

2024-25

OPEN ENROLLMENT HIGHLIGHTS



Each year Brookfield Schools offers their employees a comprehensive benefits package with several plan options. Employees are encouraged to review all information to determine which plan best meets their needs and the needs of their family.

2024-2025 Benefit Changes

For the 2024-2025 plan year, all carriers will remain the same, however there are several other changes occurring. These changes include:

- New employer contribution schedule
- Changes in the medical & prescription options
- Rollout of a new voluntary vision plan through Delta Dental
- **ACTIVE** Open Enrollment: Due to plan changes, some employees will be **required to complete an enrollment form** in order to have benefits effective 7/1/2024.

New! Employer Contribution Schedule

For the 2024-2025 plan year, Brookfield Schools is increasing their employer contribution towards health benefits to the following amounts:

COVERAGE LEVEL	EMPLOYER CONTRIBUTION
Employee Only	\$1,150
Employee + Child(ren)	\$1,200
Employee + Spouse	\$1,250
Family	\$1,500



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Medical and Prescription Changes

The following plans will continue to be offered:

- PPO HSA \$1600 100% w/ \$10/\$40/\$60 Rx*
- EPO HSA \$1600 50% w/ \$7/50% Rx*
- POS Plus NG \$10/\$20 \$0/Day w/ \$15/\$35/\$50 Rx

* For 2024, the IRS has increased the Deductible limits for High Deductible Health Plans (HDHPs) from \$1,500/\$3,000 to \$1,600/\$3,200.

Terminated Plans

The following medical/prescription plans **will no longer be offered**, effective 7/1/2024:

- POS Plus NG \$20/\$40 \$250/Day w/ \$25/\$50/\$75 Rx
- POS \$30/\$50 \$400/Day w/ \$25/\$50/\$75 Rx

New! Medical/Prescription Plan

The following medical/prescription plan will now be offered:

- EPO \$30/\$50 \$1000 \$500/Day;
EPO-Select Drug Program \$25/\$50/\$75:
 - In-Network benefits only except for emergency services.
 - No referral needed for services.
 - Deductible \$1,000/\$2,000 (Does not apply to all services such as Preventive Care, PCP, Specialist, Urgent Care, and Telemedicine. Please refer to the AmeriHealth benefit summary for full details.
 - Combined with the Rx Plan \$25/\$50/\$75 (Retail Copays)

New! Voluntary Vision Plan

A new offering for this plan year is **DeltaVision's Platinum Vision Plan!** Through group pricing, the monthly rates are as follows:

COVERAGE LEVEL	EMPLOYEE MONTHLY COST
Employee Only	\$11.59
Employee + Child(ren)	\$24.81
Employee + Spouse	\$23.16
Family	\$39.64

Benefits include vision exam, frame allowance, contact lenses, and various discounts. Please refer to the DeltaVision Platinum Plan benefit summary for all the details.

Active Open Enrollment

Employees in the following plans who do not wish to make any changes **DO NOT** have to complete an enrollment form and will remain in their current plan elections. Please complete an enrollment form if making a change.

- PPO HSA \$1600 100% w/ \$10/\$40/\$60 Rx
- EPO HSA \$1600 50% w/ \$7/50% Rx
- POS Plus NG \$10/\$20 \$0/Day w/ \$15/\$35/\$50 Rx

Employees who are in the following plans **MUST** complete an enrollment form and submit the form during open enrollment in order to have benefits effective 7/1/2024.

- POS Plus NG \$20/\$40 \$250/Day w/ \$25/\$50/\$75 Rx
- POS \$30/\$50 \$400/Day w/ \$25/\$50/\$75 Rx

Anyone wishing to join the new **DeltaVision** plan must complete an enrollment form and submit during the open enrollment period. Benefits become effective 7/1/2024.

