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# CAPITAL

## SCHOOL DISTRICT

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[www.capital.k12.de.us](http://www.capital.k12.de.us)

**2022-2023**

**Employee Benefits Handbook**

**Welcome to Capital School District. The information in this handbook is very important to you and your family. Please take a moment to carefully read it and familiarize your benefits, privileges and obligations.**

**Nothing in this Handbook is intended to create an employment contract or a property right for continued employment. The District has the authority to hire employees and subject to the provisions of the law and the terms of a collective bargaining agreement (if applicable), determine their qualifications, the conditions of their continued employment, dismissal or demotion, and to promote, place, transfer, and assign all such employees according to the operational needs of the District.**

**It is the intention of the Capital School District (the "District" that the content of this Handbook be consistent with the State of Delaware and federal laws and regulations, and the policies of the Board of Education of the District.**

**The content of this Handbook is subject to change without notice and employees are expected to keep abreast of current State and Federal law and District policies and procedures and a negotiated agreement (if applicable). This Handbook may be reviewed and modified as necessary and appropriate to be consistent with the operational needs of the District and current employment laws.**

Capital School District employees are covered under the State of Delaware Group Health Insurance Program. In addition, employees are eligible to participate in the State's supplemental benefits programs. Employees are eligible to enroll in these programs on the 1<sup>st</sup> of the month following ninety (90) consecutive days of employment. Should you wish to enroll in the health insurance program prior to the completion of your 90 days; all costs will be paid by you, the employee. If you are transferring from another Delaware school district or State agency your medical and vision (EyeMed) health insurance benefits will transfer with you. Capital School District has chosen United Concordia for its dental plan.

The Capital School District pays a flat rate towards the premiums listed for Health and Dental Insurance in our New Hire Benefit Packet. The employee pays the difference of the state share plus District flat rate and the total premium rate, which is deducted from your paycheck. Listed below is a summary of the health insurance plans available to you. After selecting and enrolling in the plan of your choice, you can log onto the websites to see the summary booklet. Your identification cards will be mailed to your home address. You will receive an ID card from CVS with your prescription coverage when you enroll.

State employees, pensioners, and employees of participating groups may cover their dependent children to age 26 in their State health care plan and vision plan with no restriction on marital, employment, student, resident or tax status. Refer to United Concordia information regarding dental coverage for dependents. Dependent Coordination of Benefits (COB) form must be completed for each enrolled dependent regardless of age, upon:

- Enrollment in other health coverage,
- Any time other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.

**Changes to health, dental, or vision elections can only be made during the Annual Benefits Open Enrollment Period, unless there is a qualifying event.** Qualifying events allow you to make a benefit or dependent change to your health, dental, or vision election outside of the Annual Benefits Open Enrollment Period, and include a change in marital status, birth of a child, or the adoption of a child. If you wish to make a change because of a qualifying event during the plan year, you must:

- Contact your Human Resource Specialist and submit the supporting documentation **within 30 days** of the event. If you do not notify your Human Resource Specialist and provide supporting documentation within 30 days, you will not be able to add the dependent(s) to your coverage until the Annual Benefits Open Enrollment.
- If enrolling a spouse or other dependent for the first time, you will be required to submit the marriage certificate, birth certificate and social security card.
- Contact your Human Resources Specialist immediately following your divorce date. **Failure to remove your ex-spouse in a timely manner will result in penalties.**

**Policies and procedures can be viewed at <https://dhr.delaware.gov/benefits>**

**First point of contact should be the phone number or website listed for the benefit program. If you receive no resolution, please call your Human Resource Specialist.**

## **Highmark Delaware First State Basic Plan**

**1-844-459-6452**

**<https://www.highmarkbcbsde.com/home/>**

**In-network services** will have a deductible of \$500 per individual and \$1,000 per family. The plan will then pay at 90% of the Highmark Delaware allowable charge. The out-of-pocket **maximum** is \$2,000 per individual and \$4,000 per family (including the deductible) per plan year. The out-of-pocket maximum applies to medical services only. Copays for prescription medications are not applied to the out-of-pocket maximum. Preventive services are covered in network at 100% of the allowable charge and are not subject to a deductible or coinsurance.

