quickly as medically possible and become productive, in even a small way, as soon as possible after injury.

# Report Workplace Injuries in 24 hours

# **Benefits of Early Reporting**

- · Establishes the claim
- Allows claims adjuster to begin management of the claim sooner
- · Speeds delivery of necessary benefits
- · Increases early return-to-work opportunities

# **Reporting the Injury is Easy**

When you call you will be asked to provide the information listed below. If you are not able to provide all the information initially, the minimum information needed is shown in italics:

### **INJURY INFORMATION**

- Date of injury/date of last exposure
- Time of injury
- Description of accident
- Nature of injury
- Witness information (if available)

### **EMPLOYEE INFORMATION**

- Name
- · Social Security Number
- Address
- Phone number
- Date of birth
- Gender
- Marital status
- Employment status
- Primary work location
- Work schedule



To report an injury, please call

717-938-9577

and ask to speak with the
West Shore School District's
Workers' Compensation
Representaive.



#### MEDICAL INSURANCE

- A. Plan Options. Employees shall have the following options with respect to health benefits:
- 1. Option 1: PPO 600 with deductibles of \$600 (employee only) and \$1200 (employee plus one or more family members) and other benefits as are set forth in the Benefit Highlights document attached hereto.
- (a) The employee share of premium costs shall be fifteen percent (15%), provided that the employee (and spouse, where applicable) participate in the Plan's Wellness Program. Without participation in the Wellness Program, the employee share of premium costs shall be twenty percent (20%).
- 2. Option 2: A Qualified High Deductible Health Plan (QHDHP) with a Health Savings Account (HSA) and deductibles of \$2,000.00 (employee only) or \$4,000.00 (employee plus one or more family members) and other provisions as set forth in the Benefit Highlights document attached hereto. The employee share of premium costs shall be ten percent (10.0%). The District shall make contributions to the employee's HSA as follows:
- (a) The District shall contribute either: \$1,250.00 (for employee only coverage) or \$2,500.00 (employee plus one or more family members, provided that the employee (and spouse, where applicable) participate in the Plan's Wellness Program. Without participation in the Wellness Program, the District's contribution to the employee's HSA shall be: \$750.00 (for employee only coverage); or \$1,500.00 (for coverage for the employee plus one or more family members). The District's standard contribution to an Employee's HSA shall be payable in lump sum and processed with the first payroll in January of each year. The District's enhanced contribution to an Employee's HSA for participation in the Wellness Program shall be payable in lump sum on or before January 31st of each year for Employees who elect to participate in the Wellness Program. To qualify for the enhanced contribution, the Employee (and the Employee's spouse, if enrolled) must provide written confirmation of completion of the requirements for participation in the Wellness Program no later than December 31st of the preceding year. In the event of the termination of employment for any reason, no additional District contribution shall be made after the effective date of such termination.
- (b) Proration of District contribution for new hires is shown in the chart below.

| First Day of Employment  | Percentage of Full     | Percentage of Full Contribution* |  |  |
|--------------------------|------------------------|----------------------------------|--|--|
|                          | School Year Employment | Full Year Employment             |  |  |
| On or before January 31  | 100%                   | 100%                             |  |  |
| February 1 – March 31    | 80%                    | 90%                              |  |  |
| April 1 – May 31         | 65%                    | 75%                              |  |  |
| June 1 – July 31         | 50%                    | 60%                              |  |  |
| August 1 – September 30  | 35%                    | 45%                              |  |  |
| October 1- November 30   | 20%                    | 30%                              |  |  |
| December 1 – December 31 | 10%                    | 15%                              |  |  |

<sup>\*</sup>Employees hired on a temporary basis (e.g., one semester) shall be entitled to an Employer contribution prorated on the basis of their period of employment as a percentage of the full (calendar) year, as the case may be.

Employer contributions will be paid in lump sum, within thirty (30) days of the first day of employment.

