

**CHAMBERSBURG AREA SCHOOL DISTRICT
CONTRACT FOR EMPLOYMENT OF
DISTRICT SUPERINTENDENT**

THIS CONTRACT is made and entered this 23 day of August, 2023, by and between the Board of School Directors of the Chambersburg Area School District, having its principle office in Chambersburg, Pennsylvania, (hereinafter referred to as "District" or "Board" or "Board of School Directors") and Mr. Christopher E. Bigger, (hereinafter referred to as "District Superintendent" or "Bigger").

WHEREAS, the Board of School directors nominated Bigger to be appointed to the position of School District Superintendent for an approximate four and one half (4.5) year term commencing November 28, 2023 and ending on June 30, 2028; and

WHEREAS, the Board of School Directors of the District, at a regularly scheduled meeting, duly and properly called on the 29th day of August, 2023, did adopt an appropriate resolution appointing Bigger to the office of District Superintendent in accordance with the provisions of Sections 508, 1071, 1073 and 1073.1 of the Commonwealth of Pennsylvania's Public School Code of 1949, as amended (hereinafter referred to as "Public School Code"); and

WHEREAS, Bigger agrees to serve in the position of School District Superintendent; and

WHEREAS, the parties have agreed upon certain terms and conditions of employment and desire to reduce said terms and conditions to writing;

NOW, THEREFORE, the parties, intending to be legally bound hereby, and in consideration of the mutual covenants contained herein, agree as follows:

1. Term.

The Board, in consideration of the promises herein contained, has offered to employ Bigger as District Superintendent and Bigger hereby accepts said employment as District Superintendent of the Chambersburg Area School District for a term commencing on November 28, 2023 and ending on June 30, 2028, and the contract shall terminate immediately upon the expiration of the term unless the contract is allowed to renew automatically under Section 10-1073 (b).

2. Authority of District and District Superintendent.

The District, on its own behalf and on behalf of the electors of the District, and District Superintendent hereby retain and reserve all power, rights, authority, duties and responsibilities conferred upon and invested in it and in the Superintendent, respectively, by the laws and the Constitution of the Commonwealth of Pennsylvania save for any power, rights, authority, duties and responsibilities limited by the express terms of this Contract.

3. Professional Qualifications.

The District Superintendent covenants that he possesses all of the qualifications that are required by law to serve as the District Superintendent in the Commonwealth of Pennsylvania and that he will maintain the same throughout the Term of this Contract. The District Superintendent further agrees to subscribe to and take the oath of office in accordance with Section 1004 of the Public School Code.

4. Duties and Responsibilities.

- A. During the Term of this Contract the District Superintendent agrees to serve as Chief Administrator of the District and Executive Officer for the Board of School Directors, and to perform the duties of the District Superintendent in a competent and professional manner in accordance with the laws of the Commonwealth of Pennsylvania, the District's Job Description for the position of District Superintendent (attached hereto as Appendix A and incorporated by reference into this Employment Contract), and the provisions of this Contract.
- B. The District Superintendent is charged with the administration of the schools under the direction of the Board of School Directors. The District Superintendent shall be the Chief Executive Officer of the District and, as such, shall be responsible for duties outlined in the Superintendent job description. (See Appendix A)
- C. The District Superintendent shall have a seat on the Board of School Directors and the right to speak on all issues before the Board but shall not have the right to vote. The District Superintendent and/or his designee shall attend all regular and special meetings of the Board and all committee meetings thereof, excepting those relating to the District Superintendent's own employment, and shall serve as advisor to the Board and its committees in all matters affecting the District. The Board and its members individually shall promptly refer all criticisms, complaints and suggestions called to its attention to the District Superintendent for study, disposition, or recommendation as appropriate. The District Superintendent shall inform the Board of all administrative actions taken on its behalf.
- D. The District Superintendent shall be responsible for the total day-to-day administration of the District subject to officially adopted policies of the Board. Board Members may exercise their responsibilities as set forth in Board policy or directed by the Board.
- E. The District Superintendent agrees to devote his full time, attention, energies, skills and labor to his employment as District Superintendent during the term of this Contract provided, however, that the District

Superintendent may undertake and be compensated for outside work, including consultative work, speaking engagements, writing, lecturing, adjunct teaching, or other professional services which do not interfere with the District Superintendent's obligations pursuant to this Contract, provided the Board is informed of such outside activities prior to engagement.

- F. The duties of the District Superintendent require his participation in professional associations and presence at numerous meetings, conventions, and conferences in order to maintain awareness of current issues, programs and information. The District Superintendent's attendance at seminars, workshops, in-service programs, and school activities is necessary to maintain the knowledge and skills required of his position. The District considers the expenses involved in such activities, including membership dues and fees in three (3) professional associations, to be directly related to the District Superintendent's duties and shall be paid for or reimbursed by the District in accordance with District policy and procedures, including an eight thousand (8,000) mile annual mileage allowance paid at the applicable mileage rate established by the Internal Revenue Service in effect at the time of payment. The allowance is disbursed in bi-weekly equal payments following the District's customary payment dates. The allowance will be prorated during the first year of the term based on the District Superintendent's start date as noted in Paragraph 1 of this Employment Contract. No reimbursement shall be provided for graduate education credits.