**Out-of-network services** will be subject to a deductible of \$1,000 per individual and \$2,000 per family and then the plan will pay at 70% of the allowable charge. The out-of-pocket is \$4,000 per individual and \$8,000 per family per plan year.

## **Aetna CDH Gold Plan**

**1-877-542-3862**

**<https://www.aetna.com/>**

CDH Gold Plan offers many of the features of a Preferred Provider Organization (PPO) plan with the added advantage of a State-funded Health Reimbursement Account (HRA).

The plan includes a \$1,500 deductible for employee only (individual) coverage and \$3,000 for family coverage. The HRA pays the first \$1,250 in deductible expenses for individuals and \$2,500 for families. The member is financially responsible for the remaining **in-network** deductible (\$250 for individuals and \$500 for families). When the deductible is satisfied, **in-network** health care services are paid at 90%, with an **in-network** out-of-pocket maximum of \$4,500 for individuals and \$9,000 for families. When the deductible is satisfied, **out-of-network** health care services are paid at 70%, with an **out-of-network** out-of-pocket maximum of \$7,500 for individuals and \$15,000 for families.

## **Aetna HMO Plan**

**1-877-542-3862**

**<https://www.aetna.com/>**

Aetna's HMO managed care plan requires each member to select a primary care physician (PCP) to coordinate his/her health care needs. Members can seek care from any HMO specialists in the Aetna HMO network. Authorizations are required for certain services and are obtained by your PCP or HMO network specialist. The medical out-of-pocket maximum is \$4,500 per individual and \$9,000 per family. The prescription drug **in network** out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. Preventive services are covered in network at 100% of the allowable charge and are not subject to a copay.

## **Highmark Delaware Comprehensive PPO Plan**

**1-844-459-6452**

**<https://www.highmarkbcbsde.com/home/>**

By using **in-network** services, you will pay a small copay/coinsurance with no deductible. If you use **out-of-network** providers, you must meet a \$300 per person/\$600 per family plan year deductible unless otherwise noted. The medical **in network** out-of-pocket maximum is \$4,500 per individual and \$9,000 per family. Preventive services are covered **in network** at 100% of the allowable charge and are not subject to a copay. The **out-of-network** out-of-pocket maximum is \$7,500 per individual and \$15,000 per family (including the deductible) per plan year. The prescription drug **in-network** out-of-pocket maximum is \$2,100 per individual and \$4,200 per family. There is no **out-of-network** out-of-pocket maximum for prescription drugs.

## **Spousal Coordination Form for Highmark Delaware and Aetna Health Plans**

When covering a spouse on your health insurance you **MUST** complete the Spousal Coordination Form through My.Delaware.Gov. If this is not completed and you cover your spouse, your spouse will be sanctioned for health coverage and prescription coverage. **A new Spousal Coordination of Benefits form must be completed each year during Open Enrollment and anytime employment or insurance status changes.**

## **CVS Caremark Prescription Plan**

**1-833-458-0835**

**[www.caremark.com](http://www.caremark.com) or <https://dhr.delaware.gov/benefits>**

Individuals enrolled in a State of Delaware non-Medicare health plan, administered by Highmark Delaware or Aetna, are automatically enrolled in the State of Delaware prescription plan. CVS Caremark is the pharmacy benefit manager for the State of Delaware effective July 1, 2021.

CVS Caremark provides an Automatic Refill and Renewal program for home delivery, CVS Pharmacy Pickup and Delivery Options, CVS Specialty Pharmacy and over 66,000 pharmacies are available under the CVS Caremark network.

**IMPORTANT:** The Spousal Coordination of Benefits (SCOB) Policy applies to prescription drug coverage, and is used to determine your spouse's benefit eligibility status under the State of Delaware Group Health Insurance Plan (GHIP).