- 3. <u>Monthly Service Fee.</u> The District shall pay the cost of the monthly service fee (if any) that may be charged by the administrator of the HSA account; to the extent there may be other fees associated with the HSA accounts, such fees are the responsibility of the employee/owner of the account.
- 4. <u>Wellness Program</u>. The requirements of the Wellness Program are set forth and attached hereto as Appendix E.
- B. <u>Classifications of Coverage</u>. The costs for both plans will be structured with five (5) tiers as follows:
  - 1. Employee only
  - 2. Employee + 1 child
  - 3. Employee + 2 or more children
  - 4. Employee + spouse
  - 5. Family
- C. <u>Spousal Coverage</u>. Spouses of employees who are employed and are eligible to obtain health benefits under a plan that is compliant with the Affordable Care Act ("ACA") through that employment shall be ineligible to participate in either of the above health plans provided by the District (irrespective of whether the employer is subject to the ACA). Spouses who are not employed or who are employed but not eligible for qualifying health benefits through that employment shall, along with the employee, complete and sign an Affidavit confirming that the spouse is either: (a) not employed; or (b) employed but not eligible for health benefits provided by that entity. The Affidavit shall include authorization for the District to verify any information provided in the Affidavit. The form of the Affidavit is attached hereto as Appendix F.
- D. <u>Cadillac Tax Avoidance</u>. Under no circumstances shall the District provide a plan of health benefits that would subject such plan to the Excise or "Cadillac" Tax provisions of the Affordable Care Act (ACA".) In the event the District's actuarial consulting firm determines that either of the plans referenced above may be subject to such provisions, the District shall make such changes to the plan or plans as are necessary to avoid any and all liability for such Excise Tax.

### West Shore School District Wellness Incentive Program

West Shore School District is running a Wellness Incentive Program that you and/or your enrolled spouse are to complete in order to receive additional funds into your Health Savings Account (HSA) or for employees enrolled in the PPO to avoid the 5% increase in employee contribution. Below are the required activities that you and/or your enrolled spouse will need to complete in order to receive your additional HSA dollars or maintain the lower employee contribution.

### Complete the following activities to earn additional funding into your HSA.

- 1. Voluntary completion of Capital BlueCross online Health Assessment
  - a. Please follow the step by step instructions we provided if you need assistance on accessing and completing your Health Assessment on the Capital BlueCross website.
  - b. The Capital BlueCross Health Assessment includes questions about past and current medical conditions, health behaviors like exercise and smoking, and current or recent blood pressure, weight, height, and cholesterol. The value of the Personal Profile depends upon your truthfulness and accuracy in answering the questions. Your answers are the most important component in identifying your risk factors, detecting areas for improvement, and pointing out your current positive behaviors. Please note: West Shore School District is not provided the individual results of the Heath Assessment and all information is HIPAA protected through Capital BlueCross.
  - c. Following completion of the Health Assessment, you will be able to view your results with your name and date completed, please print this and turn into the business office by December 31<sup>st</sup>.

### 2. Yearly Physical

a. You will need to have the Physical Certification Form completed by your physician and turned into the business office by December 31<sup>st</sup>.

Please note: The annual physical does NOT have a pass/fail requirement.

Spouses enrolled in the medical plan are required to complete both activities to receive the Wellness incentive.

If you have any questions after reviewing this information please free to contact BSI Corporate Benefits at 1-866-274-2363.



# West Shore School District Physical Certification Form

| I                        | certify that I was seen by my physician on |
|--------------------------|--------------------------------------------|
| to obtain an annual phy  | sical.                                     |
|                          |                                            |
|                          |                                            |
|                          |                                            |
| Employee Name (if phy    | sical is for spouse)                       |
|                          |                                            |
|                          |                                            |
| Dationt Cianatum         |                                            |
| Patient Signature        |                                            |
|                          |                                            |
|                          |                                            |
| Physician Signature      |                                            |
|                          |                                            |
|                          |                                            |
|                          |                                            |
|                          |                                            |
|                          |                                            |
|                          |                                            |
|                          |                                            |
| School District Use Only | <u> </u>                                   |
| Cf' II141- A             | and have been assumed as Manage No.        |
| Confirm Health Assessm   | ent has been completed: Yes or No          |
| Deposit Wellness Dollars | into employee HSA Account:                 |
| Date Deposited           | Amount                                     |