5. **Compensation and Benefits.**

The District Superintendent will receive the following compensation and benefits:

- A. Compensation: Base Salary: \$210,000 for the 2023-2024 school year. Compensation will be prorated during the first year of the term based on the District Superintendent's start date as noted in Paragraph 1 of this Employment Contract. The District Superintendent's per diem rate shall be 1/248th of his then salary.

During the term of this contract, the District Superintendent will receive a two and one half percent (2.5%) raise annually beginning with the 2024-2025 school year, provided that the District Superintendent does not receive an evaluation rating of "unsatisfactory" for the preceding year; and if the District Superintendent did receive an "unsatisfactory" rating then no increase will be given for the next year. The failure of the Board to perform the evaluation shall not constitute an "unsatisfactory" rating.

- B. The District will offer a Qualified High Deductible Health Plan ("QHDHP"), including prescription drug coverage, to the District Superintendent and his qualified dependents with 100% of the premiums being paid by the District. Annual deductibles will be equal to the Internal Revenue Service ("IRS") minimum deductibles for a QHDHP. For year 2023-2024 deductibles are \$1,500.00 for Employee Only and \$3,000.00 for Employee Plus One or More coverage. The deductible levels in the QHDHP will rise according to IRS-established minimum deductibles for a QHDHP. A Health Savings Account (HSA) will be established for the District Superintendent enrolled in the QHDHP, with an annual employer contribution of an amount equal to 40% of the deductible. Benefits Highlights outlining the District's current QHDHP program is attached hereto as Appendix B.
- C. Vision and dental coverage will be offered to the District Superintendent and his qualified dependents with 100% of the premiums being paid by the District. Information outlining the current benefit summaries for coverage are attached hereto as Appendix B.
- D. The District will provide the District Superintendent with a cellular phone, laptop computer, and iPad. Devices will be used only for School District business and shall not be used for the District Superintendent's personal use. All charges in connection with the electronic devices shall be paid by the School District and all such equipment shall remain the property of the District and be returned to the School District upon termination of this Contract.
- E. Upon retirement, the District will provide the District Superintendent with employee and spouse health coverage with seventy-five percent (75%) of the premium paid for by the District and twenty-five percent (25%) paid by the District Superintendent. This benefit applies if the District Superintendent is actually retiring at age 60 or older and has made application to the Pennsylvania Public School Employees Retirement System, has notified the Board of School Directors in writing of the intent to retire no less than 180 days prior to the retirement date, and the Board approves such resignation. This benefit no longer applies should the District Superintendent secure employment or insurance coverage elsewhere upon retirement. The District Superintendent is eligible for this benefit, and may elect to purchase at his expense additional health coverage for his dependents on a self-pay basis, equal to the district premium, until one or more of the following events occurs:
- Superintendent is deceased.
 - Superintendent elects to terminate coverage.
 - Superintendent turns age 65.
 - Superintendent is eligible for Medicare, even if the District Superintendent's spouse is not eligible.

- F. The District Superintendent is eligible for an additional \$1,000 in supplemental pay, prorated based on the date upon which such certification is earned, for receiving and maintaining CPR and First-Aid certification, with such certification being valid for two (2) years. This supplemental pay will not be added to the base salary.
- G. The District Superintendent will be provided with Long-Term Disability Insurance. The benefit schedule includes 50% of monthly salary (to a maximum of \$5,000) per month for 60 months. This benefit requires the District Superintendent to be off work ninety (90) consecutive days before payments begin, allowing for benefits until the age of sixty-five (65). This program will terminate when the District Superintendent voluntarily or involuntarily leaves employment as the District Superintendent.
- H. The District Superintendent will receive thirteen (13) days of sick leave per year. Sick leave is cumulative without limit. Sick leave days will be prorated during the first year of the term based on the District Superintendent's start date as noted in Paragraph 1 of this Employment Contract.
- I. The District Superintendent shall be permitted to transfer to the District twenty-five (25) sick days accumulated in his prior employment ("Accumulated Sick Days"). The District Superintendent will not receive any monetary payout for any remaining accrued sick days at any time, including upon his retirement or departure from the District.
- J. The District Superintendent will receive twenty-five (25) days of vacation per year. Vacation days will be prorated during the first year of the term based on the District Superintendent's start date as noted in Paragraph 1 of this Employment Contract. The District Superintendent may carry over vacation up to a maximum of 10 days. Carry-over vacation days from the previous year may be used through December 31st of each year. The District Superintendent will not receive any monetary payout for any remaining accrued vacation days at any time, including upon his retirement or departure from the District.
- K. Five (5) personal leave days will be provided to the District Superintendent with accumulation to eight (8) days. Personal leave days will be prorated during the first year of the term based on the District Superintendent's start date as noted in Paragraph 1 of this Employment Contract. The District Superintendent will not receive any monetary payout for any remaining accrued personal days at any time, including upon his retirement or departure from the District.
- L. The District Superintendent will be granted paid holidays that are consistent with the holidays established by law or granted by the Board.

- M. The District will pay into a qualified 403(b) account, established by the District Superintendent with a District approved vendor, an amount equal to 7.0% of the District Superintendent's gross salary for each year during the term of this agreement. The District will make payments in four (4) equal installments on or near July 1, October 1, January 1, and April 1 of each year, adhering to contribution limits set forth in the Internal Revenue Service Code.
- N. The District Superintendent will belong to local, state, and national organizations as necessary to successfully complete his responsibilities. The cost of these memberships will be paid for by the District.

