

Administrator Handbook

Effective FY25



P.R.O.U.D. to be a Leader

Proactive

Respectful

Optimistic

Understanding

Determined



Welcome to the Pickerington Schools leadership team!

Leadership is lifting a person's vision to high sights, the raising of a person's performance to a higher standard, the building of a personality beyond its normal limitations. – Peter Drucker, author and educator

We are proud of our school's success and proud of the leaders that ensure it: leaders who know how to inspire their teams to focus on student achievement and to meet high standards of academic success; leaders who tackle problems head-on, who have grit; leaders who encourage and support their colleagues to continuously improve processes and to produce stellar results.

Success is only possible with strong and effective leadership. As a Pickerington Schools administrator, you have the opportunity to have an immediate, positive impact on the lives of our students – and ultimately change for the better our community, nation, and world.

Let's make this a great year – see you in the schools!

A handwritten signature in black ink, appearing to read "Chris", is centered on the page. Below the signature is a solid horizontal line.

This handbook has been developed to inform you of the District's employee policies and practices, as well as your rights and responsibilities as an administrator. We also want to acquaint you with the benefits and services available to you. While not an employment contract, this handbook does articulate employment policies and other terms under which you are employed.

Please feel free to contact your direct supervisor, the Director of Human Resources or the Assistant Director of Human Resources to answer questions you have about your administrative responsibilities, employment policies and practices, or your benefits.

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ADMINISTRATOR CONTRACTS

Administrative personnel governed by this regulation are all persons issued contracts in accordance with the Ohio Revised Code 3319.02, including the following: Assistant Superintendents, Chief Operating Officer, Directors, Principals, Assistant Principals, and all other personnel required to maintain certificates in order to be employed as certificated pupil services employees or administrative specialist (provided that such person is not employed as a school counselor and spends less than 50% of his/her time teaching or working with students) and any other employee whose duties enable him/her to be considered either a “supervisor” or “management level employee” exempted from employee bargaining unit.

Fair compensation plans are necessary in order to attract and retain highly qualified administrators to provide and manage a quality educational program.

The Board may establish a salary schedule, compensation, and benefits plan for its administrators, with the exception of the salary, compensation, and benefits plan of the Superintendent and the Treasurer. Superintendent and Treasurer’s salary, compensation, and benefits plans are determined by the employee contract. Administrators that accept a contract with the Pickerington Local School District, do so with the understanding that said contract is with the Board of Education. Building transfers may occur at any time throughout the course of the administrator’s contract. Per Ohio Revised Code 3319.02, administrators cannot transfer to a post of lesser responsibility during their contract.

Notice of annual salary is given to each administrator by July 1. The Board, in consultation with and upon the recommendation of the Superintendent or Designee, reserves the right to make contractual modifications and/or any adjustments to the compensation or benefits plan.

Any salary schedule amendments that occur during the term of the contract shall be in writing, mutually agreed upon by the administrator and the Board of Education, and shall become a part of the administrator contract.

The administrator benefits plan is provided and modified per group.

Administrator contracts may be terminated by:

- a. Mutual agreement of the parties;
- b. Retirement, non-renewal, disability, or death of the administrator; or
- c. Termination by the Board of Education in accordance with the laws of Ohio.

TERM OF CONTRACT

The Superintendent’s recommendation is considered in all decisions to employ an administrator.

The term of the administrator’s initial contract will generally be two (2) years, but may not exceed three (3) years. An individual who has been employed as a PLSD administrator for three (3) or more years shall be entitled to receive a contract of not fewer than two (2) or more than five (5) years. If the administrator has been in the District for two (2) years or less, he/she will may receive a one (1) year contract.

The Superintendent may recommend the employment of an individual who has served as an administrator in the District for three (3) years or more under a one (1) year administrative contract once during such individual’s administrative career in the District. The contract specifies or references the administrative position and duties, the salary and other compensation to be paid for performing such duties, the number of days to be worked, the number of days of vacation leave, and any paid holidays in the contractual year.

An administrator who has earned a teacher continuing contract in the District retains such status while serving as an administrator. Any administrator who previously obtained a teacher continuing contract in another district with two (2) years’ experience as an administrator in the District is eligible for a teacher continuing contract.

EVALUATION

All administrators are evaluated annually. In the year an administrator's contract does not expire, the evaluation is completed prior to the last day of the administrator's contract year. A copy shall also be given to the administrator. In the year an administrator's contract does expire, two (2) evaluations are completed: one (1) preliminary and one (1) final. The preliminary evaluation is conducted at least 60 days prior to Board action on whether to renew or non-renew the administrator's contract.

The final evaluation includes the Superintendent's intended recommendation for the contract of the employee. A written copy of the final evaluation must be provided to the employee at least five (5) days prior to the Board's action to renew or non-renew the employee's contract. If the Board fails to take action on the expiring contract, then the administrator is renewed.

RENEWAL AND NON-RENEWAL OF ADMINISTRATOR CONTRACTS

The Board may re-employ an administrator at any regular or special meeting held between January 1 of the calendar year immediately preceding the year that his/her contract expires and June 1 of the year that the contract expires.

Before the Board acts to renew or non-renew the contract of any administrator, and prior to June 1 of the year that the contract expires, it will notify an administrator of:

- ❖ The date on which his/her contract expires, and his/her right to request a meeting with the Board in executive session.
- ❖ Each administrator shall be provided the opportunity, upon request, for a meeting with the Board in executive session for the purpose of allowing the Board to discuss its reasons for considering the renewal or non-renewal of the contract prior to the Board's action on the contract. The administrator may be accompanied at such meeting by a representative of his/her choosing. No witnesses or other persons may appear with or on behalf of the administrator without the express permission of the Board.
- ❖ After the Board has acted on an administrator's contract, it will provide the administrator with written notice of its intention to renew or non-renew his/her contract.
- ❖ Such notice shall be received by the administrator on or before June 1.
- ❖ The Board may request a one (1) year temporary educator license valid for employing a superintendent or any other administrator, conforming to State law.
- ❖ This handbook and the procedures contained herein shall not create a legal expectancy or assurance of continued employment, and shall not be deemed a part of any administrator's contract or otherwise a contractual obligation of the Board. Nothing in this handbook shall prevent the Board from making the final determination regarding the renewal or non-renewal of the contract of any administrator.

To the extent that any of these procedures contained herein exceed the requirements of State law, such procedures shall not be construed as a precondition to contract non-renewal and shall not prevent the Board from proceeding with a contract non-renewal which otherwise satisfies the minimum requirements of State law.

REHIRING OF RETIRED ADMINISTRATORS

An administrator, retired from the teaching profession and/or any public sector retirement system, may be re-employed under the following conditions:

- ❖ To the extent permitted by law, the re-employed administrator will be eligible for Board paid health/medical insurance only if he/she is not eligible for coverage under a public or private retirement system or his/her spouse's employer.

He/she will be eligible for other insurances offered by the Board, which are not available through the re-employed administrator's public or private retirement system. A re-employed administrator who is not eligible for Board paid insurance may purchase such insurance by payment of the full cost of such insurance.

- ❖ The length of a contract for a re-employed administrator shall be one year. Each rehired retiree shall execute a contract with the Board, acknowledging that this provision shall supersede ORC 3319.02, division C.
- ❖ Re-employed persons will be given their full complement of sick leave days at the beginning of the contract year. Any remaining days at the end of the contract year will be automatically eliminated. This provision is intended to supersede any conflicting provision in Ohio Revised Code.
- ❖ Re-employed administrators are not eligible to participate in any retirement incentive program, are not eligible to have the Board pay the employee share of STRS/SERS as "pick-up" without salary reduction, nor are they eligible for severance pay.
- ❖ Re-employed administrators shall be placed at the bottom of a respective salary band, and are not eligible for base salary increases. Re-employed administrators may, however, be awarded the Leading for Tomorrow stipend if appropriate.