# Capital 🐯

# BENEFIT HIGHLIGHTS WSSD QHDHP PPO 2000 PLAN

### CapitalBlueCross.com

### **West Shore School District**

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your Benefits Booklet for complete details.

| YOUR MEDICAL PLAN SU                                                                                                                                                                                                                        | JMMARY OF COST SHARING                                      |                                                           |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------|--|
|                                                                                                                                                                                                                                             | Member Responsibilities                                     |                                                           |  |
|                                                                                                                                                                                                                                             | If provider is in-network                                   | If provider is out-of-network                             |  |
| Deductible (per benefit period) Deductible is combined to include medical and prescription drug benefits for in-network providers. If you enroll in a family plan, the overall family deductible must be met before the plan begins to pay. | \$2,000 per member<br>\$4,000 per family                    | \$4,000 per member<br>\$8,000 per family                  |  |
| Coinsurance (Percentage you pay after your network deductible is met. Out-of-network coinsurance is applied after deductible for professional claims, but applies before deducible for facility claims.)                                    | No member coinsurance after deductible                      | 20% coinsurance after deductible                          |  |
| Out-of-pocket maximum (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible, copayments and coinsurance for medical including ER and prescription drug for in-network providers only.)      | \$4,000 per member<br>\$8,000 per family                    | \$8,000 per member<br>\$16,000 per family                 |  |
| Office Visit / Urgent Care /                                                                                                                                                                                                                | Emergency Room Copayments                                   |                                                           |  |
| VirtualCare (non-specialist) visits—delivered via the Capital Blue Cross VirtualCare platform                                                                                                                                               | Not covered                                                 | Not covered                                               |  |
| Office visits and consultations (in-person & telehealth)—performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic                                                                      | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Specialist office visits (in-person, telehealth & via the Capital Blue Cross<br>VirtualCare platform)                                                                                                                                       | No charge after deductible<br>Virtual Care-Not covered      | 20% coinsurance after deductible Virtual Care-Not covered |  |
| Urgent care services                                                                                                                                                                                                                        | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Emergency room                                                                                                                                                                                                                              |                                                             | e after deductible                                        |  |
|                                                                                                                                                                                                                                             | ntive Care                                                  |                                                           |  |
| Pediatric and adult preventive care                                                                                                                                                                                                         | No charge, waive deductible                                 | 20% coinsurance after deductible                          |  |
| Screening gynecological exam and pap amear (one per benefit period)                                                                                                                                                                         | No charge, waive deductible                                 | 20% coinsurance, waive deductible                         |  |
| Screening mammogram (one per benefit period)                                                                                                                                                                                                | No charge, waive deductible                                 | 20% coinsurance, waive deductible                         |  |
| Facility / Su                                                                                                                                                                                                                               | ırgical Services                                            |                                                           |  |
| npatient hospital room and board                                                                                                                                                                                                            | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Acute inpatient rehabilitation (60 days per benefit period)                                                                                                                                                                                 | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Skilled nursing facility (100 days per benefit period)                                                                                                                                                                                      | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Maternity services and newborn care                                                                                                                                                                                                         | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Surgical procedure and anesthesia (professional charges)                                                                                                                                                                                    | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Outpatient surgery at ambulatory surgical center (facility charge only)                                                                                                                                                                     | No charge after deductible                                  | Not covered                                               |  |
| Outpatient surgery at acute care hospital (facility charge only)                                                                                                                                                                            | No charge after deductible 20% coinsurance after deductible |                                                           |  |
| Diagnos                                                                                                                                                                                                                                     | tic Services                                                |                                                           |  |
| High tech imaging (such as MRI, CT, PET)                                                                                                                                                                                                    | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Radiology (other than high tech imaging)                                                                                                                                                                                                    | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Independent laboratory                                                                                                                                                                                                                      | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Facility-owned laboratory (i.e. Health System owned)                                                                                                                                                                                        | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Diagnostic mammogram                                                                                                                                                                                                                        | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Therapy Services (Rehabili                                                                                                                                                                                                                  | tative and Habilitative Services)                           |                                                           |  |
| Physical therapy                                                                                                                                                                                                                            | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Occupational therapy (12 visits per benefit period)                                                                                                                                                                                         | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Speech therapy (12 visits per benefit period)                                                                                                                                                                                               | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Respiratory therapy                                                                                                                                                                                                                         | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Manipulation therapy (20 visits per benefit period)                                                                                                                                                                                         | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Acupuncture                                                                                                                                                                                                                                 | Not covered                                                 | Not covered                                               |  |
| Mental Health (MH) and Subst                                                                                                                                                                                                                | ance Use Disorder Services (SUD)                            |                                                           |  |
| MH inpatient services                                                                                                                                                                                                                       | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| MH outpatient services                                                                                                                                                                                                                      | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| SUD detoxification inpatient                                                                                                                                                                                                                | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| SUD rehabilitation outpatient                                                                                                                                                                                                               | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Additio                                                                                                                                                                                                                                     | nal Services                                                |                                                           |  |
| Home healthcare services (90 visits per benefit period)                                                                                                                                                                                     | No charge after deductible                                  | 20% coinsurance after deductible                          |  |
| Durable medical equipment and supplies                                                                                                                                                                                                      | No charge after deductible                                  | 20% coinsurance after deductible                          |  |