6. Assessment of Performance.

- A. The Board shall evaluate, in writing, the performance of District Superintendent twice each year during the term of this Contract, no later than January 30th and June 30th of each year, unless the parties mutually agree in writing on another date for the evaluation. The annual performance assessment shall be conducted in an executive session limited to members of the Board of School Directors. For the first year of this Agreement, the District Superintendent's first review shall take place no later than June 30, 2024.

An evaluation instrument and method mutually agreed upon in writing by the Board and the District Superintendent shall be utilized for the annual performance assessment; provided, however, that any evaluation instrument and method selected shall require the Board of School Directors to speak in one voice by voting as an entire Board rather than "averaging" the feedback of each member regarding each aspect of the evaluation. In the event the Board consensus determines that the performance of the District Superintendent is unsatisfactory in any respect, it shall describe in writing, in reasonable detail, the specific instances of unsatisfactory performance.

A copy of the written evaluation shall be delivered to the District Superintendent. The District Superintendent shall have the right to make a written response to the evaluation. The Board's evaluations and the District Superintendent's response(s) shall remain confidential and may not be communicated publicly without authorization of the District Superintendent, except as otherwise expressly required by state or federal law.

- B. The performance assessment shall be used for the following purposes:
 - 1. To strengthen the working relationship between the Board and the District Superintendent and to clarify for the District Superintendent and individual members of the Board of School Directors the

responsibilities of the District Superintendent to the District and the Board; and

2. To discuss and establish goals and/or objective performance standards for the following year.
3. To inform the District Superintendent of any deficiencies perceived by the Board.

C. **Performance Expectations, Including Objective Performance Standards.**

The performance of the District Superintendent shall be assessed in part against the objective performance standards that have been mutually agreed upon by the Board and the District Superintendent. The Board shall post the mutually agreed upon objective performance standards on the District website and shall also annually post the date of the District Superintendent's annual performance assessment and whether or not the District Superintendent met the agreed upon objective performance standards. No other information regarding the District Superintendent's performance assessment shall be posted on the District website or in any other manner disclosed by the District unless expressly required by state or federal law. The Board and District Superintendent hereby mutually agree to develop Objective Performance Standards no later than January 31, 2024, which shall be incorporated into this Agreement by reference, and attached as Appendix C. The Objective Performance Standards shall be reviewed and updated as necessary on or before August 31st of each year of this Contract unless another date is mutually agreed upon by the Board and District Superintendent.

7. **Investigations by the Board.**

In the event that the Board of School Directors directs that any investigation of the District Superintendent's conduct or performance be undertaken, the District Superintendent shall be: (i) notified of the occurrence and purpose of such investigation prior to the commencement of the same; (ii) granted access to all documents or reports generated by such an investigation and; (iii) granted the opportunity to respond, verbally or in writing, to any documents, findings or conclusions derived from such an investigation prior to the investigation being concluded. Any investigations undertaken by the Board shall be completed in private without any public disclosure by the Board or the District Superintendent of the commencement or progress of the same except as required by law. Nothing herein shall obligate the Board to share attorney-client privileged or work product information with the District Superintendent following the completion of any investigation of his conduct or performance.

8. **Professional Liability.**

The Board agrees that it will defend, hold harmless and indemnify the District Superintendent from any and all demands, claims, suits, actions and legal

proceedings brought against the District Superintendent in his individual capacity or in his official capacity as agent and employee of the Board, provided the incident arose while District Superintendent was acting, or reasonably believed that he was acting, within the scope of his employment. If, in the good faith opinion of the District Superintendent, a conflict exists with respect to the defense of such claims between the legal position of the Board and the legal position of the District Superintendent, the District Superintendent may engage independent counsel and the Board shall continue to indemnify the District Superintendent and pay the full costs of the District Superintendent's legal defense. This obligation shall survive the termination/expiration of this Contract.

9. Reappointment.

The Board shall notify the District Superintendent in writing by personal service or by certified mail, no later than the 90 days before the expiration of the term of this Contract, that the Board intends to renew his employment as District Superintendent for a term of 3 to 5 years OR that another, or other candidates will be considered for the office. This decision will be kept private between the Superintendent and the Board of School Directors until the information is required to be released publicly. Should the District Superintendent not be so notified, the District Superintendent shall be reappointed for a term of one (1) year and the terms and conditions of this Contract shall be incorporated into a successor Contract unless mutually agreed otherwise by the Board and the District Superintendent.

10. Termination.

This Contract may be terminated prior to the end of the Term of this Contract as follows:

- A. The District Superintendent shall be subject to discharge and termination of this Contract for valid and just cause for the reasons specified in Section 1080 of the Public School Code. However, the Board shall not arbitrarily or capriciously call for the District Superintendent's dismissal and the District Superintendent shall in any event have the right to written charges, notice of hearing, fair and impartial hearing, all elements of due process required by the Public School Code, and the right to appeal to a court of competent jurisdiction. At any such hearing before the Board, the District Superintendent shall have the right to be present and to be heard, to be represented by counsel, and to present evidence, through witnesses, testimony, and documentation relevant to the issue. A transcript of the record of proceedings before the Board shall be made available without charge to the District Superintendent. The District Superintendent shall have the right to be represented by counsel at his sole cost and expense.