## **EyeMed Vision Program**

**1-855-259-0490**

**<https://eyemed.com/en-us>**

EyeMed does not mail out ID cards. Participating providers can use the covered member's social security number to verify coverage. You can print a card from the website if needed.

**United Concordia Dental Company**  
**1-866-604-8488**  
**www.ucci.com**

Capital School District is not a participant in the State of Delaware's dental insurance group. District employees participate in the Elite Plus program with Capital School District. When inquiring online, please refer to the **Advantage Plus** program at United Concordia website.

**An unmarried dependent will be covered through 19 years of age. After age 19, coverage can continue if the dependent is attending college full-time (at least 12 credit hours). You must complete a dependent certification form and send to United Concordia. The form can be obtained from United Concordia or Human Resources.**

**Coverage will terminate at the end of the month in which your dependent turns 23.**

**Hartford Insurance Company**  
**Short Term 1-866-945-7781**  
**Long Disability 1-800-538-0134**

The State of Delaware provides at no cost to employees, short term and long-term disability insurance. This policy is for employees who are unable to perform their job functions due to a medical condition. Below is a summary of the plan benefits:

- Elimination period of 30 days
- Must have medical certification
- Benefit allotment of 75% of gross income not to exceed \$4,000.00 per month. This 75% is based on a 22-pay salary. After returning to work, recalculation of your salary for days worked if you are a 10 month or 11 month employee
- Health/dental benefits are provided by the District
- No pre-existing conditions apply

**Securian Financial Group Life Insurance**  
**1-877-215-1489**  
**www.web1.lifebenefits.com**

The State of Delaware has partnered with Securian Financial to provide GUL insurance benefits, a type of permanent life insurance with the option for tax-deferred cash accumulation. This coverage will help protect your family against the unexpected loss of your life and income. Additional lifestyle benefits include legal, financial and grief resources, legacy planning and travel assistance services.

Employees have the option to take coverage with them when they leave or retire.

**Employee Assistance Program (EAP)/ComPsych Guidance Resources**  
**1-877-527-4742**  
**www.guidanceresources.com**

The ComPsych® GuidanceResources® program is a FREE program available exclusively for State of Delaware Group Health Plan non-Medicare members and their dependents. The program offers 24/7 access to a GuidanceConsultant<sup>SM</sup>, who will answer your questions and, if needed, refer you to a counselor or other resources such as work-life, legal and financial support.

**Flexible Spending Account (FSA)**  
**1-866-381-9681**  
**https://dhr.delaware.gov/benefits/fsa/index.shtml**

This is an employer-sponsored plan that allows you to have dollars deducted from your paycheck and placed into an account that is protected from taxes. This account can be used for reimbursement of medical co-pays, doctors' fees, dental expenses, glasses and some over the counter medications. Dependent care allows you to offset day care expenses incurred.

**DEFER – Delaware Retirement Savings Plan - VOYA**  
**1-800-584-6001 or 1-302-318-8840**

As a State of Delaware pension covered employee or educator, you are eligible to participate in both the 457(b) and 403(b) Plans in order to better prepare for your retirement. The Office of State Treasurer invites you to learn more about DEFER – [www.treasurer.delaware.gov](http://www.treasurer.delaware.gov) .

Participation in the Deferred Compensation Plan is voluntary and allows you to "defer", or delay, receiving a portion of your income until a later date; generally, when you retire. The primary purpose of the Deferred Compensation Plan is to help you save and invest a sum of money, helping to supplement your retirement income.

Explore [www.delawaredefer.com](http://www.delawaredefer.com) to find out more about investment options, plan information, financial education, and savings calculators.

**State of Delaware Pension Office**  
**739-4208**

You are a member of the State Pension Plan if you are employed by the State in a pension creditable position. Casual/seasonal, EPER, or substitute positions are not pension creditable. Employees hired on or after 1/1/2012 will be fully vested in the pension plan, after 10 consecutive years of employment with the State of Delaware. Pension will be deducted at the rate of 5% of your gross earnings only after you have earned \$6000.00 per calendar year (January thru December). The State will contribute to your pension after you have reached vestment.

