2026
2027

EMPLOYEE BENEFITS GUIDE

Brookfield Schools strives to offer you and your dependents a competitive and comprehensive benefits package.

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 Member Advocacy Center (MAC) at **800.563.9929** (Monday - Friday, 8:30 am to 5:00 pm ET) or visit **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 **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:** Young adults are covered until the end of the year in which they turn age 26.
- **Dental and Vision:**
  - **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. ***Proof of student status is required.***

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 90 days.

Medical Plan Options

AMERIHEALTH OF NEW JERSEY

Eligible employees and their eligible dependents 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 $1,700	Option 2 EPO HSA $1,700/50%	Option 3 AH POS NG $10/$20 $0 DAY	Option 4 EPO $30/$50 $1,000
IN-NETWORK BENEFITS				
Calendar Year Deductible *(Individual/Family)*	$1,700 / $3,400 (Aggregate*)	$1,700 / $3,400 (Aggregate*)	$0	$1,000 / $2,000 (Embedded**)
Calendar Year Out-of-Pocket Maximum *(Individual/Family)*	$2,500 / $5,000 (Aggregate*)	$2,500 / $5,000 (Aggregate*)	$2,500 / $5,000 (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: 20 visit limit; Physical/ Occupational: 30 visit limit)	50% after deductible (Physical/Occupational/Speech Combined: 60 visit limit)	$20 copay (Speech: 20 visit limit; Physical/Occupational: 30 visit limit combined)	$50 copay (no deductible) (Physical/Occupational/Speech Combined:60 visit limit)
Emergency Room	No charge after deductible	50% after deductible	$100 copay	$100 copay (no deductible)
Emergency Transportation	No charge (no deductible)	50% after deductible	No charge	$100 copay (no 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	$20 copay	$300 after deductible
Diagnostic Medical/Routine Radiology	No charge after deductible	50% after deductible	$20 copay	$50 after deductible
Imaging (CT/PET Scans/MRI)	No charge after deductible	50% after deductible	$40 copay	$100 after deductible
Outpatient Lab & Pathology	No charge after deductible	No charge after deductible	No charge	No charge after deductible
Durable Medical Equipment	No charge after deductible	50% after deductible	50% coinsurance	50% after deductible
Eye Exam	Not covered	Not covered	$20 copay (1 exam/24 months)	Not covered
OUT-OF-NETWORK BENEFITS				
Calendar Year Deductible *(Individual/Family)*	$3,000 / $6,000*	Coverage for emergency services only	$500 / $1,500**	Coverage for emergency services only
Calendar Year Out-of-Pocket Maximum *(Individual/Family)*	$15,000 / $30,000		$4,500 / $9,000**	
Coinsurance	40% after deductible*		20%	

* **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.

National Network Access Through Cigna Healthcare PPO

AMERIHEALTH OF NJ

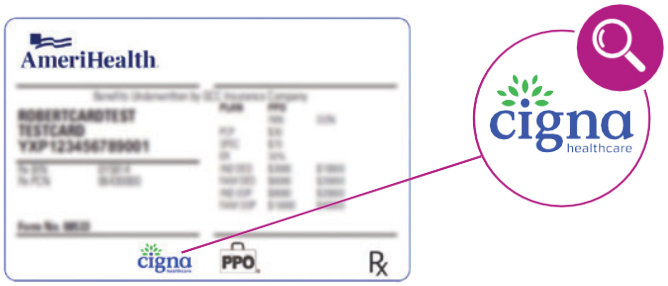
Plan members have access to quality and affordable health care nationwide!

If you are enrolled in an **AmeriHealth of NJ plan**, you have nationwide access to the Cigna Healthcare Preferred Provider Organization (PPO) Network.

The Cigna Healthcare PPO Network includes more than 1.5 million health care providers and 6,400 hospitals nationwide. AmeriHealth of NJ plan members can easily find providers in their region using the Cigna Healthcare provider search tool.

Look for the Logo

You will find the Cigna logo on your AmeriHealth of NJ ID card if you have access to the Cigna Healthcare PPO Network.