- B. This Contract may be unilaterally terminated without penalty by the resignation of the District Superintendent at any time; provided the District Superintendent gives the Board at least ninety (90) days' notice prior to the effective date of the resignation. If this Contract is terminated in this manner, the District shall, in due course and in the normal pay schedule, pay and provide to the District Superintendent all of the aggregate compensation, salary, and benefits including, but not limited to, insurance premiums and coverages in accordance with this Contract through the effective date of their resignation and termination of this Contract and provide any applicable post-employment and retirement benefits provided for in this Contract.
- C. This Contract may be terminated by the mutual consent, in writing, of the District Superintendent and the Board. If this Contract is terminated in this manner, the District shall, as agreed between the parties, pay and provide to the District Superintendent all of the aggregate compensation, salary, and benefits, including but not limited to insurance premiums and coverages in accordance with this Contract through the mutually agreed upon effective date of the termination of this Contract and provide any applicable post-employment and retirement benefits provided for in this Contract.
- D. This Contract shall be terminated upon the death of the District Superintendent, at which time, the District shall pay to the District Superintendent's estate and/or heirs all of the aggregate compensation, salary, and benefits the District Superintendent earned, accrued and/or is entitled to under this Contract through the date of the District Superintendent's death.

11. Modification.

This Contract shall not be amended, changed or modified, except in writing approved of and signed by the District Superintendent and approved of by the Board and signed by a duly authorized officer(s) of the Board.

12. Savings.

Should any provision of this Contract be declared illegal or unenforceable by a court of competent jurisdiction, said provision shall be deleted from this Contract to the extent that it violates the law. The remaining provisions shall remain in full force and effect for the duration of the Contract if not affected by the deleted provision. If at any time thereafter such provision shall no longer conflict with the law, then it shall be deemed restored in full force and effect as if it had never been in conflict with the law.

13. Obligations.

This Contract shall be binding upon and shall inure to the benefit of District and its duly authorized representatives and successors. This Contract shall be binding upon and shall inure to the benefit of the District Superintendent and, to the extent applicable, their personal representatives and heirs.

14. Statutory Reference.

All references to the Public School Code contained herein shall also refer to and incorporate any amendment or recodification of the Public School Code.

15. Applicable Law.

This Contract shall be governed and construed in accordance with the laws of the Commonwealth of Pennsylvania.

16. THIS CONTRACT CONTAINS THE MUTUAL AND COMPLETE AGREEMENT BETWEEN THE DISTRICT SUPERINTENDENT AND THE BOARD WITH RESPECT TO THE TERMS AND CONDITIONS OF EMPLOYMENT.

17. THIS CONTRACT INCORPORATES ALL PROVISIONS RELATING TO COMPENSATION AND BENEFITS TO BE PAID TO OR ON BEHALF OF THE DISTRICT SUPERINTENDENT.

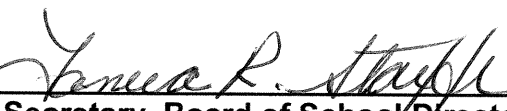
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IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties have caused this Contract to be duly executed the day and year first above written.

CHAMBERSBURG AREA SCHOOL DISTRICT:

BY: 
DR. MARK SCHUR
President, Board of School Directors

8/29/23
Date

ATTEST: 
Secretary, Board of School Directors

8/29/23
Date

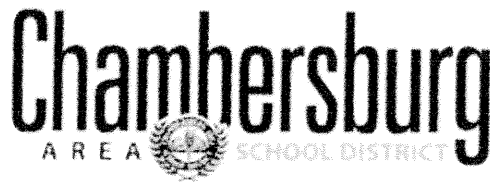

MR. CHRISTOPHER E. BIGGER
District Superintendent

8/29/23
Date

Appendix A

CHAMBERSBURG AREA SCHOOL DISTRICT

JOB DESCRIPTION: DISTRICT SUPERINTENDENT



JOB DESCRIPTION: DISTRICT SUPERINTENDENT

TITLE: Superintendent Job Description

REPORTS TO: Board of School Directors (Board)

APPROVED BY: Board of Directors

DATE: Revised: August, 2023

Job Summary: The Superintendent of Schools serves as the Chief Executive Officer of the District in is accountable for the overall execution and planning of all core knowledge areas identified within the Chambersburg Area School District. The Superintendent provides leadership in developing and maintaining comprehensive educational programs and services that advance the mission of the District, and which fulfill the educational needs of all students. The District Superintendent uses executive-level management, organizational, planning, communication, technical and conflict management skills to ensure that all core knowledge areas are carried out effectively to meet the goals and objectives set forth annually by the Board of School Directors.

