

EMPLOYEE BENEFITS



PROPEL
SCHOOLSSM

INSPIRING ACHIEVEMENT

TABLE OF CONTENTS

ELIGIBILITY	1
BENEFIT COST	1
HEALTHCARE	1
MEDICAL COVERAGE	2
DENTAL	5
VISION	5
SHORT TERM DISABILITY PLAN (STD)	6
LONG TERM DISABILITY PLAN (LTD)	7
LIFE AND AD&D INSURANCE	7
WORKER’S COMPENSATION	7
RETIREMENT PLAN	8
403B PLAN	9
PERSONAL DAYS	9
HOLIDAYS	9
VACATION TIME (260 DAY EMPLOYEES)	9
FAMILY MEDICAL LEAVE	9
TUITION REIMBURSEMENT PROGRAM	10
EMPLOYEE ASSISTANCE PROGRAM (EAP)	11
FLEXIBLE SPENDING ACCOUNT (FSA)	12
LIFE STYLE RETURNS	12
PAYROLL	12
CONTACTS	13

FOREWORD



People are at the heart of Propel’s success. To those joining us this year and to those who are Propel veterans, thank you for your past and future contributions to the growth of Propel students and of the Propel organization.

Please take a look at this year’s benefits booklet. We realize the importance of a first-class benefits package for you and your family and strive to provide one; it is a Propel priority to do this. We hope it will be helpful to you to have a description of all these benefits in one place.

The benefits plan is constantly being evaluated and enhanced so that it can provide as much value to you with the resources available. Your suggestions are always welcome.

EMPLOYEE BENEFITS

ELIGIBILITY

All full time employees of Propel Schools (Propel) are eligible for benefits and insurance coverage the first day of the month following their date of hire.

BENEFIT COST

Propel's biggest benefit challenge each year is providing our Propel staff with affordable benefits during periods of increasing costs. Providing you with an excellent benefit package is a priority for Propel.

The average yearly cost of a benefit package for a Propel employee now exceeds over \$25,000. The following chart presents as an example the benefits cost to Propel for an employee earning \$45,000 a year with family coverage.

Staff Earning \$ 45,000	
Benefits	District Cost
Healthcare (family)	12,475
Dental & Vision	763
Short-Term & Long-Term Disability (STD & LTD) & Life	284
Retirement	3,893
Social Security & Medicare	3,443
Unemployment & Workers Compensation	900
Personal Days (6)	1,534
Tuition Reimbursement	2,000
Cost to Propel	\$ 25,292
Employee Cost	
Healthcare	1,224
Deductible, Your Share	500
Cost to Employee	\$ 1,724



HEALTHCARE

Monthly Cost:

Professional staff members at Propel pay 10% of their healthcare premiums. Support staff members pay a dollar amount based on the coverage they select. Those included in support staff are: administration assistants, paraprofessionals, maintenance and cafeteria workers.

The following table shows **monthly cost** for healthcare.

	Employee Responsibility	
	Support Staff	Professional Staff
Single	\$ 0	\$ 33
Couple	\$ 50	\$ 89
Parent Child(ren)	\$ 50	\$ 79
Family	\$ 75	\$ 102



The following table shows employees **deductibles**.

	Deductible	Employee Responsibility
Single	\$ 1,000	\$ 250
Family	\$ 2,000	\$ 500



PROPEL SCHOOLS

Propel pays a portion of the deductible amount to keep the employee deductible affordable at the same time offering a solid plan of benefits.

Dependent coverage:

- Legal spouse or qualified domestic partner.
- Children defined as natural children, stepchildren, legally adopted children and children under legal guardianship.
- Physically and mentally disabled children of any age who are incapable of self support, proof of disability may be requested and disability has to have occurred prior to the age of 26.

MEDICAL COVERAGE

With your Preferred Provider Organizations (PPO) if you receive services from a provider who is in the PPO network, you'll receive the highest level of benefits. If you receive services from a provider who is not in the PPO network, you'll receive the lower level of benefits. In either case, you coordinate your own care. There is no requirement to select a Primary Care Provider (PCP) to coordinate your care. Below are specific benefit levels that apply during your benefit period. You may be responsible for a facility fee, clinic charge or similar fee or charge (in addition to any professional fees) if your office visit or service is provided at a location that qualifies as a hospital department or a satellite building of a hospital.