REDUCTION IN ADMINISTRATIVE STAFF

This section pertains to the reduction in force of administrators, supervisors, management-level employees, and all other employees whose contracts of employment are governed by Ohio Revised Code 3319.02 (hereafter collectively referred to as "administrator"). In accordance with Pickerington Local School District Policy 1540, Suspension of Administrative Contracts, the Pickerington Local School District Board of Education may suspend an administrator's contract of employment for the following reasons:

- A. declining enrollment in the District as a whole or in a particular program(s) or grade level(s) within the District;
- B. a return to duty of an administrator after a leave of absence or from disability retirement;
- C. territorial changes affecting the District;
- D. financial conditions of the District;
- E. financial circumstances affecting a particular program or grade level;
- F. the closing or consolidation of school buildings;
- G. the abolishment of administrative positions;
- H. Staff reorganization in response to changes in law, curriculum, education policy, or the changing needs of the District.

PROCEDURES FOR DETERMINING THE ORDER OF SUSPENSION OF CONTRACTS

When implementing an administrative RIF, the Board shall proceed to suspend contracts in accordance with the recommendation of the Superintendent of Schools. In making such recommendations, the Superintendent shall consider the training, experience, and capabilities of the administrative staff as a whole and how those resources may be best deployed over a small number of administrative positions, taking into account the possible reassignment of administrators as the needs of the District may require. Demonstrated success and suitability for the available assignments shall be the primary considerations in the Superintendent's recommendation. Years of service in the District as an administrator may be considered, but shall not be the primary or overriding factor.

Administrators whose contracts have been suspended under this policy shall have the right of recall only to their prior position (i.e., "Assistant Principal at the Middle School") and only if the Board re-institutes that position. However, the Board will consider such administrators for openings occurring in any other administrative position for which the administrator is qualified and holds the appropriate certification/licensure. The primary factor in filling administrative positions will be in the best interests of the District.

Administrators shall not have the right to displace an employee in another administrative job and shall retain recall rights to their prior position, if re-instituted by the Board, for twenty-four (24) calendar months from their last day of active employment in the District as an administrator.

It shall be the responsibility of the suspended administrator to provide the Board with a current address and telephone number for the purposes of notification. The failure of a suspended administrator to respond within seven (7) work days of notification shall be deemed a rejection of the offer of recall.

Administrators who hold continuing contracts as teachers within the District shall enter the teachers' bargaining unit following the suspension (RIF) of their administrative contract. Their rights upon entry into the teachers' bargaining unit shall be determined in accordance with the applicable provisions of law and the collective bargaining agreement as it exists at that time.

The term "suspension" as used in this policy in relation to administrative contracts shall not be taken to indicate either a suspension (RIF) of an administrative contract under this policy shall completely sever the employment relationship between the parties. Upon any recall, an entirely new contract shall be entered into.

- A. Any administrator whose contract is to be suspended as the result of a reduction in the administrative staff shall be notified, in writing, of his/her intended suspension at least fifteen (15) calendar days prior to the Board meeting at which the action is to be taken.

The suspension shall not become effective sooner than thirty (30) days after said action.

PROVISIONS REQUIRING A RIGHT OF RESTORATION FOR EMPLOYEES WHOSE CONTRACTS OF EMPLOYMENT ARE SUSPENDED

The right of an employee whose contract of employment is suspended under this section to be restored to his/her administrative position shall continue only for such period of time as may be left on his/her contract following the effective date of the suspension. At the end of this time period, the contract shall be deemed expired, the Board will have no obligation to non-renew such contract, and the employee's rights under the contract shall end.

A right of restoration exists if and when the employee's previous position is restored or the same position held by another employee becomes vacant, conditioned on the employee having any required certificate/license and qualifications needed to hold the position. In these instances, restoration will be offered on the basis of a final summative evaluation rating, and then by seniority (if ratings are comparable), as set forth above.

The Superintendent or designee shall notify any employee whose contract has been suspended of his/her right of restoration by a written notice sent by certified mail to the employee's most recent address on file with the District. It is the employee's obligation to keep his/her address and status of certification/licensure current on District records. The employee shall respond in writing to the Superintendent or designee within fifteen (15) calendar days of the date the letter was postmarked, either accepting the position which has been offered or indicating his/her interest in it if the notice is not a specific offer. Any employee who fails to respond within fifteen (15) calendar days, or who declines to accept an offered position, shall forfeit all rights of restoration under Ohio Revised Code Sections 3319.02, 3319.17, and 3319.71, and this section. If the recall occurs after August 1st, the administrator must respond in writing within five (5) days or s/he will be removed from the recall list.

In addition to the rights set forth in this section, an administrative employee whose contract is suspended may also have the right to assume a teaching position if such rights are provided under Ohio Revised Code Section 3319.02 or 3319.11(B). Any employee who exercises his/her rights and commences work in a teaching position shall not have any further rights of restoration to an administrative position.

PROCEDURES AND POLICIES

CALAMITY DAY PROCEDURES FOR ADMINISTRATORS

260-day Administrators and Non 260-day Administrators: All administrators are expected to report to work during a Fairfield County Level 1 and 2 Snow Emergency. During a Fairfield County Level 3 Snow Emergency, administrators are not expected to report until the Fairfield County Level 3 Snow Emergency has been lifted.

CONFLICT OF INTEREST

The proper performance of school business is dependent upon the maintenance of unquestionably high standards of honesty, integrity, impartiality, and professional conduct by Board of Education members, and the District's employees, officers, and agents. Further, such characteristics are essential to the Board's commitment to earn and keep the public's confidence in the School District. For these reasons, the Board adopts the following guidelines to assure that conflicts of interest do not occur. These guidelines apply to all District employees, officers, and agents, including members of the Board. These guidelines are not intended to be all-inclusive, nor to substitute for good judgment on the part of all employees, officers, and agents.

1. No employee, officer, or agent shall engage in or have a financial or other interest, directly or indirectly, in any activity that conflicts or raises a reasonable question of conflict with his/her duties and responsibilities in the school system.
2. Employees, officers, and agents shall not engage in business, private practice of their profession, the rendering of services, or the sale of goods of any type where advantage is taken of any professional relationship they may have with any student, client, or parents of such students or clients in the course of their employment or professional relationship with the School District.

Included, by way of illustration rather than limitation are the following:

- a. the provision of any private lessons or services for a fee;
 - b. the use, sale, or improper divulging of any privileged information about a student or client gained in the course of the employee's, officer's or agent's employment or professional relationship with the District through his/her access to School District records;
 - c. the referral of any student or client for lessons or services to any private business or professional practitioner if there is any expectation of reciprocal referrals, sharing of fees, or other remuneration for such referrals; and
 - d. the requirement of students or clients to purchase any private goods or services provided by an employee, officer or agent or any business or professional practitioner with whom any employee, officer or agent has financial or other relationship, as a condition of receiving any grades, credits, promotions, approvals, or recommendations.
3. Employees, officers, and agents shall not make use of materials, equipment, or facilities of the School District in private practice. Examples would be the use of facilities before, during, or after regular business hours for service to private practice clients, or the checking out of items from an instructional materials center for private practice.
 4. Employees, officers, and agents cannot participate in the selection, award, or administration of a contract supported by a Federal grant/award if he/she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer or agent, any member of his/her immediate family, his/her partner, or an organization, which employs or is about to employ any of the parties described in this section, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

5. Employees, officers, and agents cannot solicit or accept gratuities, favors, or anything of substantial value from contractors or parties to subcontracts. Pursuant to Federal rules, the School District has set standards for when an employee, officer or agent may accept a gift of an unsolicited item of nominal value. For purposes of this section, “nominal value” means that the gift has a monetary value of \$75 or less.
6. To the extent that the District has a parent, affiliate, or subsidiary organization that is not a State, local government, or Indian tribe, the School District may not conduct a procurement action involving the parent, affiliate or subsidiary organization if the School District is unable, or appears to be unable, to be impartial.
7. Employees, officers, and agents must disclose any potential conflict of interest, which may lead to a violation of this section of the Administrative Handbook or Policy 1130, Conflict of Interest, to the Superintendent/Designee. Upon discovery of any potential conflict of interest, the Superintendent/Designee will disclose, in writing, the potential conflict of interest to the appropriate Federal awarding agency or, if applicable, the pass-through entity.
8. The District will also disclose, in a timely manner, all violations of Federal criminal law involving fraud, bribery, or gratuity that affect a Federal award to the appropriate Federal awarding agency or, if applicable, the pass-through entity.
9. Employees, officers, and agents found to be in violation of the conflict of interest section of this Administrative Handbook, or Policy 1130, Conflict of Interest, will be subject to disciplinary action up to and including termination, as permitted by applicable Board policy.