| Prosthetic appliances | No charge after deductible | 20% coinsurance after deductible |
|-----------------------|----------------------------|----------------------------------|
| Orthotic devices      | No charge after deductible | 20% coinsurance after deductible |

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. An independent licensee of the Blue Cross Blue Shield Association.

|                                                                                                                              | Member Responsibilities                                                                                                                                                                                                                         |                                 |                               |                                            |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|--------------------------------------------|
|                                                                                                                              | If provider is in-network If provider is in-network \$2,000 single coverage \$4,000 family coverage                                                                                                                                             |                                 | If provider is out-of-network |                                            |
| <b>Deductible</b> (includes medical and prescription drug benefits for innetwork providers)                                  |                                                                                                                                                                                                                                                 |                                 |                               | Not covered                                |
|                                                                                                                              | Retail pharmacy<br>(up to a 31-day supply)                                                                                                                                                                                                      |                                 | delivery<br>)-day supply)     | Specialty pharmacy (up to a 30-day supply) |
| Prescription drug tier                                                                                                       |                                                                                                                                                                                                                                                 |                                 |                               |                                            |
| Generic preferred                                                                                                            | \$15 copayment after deductible                                                                                                                                                                                                                 | \$15 copayı<br>deductible       | ment after                    | \$15 copayment after deductible            |
| Generic nonpreferred                                                                                                         | \$15 copayment after deductible                                                                                                                                                                                                                 | \$15 copayı<br>deductible       | ment after                    | \$15 copayment after deductible            |
| Brand preferred                                                                                                              | \$30 copayment after deductible                                                                                                                                                                                                                 | \$30 copayı<br>deductible       | ment after                    | \$30 copayment after deductible            |
| Brand nonpreferred                                                                                                           | \$45 copayment after deductible                                                                                                                                                                                                                 | \$45 copayment after deductible |                               | \$45 copayment after deductible            |
| Contraceptives* (self-administered)                                                                                          | ·                                                                                                                                                                                                                                               |                                 |                               |                                            |
| Generic                                                                                                                      | \$0 copayment                                                                                                                                                                                                                                   | \$0 copaymer                    | nt                            | Not covered                                |
| Select brands (no generic equivalent available)                                                                              | \$0 copayment                                                                                                                                                                                                                                   | \$0 copayment                   |                               | Not covered                                |
| Brand preferred                                                                                                              | \$30 copayment after deductible                                                                                                                                                                                                                 | \$30 copayment after deductible |                               | Not covered                                |
| Brand nonpreferred                                                                                                           | \$45 copayment after deductible                                                                                                                                                                                                                 | \$45 copayment after deductible |                               | Not covered                                |
| Additional pharmacy benefits/details                                                                                         |                                                                                                                                                                                                                                                 |                                 |                               |                                            |
| <b>Network</b> (for specialty pharmacy information please refer to the guide to Rx benefits at <b>CapitalBlueCross.com</b> ) | Broad Plus                                                                                                                                                                                                                                      |                                 |                               |                                            |
| Formulary                                                                                                                    | Elite                                                                                                                                                                                                                                           |                                 |                               |                                            |
| \$0 preventive Rx coverage                                                                                                   | No charge                                                                                                                                                                                                                                       |                                 |                               |                                            |
| Generic Substitution Program                                                                                                 | Restrictive generic substitution—In addition to the coinsurance/ copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) unless the physician requests the brand be dispensed. |                                 |                               |                                            |
| Extended Supply Network (ESN)                                                                                                | Members have the ability to obtain covered drugs for up to a 90-day supply at in-network retripharmacies.                                                                                                                                       |                                 |                               |                                            |

