

BRIGHTON CHARTER SCHOOLS EMPLOYEE BENEFITS BROCHURE



MEDICAL—EMPLOYEE CONTRIBUTIONS—Per Pay Period		
	Base Plan	Buy-Up
Employee	\$0.00	\$289.00
Employee + Spouse	\$260.00	\$560.49
Employee + Child(ren)	\$140.00	\$446.88
Family	\$400.00	\$737.88

DENTAL—EMPLOYEE CONTRIBUTIONS—Per Pay Period		
	PPO Choice Plus	Summit Plan
Employee	\$32.93	\$11.41
Employee + Spouse	\$62.96	\$18.77
Employee + Child(ren)	\$65.48	\$25.59
Family	\$95.91	\$30.06

VISION—EMPLOYEE CONTRIBUTIONS—Per Pay Period	
Employee	\$11.34
Employee + Spouse	\$18.14
Employee + Child(ren)	\$18.52
Family	\$29.86

THIS IS ONLY A BRIEF SUMMARY OF YOUR BENEFITS - IN THE EVENT OF A DISCREPANCY BETWEEN THIS AND YOUR PLAN DOCUMENT, THE OFFICIAL PLAN DOCUMENTS WILL PREVAIL. LOCKTON COMPANIES, LLC IS NOT RESPONSIBLE FOR THE DOCUMENTS PROVIDED. PLEASE CONSULT YOUR REGULAR ADVISOR/BROKER OF RECORD TO CONFIRM DETAILS OF THE DENTAL, LIFE, LONG-TERM DISABILITY, SHORT-TERM DISABILITY, VISION AND RETIREMENT PLANS.

MEDICAL PLAN ARRANGED BY:
LOCKTON COMPANIES, LLC
8110 East Union Avenue, Suite 700
Denver, CO 80237

CONTACT INFORMATION				
Plan	Carrier	Phone Number	Website Email Address	
Medical	CNIC Health Solutions Customer Service	877-321-4416	www.cnichs.com	
	Network Providers (Cofinity)	800-831-1166	www.cofinity.net	
	Network Providers Outside Colorado (PHCS Extended PPO)	800-678-7427	www.multiplan.com	
	Pharmacy Member Services (WellDyne RX)	888-479-2000	www.welldynex.com	
Dental	Assurant PPO Choice Plus Plan	800-442-7742	www.assurantemployeebenefits.com	
	Assurant Summit Plan	800-443-2995		
Vision	VSP	800-877-7195	www.vsp.com	
Life/AD&D, Short-Term Disability, Long-Term Disability	Mutual of Omaha Life Insurance	800-877-5176	www.mutualofomaha.com	
	ESI	800-252-4555 or 800-225-2527	www.theeap.com	
Employee Assistance Program (EAP)				
Flexible Spending Account (FSA)	CNIC Health Solutions	303-770-5710 800-426-7453 (Fax) 303-770-0380		
AFLAC	Jim Worley	303-517-1246	James.Worley@us.aflac.com	

Getting more financial support the moment it's needed. Getting back to normal. That's what AFLAC is all about.

**2009 Benefits Plan Year
August 1, 2009—July 31, 2010**

BENEFITS PROVIDED

ELIGIBILITY	
Brighton Charter Schools provides the following benefits to full-time employees scheduled to work at least 32 hours per week. Basic life and AD&D insurance, short-term disability and long-term disability are provided at no cost to the employees; participation in the medical, dental and vision plans require employee contributions. Brighton Charter Schools employees are eligible for these benefits on the first of the month following 30 days of employment.	
MEDICAL - CNIC Health Solutions	
You have a choice between two plans, Base and Buy-Up. To receive network benefits, you will use a network physician and pay applicable copays, deductibles and coinsurance. Non-Network services will be covered after you meet an annual deductible then covered at 50% of the maximum benefit allowance. You receive the best value from your medical plan when you see a network provider.	

