

2024 2025

EMPLOYEE BENEFITS GUIDE

Brookfield Schools strives to offer you and your dependents a competitive and comprehensive benefits package. This year is no exception. We encourage you to take the time to educate yourself about the benefit options available to you.



BROOKFIELD SCHOOLS

A Trauma Sensitive Approach to Academic & Therapeutic Excellence

Welcome

TO BROOKFIELD SCHOOLS!

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Questions?

If you have questions about your benefits, please contact the Benefits MAC at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or go to **www.connerstrong.com/memberadvocacy**.

Important Enrollment Information

Who is Eligible to Elect Benefits?

If you are a Brookfield Schools full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this Guide. Please remember only eligible dependent(s) can be enrolled.

If you are enrolling a dependent(s) for the first time, you will need to provide proof of your dependent's eligibility (e.g. marriage certificate, birth certificate, proof of full-time student status, etc.).

- Your spouse (with proof of marriage)
- Domestic Partner (with proof of Domestic Partnership)
- Your child(ren), step-child(ren), grandchild(ren) (proof of guardianship required), adoptive child(ren), child(ren) placed with you in anticipation of adoption, child(ren) for whom you are the legal guardian, child(ren) who is an alternate recipient under a qualified medical support order. Your eligible dependents can be covered until they reach the limiting age. All child(ren) dependents require proof of eligibility.
- A child(ren) who is totally disabled and relies on you for care may be covered beyond the age limitations listed above if approved. Contact Human Resources to obtain the required forms for approval prior to your dependent aging out of the plan.
- Individuals losing other coverage. An employee or dependent who is eligible, but not enrolled in this Plan, may enroll if they experience a qualified change in status.
- NJ Dependent to Up to Age 31 Coverage (DU31): For full eligibility details, please visit www.state.nj.us/dobi/division_consumers/du31.html or call the NJ Department's Consumer Protection Services at **609.292.7272**.

When Does Coverage for Dependent Children End

- **Medical/Prescription:** Dependents are covered until end of the year in which they turn age 26
- **Dental:**
 - Non-Student: To the end of the month in which they reach age 19.
 - Student: To the end of the month in which they reach age 23.

How to Enroll

To enroll in benefits for the first time, you need to complete an AmeriHealth and/or Delta Dental enrollment form. **Please return completed forms to the Business Office.**

Making Plan Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include: marriage, divorce, civil union partner status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or civil union partner, commencement or termination of adoption proceedings, or change in your spouse's or civil union partner's benefits or employment status.

Your Benefit Waiting Period will be 30 days from your date of hire.

You must notify and submit the required supporting documentation to Human Resources within 31 days of experiencing a qualified change in status. For the birth of a child you must notify Human Resources within 60 days.

Medical Plan Options

AMERIHEALTH OF NEW JERSEY

Eligible employees and their eligible family members currently have the option of four AmeriHealth medical plans. Our plans allow you the freedom to use providers in and out-of-network.

NOTE: Dependents are eligible for benefits until the end of the calendar year they turn 26.