Healthcare Coverage Table		
Benefit	Network	Out-of-Network
Benefit Period ¹	Contract year	
Deductible (per benefit period)		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Plan Payment Level	100% after deductible	80% after deductible
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)		
Individual	None	\$1,500
Family	None	\$3,000
Autism Spectrum Disorders (ASD) Maximum (per person) ²	\$36,000/benefit period	
Lifetime Maximum (per person)	Unlimited	
Primary Care Provider Office Visits	100% after \$20 copayment	80% after deductible
Specialist Office Visits	100% after \$20 copayment	80% after deductible
Preventative Care		
Routine Adult		
Physical exams	100% (deductible does not apply)	Not Covered
Adult immunizations	100% (deductible does not apply)	80% after deductible
Colorectal cancer screening	100% (deductible does not apply)	80% after deductible
Routine gynecological exams, including a Pap Test	100% (deductible does not apply)	80% after deductible
Mammograms, annual routine and medically necessary	100% (deductible does not apply)	80% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)	80% after deductible
Routine Pediatric		
Physical exams	100% (deductible does not apply)	Not Covered
Pediatric immunizations	100% (deductible does not apply)	80% (deductible does not apply)
Diagnostic services and procedures	100% (deductible does not apply)	80% after deductible

Healthcare Coverage Table continues on the next page.



EMPLOYEE BENEFITS

Healthcare Coverage Table, cont'd

Emergency Room Services	100% after \$50 copayment (waived if admitted)	
Spinal Manipulations	100% after \$20 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Physical Medicine	100% after \$20 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Speech Therapy	100% after \$20 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Occupational Therapy	100% after \$20 copayment	80% after deductible
	Limit: 20 visits/benefit period	
Allergy Extracts and Injections	100% after deductible	80% after deductible
Ambulance	100% after network deductible	
Applied Behavior Analysis for ASD ²	100% after deductible	80% after deductible
Assisted Fertilization Procedures	Not Covered	
Dental Services Related to Accidental Injury	100% after deductible	80% after deductible
Diabetes Treatment	100% after deductible	80% after deductible
Diagnostic Services		
Advanced imaging (MRI, CAT, PET scan, etc.)	100% after deductible	80% after deductible
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after deductible	80% after deductible
Durable Medical Equipment, Orthotics and Prosthetics	100% after deductible	80% after deductible
Enteral Formulae	100% (deductible does not apply)	80% (deductible does not apply)
Home Infusion Therapy	100% after network deductible	
Home Health Care	100% after deductible	80% after deductible
Hospice	100% after deductible	80% after deductible
Hospital Services		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Infertility Counseling, Testing and Treatment ³	100% after deductible	80% after deductible
Maternity (non-preventive facility & professional services)	100% after deductible	80% after deductible
Medical/Surgical Expenses (except office visits)	100% after deductible	80% after deductible
Mental Health		
Inpatient	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible
Private Duty Nursing	100% after network deductible	
Respiratory Therapy	100% after network deductible	
Skilled Nursing Facility Care	100% after deductible	80% after deductible
		Limit: 100 days/benefit period

Healthcare Coverage Table continues on the next page.

Healthcare Coverage Table, cont'd

Substance Abuse

Inpatient Detoxification	100% after deductible	80% after deductible
Inpatient Rehabilitation	100% after deductible	80% after deductible
Outpatient	100% after deductible	80% after deductible

Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)

100% after deductible	80% after deductible
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Transplant Services

100% after deductible	80% after deductible
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Precertification Requirements ⁴

Yes

Prescription Drug Deductible

Individual	None
Family	None

Premier Prescription Drug Program

Mandatory Generic ⁵

Defined by Premier Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.

Retail Drugs (31-/60-/90-day Supply)

\$15/\$30/\$45 generic copayment

\$25/\$50/\$75 formulary brand copayment

\$40/\$80/\$120 non-formulary brand copayment

Maintenance Drugs through Mail Order (90-day Supply)