Essential Duties and Responsibilities:

1. Provide educational leadership that offers a quality education designed to meet the needs of District students and the community.
2. Establish annual areas of focus and initiatives adopted by the School Board and move the School District toward the fulfillment of Board-defined goals and objectives defined in the Comprehensive Plan.
3. Administer the school code and all legal requirements pertaining to public education, and the policies and administrative procedures of the School District.
4. Provide input and information to the Board of Directors to assist them in developing policies and in their decision-making.
5. Attend and participate in all meetings of the Board and its committees.
6. Provide complete oversight of all staff and student programs, and continually

- improve instruction and educational programs through continuing education and analysis.
7. Oversee the recruitment and retention of staff members and recommend individuals for appointment with the District.
 8. Supervise and evaluate all direct reports and assign and define the duties of all personnel, subject to Board approval.
 9. Advise the Board on all matters and recommend policies for consideration.
 10. Ensure implementation and execution of all policies adopted by the Board.
 11. Represent the Board as a liaison between the District and community.
 12. Communicate with all stakeholders including, but not limited to, students, parents, staff, contractors, community partners, institutions, agencies, and other school systems.
 13. Oversee and facilitate all School District construction and renovation projects and act as a liaison to the School Board for all construction matters.
 14. Attend public events and meetings as a representative of the District.
 15. Oversee the development and implementation of the annual budget and associated purchases and revenue development processes.
 16. Promote close cooperation between parents, teachers, and other School District staff as well as represent the School Board as a liaison between the School District and community.
 17. Regularly visit District schools to monitor the effectiveness and accessibility of policies and programs and the orderly operation of school buildings.
 18. Abide by, monitor and enforce compliance with federal, state, and local laws and regulations, mandated programs, district policies and administrative regulations and applicable collective bargaining agreements.
 19. Perform other tasks and duties as may be assigned by the Board.

EDUCATION, EXPERIENCE AND SKILLS

The Superintendent relies on extensive experience and judgment to plan and accomplish goals, perform a wide variety of executive functions and lead/direct the work of administrators and staff. A significant degree of creativity and latitude is required in the execution of duties, conducted via an effective communication protocol and a commitment to a sound board-superintendent relationship with delineated roles and responsibilities.

- Must hold a letter of eligibility
- Bachelor's Degree Required
- Graduate degree in educational administration required or graduate degree in business, finance, management or law along with a completed leadership program
- Five to 10 years of supervisory and administrative experience required
- Must develop "objective performance standards" mutually agreed upon by the school board and the superintendent

- Maintains all appropriate clearances within one year
- Must have strong critical thinking, analytical and problem-solving skills
- Effective interpersonal and talent management skills to attract, retain and build capacity in others
- Has a deep understanding of - and ability to utilize technology operationally and educationally
- Ability to understand qualitative and quantitative metrics to assess organizational performance
- Must display integrity, resilience and a deep work ethic with a drive to hold oneself accountable in order to generate trust and loyalty in others and to have the ability to set and achieve organizational goals
- A passion for continuous learning to keep up with trends/emerging opportunities

PHYSICAL DEMANDS AND ENVIRONMENTAL CONDITIONS

- Work is performed while standing, sitting and/or walking
- Requires the ability to communicate effectively using speech, vision and hearing
- Requires the use of hands for simple grasping and fine manipulations
- Requires occasional bending, squatting, reaching, kneeling, remaining in a seated position for extended periods of time, and standing for extended periods of time
- Requires the ability to lift, carry, push or pull light weights 25 to 50 or more
- Talking: Requires extensive talking to express/exchange ideas
- Hearing: Requires extensive listening ability
- Vision: Clarity of vision and depth perception for moving about physical plants, facilities and events - with appropriate visual accommodations
- Ability to operate a motor vehicle
- Ability to execute keyboarding skills on computer
- Normal inside working conditions, but will be exposed to weather and atmospheric conditions (wet, humid, etc.) - including occasional extremes in cold and heat

The position specifications described here are representative of those that must be met by a management level employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. It is the responsibility of the employee to inform the District of any and all reasonable accommodations that may be required to perform the functions of the position.

The information contained in this job description is for compliance with the Americans with Disabilities Act {A.D.A.} and is not an exhaustive list of the duties performed for this position. Additional duties are performed by the individual currently holding this position and additional duties may be assigned.

Chambersburg Area School District is an equal opportunity employment, educational, and service organization.

Appendix B

CHAMBERSBURG AREA SCHOOL DISTRICT

DISTRICT HEALTH INSURANCE PROGRAMS

APPENDIX B

INSURANCE PROGRAMS

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Administered by Capital BlueCross¹

Chambersburg Area School District: HSA/Rx Plan

Coverage Period: 07/01/2023 - 06/30/2024

Coverage For: Individual and Family | Plan Type: PPO 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, go to www.casdonline.org or call (717)261-3314.

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.cciio.cms.gov or call (717)261-3314 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$1,500 individual / \$3,000 family per <u>plan</u> year. <u>Deductible</u> applies to all services except were noted, including <u>prescription drug</u> , before any <u>coinsurance</u> is applied.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay.
Are there services covered before you meet your <u>deductible</u> ?	Yes. <u>Network</u> preventive services.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without cost-sharing and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	For participating <u>providers</u> \$1,500 individual / \$3,000 family; for non-participating <u>providers</u> \$1,500 individual / \$3,000 family combined <u>out-of-pocket limit</u> for medical and <u>prescription drug</u> .	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	Pre-authorization penalties, <u>premiums</u> , <u>balance billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. For a list of participating <u>providers</u> , see www.casdonline.org or call (717)261-3314.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