	Option 1 AH PPO HSA \$1,600	Option 2 EPO HSA \$1,600/50%	Option 3 AH POS NG \$10/\$20 \$0 DAY	Option 4 EPO \$30/\$50 \$1,000
BENEFIT DESCRIPTION	IN-NETWORK			
Deductible Individual/Family	\$1,600/\$3,200 (Aggregate*)	\$1,600/\$3,200 (Aggregate*)	\$0	\$1,000/\$2,000 (Embedded**)
Out-of-Pocket Maximum Individual/Family	\$1,650/\$3,300 (Aggregate*)	\$2,500/\$5,000 (Aggregate*)	\$1,500/\$3,000 (Embedded**)	\$3,500/\$7,000 (Embedded**)
PCP Election Required	No	No	No	No
Referrals Required	No	No	No	No
Preventive	No Charge (No Deductible)	No Charge (No Deductible)	No Charge	No Charge (No Deductible)
Primary Care (Office & Telemedicine Visit)	No Charge After Deductible	50% After Deductible	\$10 copay	\$30 copay (No Deductible)
Specialist (Office & Telemedicine Visit)	No Charge After Deductible	50% After Deductible	\$20 copay	\$50 copay (No Deductible)
Urgent Care	No Charge After Deductible	50% After Deductible	\$75 copay	\$75 copay (No Deductible)
Therapy Services (visit limits apply)	No Charge After Deductible (Speech Therapy: 20 Visit Limit; Physical and Occupational Therapy: 30 Visit Limit)	50% After Deductible (Physical, Occupational, and Speech Therapies Combined: 60 Visit Limit)	\$20 copay (Speech Therapy: 20 Visit Limit; Physical and Occupational Therapy: 30 Visit Limit, Combined)	\$50 copay (No Deductible) (Physical Therapy, Occupational Therapy, and Speech Therapy: 60 visit limit, Combined).
Emergency Room	No Charge After Deductible	50% After Deductible	\$100	\$100 copay (No Deductible)
Emergency Transportation	No Charge After Deductible	50% After Deductible	No Charge	50% after Deductible
Hospital Stay	No Charge After Deductible	50% After Deductible	No Charge	\$500/Day; max of 5 copays per admission after Deductible
Outpatient Surgery	No Charge After Deductible	50% After Deductible	No Charge	\$300 after Deductible
Diagnostic Medical/Routine Radiology	No Charge After Deductible	50% After Deductible	\$20 copay	\$50 after Deductible
Imaging (CT/PET scans, MRIs)	No Charge After Deductible	50% After Deductible	\$40 copay	\$100 after Deductible
Outpatient Lab and Pathology	No Charge After Deductible	No Charge After deductible	No Charge	No Charge No Deductible
Durable Medical Equipment	50% after Deductible	50% after Deductible	50% coinsurance	50% after Deductible
Eye Exam	Not Covered	Not covered	\$20 copay (1 Exam/24 Months)	Not Covered
BENEFIT DESCRIPTION	OUT-OF-NETWORK			
Deductible Individual/Family	\$3,000/\$6,000*	Coverage for Emergency Services Only	\$500/\$1,500**	Coverage for Emergency Services Only
Coinsurance	40% after deductible*		20%	
Out of Pocket Individual/Family	\$15,000/\$30,000		\$4,500/\$9,000**	

*Aggregate deductible: For family coverage, the entire family deductible must be met before copayments or coinsurance are applied for an individual member. Aggregate out-of-pocket maximum: For family coverage, the entire family out-of-pocket maximum must be met before copayments or coinsurance are applied for an individual member.

**Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits. Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your medical plans. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.



Telemedicine

TELADOC

Access to high quality care at a lower cost - with a **\$0 copay!**

Telemedicine offers physician-based care around-the-clock at lower costs compared to visiting an urgent care center or emergency room. Plan members can use readily available technology and tools - toll-free number, secure website, or mobile app - to consult with a U.S. board certified physician.

With access to doctors 24 hours a day, 365 days a year. Teladoc provides lost cost telemedicine that can help improve outcomes, speed recovery and eliminate wait time.

Plan members can consult with a licensed physician by: calling the toll-free number, logging into the secure website, or using the mobile app. Physicians can also prescribe medications, if needed.

When to Use Teladoc

Teladoc doctors can treat a wide range of non-emergency conditions, including:

- Acne
- Allergies
- Cold and flu
- Constipation
- Cough
- Diarrhea
- Ear problems
- Fever
- Headache
- Insect bites
- Nausea
- Pink eye
- Rash
- Respiratory problems
- Sore throat
- Urinary tract infections
- Vaginitis
- Vomiting

Get Started With Teladoc Today

To take advantage of this great benefit, contact Teladoc in any of the following ways:

- **Via phone:** [855.835.2362](tel:855.835.2362)
- **Via the web:** www.TeladocHealth.com
- **Via mobile app:** Go to www.Teladoc.com/Mobile to learn more or download the mobile app from the App Store or Google Play



Note: Members participating in a High Deductible Health Plan (HDHP) may have a copay if their INN deductible has not been met.

Prescription Benefits

AMERIHEALTH OF NEW JERSEY



If you are enrolled in one of the medical plans, you are automatically enrolled in the corresponding prescription drug plan. **NOTE:** Dependents are eligible for benefits until the end of the calendar year they turn 26.