ADMINISTRATOR ETHICS

The proper performance of school business and administration of an effective educational program requires the services of individuals of integrity, high ideals, and human understanding. To maintain and promote these essentials, the Board of Education expects all administrators to maintain high standards in their working relationships, provide professional leadership in the District and community, and in the performance of their duties, to:

- ❖ recognize basic dignities of all individuals with whom they interact in the performance of duties;
- ❖ represent accurately their qualifications;
- ❖ exercise due care to protect the mental and physical safety of students, colleagues, and subordinates;
- ❖ seek and apply the knowledge and skills appropriate to assigned responsibilities;
- ❖ keep in confidence legally-confidential information;
- ❖ ensure that their actions or those of another on their behalf are not made with specific intent of advancing private economic interests;
- ❖ avoid accepting anything of value offered by another for the purpose of influencing judgment;
- ❖ refrain from using his/her position or public property, or permitting another person to use an employee’s position or public property for partisan political or religious purposes. (This will in no way limit constitutionally or legally protected rights as a citizen.)

In addition, the Board believes that each administrator should maintain standards of exemplary professional conduct and conform his/her behavior to the code of ethics set forth below as adopted from the American Association of School Administrators’ Statement of Ethics for School Administrators by:

- ❖ making the well-being of students the fundamental value of all decision making and actions;
- ❖ fulfilling professional responsibilities with honesty and integrity;

- ❖ supporting the principle of due process and protecting the civil rights of all individuals;
- ❖ obeying local, State and national laws and not knowingly joining or supporting organizations that advocate, directly or indirectly, the overthrow of the government;
- ❖ implementing the Board’s policies and administrative rules and regulations;
- ❖ pursuing appropriate measure to correct those laws, policies, and regulations that are not consistent with sound educational goals;
- ❖ avoiding the use of his/her position for general gain through political, social, religious, economic, or other influences;
- ❖ accepting academic degrees or professional certification only from duly accredited institutions;
- ❖ maintaining the standards and seeking to improve the effectiveness of the profession through research and continuing professional development;
- ❖ honoring all contracts until fulfillment, release or dissolution mutually agreed upon by all parties to the contract.

USE OF SOCIAL MEDIA

Social media is a powerful tool for school administrators and other educators, and the District encourages its use. It is a quick and convenient way to communicate with our staff, parents, and students. Most of us use social media in our personal lives as well. The following are some simple guidelines to help you effectively manage your professional and personal social media accounts:

- ❖ As a public figure, reputation management is important. It is highly recommended that you keep your private and professional social media accounts separated.
- ❖ Check your privacy setting on your personal social media accounts to ensure that you only allow access to those who you wish to have information about your private life. Be aware that there are limitations to private settings. Private communication published on the Internet can easily become public. It is suggested that you do not allow access to personal social media accounts by parents or students.
- ❖ Be mindful that you are held to a higher professional standard as an administrator and that anything you post could reflect on your reputation.
- ❖ Protecting the privacy of our students is the law. Be sure you are familiar with and follow the Family Educational Rights Act (FERPA) if you plan to use social media as a tool. The District’s approach to getting parental approval to post pictures and/or student names on social media is that we may do so unless the parent has specifically informed us that they are opting their children out of this type of recognition. This information is included in student handbooks.
- ❖ Communication with parents or students should not occur through a personal social media account. If social media is used for communication with parents or students, administrators should maintain the same type of professional behavior that is expected in their face-to-face interactions.
- ❖ General professional rules of etiquette on using social media are as true online as they are in person. Do not say anything on social media that you would not say to somebody face-to-face.
- ❖ Do not say or post anything you would not want to see on the front page of *The Columbus Dispatch*.
- ❖ It is highly recommended that All PLSD Administrators (260 and Non-260) include the following disclaimer on all personal social media profiles: “The views expressed are my personal views and do not reflect the positions and opinions of Pickerington Local School District”.

Administrators shall only engage in electronic communication with students via email, texting, social media, and/or online networking media when such communication is directly related to curricular matters or co-curricular/extracurricular events or activities with prior approval of the administrator's immediate supervisor.

Administrators are prohibited from electronically transmitting any personally identifiable image of a student(s), including video, photographs, streaming videos, etc. via email, text message, or through the use of social media and/or online networking media unless such transmission has been made as part of a pre-approved curricular matter or co-curricular/extracurricular event or activity such as a school-sponsored publication or production in accordance with Policy 5722, School-Sponsored Publications And Productions.

The Board of Education recognizes the importance of social media for its administrators and acknowledges that its administrators have the right under the First Amendment, to speak out on matters of public concern. However, the Board will regulate the use of social media by administrators, including administrators' personal use of social media when such use:

1. is used to harass co-workers or other members of the school community;
2. creates a hostile work environment;
3. breaches confidentiality obligations of School District employees;
4. disrupts the work of the School District;
5. harms the goodwill and reputation of the School District in the community; or
6. violates the law, board policies and/or other school rules and regulations.

Administrators may be subject to disciplinary action, up to and including termination, for personal social media posts deemed to violate these standards.

DRESS AND GROOMING

The Board of Education believes that administrators set an example in dress and grooming for their students and staff to follow. Administrators who understand this precept and adhere to it demonstrate the importance of their task, present an image of dignity, and encourage respect for authority. These factors act in a positive manner toward the maintenance of discipline.

The Board retains the authority to specify the following dress and grooming guidelines for staff that will prevent such matters from having an adverse impact on the educational process. In keeping with Policy 1616, Staff Dress and Grooming, when assigned to District duty, all professional staff members shall:

- ❖ be physically clean, neat, and well groomed;
- ❖ dress in a manner consistent with their professional responsibilities;
- ❖ dress in a manner that communicates to students a pride in personal appearance;
- ❖ dress in a manner that does not cause damage to District property; and
- ❖ be groomed in such a way that their hairstyle or dress does not disrupt the educational process nor cause a health or safety hazard.

INVESTIGATIONS INVOLVING ADMINISTRATORS

These guidelines shall apply to investigations into complaints of misconduct against an assistant superintendent, Business manager, licensed administrator, principal, assistant principal, or non-licensed supervisor/manager who is employed under R.C. 3319.02 (hereafter collectively referred to as an “administrator”).

Allegations that an administrator engaged in misconduct may give rise to an investigation. Such allegations may involve the administrator’s conduct outside of the school, or within the school in relation to a member of the public, student, employee, volunteer, or vendor of the district. Allegations of misconduct may also include communications that occur electronically via email, social media or text messaging.

Complaints may originate from a member of the public, an employee, volunteer, vendor, student or parent, and may include, but not be limited to alleged violations of the following Board policies: 9130 – Public Complaints; 1662 – Anti-Harassment; 1422– Nondiscrimination and Access to equal Educational Opportunity; along with the Ohio Department of Education’s Licensure Code of Professional Conduct for Ohio Educators, or other laws, rules, regulations, policies or guidelines not listed herein.