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		Limits, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating 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	No charge	20% <u>coinsurance</u>	None
	<u>Specialist visit</u>	No charge	20% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge	<u>Screening/immunization</u> : 20% <u>coinsurance</u> ; <u>Routine Physical Exams</u> : Not covered	<u>Deductible</u> does not apply to services at participating <u>providers</u> . You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge for lab or tests.	20% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	No charge	20% <u>coinsurance</u>	*See <u>preauthorization</u> schedule attached to your certificate of coverage.
If you need drugs to treat your illness or condition. More information about <u>prescription drug coverage</u> is available by calling 1-888-428-2566	Generic drugs	No charge	No charge	
	Preferred brand drugs	No charge	No charge	Covers up to 31-day supply (retail) 90-day supply (mail order)
	Non-preferred brand drugs	No charge	No charge	
	<u>Specialty drugs</u>	No charge	No charge	Prescription written for up to 30 days supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	50% <u>coinsurance</u>	None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	*See <u>preauthorization</u> schedule attached to your certificate of coverage.
If you need immediate medical attention	<u>Emergency room care</u>	No charge	No charge	None
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	No charge	20% <u>coinsurance</u>	None

*For more information about preauthorization, see the requirements document at www.capbluecross.com/wps/wcm/connect/CBC-Public/CBC/Members/Preauthorization+Requirements.

Common Medical Event	Services You May Need	What You Will Pay		Limits, Exceptions, & Other Important Information
		Participating Provider (You will pay the least)	Non-participating Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	20% <u>coinsurance</u>	*See <u>preauthorization</u> schedule attached to your certificate of coverage. None
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No charge	20% <u>coinsurance</u>	None
	Inpatient services	No charge	20% <u>coinsurance</u>	None
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or <u>deductible</u> may apply.
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	No charge	20% <u>coinsurance</u>	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	*See <u>preauthorization</u> schedule attached to your certificate of coverage.
	<u>Rehabilitation services</u>	No charge	20% <u>coinsurance</u>	Limit: 40 visit per therapy type/benefit period. Includes <u>rehabilitative</u> and <u>habilitative services</u> .
	<u>Habilitation services</u>	No charge	20% <u>coinsurance</u>	None
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	None
	<u>Durable medical equipment</u>	No charge	20% <u>coinsurance</u>	None
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	10 days inpatient or 240 hours outpatient limit
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

*For more information about preauthorization, see the requirements document at www.capbluecross.com/wps/wcm/connect/CBC-Public/CBC/Members/Preauthorization+Requirements.

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.)		
• Acupuncture	• Glasses	• Routine eye care
• Bariatric surgery (unless medically necessary)	• Hearing aids	• Routine foot care (unless medically necessary)
• Cosmetic surgery	• Long-term care	• Weight loss programs
• Dental care	• Private-duty nursing	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)		
• Chiropractic care	• Infertility treatment	• Non-emergency care when traveling outside the U.S.

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: 1-866-444-ebbsa (3272) or www.dol.gov/ebbsa/healthreform. 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 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: Your employer at (717)261-3314 or Capital BlueCross at <https://www.capbluecross.com/sbcs> or call 1-888-428-2566 or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBBSA (3272) or www.dol.gov/ebbsa/healthreform.

Does this plan provide Minimum Essential Coverage?

Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

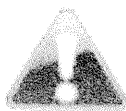
Does this plan meet Minimum Value Standards?

Yes

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)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$0
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

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*)

Total Example Cost | \$ 12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,560

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$0
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

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*)

Total Example Cost | \$ 5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,520

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$1,500
■ <u>Specialist copayment</u>	\$0
■ <u>Hospital (facility) coinsurance</u>	0%
■ <u>Other coinsurance</u>	0%

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 | \$ 2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,500
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,500

The plan would be responsible for the other costs of these EXAMPLE covered services.

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If you believe that Capital BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in person or by mail, fax, or email at

Capital BlueCross

P.O. Box 779880 Harrisburg, PA 17177-9880

800.417.7842 (TTY: 711), fax, 855.990.9001

CRC@capbluecross.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW., Room 509F, HHH Building, Washington, D.C. 20201, Toll-free 800.368.1019, 800.537.7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Language assistance

To talk to an interpreter in your language at no cost, call 800.962.2242 (TTY: 711).

Para hablar con un intérprete de forma gratuita, llame al 800.962.2242 (TTY: 711).

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Để nói chuyện với thông dịch viên bằng ngôn ngữ của quý vị không phải mất phí, xin gọi 800.962.2242 (TTY: 711).

Для бесплатного разговора с переводчиком на своем языке, позвоните по тел.: 800.962.2242 (TTY: 711).

Fa koschdefrei schwetze mit me dolmetscher in deinre Schrooch, ruf 800.962.2242 uff (TTY: 711).

무료 전화 통역 서비스 800.962.2242 (TTY: 711).

Per parlare con un interprete nella vostra lingua gratis, chiami 800.962.2242 (TTY: 711)

للتحدث مجاناً إلى مترجم للغتك، يرجى الاتصال بـ 800.962.224

(الهاتف النصي: 711)

Pour parler à un interprète dans votre langue sans charges, téléphoner à 800.962.2242 (TTY: 711).

Um in Ihrer Sprache gebührenfrei mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800.962.2242 an (TTY: 711).

உம இயிர் ஸ்பிரச்சு கெபூரென்஫ிரி மிட் இம் டொல்மீச்சர் ஸு ஸ்பிரெக், ரு஫் ஸீ பிடீ டீ நம்பர் 800.962.2242 அன் (TTY: 711).

Aby porozmawiac z tłumaczem w języku polskim, prosze zadzwonic na numer darmowy telefonu 800.962.2242 (TTY: 711)

Pou pale avèk yon entèprèt nan lang ou grastis, rele nan 800.962.2242 (TTY: 711).