	Option 1 PPO HSA \$1600 100% \$10/\$40/\$60 RX	Option 2 EPO HSA \$1600 50% \$7/50% \$125 RX	Option 3 POS PLUS NG \$10/\$20 \$0/DAY \$15/\$35/\$50 RX	Option 4 EPO \$30/\$50 \$1000 \$500/DAY \$25/\$50/\$75 RX
RETAIL PHARMACY				
Generic	\$10 Copay after deductible	\$7 Copay	\$15	\$25 Copay
Preferred Brand	\$40 Copay after deductible	50% Coinsurance (\$125 Max/Fill)	\$35	\$50 Copay
Non-Preferred Brand	\$60 Copay after deductible	N/A	\$50	\$75 Copay
Dispensing Limitations	30 day supply	90 day max	90 day max	90 day max
90 DAY SUPPLY MAIL ORDER PHARMACY				
Generic	\$20 Copay after deductible	\$7 Copay	\$30	\$50 Copay
Preferred Brand	\$80 Copay after deductible	50% Coinsurance (\$250 Max/Fill)	\$70	\$100 Copay
Non-Preferred Brand	\$120 Copay after deductible	N/A	\$100	\$150 Copay



Save Time and Money with GoodRx

GoodRx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Find out how GoodRx can save on your prescription drugs by visiting <https://connerstrong.goodrx.com>.

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Dental Benefits

DELTA DENTAL

Eligible employees and their eligible family members may enroll in the Delta Dental PPO Plus Premier Plan, which includes 100% coverage for preventive services and the choice of Delta's PPO and Premier provider networks. Brookfield pays for employee dental coverage at the single level. The employee will pay the difference if additional members are needed.

NOTE: Dependents are eligible for benefits until the end of the month they turn 19. Full Time Student Dependents are eligible for benefits until the end of the month they turn 23.

Delta Dental PPO

Delta Dental Premier & Non-Participating Dentists

BENEFIT DESCRIPTION		
Preventive & Diagnostic	Plan pays 100%	Plan pays 100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, Sealants, Space Maintainers, Repair of Dentures	Plan pays 85%	Plan pays 80%
Crowns & Prosthodontics Crowns, Gold Restorations (over natural teeth), Bridgework, Full & Partial Dentures, Implants	Plan pays 50%	Plan pays 50%
Calendar Year Maximum	\$2,000	\$2,000
Calendar Year Deductible Waived for Preventive & Diagnostic	\$50 per person \$150 per family	\$50 per person \$150 per family
Orthodontic Benefits (child only) Full Comprehensive Treatment (child only)	Plan pays 50%	Plan pays 50%
Lifetime Orthodontia Maximum	\$1,500 per person	\$1,500 per person

This overview is being provided as a convenient reference tool and is not a complete overview of the benefits being offered through your dental plan. Some plan limitations may apply. Please refer to the plan documents provided by your carriers for detailed plan information. If there is any discrepancy between the descriptions of the program elements in this overview and the official plan documents, the language of the official plan documents shall prevail as accurate.



Dental Benefits

PLAN ENHANCEMENTS

Carryover Max Benefit

The Delta Dental **Carryover Max** benefit feature allows members to carry over part of their unused standard annual maximum in one year to increase benefits for the following year and beyond.

Below is an example of this plan enhancement applied to benefits received during the calendar year.

Benefit Year	1/1/2025 - 12/31/2025
Standard Annual Maximum	\$2,000
Usage Limit (50% of Annual Max)	\$1,000
Accumulation Limit	25% of <u>Unused</u> Annual Maximum
Maximum that can be Carried Over	\$500

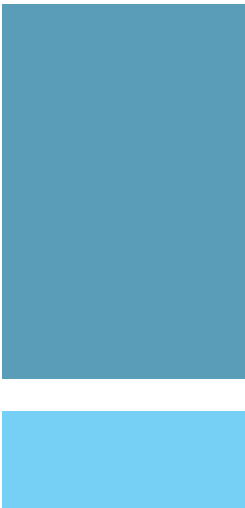
* In order to take advantage of the Carryover max benefit, at least one (1) preventive exam (cleaning) must be on record for the plan year and use of annual maximum does not exceed 50% of total.

Integrated Oral Health

Integrated Oral Health allows members who are currently pregnant, or suffering from diabetes or heart disease, access to two (2) additional cleanings throughout the calendar year.