Complaints alleging administrator misconduct that, if proven to be substantiated, would constitute good and just cause for termination, will be processed in the following manner:

- ❖ Complaints alleging administrator misconduct will be promptly forwarded to the Superintendent. The Superintendent will route the complaint to the appropriate individual(s) identified in Board policy and/or administrative guidelines to investigate.
- ❖ The Superintendent, in his/her sole discretion, may place the administrator on leave pending the outcome of the investigation. Such action shall not be considered disciplinary in nature.
- ❖ Allegations of misconduct that result in an administrator being placed on leave pending the outcome of the investigation may be investigated by an outside investigator. The Superintendent or his/her designee shall have the authority to retain an outside investigator.
- ❖ Upon completion of any investigation, and upon request by the Superintendent and/or Board of Education, the investigator shall issue a written report with recommendations to the Superintendent. The Superintendent may review the report and recommendations with the Board of Education in executive session prior to taking any possible disciplinary or corrective action.

Due Process

Due process will be afforded to administrators accused of misconduct. That, if substantiated, constitutes just cause for termination. This shall generally include the following:

- ❖ The administrator shall be informed of the allegations of misconduct and shall be provided an opportunity to tell his/her side of the story and/or to rebut or refute the allegations.
- ❖ The administrator may identify any witnesses known to the administrator who have information or evidence relevant to the allegations under investigation.

Following completion of the investigation, the administrator will be offered the opportunity to meet with the Superintendent or his/her designee to review the investigation findings and recommendations, and to allow the administrator the opportunity to speak against possible discipline.

ORGANIZATIONAL CHART

PICKERINGTON LOCAL SCHOOLS ORGANIZATIONAL CHART



BENEFIT PLANS

BENEFIT GROUP

Group I Administrators

Analyst
Assistant Director
Assistant Principal: High School
Assistant Superintendent
Assistant Treasurer
Attendance & Residency Coordinator
Athletic Administrator
Business Manager
Coordinator II
Director
Executive Director
Lead Assistant Principal: HS & JH
Network Administrator
Principal: Pickerington Academy School
Principal: ES, MS, JH & HS
Supervisor I
Supervisor II

Group II Administrators

Assistant Principal: ES, MS, JH
Assistant Athletic Administrator
Assistant Supervisor: EMIS, Food Service, Maintenance
Coordinator
Technology Specialist

Group III Administrators

Administrative Intern
Psychologist
Social Worker

RETIREMENT BENEFIT

The Board shall pay the employer's share of State Teacher Retirement System (STRS) or School Employee Retirement System (SERS) contributions as required by law. In addition, the Board shall pay to STRS/SERS the employee's share of the required contributions to STRS/SERS to "pick-up" (i.e., pay directly without salary reduction) the employee's share for all administrators with contract effective dates on or after August 1, 2011, at the following levels:

	<u>Group I</u>	<u>Group II</u>	<u>Group III</u>
Certified/STRS	14%	7%	2%
Classified/SERS	10%	7%	2%

Administrators employed as an administrator prior to August 1, 2011 shall continue to have STRS/SERS "pick-up" at the full benefit level (STRS 14%; SERS 10%). Effective August 14, 2014, Administrators who move to a different position group shall have STRS/SERS "pick-up" at the new position's group benefit level (e.g., an assistant principal becomes a principal, moving from Group II to Group I, and pick-up moves from 7% to 14%; a principal becomes a coordinator, moving from Group I to Group II, and pick-up moves from 14% to 7%).

The Board shall also pay all retirement contributions on this picked-up amount. The parties intend that the retirement contribution paid by the Board under this section be treated by STRS/SERS as "pick-up of the pick-up". The retirement pick-up, in addition to the administrator's stated salary, is to be included in earned compensation for retirement purposes.

MEDICARE PICK-UP

The administrator's share of Medicare tax will be paid in total by the Board of Education.

SEVERANCE PAY UPON RETIREMENT

Following the completion of five (5) years of service with the Board, and upon separation from employment by means of retirement and as approved through STRS/SERS as applicable, the administrator shall be paid severance pay equal to twenty-five percent (25%) of the then-current value of his/her accrued and unused sick leave days to a maximum of eighty-two (82) days at the daily rate of pay effective at the time of his/her retirement by the Board; plus the value of all accrued but unused vacation leave as specified below under 'Vacation, Holidays, and Personal Days.' Upon payment of severance pay, the Board shall cancel all remaining sick leave standing to the administrator's credit. Any severance pay the administrator would otherwise be eligible to receive will be paid to his/her estate in the event of his/her death before separation. All administrators turning 55 or older in the year of retirement will have all severance payments, which includes accrued but unused sick leave and vacation leave, made as employer non-elective contributions to the PLSD accumulated leave plan.

Severance payments attributed to sick leave accrual shall not be paid in the event the administrator is separated from employment due to:

- ❖ contract termination per Ohio Revised Code Section 3319.16; (2) resignation due to threat of contract termination; or (3) resignation because of, or in the course of, an investigation into whether the administrator engaged in misconduct or other action that may constitute just cause for contract termination.
- ❖ Non-renewal of the administrator's contract.

VACATION, HOLIDAYS, AND PERSONAL DAYS

- ❖ All district administrators with two hundred sixty (260) day contracts shall earn vacation time as follows:

Credited Years of Service	Group I	Group II	Group III
0 – 4 years	15 days per year	15 days per year	15 days per year
5 – 9 years	20 days per year	20 days per year	15 days per year
10 – 14 years	20 days per year	20 days per year	20 days per year
15 years or more	25 days per year	20 days per year	20 days per year

- ❖ Administrators who first qualify for vacation on August 1, 2014 and thereafter:

Credited Years of Service	Group I	Group II	Group III
0 – 4 years	15 days per year	15 days per year	15 days per year
5 – 9 years	20 days per year	20 days per year	15 days per year
10 – 24 years	20 days per year	20 days per year	20 days per year
25 years or more	25 days per year	20 days per year	20 days per year

- ❖ Two hundred sixty (260) day administrators are entitled to a vacation cash-in option. Vacation leave accrued but unused at the end of any calendar year may be exchanged for cash, at the option of the administrator, at his/her current per diem pay rate (calculated on annual base salary and 260 days). *Cash-in option limit: ten (10) calendar days per contract year.*
- ❖ Unused vacation leave may be accrued from year to year according to the following limits:

Years of Service	Maximum Accrued Vacation
1 - 9	45 days
10 or more	60 days

Administrators, at the time of separation, may cash in accrued and unused vacation days at his/her per diem pay rate (calculated on annual base salary and 260 days), not to exceed the unused amount accrued within three (3) years before the date of separation. In the event of his/her death, such shall be paid in accordance with Section 2113.04 of the Ohio Revised Code, or to his/her estate. Payment will be made for accrued and unused vacation upon written request of the administrator or his/her estate.

- ❖ All administrators are responsible for entering absences into the absence management system for approval by the Superintendent/designee.
- ❖ Two hundred sixty (260) day contract administrators will receive the following paid holidays: New Year's Day, Martin Luther King Day, Memorial Day, Juneteenth, Fourth of July, Labor Day, Thanksgiving, and Christmas Day. Administrators with less than a 260-day contract will receive the following paid holidays: New Year's Day, Martin Luther King Day, Memorial Day, Labor Day, and Thanksgiving. These days may be substituted for other workdays with prior approval of the Superintendent. The school calendar, as adopted by the Board, establishes the school recess periods and holidays for all administrators employed on a school-year basis. Except as holidays have been declared for the District or vacation days have been approved all administrators employed on a 12-month basis (260 workdays per year) are expected to work during the recess periods of the school year.
- ❖ All administrators shall be entitled to three (3) personal days with pay each contract year. Unused personal days will be forfeited at the end of each contractual year.
- ❖ All Administrators shall be entitled to two (2) religious holidays.