\$30 generic copayment

\$50 formulary brand copayment

\$80 non-formulary brand copayment

1. Your group's benefit period is based on a Contract Year. The Contract Year is a consecutive 12-month period beginning on September 1.
2. Coverage for eligible members to age 21. Services will be paid according to the benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.
3. Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
4. Highmark Healthcare Management Services (HMS) must be contacted prior to a planned inpatient admission or within 48 hours of an emergency or maternity-related inpatient admission. Some facility providers will contact HMS and obtain precertification of the inpatient admission on your behalf. Be sure to verify that your provider is contacting HMS for precertification. If not, you are responsible for contacting HMS. If this does not occur and it is later determined that all or part of the inpatient stay was not medically necessary or appropriate, you will be responsible for payment of any costs not covered.
5. The formulary is an extensive list of Food and Drug Administration (FDA) approved prescription drugs selected for their quality, safety and effectiveness. It includes products in every major therapeutic category. The formulary was developed by the Highmark Pharmacy and Therapeutics Committee made up of clinical pharmacists and physicians. Your program includes coverage for both formulary and non-formulary drugs at the specific copayment or coinsurance amounts listed above. You are responsible for the payment differential when a generic drug is authorized by your provider and you purchase a brand name drug. Your payment is the price difference between the brand name drug and generic drug in addition to the brand name drug copayment or coinsurance amounts, which may apply.



EMPLOYEE BENEFITS

DENTAL

Propel's dental plan is administered by United Concordia.

DENTAL	
Class I - Diagnostic/Preventative Services	
Exams, Cleanings & Fluoride treatments, X-rays, Sealants, & Palliative treatment (emergency)	100%
Class II - Basic Services	
Space Maintainers, Basic Restorative, Simple Extractions, Repairs of Crowns, Inlays, Onlays, Dentures & Bridges, Complex Oral Surgery, & General Anesthesia	80%
Class III - Major Services	
Inlays, Onlays, Crowns, Prosthetics (bridges, dentures), Endodontics, Nonsurgical Periodontics, & Surgical Periodontics	50%
Orthodontics (dependents to age 19)	
Diagnostic, Active, Retention Treatment	Not Covered
Program Maximum Deductibles	
Program Maximum (per covered person)	\$1,000
Lifetime Orthodontic Maximum (per covered person)	Not Applicable
Annual Program Deductible (per person/per family)	\$50/\$150 For classes II & III only

VISION

Propel's vision plan is administered by Highmark. Eligibility for students is up to the age of 19 or if a full time student age 23. For additional information concerning specifics such as different Fashion level frames from "The Collection" or information on progressive lenses, please contact Highmark.

HIGHMARK VISION		
Benefit	Network	Out-of-Network ¹
Eyeglass lenses	Once every 12 months under age 19/Once every 24 months age 19 or older	
Frames	Once every 24 months	
Contact lenses (in lieu of eyeglass lenses)	Once every 12 months under age 19/Once every 24 months age 19 or older	
Eye Examination (including dilation as professionally indicated)	Covered In Full	Plan pays up to \$40
Frames	Fashion level frames from "The Collection" covered in full. All other level frames member pays \$20 or more.	-
Standard Lenses ²	Covered in Full	Plan pays up to \$30 or more amount depending on lenses
Optional Lens Coatings/Treatments	Member pays \$11 or more	Plan pays up to \$64
Contact Lenses ³	Specifics Apply, please contact Davis Vision at 1-800-223-4795	
Low Vision Services		
Evaluation - one visit every 5 years (prior approval required)	Plan pays up to \$300 per visit	
Follow-up Visits - up to four follow-up visits every 5 years	Plan pays up to \$100 per visit	
Low vision aids	Plan pays up to \$600 per aid/\$1,200 lifetime maximum	

1. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.
2. Includes glass, plastic or oversized lenses.
3. Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses fitted, they may not be exchanged for eyeglasses.



SHORT TERM DISABILITY PLAN (STD)

Short term disability provides financial protection by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. Benefits start after the elimination period. STD is administered by Unum Life Insurance Group of America.

SHORT TERM DISABILITY PLAN

Covered Classes	All Employees classified by Propel as Full Time Employees.
Minimum Hours Requirement	Employees must be working at least 30 hours per week.
Elimination Period	7 days for disability due to sickness. There is no elimination period for disability due to accident which begins while you are covered. Benefits begin the day after the Elimination Period is completed.
Weekly Benefit	60% of your weekly earnings, but not more than the Maximum Weekly Benefit. If this amount is not a multiple of \$1, it will be rounded to the next higher multiple of \$1. Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.
Maximum Weekly Benefit	\$500
Maximum Period of Benefits	13 weeks of benefits
Cost of Coverage	The short term disability plan is provided to you on a non-contributory basis. The entire cost of your coverage under the plan is being paid by Propel.