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.

\*Certain preventive contraceptives are required to be covered at no cost to you when filled at an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network pharmacies are not applied to the out-of-pocket maximum. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost-sharing amount may apply to the facility fee.

Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Voice activated paper



#### **BENEFIT HIGHLIGHTS**

**West Shore School District** 

# Capital 🐯

### **WSSD PPO 600 Plan**

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your Benefits Booklet for complete details.

CapitalBlueCross.com

| YOUR MEDICAL PLAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SUMMARY OF COST SHAR                     | ING                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Member Responsibilities                  |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | If provider is in-network                | If provider is out-of-network                        |  |
| <b>A a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a b a a b a a b a a b a a b a a b a a b a a b a a b a a b a a b a</b> | \$600 per member                         | \$1,800 per member                                   |  |
| Deductible (per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$1,200 per family                       | \$3,600 per family                                   |  |
| Coinsurance (Percentage you pay after your in-network deductible is met.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          | Professional 20% coinsurance <b>after</b> deductible |  |
| Out-of-network coinsurance is applied after deductible for professional claims, but                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t 0% coinsurance <b>after</b> deductible | Facility 20% coinsurance <b>after</b> deductible     |  |
| applies before deductible for facility claims.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | 1 acility 20 % coilisulance after deductible         |  |
| Out-of-pocket maximum (The most you pay per benefit period, after which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$6,350 per member                       | \$5,400 per member                                   |  |
| benefits are paid at 100%. This includes deductible, copayments and coinsurance<br>for medical including ER and prescription drug, for in-network providers only.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$12,700 per family                      | \$10,800 per family                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | re / Emergency Room Copayments           |                                                      |  |
| VirtualCare (non-specialist) visits—delivered via the Capital Blue Cross VirtualCare platform  Office visits and consultations (in person 8 talehealth), performed by a family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Not Covered                              | Not covered                                          |  |
| Office visits and consultations (in-person & telehealth)—performed by a family                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                      |  |
| practitioner, general practitioner, internist, pediatrician network retail clinic or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$35 copayment per visit                 | 20% coinsurance after deductible                     |  |
| in-person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | φ33 copayment per visit                  | 20 % combanance after deductible                     |  |
| Specialist office visits (in-person, telehealth & via the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$45 copayment per visit                 | 20% coinsurance after deductible                     |  |
| Capital Blue Cross VirtualCare platform)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Virtual Care-Not Covered                 | Virtual Care-Not covered                             |  |
| Urgent care services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$50 copayment per visit                 | 20% coinsurance after deductible                     |  |
| Emergency room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | ent per visit, waived if admitted                    |  |
| · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | reventive Care                           | ,                                                    |  |
| Pediatric and adult preventive care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No charge                                | 20% coinsurance                                      |  |
| Screening gynecological exam and pap smear (one per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No charge                                | 20% coinsurance, waive deductible                    |  |
| Screening mammogram (one per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No charge                                | 20% coinsurance, waive deductible                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | / Surgical Services                      | 2070 Comparation, Water addaction                    |  |
| Inpatient hospital room and board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | No charge after deductible               | 20% coinsurance                                      |  |
| Acute inpatient rehabilitation (60 days per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No charge after deductible               | 20% coinsurance                                      |  |
| Skilled nursing facility (100 days per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No charge after deductible               | 20% coinsurance                                      |  |
| Maternity services and newborn care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No charge after deductible               | 20% coinsurance                                      |  |
| Surgical procedure and anesthesia (professional charges)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No charge after deductible               | 20% coinsurance                                      |  |
| Outpatient surgery at ambulatory surgical center (facility charge only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No charge after deductible               | Not covered                                          |  |
| Outpatient surgery at acute care hospital (facility charge only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No charge after deductible               | 20% coinsurance                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | gnostic Services                         |                                                      |  |
| High tech imaging (such as MRI, CT, PET)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No charge after deductible               | 20% coinsurance                                      |  |
| Radiology (other than high tech imaging)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No charge after deductible               | 20% coinsurance                                      |  |
| ► Independent laboratory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No charge after deductible               | 20% coinsurance                                      |  |
| Facility-owned laboratory (i.e. Health System owned)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No charge after deductible               | 20% coinsurance                                      |  |
| Diagnostic mammogram                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No charge waive deductible               | 20% coinsurance                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | abilitative and Habilitative Services    |                                                      |  |
| Physical therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$45 copayment per visit                 | 20% coinsurance                                      |  |
| Occupational therapy (12 visits per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$45 copayment per visit                 | 20% coinsurance                                      |  |
| Speech therapy (12 visits per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$45 copayment per visit                 | 20% coinsurance                                      |  |
| Respiratory therapy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No charge after deductible               | 20% coinsurance                                      |  |
| Manipulation therapy (20 visits per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$45 copayment per visit                 | 20% coinsurance                                      |  |
| Acupuncture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Not Covered                              | Not Covered                                          |  |
| · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ubstance Use Disorder Services (SI       |                                                      |  |
| MH inpatient services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No charge after deductible               | 20% coinsurance                                      |  |
| MH outpatient services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No charge waive deductible               | 20% coinsurance                                      |  |
| SUD detoxification inpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No charge after deductible               | 20% coinsurance                                      |  |
| SUD rehabilitation outpatient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | No charge waive deductible               | 20% coinsurance                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | litional Services                        |                                                      |  |
| Home healthcare services (90 visits per benefit period)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No charge after deductible               | 20% coinsurance                                      |  |
| Durable medical equipment and supplies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | No charge after deductible               | 20% coinsurance                                      |  |
| Prosthetic appliances                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No charge after deductible               | 20% coinsurance                                      |  |
| Orthotic devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No charge after deductible               | 20% coinsurance                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | orial go artor doddoliblo                | =0,0 00m0drdm00                                      |  |

