



# Baden®



## Benefit Guide

Plan Year

August 1, 2020 – July 31, 2021





## Welcome!

At Baden Sports we recognize our ultimate success depends on our talented and dedicated employees. Our goal is to provide a comprehensive benefits program that meets the needs of you and your family. It is one of the many ways we recognize the value of your contributions. This guide is designed to help you understand the various benefits available so that you can select the coverage that best meets your needs.

## Eligibility

### Who is Eligible for Benefits?

All active full-time Baden Sports employees who are regularly scheduled to work 30 hours or more per week. Part-time and temporary employees are not eligible. If you are eligible, you may also cover your lawful spouse and your dependent children up to age 26. Refer to the Dependent Eligibility Policy in your packet for a full description of the dependent eligibility requirements.

### When Does Coverage Begin?

Eligibility for health coverage is conditioned on completion of a one month employment-based orientation period that starts on the employee's first day of work. After completion of the orientation period, a 60 day waiting period applies. An employee is eligible for coverage on the first day of the month coinciding with or following the 60 day waiting period. Eligible dependents may enroll in coverage at the same time as the employee.

### Can I Make Mid-Year Changes?

If you enroll in benefits you may not drop or change them during the year unless you experience a change in status (e.g. marriage, divorce, birth or adoption of a child, change in employment status, etc.). The change in enrollment must be consistent with the change in status. You must notify HR of your requested benefit changes within certain timeframes. Failure to request changes within the required timeframe may result in your having to wait until the next open enrollment period to make changes. Please refer to the Important Notices in your packet or SPD for a list of qualifying change in status events and the timeframes for requesting changes.

## What You Need To Do

Now is your time to enroll. If you do not enroll now, you will need to wait until Baden Sports' next Open Enrollment period in July 2021.

### Payroll Deduction Authorization Form

All employees are required to complete this form - even if you are waiving coverage or not making any changes.

### HMA Enrollment Form

Complete to enroll in the medical/prescription drug, dental, and/or vision plans for the first time or to make changes.

### HMA/HealthEquity FSA Enrollment Form

Complete to enroll in a health care and/or dependent care FSA. You must complete the form each year if you want to re-enroll.

### Dependent Eligibility Verification Form

Complete if enrolling new dependents on the plans.

### Reliance Standard Voluntary Life Enrollment Form

Complete to purchase or increase additional life insurance for yourself, spouse, and children. If you want to purchase coverage for the first time over the guarantee issue amounts, or increase your current coverage, you must also complete an Evidence of Insurability (EOI) Form (request it from HR). Reliance Standard will need to review your enrollment and EOI forms before approving your coverage.

*The following pages provide a brief overview of the plans offered by Baden Sports. These benefit summaries are for illustrative purposes only. For a complete description of the benefits, please refer to the Summary Plan Description (SPD). In the event of ambiguity, or a conflict between this summary and the SPD, the provisions of the SPD shall prevail.*



## Cost of Coverage

Baden Sports funds the majority of the cost of the health plans. If you enroll in a plan, these amounts will be automatically deducted pre-tax from each paycheck (26 per year). Your cost for medical coverage is based on whether you and/or your spouse use tobacco products. A non-tobacco user is defined as an individual who has not used a tobacco product in the last six months. Baden Sports pays 100% of the cost of your basic life and accidental death and dismemberment coverage.

### Medical Plans

Non-Tobacco User Tiers	Core Plan		Buy-Up Plan	
	Total Monthly Cost	Your Deduction per Paycheck	Total Monthly Cost	Your Deduction per Paycheck
Employee Only	\$481.70	\$33.21	\$497.07	\$41.16
Employee & Spouse	\$1,032.89	\$218.02	\$1,065.85	\$235.08
Employee & Child(ren)	\$802.16	\$145.48	\$827.77	\$158.72
Employee, Spouse & Child(ren)	\$1,435.18	\$296.76	\$1,480.97	\$320.47
<b>Tobacco User Tiers*</b>				
Employee Only (User)	\$481.70	\$92.00	\$497.07	\$99.96
Employee & Spouse (Both users)	\$1,032.89	\$387.30	\$1,065.85	\$404.35
Employee (User) & Spouse (Non-user)	\$1,032.89	\$286.33	\$1,065.85	\$303.39
Employee (Non-user) & Spouse (User)	\$1,032.89	\$340.58	\$1,065.85	\$357.64
Employee (User) & Child(ren)	\$802.16	\$216.81	\$827.77	\$230.05
Employee (User), Spouse (Non-user) & Child(ren)	\$1,435.18	\$388.69	\$1,480.97	\$412.39
Employee (Non-user), Spouse (User) & Child(ren)	\$1,435.18	\$438.42	\$1,480.97	\$462.12
Employee (User), Spouse (User) & Child(ren)	\$1,435.18	\$489.65	\$1,480.97	\$513.35

### Dental Plan

Tiers	Total Monthly Cost	Your Deduction per Paycheck
Employee Only	\$45.23	\$2.31
Employee & Spouse	\$92.27	\$13.38
Employee & Child(ren)	\$97.18	\$11.54
Employee, Spouse & Child(ren)	\$157.52	\$22.62

### Vision Plan

Tiers	Total Monthly Cost	Your Deduction per Paycheck
Employee Only	\$6.65	\$0.92
Employee & Spouse	\$14.25	\$1.85
Employee & Child(ren)	\$11.07	\$1.85
Employee, Spouse & Child(ren)	\$19.79	\$3.69

\* Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means (for example, completing a Tobacco Cessation program covered under the HMA medical plan). Contact us at (253) 883-5112 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Medical and Prescription Drug Plans

We offer two comprehensive medical and prescription drug plans through HMA. HMA is our Third Party Administrator, which means they process our claims and provide members access to a network of providers and facilities. Members in WA, OR, ID, and UT can access the HMA preferred providers (in the Regence Blue Shield Network). Members outside of those states, can access the PHCS national network. You may see any licensed provider, but you will pay less out-of-pocket when you see a preferred provider.