Search for a Provider

Visit **ameriheath.com** or scan the QR code to access the provider finder. Select ***Find a Doctor***, then the ***Find a Provider*** button in the ***"Through my job"*** box.

Scan the QR code to search for providers!

Have Questions?

Call the number on the back of your AmeriHealth of NJ ID card.



Telemedicine

TELADOC

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

Telemedicine gives you convenient access to physician-based care anytime, day or night, often at a lower cost than an urgent care center or emergency room visit. Through Teladoc, you can connect with a U.S. board-certified physician 24 hours a day, 7 days a week, 365 days a year.

Getting care is easy—simply call the toll-free number, visit the secure website, or use the mobile app. Physicians can diagnose many common conditions, recommend treatment, and prescribe medication when appropriate, helping you get the care you need without the wait.

A wide range of non-emergency conditions may be treated, including:

- Allergies
- Cold and flu
- Digestive problems
- Respiratory problems
- Urinary tract infections
- Ear problems
- Insect bites
- Pink eye
- And more!

Get Started With Teladoc Today!

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

- **Phone: 855.835.2362**
- **Web: teladochealth.com**
- **Mobile App:** Visit **teladoc.com/mobile** to 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 AH PPO HSA $1,700 $10/$40/$60 Rx	Option 2 EPO HSA $1,700/50% $7/50% $125 Rx	Option 3 AH POS NG $10/$20 $0 DAY $15/$35/$50 Rx	Option 4 EPO $30/$50 $1,000 $25/$50/$75 Rx
PRESCRIPTION DRUG BENEFITS				
Retail Pharmacy				
Generic	$10 copay after deductible	$7 copay after deductible	$15 copay	$25 copay
Preferred Brand	$40 copay after deductible	50% coinsurance after deductible ($125 max/fill)	$35 copay	$50 copay
Non-Preferred Brand	$60 copay after deductible	50% coinsurance after deductible ($125 max/fill)	$50 copay	$75 copay
Dispensing Limitations	90 day max	90 day max	90 day max	90 day max
Mail-Order Pharmacy (90-day supply)				
Generic	$20 copay after deductible	$14 copay after deductible	$30 copay	$50 copay
Preferred Brand	$80 copay after deductible	50% coinsurance after deductible ($250 max/fill)	$70 copay	$100 copay
Non-Preferred Brand	$120 copay after deductible	50% coinsurance after deductible ($250 max/fill)	$100 copay	$150 copay

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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 GoodRx 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 **connerstrong.goodrx.com**.

Dental Benefits

DELTA DENTAL

The Delta Dental PPO Plus Premier Plan is available to eligible employees and their eligible dependents. The plan includes 100% coverage for preventive services and gives members the flexibility to choose from Delta Dental's PPO and Premier provider networks. Brookfield pays the full cost of employee-only coverage; employees who elect dependent coverage are responsible for the additional premium cost. Access your virtual ID card at **deltadentalnj.com/idcard**.

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. **Proof of student status is required**.

	Delta Dental PPO	Delta Dental Premier & Non-Participating Dentists
BENEFIT DESCRIPTION		
Calendar Year Deductible *(Individual/Family)*	$50 / $150	$50 / $150
Calendar Year Maximum	$2,000	$2,000
Preventive & Diagnostic	Plan pays 100% (deductible waived)	Plan pays 100% (deductible waived)
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%
Orthodontic Benefits (child only) *Full Comprehensive Treatment (child only)*	Plan pays 50%	Plan pays 50%

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.



Dental Plan Enhancements

DELTA DENTAL

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 receive during the calendar year.

CARRYOVER MAX BENEFIT	
Benefit Year	1/1/2026 - 12/31/2026
Standard Annual Maximum	$2,000
Usage Limit (50% of Annual Max)	$1,000
Accumulation Limit	25% of Unused 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 (4) 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 **deltadentalnj.com**. Click ***"Members"*** then ***"Oral Health Enhancement"*** under ***"Additional Resources"***.