EMPLOYEE BENEFITS

LONG TERM DISABILITY (LTD)

Long term disability provides financial protection for you by paying a portion of your income while you have a long period of disability. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled. Benefits start after the elimination period. LTD is administered by Unum Life Insurance Group of America.

LONG TERM DISABILITY PLAN

Covered Classes	All Employees classified by Propel as Full Time Employees.	
Minimum Hours Requirement	Employees must be working at least 30 hours per week.	
Elimination Period	90 days. Benefits begin the day after the Elimination Period is completed.	
Weekly Benefit	60% of your weekly earnings, but not more than the Maximum Weekly Benefit. Your benefit may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered under this plan.	
Maximum Monthly Benefit	\$5,000.00	
Maximum Period of Benefits	Your Age on Date Disability Begins	Your Maximum Benefit Duration
	Under Age 61	To your normal retirement age, but not less than 60 months
	Age 61	To your normal retirement age, but not less than 48 months
	Age 62	To your normal retirement age, but not less than 42 months
	Age 63	To your normal retirement age, but not less than 36 months



LIFE AND AD&D INSURANCE

All full time employees are covered by a \$20,000 life insurance/accidental death and dismemberment policy paid for by Propel. In addition to the basic group life you may also purchase supplemental Group Life insurance for yourself, your spouse/domestic partner and your dependent children. You pay for the cost of Supplemental Group Life Insurance through deductions in payroll.

WORKER'S COMPENSATION

Worker's Compensation is administered by Eastern Alliance which covers job-related injuries or illnesses. You should report any injury or work-related injury to your immediate supervisor and to the Human Resources Office immediately if possible. If the injury is an emergency seek medical help first.

RETIREMENT PLAN

All employees are members of the Pennsylvania Public School Employee's Retirement System (PSERS). PSERS is a defined benefit retirement plan and both the school and the employee contribute to the plan. A defined benefit plan guarantees you a monthly lifetime benefit which is based on your age, final average salary, and years of credited service.

Employers have a contribution rate of 8.65% for the school year 2011-2012.

Normal Retirement is a retirement benefit that has no penalty because you meet all age and/or service requirements. You may receive a normal retirement benefit when you terminate public school employment and if:

- You are age 62 with at least one full year of credited service.
- You are age 60 and have 30 or more years of credited service.
- You have at least 35 years of credited service regardless of age.

Contribution Amounts

Enrolled before July 22, 1983

A Class T-C member who enrolled in PSERS before July 22, 1983, has a contribution rate of 5.25%. A Class T-D member who enrolled in PSERS before July 22, 1983, has a contribution rate of 6.25%.

Enrolled July 22, 1983 through and including June 30, 2011

A Class T-C member who enrolled on July 22, 1983 through and including June 30, 2011, will have a contribution rate of 6.5%. A Class T-D member who enrolled on July 22, 1983 through and including June 30, 2011, will have contribution rate of 7.5%.