## **Tuition Reimbursement**

Capital School District reimburses tuition costs based upon association contracts. Please refer to your contract for further clarification. The following requirements must be met in order to qualify for reimbursement:

- You may obtain the course pre-approval and the reimbursement forms from Kim Mills, Senior Secretary in the Human Resources Office or at 857-4215.

**Deadline for this information is January and June of each year**

## **Leaves and Absences**

Full-time regular employees earn one (1) sick day each month based on the months worked each year, three of which may be used for personal/business each year.

Sick leave may accumulate unlimitedly and be carried over to subsequent years.

### **Sick Leave:**

- 10 days annual sick leave for 10 month employees
- 12 days annual sick leave for 12 month employees

Employees may use 3 days of sick leave annually for Personal Leave. Unused personal days will convert to sick leave at the end of the fiscal year. Personal leave does not carry over from one year to the next.

When an employee resigns from the District, he/she will not be paid for unused sick leave days accumulated. However, if an employee resigns and then is rehired by this District or other state agency/school district within six (6) months of the effective date of the resignation, the number of sick days previously accumulated and unused will be reinstated.

When an employee retires from the District, accumulated sick days are paid or may be used to purchase service upon the retirement date. The number of sick days is prorated for those employees who retire from the District prior to the end of the school year. At retirement, an employee will be paid one-half of the State salary portion per sick day for a maximum of 90 accumulated sick days.

**When an employee has used three (3) continuous days of sick leave, the employee must provide his/her Human Resource Specialist a note from a physician releasing the employee to return to work. If the employee fails to provide a note from his/her physician, those days are considered unexcused and the employee will be docked time for the missed days in their next paycheck.**



## **Vacation Leave Allowances**

Vacation leave allowances are for 12-month employees only. Vacation leave is based upon individual years of district service and the individual association bargaining agreements. Vacation is prorated the first year according to the employee's actual hire date. A maximum of 42 vacation days may be carried over to the subsequent fiscal year. Annual vacation allotment is frontloaded on July 1 for the current fiscal year.

## **Bereavement Leave**

**Death in the Immediate Family:** Up to five (5) working days. Immediate family is defined as employee's spouse or domestic partner; parent, stepparent or child of the employee, spouse, or domestic partner; employee's grandparent or grandchild; employee's sibling; spouse of employee's child; any relative who resides in the same household; or any minor child for whom the employee has assumed and carried out parental responsibilities. This absence shall be in addition to other leaves granted the employee. 14 Del.C s131 8(b).

**Death of a Near Relative:** One (1) day for the funeral. Near relative is defined as first cousin, aunt, uncle, niece, nephew, brother-in-law, sister-in-law, grandparent-in-law, or any other friend living in the employee's household. This absence shall be in addition to other leaves granted the employee. 14 Del.C s1318 (d).

**An employee must provide the HR Office an official document (obituary or funeral pamphlet) to substantiate a paid absence for bereavement.**

## **Personal Injury**

Employees may use their sick leave allotment for paid absence as a result of a personal injury, except for on-the-job injuries as covered by the Workers Compensation for four (4) or more days of absence.

## **Extended Leave of Absence (2 weeks or longer)**

Leave of absences are categorized for the protection of the employee and the District. An employee who will be out more than one (1) week, must notify his/her Human Resource Specialist. Please refer to the categories listed below:

- **Family Medical Leave Act (Maternity, Medical and Disability)** allows an employee who has worked **one** continuous year and/or **1250 hours** to apply for FMLA. FMLA protects the employees' health and dental benefits for 12 weeks. **It does not pay your salary.** In order to qualify for FMLA you must complete the Leave Request form along with medical certification and have worked in accordance with the FMLA laws.
  - \* Employee Serious Health Condition
  - \* Serious injury or illness of covered Service member – Military Family Leave
  - \* Qualifying Exigency for Military Family Leave
  - \* Family Member's Serious Health Condition