DAYS TO BE WORKED

The administrator rate of pay shall be calculated on the basis of contractual working days and position held. Administrators shall devote such time and energies as are necessary to perform the duties specified during normal business hours, but it is expressly agreed that the duties of their position may require administrators to work during times other than normal business hours. The Superintendent may require an administrator on less than a two hundred sixty (260) day contract to work an additional five (5) paid extended days. Any additional extended days must be Board approved.

SICK LEAVE

The administrator shall be entitled to the use of and accumulation of sick leave in accordance with Ohio law. Administrators may use sick leave for absences due to personal illness, disability resulting from pregnancy, injury, exposure to a contagious disease that could be communicated to others, and for illness, injury, or death in the immediate family. For sick leave purposes, immediate family shall be defined as father, mother, sister, brother, husband, wife, son, daughter, grandchildren, grandparents, father-in-law, mother-in-law, sister-in-law, brother-in-law, person or children living in the same household, or another person who has established a similar relationship. Administrators shall not misuse sick leave for any reason. Misuse of sick leave is suspected if an administrator shows a pattern of using sick leave: before and/or after scheduled breaks in the instructional year; before and/or after weekends or regular days off; on days when it is suspected the administrator member is using leave to pursue leisure, social or other activities for which the use of sick leave is not appropriate; in conjunction with and/or to extend personal leave; as soon as sick leave has accrued, thereby reducing the balance to zero or near zero; on the same day(s) of each week; an entire day for a doctor or dental appointment of less than a day; and administrators who consistently use more leave than average administrators when compared over a term of years (excluding lengthy serious illness such as FMLA, ADA, and/or maternity leave). A 260-day administrator shall be entitled to twenty (20) paid sick leave days annually. Administrators who work less than 260 days shall be entitled to a proportionate number of sick days as calculated by the proportion of contracted workdays to 260 days. Transfer of sick leave up to the district's maximum accumulation will be allowed. Upon retirement or separation from the District, unused sick leave may be paid as provided on pg. 15, "*Severance Pay Upon Retirement.*"

LIFE INSURANCE

The Board will pay the full amount of the premium for group term life insurance for each administrative group as listed:

<u>Group I</u>	<u>Group II</u>	<u>Group III</u>
\$150,000	\$100,000	\$50,000

HEALTH INSURANCE

The Board shall provide and pay for eighty percent (80%) of the cost of all health, dental, vision or other insurance benefits being provided to employees at the time of contract; provided, however, that the Board reserves the right to change carriers or its health care plan during the term of a contract. Health and dental benefits may be reviewed and/or modified on a yearly basis. *(Reference Option A and Option B benefit summary)*

OPT-OUT INCENTIVE

1. The Board will pay an annual Opt-Out Incentive to Administrators who opt-out of the Board's major medical health insurance plan on or before December 1st of each year. The opt-out incentive shall be paid as follows:

Family Plan: \$4,200 Single Plan: \$2,400
2. The lump sum payment shall be made in the last pay in June of each school year.
3. If coverage is dropped for less than twelve (12) months, the incentive payment will be based on the number of whole months during the contract year for which coverage was dropped.
4. For part-time Administrators, the opt-out incentive will be prorated to reflect the proportion of a full-time equivalent (FTE) position held by the Administrator.
5. In order to be eligible to receive the opt-out incentive, the Administrator must stay off the Board's major medical health insurance plan from September 1st through the remainder of that contract year. However, if the Administrator experiences a qualifying event (including, but not limited to the Administrator's spouse losing his/her job) then, in such event, the Administrator will be eligible to immediately resume his/her health insurance coverage through the Board. The Administrator's opt-out incentive will be prorated to reflect the percentage of a full contract year that the Administrator was off the PLSD Board's health plan.
6. An Administrator who is provided Board paid major medical insurance by a spouse who is employed by the Pickerington Local School District may apply for a \$200 Opt-Out payment each year by completing the opt-out form during open enrollment. The \$200 payment shall be prorated, if applicable, to reflect the full-time equivalence of the Administrator.

PROFESSIONAL GROWTH AND MEMBERSHIPS

Administrators shall receive full reimbursement for professional growth college credit not to exceed 12 quarter hours or 9 semester hours per year with prior approval of the Superintendent. All credit hours must be evidenced by an official transcript or grade slip, and the administrator may only be reimbursed for coursework for which a grade of a C or higher is earned (or Satisfactory if graded S/U). *(Reference Appendix A-3 – Application for Administrator Professional College Credit)* Membership dues for recognized state and national professional organizations are approved by the Superintendent.

STIPENDS

TRAVEL STIPEND (INTRA-DISTRICT AND OUT-OF-DISTRICT)

Intra-school district mileage and mileage for school business outside the school district shall be paid for the following administrative positions at a fixed monthly rate per the following schedule. Monthly stipends are prorated based on contracted days and are considered taxable income.

Group A - \$125 per month

Assistant Superintendent
Athletic Administrator
Attendance & Residency Coordinator
Business Manager/COO
Executive Director
Principal: HS

Group B - \$100 per month

Assistant Athletic Administrator
Coordinator II
Coordinator Special Education
Director of Diversity and Engagement
Director of Human Resources
Director of Safety and Security
Director of Special Education
Principal: JH
Principal: Pickerington Academy School
Supervisor II – Transportation

Group C - \$75 per month

Analyst-Systems
Assistant Director
Coordinator Teaching & Learning
Director of Instructional Technology
Director of Systems Technology
Lead Asst./Asst. Principal JH/HS
Network Administrator
School Psychologist
Social Worker
Supervisor II – Food Services
Supervisor II – Systems Technology
Supervisor I – Maintenance
Supervisor I – Technician Supervisor
Technology Specialist

CELLULAR PHONE STIPEND

Due to the nature of certain administrative positions, frequent mobile contact is necessary. Designated administrative positions shall be paid at a fixed monthly rate of \$75. Monthly stipends are considered taxable income to the extent the stipend exceeds reimbursement for actual business use of the cellular phones.

\$75 per month

Analyst-Database & Systems
Assistant Director of Human Resources
Assistant Athletic Administrator
Assistant Superintendent
Athletic Administrator
Attendance & Residency Coordinator
Business Manager/COO
Coordinator II
Coordinator Special Education

Director of Diversity and Engagement
Director of Human Resources
Director of Information Management
Director of Safety and Security
Director of Special Education
Director of Systems Technology
Executive Director
Lead Assistant Principal
Network Administrator

Principals
Principal: Pickerington Academy School
Supervisor I – Maintenance
Supervisor I – Technology Technician
Supervisor II – Food Services
Supervisor II – Systems Technology
Supervisor II – Transportation
Technology Specialist

SALARY AND COMPENSATION

When an administrator is employed, previous experience will be considered. Salary changes for all certified administrators shall be effective August 1st of each year. Salary changes for all classified administrators shall be effective July 1st of each year.

- ❖ Salary shall be paid in twenty-four (24) equal installments less applicable deductions in accordance with Board policy.
- ❖ In addition to salary, the Board may award other compensation based upon the recommendation of the Superintendent.

SALARY ADJUSTMENTS

The Board of Education believes that good performance objectives allow measurement of internal and external accomplishments and that high-performing administrators should be recognized and rewarded. On an annual basis, but no later than June 30th, the Board of Education shall establish the total amount of available funds for administrative salary adjustments and/or stipends. These allocated funds may be utilized based on an individual performance criterion established by the Superintendent, in conjunction with a cost of living adjustment, or any other factors the Board of Education deems relevant. Annual salary adjustments are not guaranteed.