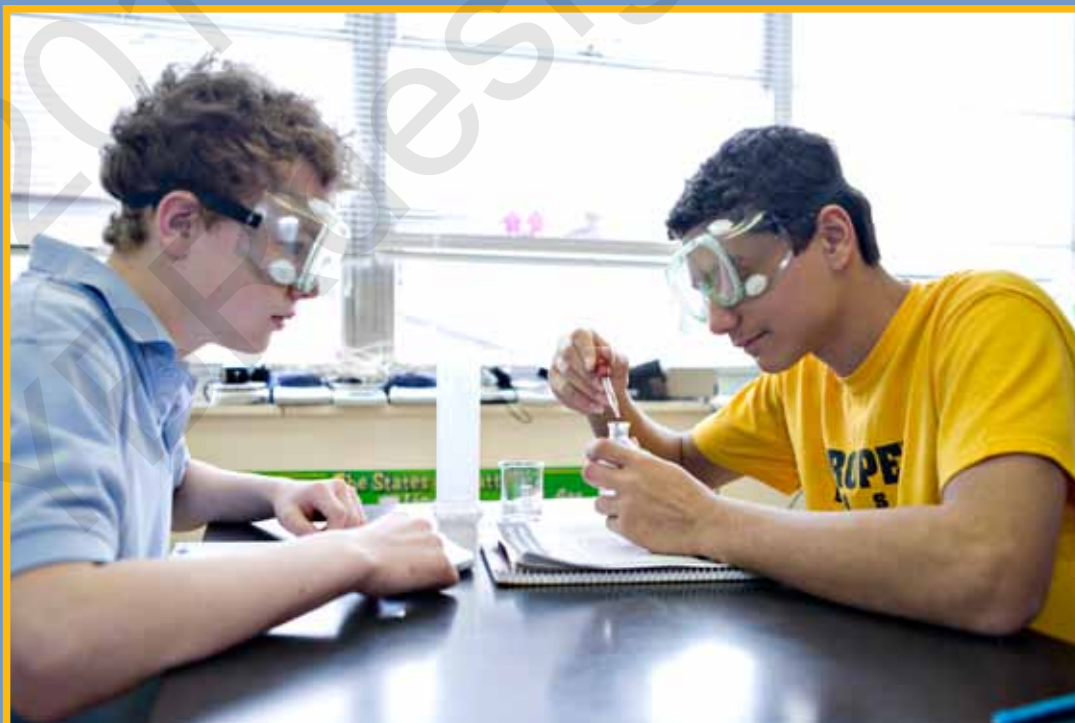
Enrolled after July 1, 2011

Those who become members for the first time on or after July 1, 2011 may choose between two classes of membership in PSERS, and therefore, two different base contribution rates.

New members electing Class T-E: The base employee contribution rate is 7.5% with "shared risk" provision that could cause the total contribution levels to fluctuate between 7.5% and 9.5%.

New members electing Class T-F: The base employee contribution rate is 10.3% (base rate) with "shared risk" provision that could cause the total contribution levels to fluctuate between 10.30% and 12.30%.

With a share risk program, you benefit when investments of the fund perform well and share some of the risk when investments underperform. The employee contribution rate may not go below the base rate of 7.50% for class T-E and 10.30% for class T-F members.



EMPLOYEE BENEFITS

403B PLAN

Employees of educational institutions and 501(c)(3) nonprofit organizations have a unique opportunity to regularly set aside money for their retirement through a tax-sheltered investment. This long-term retirement program, funded through payroll deduction, is called a 403(b) tax-sheltered account, or TSA. Although it makes infinite sense to take advantage of a 403(b) TSA program, the tax rules governing these programs are quite complicated. To help ensure that you are reaping the maximum benefits, you should consult with a financial professional.

PERSONAL DAYS

At the start of the school year, each employee will accrue six (6) paid time off days. If employment begins while the school year is in progress, the number of days will be prorated. These days can be used for sick time, doctor visits, personal or family emergencies, or religious observances. Provide as much advance notice of your absence as possible to your supervisor. The smallest interval this time can be broken into is 4 hours.

HOLIDAYS

The schools and office will be closed on the following holidays (13 to 15 days):

- Martin Luther King Day, first Monday after January 15
- Good Friday, the Friday before Easter
- Monday after Easter
- Memorial Day, last Monday in May
- Independence Day, July 4
- Labor Day, first Monday in September
- Thanksgiving Day, 4th Thursday in November
- Thanksgiving Friday
- Winter Break: December 23, through New Year's Day, January 1st

VACATION TIME (260 DAY EMPLOYEES)

Full time employees accrue .833 days of vacation per month. This will result in, after one full year of service, the employee accruing two weeks of vacation. After five years, vacation is accrued at 1.25 days per month resulting in three weeks vacation.



FAMILY MEDICAL LEAVE

All employees who have been employed for at least 12 months and have worked for at least 10,250 hours over the 12-month period prior to the date the leave is scheduled to begin are eligible for Family and Medical Leave Act (FMLA). Contact the Human Resource Department for a copy of the policy and to request applicable forms.

TUITION REIMBURSEMENT PROGRAM

All full time employees who have been employed for at least 12 months by Propel are eligible for tuition reimbursement.

- An eligible employee may receive reimbursement for tuition and labs for a maximum of \$1,000 per course and \$2,000 maximum each year;
- Courses must meet one of three defined eligibility requirements for tuition reimbursement;
- Employee is enrolled in a class as part of a degree program that is relevant to his/her current job or to a promotional opportunity within Propel;
- Employee is not enrolled in a degree program but taking a course that is related to the employee's current job or to a promotional opportunity within Propel; OR
- The course is required of the employee by Propel

Contact the Human Resource Department for a copy of the tuition reimbursement policy.