- **Disability** - The short-term disability plan provides up to 75% of an employee's annual base salary up to the 182<sup>nd</sup> day after a 30 calendar day elimination period. The long-term disability plan provides up to 60% of annual base salary starting on the 183<sup>rd</sup> day. Disability benefits are subject to the terms and conditions of the agreement between the disability insurance provider and the State of Delaware.
- **Religious Holidays** - In the case of observance of recognized religious holiday(s), an employee may be absent without loss of pay no more than three (3) calendar days per year. The Superintendent or designee must approve such absence and leave taken to observe a recognized religious holiday will be deducted from the employees leave balance.
- **Jury Duty** – Any regular full-time employee who his called for jury duty during his/her workday will receive their regular pay for work time spend on jury duty. All employees who are requested to serve on jury duty shall present their HR Specialist the written notification stating that they must report for jury duty within five (5) days of receipt to be compensated for jury duty leave.
- **Subpoenas** – In addition to State provided personal leave, when an employee is required to attend a legal proceeding as a party or is subpoenaed as a witness, such absence shall not be charged against leave if: (1) the legal proceeding is related to school matters and the employee's presence as a party or witness is not caused by any fault or misconduct on the part of the employee as determined by the outcome of the proceedings; or (2) the legal proceeding involves a matter of public interest as distinguished from a private dispute and appearance of the employee as a witness in the proceeding may properly be considered to be a discharge of a civic responsibility. Public interest is defined as the employee being subpoenaed by the defendant or prosecution in a criminal case.
- **Military Leave** - Employee must complete the Leave Request Form and attach a copy of the orders. If the employee is activated for longer than two weeks a Leave and Earnings Statement must accompany the orders.
- **Personal Leave** - Submit a Leave Request Form to the Human Resources Office.
- **Parental Leave** - Parental Leave allows an employee who has worked one continuous year and/or 1250 hours to apply for Parental Leave for up to 12 weeks. In order to qualify for Parental Leave, you must complete a Leave Request from along with medical certification.
- **Educational and Sabbatical Leave** - Submit a Leave Request Form to the Human Resources Office along with a brief description of your intentions while on leave.
- **Extension of Leave** - Must be submitted in writing, it will not be necessary to complete a new Leave Request Form.

## **DONATED LEAVE**

Full-time and Part-time employees are eligible to donate and receive donated leave as long as you are in a pension-covered position and receive annual sick leave as part of your current employment. Donated days shall be made available only for recipients within the District for a “catastrophic illness” for yourself or for a family member. “Family Member” means spouse, son, daughter, or parent who resides with the employee and who requires the personal attendance of the employee. “Catastrophic illness” means any illness or injury, which is diagnosed by a certified physician for you or a family member that is unable to work for a period greater than five calendar weeks. Please contact your Human Resource Specialist for additional information concerning donated Leave, should the above conditions arise.

## **MILITARY RESERVE/NATIONAL GUARD SERVICE**

As a member of the military Reserves or National Guard, an employee will receive compensation for a maximum of 10 working days per year in order to fulfill an annual training commitment. Compensation will be the difference between the employee’s normal base salary or regular hourly rate of pay, and the salary paid by the government. An employee will be eligible to receive such compensation during the entire period of association with the Reserves or National Guard. The District may modify its compensation and benefits practices for employee Reservists or members of the National Guard under circumstances specified by the Director of Human Resources.

## **PAYROLL**

Direct deposit is a mandatory condition of your employment. A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the payroll system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one – to – three pay period (s). Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions. If you change or close any Direct Deposit account(s), you must notify HR immediately and complete an authorization form with your new account information so it can be entered into the payroll system before the next pay period. This will prevent your Direct Deposit from being transmitted to a “closed account” on payday. Failure to promptly notify HR of changes to your Direct Deposit information may cause a delay. The new Direct Deposit form must be brought to the District Office with identification before HR will process in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

An employee should examine his/her paycheck regularly to ascertain whether the deductions and salary are correct. Access to your paycheck is available through the Capital School District Web Portal by clicking the "Delaware ID (State SSO)" tile.