Benefits are underwritten by Capital Advantage Assurance Company®, a subsidiary of Capital Blue Cross. An independent licensee of the Blue Cross Blue Shield Association.

### COST SHARING FOR PRESCRIPTION DRUGS DOES NOT APPLY TO THE MEDICAL DEDUCTIBLE SHOWN ON PAGE ONE

| YOUR PRESCRIPTION                                                                                                    | ON DRUG SUMMARY OF CO                                                                                                                                                                                                                           | ST-SHARII      | NG                      |                         |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|-------------------------|
|                                                                                                                      | Member Responsibilities                                                                                                                                                                                                                         |                |                         |                         |
|                                                                                                                      |                                                                                                                                                                                                                                                 |                | vider is out-of-network |                         |
| Deductible (per benefit period)                                                                                      | None Not covered                                                                                                                                                                                                                                |                | Not covered             |                         |
|                                                                                                                      | Retail pharmacy                                                                                                                                                                                                                                 | Н              | lome delivery           | Specialty pharmacy      |
|                                                                                                                      | (up to a 31-day supply)                                                                                                                                                                                                                         | (up to         | a 90-day supply)        | (up to a 90-day supply) |
| Prescription drug tier                                                                                               |                                                                                                                                                                                                                                                 |                |                         |                         |
| Generic preferred                                                                                                    | \$15 copayment                                                                                                                                                                                                                                  | \$15 cop       | ayment                  | \$15 copayment          |
| Generic nonpreferred                                                                                                 | \$15 copayment                                                                                                                                                                                                                                  | \$15 copayment |                         | \$15 copayment          |
| Brand preferred                                                                                                      | \$30 copayment                                                                                                                                                                                                                                  | \$30 copayment |                         | \$30 copayment          |
| Brand nonpreferred                                                                                                   | \$45 copayment                                                                                                                                                                                                                                  | \$45 copayment |                         | \$45 copayment          |
| Contraceptives* (self-administered)                                                                                  |                                                                                                                                                                                                                                                 |                |                         |                         |
| Generic                                                                                                              | \$0 copayment                                                                                                                                                                                                                                   | \$0 copayn     | nent                    | Not covered             |
| Select brands (no generic equivalent available)                                                                      | \$0 copayment                                                                                                                                                                                                                                   | \$0 copayn     | nent                    | Not covered             |
| Brand preferred                                                                                                      | \$30 copayment                                                                                                                                                                                                                                  | \$30 cop       | ayment                  | Not covered             |
| Brand nonpreferred                                                                                                   | \$45 copayment                                                                                                                                                                                                                                  | \$45 cop       | ayment                  | Not covered             |
| Additional Pharmacy Benefits/Details                                                                                 |                                                                                                                                                                                                                                                 |                |                         |                         |