New administrators to the district whose contracts are first effective on July 1 or later shall not receive a contract adjustment in their first contract year of employment. Administrators who are promoted and whose new contracts begin July 1 or later shall not receive a contract adjustment in addition to their higher salary band in their first contract year. Administrators who are hired or promoted after July 1 must have at least one hundred twenty (120) days of service in their first contract year to be eligible for a salary adjustment in the *ensuing* contract year. Per Board approval, the Superintendent may recommend exceptions to these provisions for special circumstances.


The Board of Education believes that periodic review of the administrator salary ranges is critical to the recruitment and retention of high-quality administrators. Salary ranges will be periodically reviewed and/or adjusted based on the recommendation of the Superintendent.

SALARY SCHEDULE

Position	# Days	Low	High	Group	Extended Day Rate
Assistant Superintendent	260	\$115,558	\$159,188	1	NA
Executive Director	260	\$94,000	\$154,840	1	NA
Director	260	\$84,230	\$148,943	1	NA
Business Manager	260	\$95,532	\$154,471	1	NA
Principal – High School	260	\$98,515	\$146,907	1	NA
Principal – Junior High	260	\$94,093	\$133,837	1	NA
Assistant Director	260	\$75,000	\$133,793	1	NA
Lead Assistant Principal – High School	260	\$83,972	\$128,360	1	NA
Principal – Middle School	260	\$84,768	\$127,118	1	NA
Principal – Elementary	260	\$84,768	\$127,118	1	NA
Lead Assistant Principal – Junior High	260	\$79,739	\$127,061	1	NA
Principal – Pickerington Academy School	260	\$69,740	\$112,261	1	NA

Coordinator II	260	\$67,600	\$110,977	1	NA
Assistant Treasurer	260	\$69,740	\$122,777	1	NA
Supervisor II	260	\$69,030	\$108,514	1	NA
Athletic Administrator	260	\$70,496	\$113,754	1	NA
Assistant Principal – High School	220	\$67,600	\$114,077	1	\$250
Network Administrator	260	\$61,323	\$106,589	1	NA
Supervisor I	260	\$61,323	\$97,276	1	NA
Attendance & Residency Coordinator	260	\$56,320	\$86,197	1	NA
Analyst	260	\$56,320	\$86,197	1	NA
Assistant Principal – JH	220	\$67,600	\$106,856	2	\$250
Assistant Principal – Middle School	200	\$59,969	\$101,188	2	\$250
Assistant Principal – Elementary School	200	\$59,969	\$101,188	2	\$250
Coordinator	220	\$55,943	\$95,650	2	\$250
Assistant Supervisor Maintenance	260	\$43,484	\$73,882	2	NA
Assistant Athletic Administrator	260	\$43,484	\$73,882	2	NA
Assistant Supervisor Food Service	260	\$43,484	\$67,875	2	NA
Assistant Supervisor Data-EMIS	260	\$43,484	\$62,400	2	NA
Technology Specialist	260	\$43,484	\$63,938	2	NA
Psychologist	210	\$60,425	\$104,178	3	\$250
Social Worker	210	\$60,425	\$104,178	3	\$250
Administrative Intern	200	\$61,516	\$74,995	3	\$250


Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay for Covered Services Coverage Period: 01/01/2024 - 12/31/2024
 Coverage for: Individual + Family | Plan Type: PPO +
 Pickerington Local School District: Anthem Blue Access PPO HSA \$1,600 HSA

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 639-1634 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	\$1,600/person or \$3,200/family for In- Network Providers . \$3,200/person or \$6,400/family for Non- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible ?	Yes. Preventive Care . For more information see below.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$3,000/person or \$6,000/family for In- Network Providers . \$6,000/person or \$12,000/family for Non- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit ?	Premiums , balance-billing charges, health care this plan doesn't cover, and Non- Network Transplants.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes, Blue Access. See www.anthem.com or call (833) 639-1634 for a list of network providers . Costs may vary by site of service and how the provider bills.	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

OH/LG/Anthem Blue Access PPO HSA \$1,600/3PUL/01-24

Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .
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 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	10% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care / screening / immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	-----none-----
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	10% coinsurance (retail and home delivery)	30% coinsurance (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	10% coinsurance (retail and home delivery)	30% coinsurance (retail) and Not covered (home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	10% coinsurance (retail and home delivery)	30% coinsurance (retail) and Not covered (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	-----none-----
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----none-----
If you need immediate medical attention	Emergency room care	10% coinsurance	Covered as In- Network	-----none-----
	Emergency medical transportation	20% coinsurance	Covered as In- Network	-----none-----
	Urgent care	10% coinsurance	10% coinsurance	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	60 days/benefit period for Inpatient physical medicine,

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://coc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Physician/surgeon fees	10% coinsurance	30% coinsurance	rehabilitation including day rehabilitation programs. -----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit 10% coinsurance Other Outpatient 10% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	10% coinsurance	30% coinsurance	-----none-----
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	-----none-----
	Rehabilitation services	10% coinsurance	30% coinsurance	*See Therapy Services section.
	Habilitation services	10% coinsurance	30% coinsurance	60 days/benefit period for skilled nursing services.
	Skilled nursing care	10% coinsurance	30% coinsurance	*See Durable Medical Equipment Section
	Durable medical equipment	10% coinsurance	30% coinsurance	-----none-----
	Hospice services	10% coinsurance	10% coinsurance	
If your child needs dental or eye care	Children’s eye exam	Not covered	Not covered	-----none-----
	Children’s glasses	Not covered	Not covered	-----none-----
	Children’s dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)		
<ul style="list-style-type: none"> Acupuncture Cosmetic surgery Glasses for a child Long-term care Weight loss programs 	<ul style="list-style-type: none"> Bariatric surgery Dental care (Adult) Hearing aids Routine eye care (Adult) 	<ul style="list-style-type: none"> Children’s dental check-up Eye exams for a child Infertility treatment Routine foot care

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care 16 visits/benefit period
- Most coverage provided outside the United States. See www.bcbsglobalcore.com
- Private-duty nursing Facility Setting only

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes/No.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:




This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)		Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)		Mia's Simple Fracture (in-network emergency room visit and follow up care)	
■ The plan's overall deductible	\$1,600	■ The plan's overall deductible	\$1,600	■ The plan's overall deductible	\$1,600
■ Specialist coinsurance	10%	■ Specialist coinsurance	10%	■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%	■ Hospital (facility) coinsurance	10%	■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%	■ Other coinsurance	10%	■ Other coinsurance	10%
This EXAMPLE event includes services like: Specialist office visits (<i>prenatal care</i>) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (<i>ultrasounds and blood work</i>) Specialist visit (<i>anesthesia</i>)		This EXAMPLE event includes services like: Primary care physician office visits (<i>including disease education</i>) Diagnostic tests (<i>blood work</i>) Prescription drugs Durable medical equipment (<i>glucose meter</i>)		This EXAMPLE event includes services like: Emergency room care (<i>including medical supplies</i>) Diagnostic test (<i>x-ray</i>) Durable medical equipment (<i>crutches</i>) Rehabilitation services (<i>physical therapy</i>)	
Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<i>Cost Sharing</i>		<i>Cost Sharing</i>		<i>Cost Sharing</i>	
Deductibles	\$1,600	Deductibles	\$1,600	Deductibles	\$1,600
Copayments	\$0	Copayments	\$0	Copayments	\$0
Coinsurance	\$1,100	Coinsurance	\$400	Coinsurance	\$100
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$2,760	The total Joe would pay is	\$2,020	The total Mia would pay is	\$1,700

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.


Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay for Covered Services Coverage Period: 01/01/2024 - 12/31/2024
 Coverage for: Individual + Family | Plan Type: PPO
 Pickerington Local School District: Anthem Blue Access PPO \$500

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 639-1634 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$500/person or \$1,000/family for In- Network Providers . \$1,000/person or \$2,000/family for Non- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible?	Yes. Primary Care. Specialist Visit. Preventive Care . For more information see below.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. \$100/person for Prescription Drugs for In- Network Providers . \$100/person for Prescription Drugs for Non- Network Providers . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan?	\$1,500/person or \$3,000/family for In- Network Providers . \$3,000/person or \$6,000/family for Non- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums , balance-billing charges, health care this plan doesn't cover, and Non- Network Transplants.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes, Blue Access. See www.anthem.com or call (833) 639-1634 for a list of	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan

OH/LG/Anthem Blue Access PPO \$500/3QMD/01-24

	network providers . Costs may vary by site of service and how the provider bills.	pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25/visit deductible does not apply	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Specialist visit	\$35/visit deductible does not apply	30% coinsurance	Virtual visits (Telehealth) benefits available.
	Preventive care/screening/immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No charge	30% coinsurance	-----none-----
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/	Typically Generic (Tier 1)	\$15/prescription, Prescription Drug deductible does not apply (retail) and \$30/prescription, Prescription Drug deductible does not apply (home delivery)	\$15/prescription, Prescription Drug deductible does not apply (retail) and Not covered (home delivery)	For more information, refer to "National Drug List" at http://www.anthem.com/pharmacyinformation/ *See Prescription Drug section
	Typically Preferred Brand & Non-Preferred Generic Drugs (Tier 2)	\$30/prescription, Prescription Drug deductible applies (retail) and \$60/prescription, Prescription Drug deductible applies (home delivery)	\$30/prescription, Prescription Drug deductible applies (retail) and Not covered (home delivery)	
	Typically Non-Preferred Brand and Generic drugs (Tier 3)	\$45/prescription, Prescription Drug deductible applies (retail) and \$90/prescription, Prescription Drug deductible applies (home delivery)	\$45/prescription, Prescription Drug deductible applies (retail) and Not covered (home delivery)	

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	-----none-----
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----none-----
If you need immediate medical attention	Emergency room care	\$150/visit deductible does not apply	Covered as In- Network	Copayment waived if admitted.
	Emergency medical transportation	20% coinsurance	Covered as In- Network	-----none-----
	Urgent care	\$35/visit deductible does not apply	\$35/visit deductible does not apply	-----none-----
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	60 days/benefit period for Inpatient physical medicine, rehabilitation including day rehabilitation programs.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$25/visit deductible does not apply Other Outpatient 10% coinsurance	Office Visit 30% coinsurance Other Outpatient 30% coinsurance	Office Visit Virtual visits (Telehealth) benefits available. Other Outpatient -----none-----
	Inpatient services	10% coinsurance	30% coinsurance	-----none-----
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound).
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	-----none-----
	Rehabilitation services	\$25/visit deductible does not apply	30% coinsurance	*See Therapy Services section.
	Habilitation services	\$25/visit deductible does not apply	30% coinsurance	
	Skilled nursing care	10% coinsurance	30% coinsurance	60 days/benefit period for skilled nursing services.
	Durable medical equipment	10% coinsurance	30% coinsurance	*See Durable Medical Equipment Section
	Hospice services	10% coinsurance	10% coinsurance	-----none-----
	Children’s eye exam	Not covered	Not covered	-----none-----

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children’s glasses	Not covered	Not covered	
	Children’s dental check-up	Not covered	Not covered	-----none-----

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)			
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Glasses for a child • Long-term care • Weight loss programs 	<ul style="list-style-type: none"> • Bariatric surgery • Dental care (Adult) • Hearing aids • Routine eye care (Adult) 	<ul style="list-style-type: none"> • Children’s dental check-up • Eye exams for a child • Infertility treatment • Routine foot care 	
Other Covered Services (Limitations may apply to these services. This isn’t a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> • Chiropractic care 16 visits/benefit period 	<ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.bcbsglobalcore.com 	<ul style="list-style-type: none"> • Private-duty nursing Facility Setting only 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Ohio Department of Insurance, 50 W. Town Street, Third Floor - Suite 300, Columbus, Ohio 43215, (800) 686-1526, (614) 644-2673, Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 105568, Atlanta GA 30348-5568

Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, 1-877-267-2323 x61565, www.cciio.cms.gov

* For more information about limitations and exceptions, see the [plan](#) or policy document at <https://coc.anthem.com/cocdps/aso>.

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes/No.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost-sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)	Managing Joe's Type 2 Diabetes (a year of routine in-network care of a well-controlled condition)	Mia's Simple Fracture (in-network emergency room visit and follow up care)
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<ul style="list-style-type: none"> ■ The <u>plan's</u> overall <u>deductible</u> \$500 ■ <u>Specialist copayment</u> \$35 ■ Hospital (facility) <u>coinsurance</u> 10% ■ Other <u>coinsurance</u> 0% 	<ul style="list-style-type: none"> ■ The <u>plan's</u> overall <u>deductible</u> \$500 ■ <u>Specialist copayment</u> \$35 ■ Hospital (facility) <u>coinsurance</u> 10% ■ Other <u>coinsurance</u> 0% 	<ul style="list-style-type: none"> ■ The <u>plan's</u> overall <u>deductible</u> \$500 ■ <u>Specialist copayment</u> \$35 ■ Hospital (facility) <u>coinsurance</u> 10% ■ Other <u>coinsurance</u> 0%
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This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$12,700	Total Example Cost	\$5,600	Total Example Cost	\$2,800
In this example, Peg would pay:		In this example, Joe would pay:		In this example, Mia would pay:	
<u>Cost Sharing</u>		<u>Cost Sharing</u>		<u>Cost Sharing</u>	
<u>Deductibles</u>	\$500	<u>Deductibles</u>	\$100	<u>Deductibles</u>	\$500
<u>Copayments</u>	\$0	<u>Copayments</u>	\$1,200	<u>Copayments</u>	\$400
<u>Coinsurance</u>	\$1,000	<u>Coinsurance</u>	\$0	<u>Coinsurance</u>	\$100
<i>What isn't covered</i>		<i>What isn't covered</i>		<i>What isn't covered</i>	
Limits or exclusions	\$60	Limits or exclusions	\$20	Limits or exclusions	\$0
The total Peg would pay is	\$1,560	The total Joe would pay is	\$1,320	The total Mia would pay is	\$1,000

* For more information about limitations and exceptions, see the plan or policy document at <https://eoc.anthem.com/eocdps/aso>.

**Blue View VisionSM
FS.A.0.10.130.130**



Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation’s largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$0 Copay	Reimbursed Up To \$42	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every 12 months
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses <ul style="list-style-type: none"> • Single vision lenses • Bifocal lenses • Trifocal lenses 	\$10 Copay \$10 Copay \$10 Copay	Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80	Once every 12 months
Eyeglass Lens Enhancements <i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> • <i>Transitions</i> Lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory Scratch Coating 	\$0 Copay \$0 Copay \$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses) <i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> • Elective conventional (non-disposable) OR • Elective disposable OR • Non-elective (medically necessary) 	\$130 Allowance, then 15% off any remaining balance \$130 Allowance (no additional discount) Covered in full	Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210	Once every 12 months

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person’s coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member’s policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

- Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.
- Excess Amounts.** Amounts in excess of covered vision expense.
- Sunglasses.** Plano sunglasses and accompanying frames.
- Safety Glasses.** Safety glasses and accompanying frames.
- Not Specifically Listed.** Services not specifically listed in this plan as covered services.
- Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
- Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
- Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY	In-Network Member Cost (after any applicable copay)
Retinal Imaging – at member’s option, can be performed a time of eye exam	Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ Up to \$55 • Premium contact lens fitting⁴ 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.
² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.
³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com , select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: oonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

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Blue View VisionSM
FS.B.10.10.130.130