CNIC Health Solutions	Base Plan		Buy-Up Plan	
	Network	Non-Network	Network	Non-Network
CALENDAR YEAR DEDUCTIBLE Individual Family	\$1,000 \$3,000	\$2,000 \$6,000	\$300 \$900	\$750 \$2,250
OUT-OF-POCKET MAX.	Does not include deductible		Does not include deductible	
Individual Family	\$2,500 \$7,500	Unlimited Unlimited	\$2,000 \$6,000	Unlimited Unlimited
CALENDAR YEAR MAX. AMOUNT	\$1,000,000		\$1,000,000	
PHYSICIAN SERVICES Office Visits Specialist Visits Well Adult/Child Urgent Care	\$30 copay \$50 copay \$30 copay, \$350 max/yr \$50 copay	Ded., 50% Ded., 50% Ded., 50% \$350 max/yr Ded., 50%	\$20 copay \$40 copay \$20 copay, \$350 max/yr \$40 copay	Ded., 50% Ded., 50% Ded., 50% \$350max/yr Ded., 50%
LAB AND X-RAY Physician's Office Inpatient Outpatient Urgent Care	Copay then 80% Ded., 80% Ded., 80% Ded., 80%	Ded., 50% Ded., 50% Ded., 50% Ded., 50%	Copay then 100% Ded., 90% Ded., 90% Ded., 90%	Ded., 50% Ded., 50% Ded., 50% Ded., 50%
HOSPITAL SERVICES Room and Board Outpatient Surgery	Ded., 80% Ded., 80%	Ded., 50% Ded., 50%	Ded., 90% Ded., 90%	Ded., 50% Ded., 50%
PRESCRIPTION DRUGS Generic Formulary Non-Formulary Injectibles Mail Order	\$10 \$40 \$60 \$75 2x Retail	Not covered	\$10 \$35 \$60 \$75 2x Retail	Not covered

CNIC Health Solutions	Base Plan		Buy-Up Plan	
	Network	Non-Network	Network	Non-Network
MATERNITY	Ded., 80%	Ded., 50%	Ded., 90%	Ded., 50%
MENTAL & NERVOUS* In-Patient	Ded., 80%; 30 day Calendar Year maximum	Ded., 50%; 30 day Calendar Year maximum	Ded., 90%; 30 day Calendar Year maximum	Ded., 50%; 30 day Calendar Year maximum
Out-Patient	\$40 copay; 24 visit Calendar Year maximum	Ded., 50%; 24 visit Calendar Year maximum	\$40 copay; 24 visit Calendar Year maximum	Ded., 50%; 24 visit Calendar Year maximum
SUBSTANCE ABUSE* In-Patient	Ded., 80%; \$1,000 Calendar Year maximum	Ded., 50%; \$1,000 Calendar Year maximum	Ded., 90%; \$1,000 Calendar Year maximum	Ded., 50%; \$1,000 Calendar Year maximum
Out-Patient	\$40 copay	Ded., 50%	\$40 copay	Ded., 50%
EMERGENCY	\$125 copay	\$125 copay	\$125 copay	\$125 copay

*All mental health and substance abuse treatment must be provided through the Employee Assistance Program (EAP).

DENTAL—Assurant	PPO Choice Plus Plan	
	In-Network	Out-of-Network
Deductible	\$0 individual /\$0 family	\$50 individual /\$150 family
Preventive Basic Major—12 month wait	See copayment schedule	80% 60%
Annual Maximum	\$1,000	

DENTAL—Assurant	Summit Plan	
	In-Network	Out-of-Network
Deductible	\$0 individual / \$0 family	Not covered
Preventive Basic Major	See schedule	Not covered
Annual Maximum	Unlimited	Not covered

VISION—VSP		
	In-Network	Out-of-Network
Exam - every 12 months	\$10 copay	\$35 reimbursement
Lenses - every 12 months Single Vision Lined Bifocal Lined Trifocal	\$25 copay \$25 copay \$25 copay	\$25 reimbursement \$40 reimbursement \$55 reimbursement
Frame - every 24 months	Up to \$120 allowance	\$45 reimbursement
Contacts - every 12 months	\$120 allowance for contacts and exam	\$105 reimbursement

FLEXIBLE SPENDING ACCOUNT - CNIC Health Solutions		
	Health Care	Dependent Day Care
Maximum Contribution:	\$2,000 per year	\$2,500 per year if you are married and filing separately \$5,000 per year if you are married and filing joint
Examples of Expenses:	Deductibles, Copays, Medical and Dental Expenses not covered by medical plan	Wages to a babysitter, licensed childcare center, day camp expenses

LIFE AND AD&D INSURANCE - eligibility: 40 hours per week Mutual of Omaha Life Insurance—Employer Paid	
LIFE/AD&D:	\$20,000 per employee

LONG-TERM DISABILITY - eligibility: 40 hours per week Mutual of Omaha Life Insurance—Employer Paid	
Benefit Maximum:	60 % of basic monthly salary to \$2,500 per month max
Elimination Period:	90 Days

SHORT-TERM DISABILITY - eligibility: 40 hours per week Mutual of Omaha Life Insurance—Employer Paid	
Benefit Weekly Maximum:	60% of basic weekly salary to \$600 per week max
Elimination Period:	7 Days
Injury:	7 Days
Benefit Duration:	Up to 12 Weeks