| <b>Network</b> (for specialty pharmacy information please refer to the guide to Rx benefits at CapitalBlueCross.com) | Broad Plus                                                                                                                                                                                                                                      |                |                         |                         |
| Formulary                                                                                                            | Elite                                                                                                                                                                                                                                           |                |                         |                         |
| \$0 preventive Rx coverage                                                                                           | No charge                                                                                                                                                                                                                                       |                |                         |                         |
| Generic substitution program                                                                                         | Restrictive generic substitution—In addition to the coinsurance/ copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) unless the physician requests the brand be dispensed. |                |                         |                         |
| Extended Supply Network (ESN)                                                                                        | Members have the ability to obtain covered drugs for up to a 90-day supply at in-network retail pharmacies.                                                                                                                                     |                |                         |                         |

Deductibles, coinsurance and copayments under this program are separate from any deductibles, coinsurance and copayments required under any other health benefits coverage you may have.

\*Certain preventive contraceptives are required to be covered at no cost to you when filled at an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

In-network providers and pharmacies agree to accept our allowance as payment in full—often less than their normal charge. If you visit an out-of-network provider or pharmacy, you are responsible for paying the deductible, coinsurance and the difference between the out-of-network provider's or out-of-network pharmacy's charges and the allowed amount. Out-of-network providers may balance bill the member. Some out-of-network facility providers are not covered. Deductibles, any differences paid between brand drug and generic drug prices, and any balances paid to out-of-network pharmacies are not applied to the out-of-pocket maximum. In certain situations, a facility fee may be associated with an outpatient visit to a professional provider. Members should consult with the provider of the services to determine whether a facility fee may apply to that provider. An additional cost-sharing amount may apply to the facility fee.

Voice activated paper

Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

# WEST SHORE SCHOOL DISTRICT

# AFFIDAVIT RELATED TO SPOUSAL HEALTH COVERAGE

| The                | e undersigned,                                        | , an employee of the West                                                                                                                               |
|--------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shore Scho         | ool District ("District") an                          | d, the legal                                                                                                                                            |
| spouse of _        |                                                       | hereby certify and affirm that the following                                                                                                            |
| statements apply]: | are true and correct as of                            | the date(s) shown below [place an "x" in the statements which                                                                                           |
|                    |                                                       | is not employed in any capacity.                                                                                                                        |
|                    | (Spouse)                                              |                                                                                                                                                         |
|                    |                                                       | is employed by                                                                                                                                          |
|                    | (Spouse)                                              |                                                                                                                                                         |
|                    | (name of emp                                          | ployer), with a business address of:                                                                                                                    |
|                    | My regular                                            | work schedule is hours per week. I am not                                                                                                               |
| eligible to        | enroll for medical benefit                            | s through this employment because:                                                                                                                      |
|                    | the employer provides                                 | t provide medical benefits at all; or<br>s medical benefits for which I am not eligible for the following                                               |
|                    |                                                       | es medical benefits for which I am eligible but the plan is not CA for the following reason or reasons:                                                 |
| We days, in the    | on of any of the statement agree to notify the Distri | to contact the spouse's employer to verify and/or obtains contained in this Affidavit.  ct in writing (directed to the Business Office) within ten (10) |
| Date:              | inpliant with the 1xe1x.                              | Signature of Employee                                                                                                                                   |
|                    |                                                       | Signature of Spouse                                                                                                                                     |