Questions or inquiries regarding annualized or hourly salary calculations, payroll processing or net pay may be directed to your **Payroll** Human Resource Specialist.

## **DELAWARE DEPARTMENT OF EDUCATION (DOE)**

All educators in the State of Delaware must apply for a DEEDS account through DOE.

**Teachers** are required to possess a Bachelor's Degree along with a teaching certification. Other qualifications may be required based on the teaching position. You may visit DOE Licensure & Certification @ <https://www.doe.k12.de.us/certification> for further information or reach out to our Certification, Mentoring and Recruitment Specialist - Sherri Hollis; contact information is located on page 12.

**Teachers** are required to renew their license every five (5) years and must obtain 90 clock hours of Professional Development. It is the educator's responsibility to stay abreast of their credentials.

**Paraprofessionals** are required to apply for a Para Permit in DEEDS and provide the following to your Human Resource Specialist:

- Official High School Transcript and a passing score on the Para Pro Assessment

**OR**

- Official Transcript with at least 60 college credits

**This must be completed within 30 days of employment or the Paraprofessional will be classified as a substitute employee.**

**Paraprofessionals** are required to renew their license every five (5) years and must obtain 15 clock hours of Professional Development. It is the educator's responsibility to stay abreast of their credentials.

**Human Resources Specialists**

Michelle Eisenbrey – 857-4216

**HR & Benefits for Employees (A – L)**

[michelle.eisenbrey@capital.k12.de.us](mailto:michelle.eisenbrey@capital.k12.de.us)

Tracy Rall – 857-4217

**Payroll for Employees (A – L)**

[tracy.rall@capital.k12.de.us](mailto:tracy.rall@capital.k12.de.us)

Evanthia Durant – 857-4218

**HR & Benefits for Employees (M – Z)**

[evanthia.durant@capital.k12.de.us](mailto:evanthia.durant@capital.k12.de.us)

Tammy Allison – 857-4219

**Payroll for Employees (M – Z)**

[tamara.allison@capital.k12.de.us](mailto:tamara.allison@capital.k12.de.us)

**Mary L. Cooke – Director of Human Resources**

**857-4214**

[mary.cooke@capital.k12.de.us](mailto:mary.cooke@capital.k12.de.us)

**Adewunmi Kuforiji – Business Manager**

**857-4204**

[adewunmi.kuforiji@capital.k12.de.us](mailto:adewunmi.kuforiji@capital.k12.de.us)

**Sherri Hollis – Teacher on Loan – Human Resources Office  
Certifications, Mentoring, & Recruitment**

**857-4260**

[Sherri.hollis@capital.k12.de.us](mailto:Sherri.hollis@capital.k12.de.us)

**Kim Mills – Human Resources Secretary**

**857-4215**

[kim.mills@capital.k12.de.us](mailto:kim.mills@capital.k12.de.us)

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Years of Experience/Step: \_\_\_\_\_

Degree/Salary: \_\_\_\_\_

- **I certify that I will read the Capital School District's Benefit Handbook. I understand that it is my responsibility to read, understand, and adhere to all employment practices, general guidelines, policies and a negotiated agreement, if applicable. I further understand that any questions regarding the contents of the Handbook may be directed to my immediate supervisor, school or department administrator, or my Human Resource Specialist or the Director of Human Resources**
- **I acknowledge and understand that my salary is based on work experience and education in the related field of employment**
- **I acknowledge and understand that I must submit verification(s) of prior employment history to my Human Resource Specialist no later than two weeks from my initial hire date**
- **I acknowledge and understand that my pay will be reduced to reflect the credentials that have been verified if this information is not on file in the HR office two weeks from my hire date**

**Employee Signature:** \_\_\_\_\_

**HR Specialist Signature:** \_\_\_\_\_

**Date Signed by Both Parties:** \_\_\_\_\_