ដើម្បីនិយាយជាមួយអ្នកបកប្រែស្ទាល់មាត់ជាភាសារបស់អ្នកដោយមិនគិតថ្លៃ សូមហៅទៅកាន់ 800.962.2242 (TTY: 711)

Para falar com um intérprete em seu idioma de graça, ligue para 800.962.2242 (TTY: 711).

BENEFIT HIGHLIGHTS

CapitalBlueCross.com

QHDHP PPO 1500 P PLAN

Chambersburg Area School District

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

YOUR MEDICAL PLAN SUMMARY OF COST SHARING		
	Member Responsibilities	
	If provider is in-network	If provider is out-of-network
Deductible (per benefit period) Deductible is combined to include medical and prescription drug benefits for in-network providers. If you enroll in a family plan, the overall family deductible must be met before the plan begins to pay.	\$1,500 per member \$3,000 per family	
Coinsurance (percentage you pay after your deductible is met)	No member coinsurance	20% coinsurance
Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible, copayments and coinsurance for medical including ER and prescription drug for in-network providers only.)	\$3,000 per member \$6,000 per family	\$4,000 per member \$8,000 per family
Office Visit / Urgent Care / Emergency Room Copayments		
Virtual Care (non-specialist) Visits – delivered via the Capital Blue Cross Virtual Care platform	No charge after deductible	Not covered
Office Visits and Consultations (In-person & Telehealth) - performed by a family practitioner, general practitioner, internist, pediatrician or in-network retail clinic	No charge after deductible	20% coinsurance after deductible
Specialist Office Visits (In-person, Telehealth & via the Capital Blue Cross Virtual Care platform)	No charge after deductible	20% coinsurance after deductible Virtual Care-Not covered
Urgent Care Services	No charge after deductible	20% coinsurance after deductible
Emergency Room	No charge after deductible	
Preventive Care		
Pediatric and Adult Preventive Care	No charge, waive deductible	Not covered
Screening Gynecological Exam and Pap Smear (one per benefit period)	No charge, waive deductible	20% coinsurance, waive deductible
Screening Mammogram (one per benefit period)	No charge, waive deductible	20% coinsurance, waive deductible
Facility / Surgical Services		
Inpatient Hospital Room and Board	No charge after deductible	50% coinsurance after deductible
Acute Inpatient Rehabilitation (60 day/benefit period)	No charge after deductible	50% coinsurance after deductible
Skilled Nursing Facility (100 day/benefit period)	No charge after deductible	50% coinsurance after deductible
Maternity Services and Newborn Care	No charge after deductible	20% coinsurance after deductible
Surgical Procedure and Anesthesia (professional charges)	No charge after deductible	20% coinsurance after deductible
Outpatient Surgery at Ambulatory Surgical Center (facility charge only)	No charge after deductible	Not covered
Outpatient Surgery at Acute Care Hospital (facility charge only)	No charge after deductible	20% coinsurance after deductible
Diagnostic Services		
High Tech Imaging (such as MRI, CT, PET)	No charge after deductible	20% coinsurance after deductible
Radiology (other than high tech imaging)	No charge after deductible	20% coinsurance after deductible
Independent Laboratory	No charge after deductible	20% coinsurance after deductible
Facility-owned Laboratory (i.e. Health System owned)	No charge after deductible	20% coinsurance after deductible
Diagnostic Mammogram	No charge after deductible	20% coinsurance after deductible
Therapy Services (Rehabilitative and Habilitative Services)		
Physical Therapy (25 visits per benefit period)	No charge after deductible	20% coinsurance after deductible
Occupational Therapy (12 visits per benefit period)	No charge after deductible	20% coinsurance after deductible
Speech Therapy (12 visits per benefit period)	No charge after deductible	20% coinsurance after deductible
Respiratory Therapy	No charge after deductible	20% coinsurance after deductible
Manipulation Therapy (25 visits per benefit period)	No charge after deductible	20% coinsurance after deductible
Acupuncture	Not Covered	Not Covered
Mental Health (MH) and Substance Use Disorder Services (SUD)		
MH Inpatient Services	No charge after deductible	20% professional and 50% facility coinsurance after deductible
MH Outpatient Services	No charge after deductible	20% professional and 50% facility coinsurance after deductible
SUD Detoxification Inpatient	No charge after deductible	20% professional and 50% facility coinsurance after deductible
SUD Rehabilitation Outpatient	No charge after deductible	20% professional and 50% facility coinsurance after deductible
Additional Services		

Home Health Care Services (90 day/benefit period)	No charge after deductible	20% coinsurance after deductible
Durable Medical Equipment and Supplies	No charge after deductible	20% coinsurance after deductible
Prosthetic Appliances	No charge after deductible	20% coinsurance after deductible
Orthotic Devices	No charge after deductible	20% coinsurance after deductible