EMPLOYEE BENEFITS

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EAP is a one session benefit, which allows you to meet or talk on the telephone with an EAP counselor who will help you develop a plan to meet your needs. The following are some examples of areas of work life where the EAP can help: For a confidential appointment, all you need to do is make one call! Call 1-800-825-5327

Work Related Issues:

- Performance improvement & effectiveness
- Stress & burnout
- Work load
- Adjustment to change

Emotional Difficulties:

- Stress, anxiety
- Depression
- Resentment and frustrations

Relationship and Communication Difficulties:

- Poor work relationships
- Conflict among employees
- Communications issues
- Supervisor/management issues

Balancing Work and Personal Life:

- Help setting priorities
- Seeking achievement and enjoyment
- Finding resources for child care, elder care, etc.

Personal and/or Family Problems that may affect your work performance

- Marital problems
- Parenting problems
- Living through separation or divorce
- Caring for elderly parents, etc.

Financial Concerns:

- Money management difficulties
- Excessive debt
- Compulsive spending
- Compulsive gambling

Substance Use and Abuse:

- Affecting work performance
- Affecting the family

Grief, Loss and Trauma:

- Issues due to death, accidents, and life transitions

Legal Problems:

- Help finding resources for a variety of personal legal concerns



FLEXIBLE SPENDING ACCOUNT (FSA)

Section 125 of the Internal Revenue code enables you to have deductions taken from your salary on a pre-tax basis thereby reducing your taxable income. Your FSA is used to pay for eligible out-of-pocket health expenses includes co-pays, prescriptions cost, orthodontics, dental and vision.

You can also pay for eligible day care expenses for a dependant who lives with you and is under 13 (or is disabled any age). You must claim this person as a dependant on your income tax return. When you file a dependant care account claim you can only claim up to amount in your account.

The Open Enrollment period for the Flexible Spending Account (FSA) is the month of August. The program itself runs from September 1 through August 31st of the following year. Track your spending and apply for reimbursements by logging into the Highmark website <https://www.highmarkbcbs.com>

LIFE STYLE RETURNS

Propel is making it easier to lead healthier lives by offering you a convenient way to enhance your lifestyle and improve your health. All Propel employees are encouraged to participate in the Life Style Returns program. Start by logging on the member Web site at www.highmarkbcbs.com and taking the online pledge and complete your Wellness Profile. The profile will provide you with a comprehensive health analysis along with recommendations for a healthier approach to life, tailored to your specific health needs.



PAYROLL

Paydays are the 15th and 30th day of the month. All employees must have their pay directly deposited into their bank account. If a payday falls on a weekend or holiday, the deposit will be made the previous workday.

To access your paycheck online:

1. Log into www.propelschools.org
2. Click on Propel Portal
3. Click on School
4. Login and Password

The websites for the portal are as follows:

- Propel Charter School - Northside: <https://web3.schoolport.org/ep/pcnsep>
- Propel Charter School - Eastern: <https://web3.schoolport.org/ep/pceaep>
- Propel Charter School - Homestead: <https://web3.schoolport.org/ep/pcshpep>
- Propel Charter School - Braddok Hills: <https://web3.schoolport.org/ep/pcbhep>
- Propel Charter School - McKeesport: <https://web3.schoolport.org/ep/pcmcep>
- Propel Charter School - Montour: <https://web3.schoolport.org/ep/pcmoep>

EMPLOYEE BENEFITS

CONTACTS

Propel Human Resources Office

Darryl Robinson	Business Manager	412-325-7305 ext. 104
Eileen McClorey	Executive Assistant	412-325-7305 ext. 118
Tracey Fox	Accounting Manager	412-325-7305 ext. 112
Harmony Prince	Payroll	412-325-7305 ext. 103
Tracy Chao	Expense Reimbursement	412-325-7305 ext. 109

Healthcare

Customer Service
1-877-258-3123
www.highmarkbcbs.com

Dental

United Concordia
1-800-332-0366

Vision

Davis Vision
1-800-223-4795

STD/LTD

Prudential Insurance
1-800-842-1718

Retirement

PSERS
Pennsylvania State Employees Retirement System
1-888-773-7748

403B
Lincoln Investments
Jerry Wozniak Financial Planner
412-231-7960





Propel Schools

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3447 East Carson Street, Suite 200
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