Vision Benefits

DELTAVISION

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. **Proof of student status is required.**

	Platinum Vision Plan
IN-NETWORK BENEFIT DESCRIPTION	
Exam/Lens/Frame Frequency *(months)*	12 / 12 / 12
Contact Lens Frequency *(in lieu of eyeglasses)*	12
Exam	$0 copay
Materials	$0 copay
Frames *Walmart/Sam's Club* *Costco*	 $200 allowance $110 allowance
Elective Contact Lenses	$200 allowance
Necessary Contact Lenses	Covered in full after copay
Contact Lens Fit/Evaluation	Up to $60 copay
Both Frames and Contacts in Same Year	Yes ($200 for each benefit)*
LENS ENHANCEMENTS (MEMBER COSTS)**	
Anti-Glare Coating	$41 Single / $41 Multifocal
Impact Resistant Lenses - Adult	$31 Single / $31 Multifocal (covered for children)
Progressive Lenses	Standard progressive lenses are covered
Light-Reactive Lenses	$75 Single Vision / $75 Multifocal
Scratch-Resistant Coating	$17 Single Vision / $17 Multifocal
OUT-OF-NETWORK ALLOWANCES (IN ADDITION TO IN-NETWORK COPAYS)	
Exam	Covered up to $45
Single Vision Lenses	Covered up to $30
Bifocal Lenses	Covered up to $50
Trifocal Lenses	Covered up to $65
Progressive Lenses	Covered up to $50
Lenticular Lenses	Covered up to $100
Frames	Covered up to $70
Elective Contact Lenses	Covered up to $105
Necessary Contact Lenses	Covered up to $210

* Allowances for frames and contact lenses in the same year may vary at Costco Optical as well as for out-of-network providers. Call VSP Member Services for details.

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



Employee Assistance Program (EAP)

COMPSYCH

Your ComPsych Guidance Resources 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 or 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!
- If you need representation you can 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 and taxes
- Relocation, mortgages, and insurance
- Budgeting, debt, bankruptcy, and more!

Online Support

GuidanceResources Online is your 24/7 link to vital information, tools, and support. Log on to the website for articles, podcasts, videos, slideshows, on-demand trainings, and “Ask the Expert”.

Contact GuidanceResources

- **Call: 800.272.7255** (TTY: **800.697.0353**)
- **Online: guidanceresources.com**
- **App:** GuidanceResources Now
- **Web ID: BA315**



Additional Resources

CONNER STRONG & BUCKELEW

Benefit Perks

CSB Benefit Perks offers employees exclusive discounts and cash back on a wide range of products and services, such as health and wellness, electronics, and so much more at no additional cost.

Employees can register online at **connerstrong.corestream.com** to access savings both online and in person at participating retailers.

Healthylearn

Locate reliable health and wellness information on a wide range of topics. Access resources anytime at **healthylearn.com/connerstrong**.

HUSK Wellness

HUSK Wellness offers exclusive savings at over 8,000 gyms and specialty studios nationwide, as well as virtual workout programs and an online library of fitness, wellness, and nutrition resources

Members can also meet one-on-one with a Registered Dietitian for personalized nutrition plans (insurance or direct bill).

Learn more by visiting **marketplace.huskwellness.com/connerstrong**.



Benefit Resources

BENEFITS MAC & BENEPORTAL

BenePortal

At Brookfield Schools, you have access to a full-range of valuable employee benefit programs. Now it's easier than ever to access plan documents, carrier contact information, wellness resources, and much more in one convenient location!

Your Online Benefits Resource

With BenePortal, you and your family members can review your current employee benefit plan options online, 24 hours a day, 7 days a week!

Access Anytime, Anywhere

BenePortal is mobile-optimized, making it easy to view your benefits on the go. Simply bookmark the site in your phone's browser or save it to your home screen for quick access.

Whether you're gearing up for annual enrollment or need to check your coverage at the doctor's office, BenePortal is here for you!