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

YOUR PRESCRIPTION DRUG SUMMARY OF COST-SHARING			
	Member Responsibilities		
	If provider is in-network	If provider is out-of-network	
Deductible (includes medical and prescription drug benefits for in-network providers)	\$1,400 single coverage \$2,800 family coverage	Not covered	
	Retail Pharmacy (up to a 30 day supply)	Home Delivery (up to a 90 day supply)	Specialty Pharmacy (up to a 30 day supply)
Prescription Drug Tier			
Generic Preferred	\$5 copayment after deductible	\$10 copayment after deductible	\$5 copayment after deductible
Generic Nonpreferred	\$5 copayment after deductible	\$10 copayment after deductible	\$5 copayment after deductible
Brand Preferred	\$10 copayment after deductible	\$20 copayment after deductible	\$20 copayment after deductible
Brand Nonpreferred	\$25 copayment after deductible	\$50 copayment after deductible	\$35 copayment after deductible
Contraceptives* (self-administered)			
Generic	\$0 copayment	\$0 copayment	Not covered
Select Brands (no generic equivalent available)	\$0 copayment	\$0 copayment	Not covered
Brand Preferred	\$10 copayment after deductible	\$20 copayment after deductible	Not covered
Brand Nonpreferred	\$25 copayment after deductible	\$50 copayment after deductible	Not covered
Additional Pharmacy Benefits/Details			
Network (for Specialty Pharmacy information please refer to the Guide to Rx Benefits at CapitalBlueCross.com)	Broad Plus		
Formulary	Advantage		
\$0 Preventive Rx Coverage	No charge		
Generic Substitution Program	Restrictive Generic Substitution – In addition to the coinsurance/ copayment, the member pays the difference between the brand and generic drug price (when there is a generic alternative) <u>unless</u> the physician requests the brand be dispensed.		
Extended Supply Network (ESN)	Members have the ability to obtain covered drugs for up to a 90 day supply at In-network retail pharmacies.		

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

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

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

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Chambersburg Area School District Dental Summary

United Concordia Advantage Plus Network

Dental Benefit Coverage	In-Network	Out-of-Network Reimbursement
<u>Diagnostic/Preventive</u> Routine Oral Examinations and Cleanings - <i>twice during the 12 month contract period</i> Routine Bitewing X-rays - <i>twice during the 12 month contract period</i> Full Mouth X-rays - <i>once every 36 months</i>	Covered at 100% (100% of MAC*)	100% of MAC
<u>Dental Services</u> Basic Restorations - Amalgams, synthetic porcelain & plastic fillings Major Restorative - Inlays, onlays, single crowns (caps) Oral Surgery - Extraction and oral surgery procedures Endodontics - pulpal therapy and root canal filling Periodontics - Surgical & non-surgical treatment of gum disease Prosthodontics - Construction & repair of dentures, bridges and partials Denture Repair Denture Relining - Relining existing dentures Orthodontics (Child Only)	Covered at 100% (100% of MAC*) Covered at 50% (50% of MAC*) Covered at 100% (100% of MAC*) Covered at 100% (100% of MAC*) Covered at 100% (100% of MAC*) Not Covered Covered at 100% (100% of MAC*) Covered at 100% (100% of MAC*) Covered at 50% (50% of MAC*)	100% of MAC 50% of MAC 100% of MAC 100% of MAC 100% of MAC Not Covered 100% of MAC 100% of MAC 50% of MAC
<u>Program Deductibles & Maximums</u> Contract Year Deductible Contract Year Program Maximum Benefit Payments Lifetime Orthodontic Maximum Benefit Payments	N/A \$1,000 Per Person \$1,150 Per Person	

*MAC - Maximum Allowable Charge of United Concordia.



National Vision Administrator Network
Vision Coverage Summary
Effective July 1, 2018

Vision Benefit Coverage	In-Network	Out-of-Network Reimbursement
Vision Examination – Once every 12 months.	Covered in Full	\$30.00 Maximum
<i>Should the participant require vision correction they may choose either frames & lenses benefit or contacts benefit, not both, during the 12-month benefit period.</i>		
Frames - Frames and one pair of lenses every 12 months.	\$42.00 Wholesale allowance*	\$42.00 Retail allowance**
Lenses – Once Every 12 months.	<i>Benefits also include In-Network discount prices on lens options such as UV Coating, Scratch resistance, Progressive lenses, etc.</i>	
Standard Lenses - Single Vision (pair)	Covered in Full	\$24.00 Maximum
Standard Lenses - Bifocal (pair)	Covered in Full	\$36.00 Maximum
Standard Lenses - Trifocal (pair)	Covered in Full	\$46.00 Maximum
Standard Lenses - Aphakic (pair)	Covered in Full	\$72.00 Maximum
Medically Required Low Vision Aids (Allowance includes exam)	Up to \$250.00	Up to \$250.00
Contact Lenses & Fittings – Once every 12 months.		
Cosmetic Lenses Allowance	Up to \$125.00	Up to \$125.00
Fitting Fees for Daily Wear Lenses	Covered in Full	Up to \$20
Fitting Fees for Extended Wear Lenses	Covered in Full	Up to \$30
Medically Required Contact Lenses – Non-Cosmetic	Up to \$350.00	Up to \$350.00

* Patients who select frames that exceed the allowance will pay the maximum charge of the actual difference between the wholesale cost and the maximum allowance plus 20% of the difference.

** For Participating Providers the allowance is applied toward the wholesale cost. For Non-Participating Providers allowance is applied toward the retail cost.

*** For full plan details please refer to the Summary Plan Description.

Appendix C

CHAMBERSBURG AREA SCHOOL DISTRICT
ANNUAL OBJECTIVE PERFORMANCE STANDARDS