Oral Health Enhancement

- If you had periodontal surgery or scaling and root planing in the past while covered by Delta Dental of New Jersey, you should be automatically covered! You may have to submit additional information if the procedure was more than 2 years ago.
- Eligible members who have been previously treated for periodontal (gum) disease will receive up to four dental cleanings and/or periodontal maintenance procedures per benefit period.
- If you have not had Delta Dental of New Jersey benefits in the past or are newly eligible: You need to submit evidence to Delta Dental of previous periodontal treatment to ensure your claims are processed under Oral Health Enhancement Option provisions. Information about how to submit previous treatment evidence is available at www.deltadentalnj.com. Click “Members” then “Oral Health Enhancement” under “Additional Resources”



Vision Benefits

DELTA VISION

Platinum Vision Plan

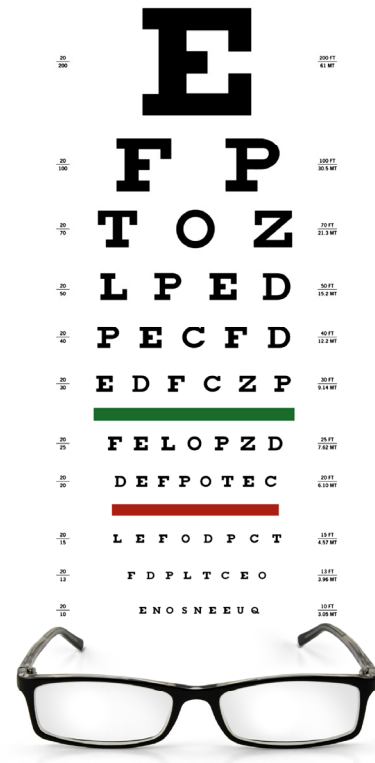
BENEFIT DESCRIPTION	IN-NETWORK
Exam/lens/frame frequency (months)	12/12/12
Contacts (in lieu of glasses)	12
Exam copay	\$0
Materials copay	\$0
Frame allowance (includes Walmart/Sam's Club)	\$200
Fame allowance Costco	\$110
Elective contact lens allowance	\$200
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	Up to \$60
Both Frames and Contacts in same year* (in- network and out-of-network)	Yes; allows both frames & contacts in the same year for each benefit

OUT-OF-NETWORK	
Examination, up to:	\$45
Single vision lenses, up to:	\$30
Bifocal lenses, up to:	\$50
Trifocal lenses, up to:	\$65
Progressive lenses, up to:	\$50
Lenticular lenses, up to:	\$100
Frames, up to:	\$70
Elective contact lenses, up to:	\$105
Necessary contact lenses, up to:	\$210

* Allowances may vary, call VSP member services for details.

LENS ENHANCEMENTS (MEMBERS COSTS)**	
Anti-glare coating single/multifocal	\$41/\$41
Impact-resistant lenses - adult single/multifocal	\$31/\$35 (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses single/multifocal	\$75/\$75
Scratch-resistant coating single/multifocal	\$17/\$17

**Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network Providers and are subject to change without notice.



Husk Wellness

EMPOWERING HEALTHIER LIVING

Achieving optimal health and wellness doesn't have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace (formerly GlobalFit).

Gyms and Fitness Centers

HUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK has something for every workout.

Husk Nutrition

HUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs and busy lifestyle.

Home Equipment and Tech

Whatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

On-Demand Fitness

Take advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK's streaming membership options will take your wellness and workouts to the next level.

Mental Health

We all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.



To get started visit

<https://marketplace.huskwellness.com/connerstrong> call 800.294.1500 or email customerservice@huskwellness.com

Value-Added Services

CONNER STRONG & BUCKELEW

Benefit Perks

This features provides a broad array of services, discounts and special deals on consumer services, travel services, recreational services and much more. Simply access the site and register and you can begin using it now.

Learn more at:

<https://connerstrong.corestream.com>

GoodRx

Compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips.

Learn more at: www.goodrx.com

HealthyLearn

This resource covers over a thousand health and wellness topics in a simple, straightforward manner. The HealthyLearn On-Demand library features all the health information you need to be well and stay well.

Learn more at:

<https://healthylearn.com/connerstrong>



Benefits Member Advocacy Center

BENEFITS ASSISTANCE



Don't get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (Benefits MAC), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits. Contact the Benefits MAC to:

- Find answers to your benefits questions
- Search for participating network providers
- Clarify information received from a provider or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
- Rescue you from a benefits problem you've been working on
- Discover all that your benefit plans have to offer!