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Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every 24 months
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses			
<ul style="list-style-type: none"> o Single vision lenses o Bifocal lenses o Trifocal lenses 	<ul style="list-style-type: none"> \$10 Copay \$10 Copay \$10 Copay 	<ul style="list-style-type: none"> Reimbursed Up To \$40 Reimbursed Up To \$60 Reimbursed Up To \$80 	Once every 12 months
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> o <i>Transitions</i> Lenses (for a child under age 19) o Standard polycarbonate (for a child under age 19) o Factory Scratch Coating 	<ul style="list-style-type: none"> \$0 Copay \$0 Copay \$0 Copay 	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses)			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
<ul style="list-style-type: none"> o Elective conventional (non-disposable) OR o Elective disposable OR o Non-elective (medically necessary) 	<ul style="list-style-type: none"> \$130 Allowance, then 15% off any remaining balance \$130 Allowance (no additional discount) Covered in full 	<ul style="list-style-type: none"> Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210 	Once every 12 months

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person’s coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member’s policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

- EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)**
- Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.
 - Excess Amounts.** Amounts in excess of covered vision expense.
 - Sunglasses.** Plano sunglasses and accompanying frames.
 - Safety Glasses.** Safety glasses and accompanying frames.
 - Not Specifically Listed.** Services not specifically listed in this plan as covered services.
 - Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
 - Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
 - Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
Retinal Imaging – at member’s option, can be performed a time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ • Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	• Discount applies to materials only	15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.
² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.
³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.
⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com , select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: oonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

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**Delta Dental PPO (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 1039-0001, 0002, 0003, 0099
Pickerington Local School District**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.*

Control Plan – Delta Dental of Ohio

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipatin g Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	80%	80%
Endodontic Services – root canals	80%	80%	80%
Periodontic Services – to treat gum disease	80%	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%	80%
Other Basic Services – misc. services	80%	80%	80%
Relines and Repairs – to bridges, implants, and dentures	80%	80%	80%
Major Services			
Major Restorative Services – crowns	60%	60%	60%
Prosthodontic Services – bridges and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services – braces	60%	60%	60%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. Two additional prophylaxes are payable per calendar year for individuals with a documented history of periodontal disease.
- Fluoride treatments are payable once per calendar year with no age limit.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.

- Sealants are payable once per tooth per three-year period for the occlusal surface of first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Precision attachments on dentures are Covered Services.
- Precision attachments on bridges are Covered Services.
- Implants and related services are not Covered Services.
- Occlusal guards are not Covered Services. Application of desensitizing medicaments (for example, application of fluoride to treat receding gums) and antibiotic drug injections are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$2,500 per person total per Benefit Year on all services except orthodontics. \$850 per person total per lifetime on orthodontic services.

Deductible – \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$50 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, and orthodontic services.

Any expenses incurred by an eligible person for covered services during the last three months of a benefit year and applied to the Deductible for that benefit year will also be applied to the Deductible for the following Benefit Year.

Waiting Period – Employees who are eligible for dental benefits are covered on the first day of the month following the date of hire.

Eligible People – All active Pickerington Local School District employees; Administration (0001), Teachers (0002) and Support Staff (0003) who choose the dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099). The Contractor and Subscriber share the cost of this plan.

Also eligible are your legal spouse and your children to the end of the month in which they turn 26, including your children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your spouse are both eligible for coverage under this Contract, you may be enrolled together on one application or separately on individual applications, but not both. Your dependent children may only be enrolled on one application. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the date of termination.

Customer Service Toll-Free Number: (800) 524-0149 (TTY users call 711)
www.DeltaDentalOH.com
 September 1, 2016

KR#60274754

INSURANCE PAYMENT/COST INFORMATION

Administrative Personnel

Calculation of Employee and BOE Share of Insurance per Month

	Health-PLAN A		Dental	Vision Plan	Vision-PLAN A				Vision-PLAN B			
	Family	Single	Family/Single		Family	EE + Child	EE + Spouse	Single	Family	EE + Child	EE + Spouse	Single
Anthem Premium 01/01/24 - 12/31/24	\$2,313.28	\$1,010.12	\$82.94		\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
PCORI Fee Paid by BOE	\$0.50	\$0.18										

80/20 Split of Health and Dental Insurance Premiums; Vision Fully EE Paid

	Family	Single	Family/Single		Family	EE + Child	EE + Spouse	Single	Family	EE + Child	EE + Spouse	Single
Full Premium with PCORI	\$2,313.28	\$1,010.12	\$82.94	Employee Share	\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Less Typical Employee Share 20%	\$462.66	\$202.02	\$16.58	Board Share	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Usual Board Share	\$1,850.62	\$808.10	\$66.36		\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Employee FTE	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Usual BOE Share of Premium (80%) Less PCORI	\$1,850.22	\$807.96	\$66.36		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BOE Share of Premium w/PCORI	\$1,850.72	\$808.14			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BOE Castlight	\$4.75	\$2.07										
BOE Share of Premium w/Castlight	\$1,855.48	\$810.22	\$66.36	Employee Premium	\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Employee Share of Premium	\$462.56	\$201.98										
Castlight Employee	\$1.20	\$0.52										
Employee Share with Castlight	\$463.76	\$202.50	\$16.58									

Administrative Personnel--HDHP/H.S.A. Option

Calculation of Employee and BOE Share of Insurance per Month

	Health-PLAN B		Dental	Vision Plan	Vision-PLAN A				Vision-PLAN B			
	Family	Single	Family/Single		Family	EE + Child	EE + Spouse	Single	Family	EE + Child	EE + Spouse	Single
Anthem Premium 01/01/24 - 12/31/24	\$2,161.76	\$943.92	\$82.94		\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
PCORI Fee paid by BOE	\$0.50	\$0.18										

80/20 Split of Health and Dental Insurance Premiums

	Family	Single	Family/Single		Family	EE + Child	EE + Spouse	Single	Family	EE + Child	EE + Spouse	Single
Full Premium with PCORI	\$2,161.76	\$943.92	\$82.94	Employee Share	\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Less Typical Employee Share 20%	\$432.36	\$188.78	\$16.58	Board Share	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Usual Board Share	\$1,729.40	\$755.14	\$66.36		\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Employee FTE	100.00%	100.00%	100.00%		100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Usual BOE Share of Premium (80%) Less PCORI	\$1,729.00	\$755.00	\$66.36		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BOE Share of Premium w/PCORI	\$1,729.50	\$755.18			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
BOE Castlight	\$4.72	\$2.06										
BOE Share of Premium w/Castlight	\$1,734.22	\$757.24	\$66.36	Employee Premium	\$23.64	\$15.48	\$14.26	\$8.14	\$17.58	\$11.52	\$10.60	\$6.06
Employee Share of Premium	\$432.26	\$188.74										
Castlight Employee	\$0.84	\$0.37										
Employee Share with Castlight	\$433.10	\$189.12	\$16.58									

PICKERINGTON LOCAL SCHOOL DISTRICT

Application for Administrator Professional College Credit

Grade slips and fee receipts must be submitted upon completion to be eligible for reimbursement.

The following form must be completed and submitted to the superintendent for approval of professional college credit courses and reimbursement prior to taking the course(s).

Employee ID _____

Name (please print) _____

Date of Submission _____

Assignment _____

Building _____

Degree Held _____

Certificate/License Held _____

Name(s) of course(s) requesting reimbursement:

<u>COURSE #</u>	<u>COURSE NAME</u>	<u>UNIVERSITY</u>	<u>COURSE START DATE</u>	<u># CREDITS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Courses considered for reimbursement:
 I. Courses required for renewal of current license/certificate taken in current content area;
 II. Courses necessary to earn additional license/endorsements.
 Coursework taken that does not meet one of the criteria above will not be eligible for reimbursement.

Failure to report accurate information will result in disqualification for reimbursement.

 Signature of administrator making request

- Approved
- Denied

 Signature of Superintendent

 Date

- Return completed form to Treasurer's Office -