### Sick Leave Incentive/Longevity Incentive

- 1. To the extent permitted by law, and applicable regulations, full-time (245-day) classified support employees, who:
  - a. have been employed in the District for at least ten (10) years;
- b. provide written notice of their intent to retire on or before June 30 for a retirement on the subsequent December 31 or on or before December 31 for a retirement on the subsequent June 30, specifically identifying the date of retirement shall; and
- c. are eligible for and will elect to receive retirement benefits under the Public School Employees Retirement System (PSERS) as of the effective date of retirement, shall have the option of receiving **either** a Sick Leave Incentive **or** a Longevity Incentive in accordance with the following terms and conditions.

#### 2. Calculation of Sick Leave Incentive

a. For each day of unused accumulated sick leave up to and including 150 days, the retiree will be entitled to receive the sum of fifty-five percent (55%) of the then daily substitute teacher rate. (Example based upon a daily substitute rate of \$150.00.)

$$150.00 \text{ x } .55 = 2.50 \text{ per day}$$

b. For each day of unused accumulated sick leave from 151 days to and including 225 days, the retiree will be entitled to receive the sum of seventy-three and thirty-three hundredths percent (73.33%) of the then daily substitute teacher rate. (Example based upon a daily substitute teacher rate of \$150.00.)

$$150.00 \text{ x} \cdot .7333 = 109.99 \text{ per day}$$

c. For each day of unused accumulated sick leave in excess of 225 days, the retiree will be entitled to receive the sum of one hundred percent (100%) of the employee's daily rate of pay.

### 3. Calculation of Longevity Incentive

Employee's current daily rate of pay X completed years of service X (1.1); to the extent the employee has accrued sick leave, each aggregate of twenty-five (25) days of sick leave shall add one (1) year of service to the calculation.

### 4. Other Conditions.

- a. If notice is not given according to provisions noted above, the Board shall not be required to make either type of payment, but may do so if, in the Board's sole discretion, there is a reasonable basis for the employee's failure to provide timely notice.
- b. Upon giving written notice of intention to retire and the acceptance thereof by the Board, retirement shall be mandatory.



# WEST SHORE SCHOOL DISTRICT

### **Board of School Directors**

Brian K. Guistwhite, President
Christopher J. Kambic, Vice President
Judith A. Crocenzi
Frank J. Kambic
Antonios J. Kapranos
Sheri D. Moyer
Frederick A. Stoltenburg
Heidi E. Thomas
Abigail A. Tierney

## **Non-Members**

Ryan E. Argot, Ed.D., Secretary Stevie Jo Boone, Treasurer Brooke E.D. Say, Esq., Solicitor

# **Administration**

Todd B. Stoltz, Ed.D., Superintendent Mathew F. Gay, Assistant Superintendent

The West Shore School District will provide to all persons equal access to all categories of employment in this District, regardless of race, age, color, creed, religion, sex, gender, gender identity, sexual orientation, ancestry, genetic information, marital status, pregnancy, national origin, handicap/disability, or differently-abled status, in accordance with state and federal laws governing educational and vocational programs and in its recruitment and employment practices. The District shall make reasonable accommodations for identified physical and mental impairments that constitute disabilities, consistent with the requirements of federal and state laws and regulations.

Inquiries concerning the application of Title VII, Title IX, Section 504, the ADA, and the implementing regulations may be referred to the Director of Human Resources, 507 Fishing Creek Road, P.O. Box 803, New Cumberland, PA 17070-0803, telephone 717-938-9577.