Contact Benefits MAC

You may contact the Benefits Member Advocacy Center in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web: **www.connerstrong.com/memberadvocacy**
- Via fax: **856.685.2253**
- Via email: **cssteam@connestrong.com**

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

BenePortal

ONLINE BENEFIT RESOURCE

BenePortal is Brookfield Schools' virtual employee benefits portal, providing access to company benefits programs, health and wellness information, recommended links, pertinent forms and guides, and a wealth of additional tools and resources.

BenePortal features include:

- Secure online access - with NO login required!
- Mobile optimized site
- Plan summaries
- Wellness resources
- Carrier Contacts
- Downloadable forms
- GoodRx
- Benefit Perks Discount Program
- And more!

Simply to go

www.brookfieldschoolsbenefits.com to access your benefits information today!



Employee Assistance Program (EAP)

COMPSYCH

Your ComPsych GuidanceResources program offers someone to talk to and resources to consult whenever and wherever you need them.

Confidential Emotional Support: Highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions: Specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance: Talk to attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees

Financial Resources: Financial experts can assist with a wide range of issues such as:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy, and more

Online Support: GuidanceResources Online is your 24/7 link to vital information, tools, and support. Log on for:

- Articles, podcasts, videos, slideshows, on-demand trainings, and “Ask the Expert”



Contact Your GuidanceResources Program

- Call: **800-272-7255 (TTY: 800.697.0353)**
- Online: **www.guidanceresources.com**
- App: **GuidanceResources Now**
- Web ID: **BA315**

Benefit Resources

The resources identified below are available to assist you with any questions that you may have regarding your benefits.

QUESTIONS REGARDING	CONTACT	PHONE NUMBER	WEBSITE ADDRESS
Medical & Prescription Drug	AmeriHealth of New Jersey	888-968-7241	www.amerihealthnj.com
Telemedicine	Teladoc (AmeriHealth NJ)	800-835-2362	www.teladochealth.com/
Dental Benefits	Delta Dental of NJ	800-452-9310	www.deltadentalnj.com
Employee Assistance Program (EAP)	ComPsych	800-272-7255	www.guidanceresources.com Web ID - BA315
Benefits Questions	Member Advocacy	800-563-9929	www.connerstrong.com/memberadvocacy



Legal Notices

Patient Protection and Affordable Care Act

Please note: the Brookfield Schools Inc. medical plans are considered compliant with the Patient Protection and Affordable Care Act. Brookfield Schools Inc. reserves the right to modify, amend, suspend, or terminate any plan, at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern.

Notice Regarding Special Enrollment

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

New dependent by marriage, birth, adoption, or placement for adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

Eligibility for Medicaid or a State Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact Linda Ellis in Human Resources at 856.795.8228 ext. 255.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>.

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Brookfield Schools offers a series of health coverage options. You should receive a Summary of Benefits and Coverage (SBC) during Open Enrollment. These documents summarize important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility -

ALABAMA - Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA - Medicaid
The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS - Medicaid
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIP (855-692-7447)

CALIFORNIA - Medicaid
Health Insurance Premium Payment (HIP) Program
<http://dhcs.ca.gov/hip>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
1-800-221-3943/State Relay 711

Legal Notices

CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid
GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: <https://www.in.gov/medicaid/>
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gob/benefits/s/?language=en_US
Phone: 1-800-442-6003 TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 800-977-6740 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840 TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid
Website: <http://dphs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid
Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
Phone: 1-800-692-7462
CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid
Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: <https://www.hca.wa.gov/>
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP
Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>
Phone: 800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



BROOKFIELD SCHOOLS

A Trauma Sensitive Approach to Academic & Therapeutic Excellence

ABOUT THIS BENEFITS SUMMARY

This Benefits Summary describes the highlights of the Brookfield Schools Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Brookfield Schools.

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The Brookfield Schools guide is intended to provide you with the information you need to choose your benefits, including details about your benefits options and the actions you need to take during this enrollment period. It also outlines additional sources of information to help you make your enrollment choices. If you have questions about your benefits or the enrollment process, call Workplace HR at 856.334.9711. The information presented in this Guide is not intended to be construed to create a contract between Brookfield Schools and any one of Brookfield Schools' employees or former employees. In the event that the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the plan document are controlling. Brookfield Schools reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.