BenePortal Features Include:

- Easy access to your benefits guide
- Enrollment tools and information
- Plan summaries and forms
- Wellness resources
- Carrier contacts
- Links to value-added services
- And more!

To get started, simply go to brookfieldschoolsbenefits.com to access your benefits information today!

Benefits MAC

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!

Member Advocates are available Monday - Friday, 8:30 am to 5:00 pm ET. 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 28 hours of your inquiry.

You may contact the Benefits MAC in any of the following ways:

- Phone: **800.563.9929**
- Web: **connerstrong.com/memberadvocacy**
- Email: **cssteam@connerstrong.com**

Hospital Safety Grade

LEAPFROG

Know Where to Get Care!

Before you decide which hospital to use for elective care; whether in your network or not, it is advisable to check the hospital's quality rating. You can do so by checking their Leapfrog Group ("Leapfrog") score.

Leapfrog is an independent, national not-for-profit organization founded more than a decade ago by the nation's leading employers and private health care experts. They strive to make giant "leaps" forward in the safety, quality, and affordability of health care in the U.S. by promoting transparency through our data collection and public reporting initiatives.

With their goal of saving lives by reducing errors, injuries, accidents, and infections, the Leapfrog Group focuses on measuring and publicly reporting hospital performance through the annual Leapfrog Hospital Survey.

The survey is a trusted, transparent, and evidence-based national tool in which over 2,300 hospitals voluntarily participate free of charge. The Leapfrog Group advocates for public access to quality and safety data from all U.S. hospitals. Their letter-based rating system (i.e., A, B, C, etc.) makes it easy for consumers and patients to make informed decisions about their quality and ability to deliver care effectively.

Getting Started

Patients can check with their physician with questions about hospital quality. The service is free. To look up all Hospital Quality scores nationally, visit **www.hospitalsafetygrade.org**.



Carrier Contacts

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
Medical/Prescription Drug	Amerihealth of New Jersey	888-968-7241	www.amerihealthnj.com
Telemedicine	Teladoc (AmeriHealth NJ)	800-835-2362	www.teladochealth.com
Dental	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	Benefits MAC	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 (including COBRA 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). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage.

Loss of eligibility 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 (CHIP) 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 CHIP. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

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 within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For a new dependent as a result of marriage, 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. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Linda Ellis in Human Resources at 856.795.8228 ext. 255.

Women's Health and Cancer Rights Act Notice

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 medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact Human Resources.

Newborns' and Mothers' Health Protection Act Notice

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).

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 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, 2026. 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@MyAKHIPP.com
Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

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ARKANSAS – Medicaid
Website: http://myarhipp.com/
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp
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
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.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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
Health Insurance Premium Payment Program
All other Medicaid
Website: https://www.in.gov/medicaid/
http://www.in.gov/fssa/dfr/
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website:
Iowa Medicaid | Health & Human Services
Medicaid Phone: 1-800-338-8366
Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
Website: https://www.kancare.ks.gov/
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

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: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kynect.ky.gov
Phone: 1-877-524-4718
Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana
Medicaid Customer Service Line: 1-888-342-6207
Louisiana Medicaid email: healthy@la.gov
Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp
LaHIPP phone: 1-877-697-6703
LaHIPP email: La.HIPP@la.gov
LaHIPP fax: 1-888-716-9787
LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084

MAINE – Medicaid
Enrollment Website: https://www.mymaineconnection.gov/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: 1-800-977-6740
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/health-care-coverage/
Phone: 1-800-657-3672

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

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084
Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633
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. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710 (TTY: 711)

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

Legal Notices

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 and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
Phone: 1-800-692-7462
CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)
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 RIte 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
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/
Email: upp@utah.gov
Phone: 1-888-222-2542
Adult Expansion Website: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/
CHIP Website: https://chip.utah.gov/

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
Medicaid/CHIP Phone: 1-800-432-5924

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

West Virginia – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/
http://mywvhipp.com/
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: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2026, 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

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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. This Benefits Summary may not be reproduced or redistributed in any form or by any means without the express written consent of Brookfield Schools.

DISCLAIMER NOTICE

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.