	Core Plan (New)		
	Preferred Providers (WA, OR, ID, and UT only)	Participating Providers	Out-of-Network Providers
<b>Deductible</b> Per calendar year	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 per family
<b>Medical Out-of-Pocket Maximum</b> Per calendar year (includes deductible & copays)	\$4,500 per individual \$9,000 per family (combined for Preferred and Participating services)		\$9,000 per individual \$18,000 per family
<b>Medical Services</b>			
<b>Preventive Care</b>	Covered at 100% (deductible waived)		Not Covered
<b>Primary Care Office Visits</b> General practice, family practice, internists, OB/GYN, pediatrician, physician assistant, nurse practitioner, nurse midwife, doctor of osteopathic medicine.	\$35 copay (deductible waived)	\$35 copay, then plan pays 50%, you pay 50%	
<b>MDLive Virtual Care Visits</b> Only covered with MDLive providers	\$10 copay (deductible waived)		
<b>Specialist Office Visits</b>	\$50 copay (deductible waived)	\$50 copay, then plan pays 50%, you pay 50%	
<b>Urgent Care</b>	\$60 copay; then plan pays 100% (deductible waived)		
<b>Emergency Room Services</b> Copay waived if admitted inpatient or accident related and services received within 2 days	\$250 copay; then plan pays 80%, you pay 20%		
<b>Ambulance Transportation</b> Air and ground	Plan pays 80%, you pay 20%		
<b>Diagnostic X-Ray/Lab</b>	Plan pays 80%, you pay 20%		
<b>Hospital Services</b>	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
<b>Chiropractic &amp; Massage Therapy</b> Limited to 12 visits per calendar year combined	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
<b>Durable Medical Equipment</b> Preauthorization required for DME over \$2,000	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
<b>Outpatient Mental Health and Substance Abuse Services</b>	\$35 copay (deductible waived)	\$35 copay, then plan pays 50%, you pay 50%	
<b>Prescription Drugs</b>			
<b>Pharmacy Out-of-Pocket Maximum</b>	\$1,000 per individual \$2,000 per family		Unlimited
<b>Retail Pharmacy</b> Up to 34-day supply	\$15 copay generic / \$35 copay preferred brand / \$70 copay non-preferred brand		
<b>Mail Order Program with Caremark</b> Up to 90-day supply	\$30 copay generic / \$70 copay preferred brand / \$140 copay non-preferred brand		
<b>Specialty Medications</b>	You pay 20% up to \$150 per 34-day supply		

**Buy-Up Plan (Current Plan)**

	<b>Preferred Providers</b> (WA, OR, ID, and UT only)	<b>Participating Providers</b>	<b>Out-of-Network Providers</b>
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<b>Deductible</b> Per calendar year	<b>\$1,000</b> per individual <b>\$2,000</b> per family	<b>\$1,000</b> per individual <b>\$2,000</b> per family	<b>\$2,000</b> per individual <b>\$4,000</b> per family
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<b>Medical Out-of-Pocket Maximum</b> Per calendar year (includes deductible & copays)	<b>\$3,500</b> per individual <b>\$7,000</b> per family (combined for Preferred and Participating services)		<b>\$8,000</b> per individual <b>\$16,000</b> per family
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**Medical Services**

<b>Preventive Care</b>	Covered at 100% (deductible waived)		Not Covered
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<b>Primary Care Office Visits</b> General practice, family practice, internists, OB/GYN, pediatrician, physician assistant, nurse practitioner, nurse midwife, doctor of osteopathic medicine.	<b>\$30</b> copay (deductible waived)	<b>\$30</b> copay, then plan pays 50%, you pay 50%	
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<b>MDLive Virtual Care Visits</b> Only covered with MDLive providers	\$10 copay (deductible waived)		
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<b>Specialist Office Visits</b>	<b>\$35</b> copay (deductible waived)	<b>\$35</b> copay, then plan pays 50%, you pay 50%	
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<b>Urgent Care</b>	<b>\$50</b> copay; then plan pays 100% (deductible waived)		
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<b>Emergency Room Services</b> Copay waived if admitted inpatient or accident related and services received within 2 days	<b>\$200</b> copay; then plan pays 80%, you pay 20%		
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<b>Ambulance Transportation</b> Air and ground	Plan pays 80%, you pay 20%		
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<b>Diagnostic X-Ray/Lab</b>	Plan pays 80%, you pay 20%		
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<b>Hospital Services</b>	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
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<b>Chiropractic &amp; Massage Therapy</b> Limited to 12 visits per calendar year combined	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
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<b>Durable Medical Equipment</b> Preauthorization required for DME over \$2,000	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%	
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<b>Outpatient Mental Health and Substance Abuse Services</b>	<b>\$30</b> copay (deductible waived)	<b>\$30</b> copay, then plan pays 50%, you pay 50%	
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**Prescription Drugs**

<b>Pharmacy Out-of-Pocket Maximum</b>	\$1,000 per individual \$2,000 per family		Unlimited
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<b>Retail Pharmacy</b> Up to 34-day supply	\$15 copay generic / <b>\$30</b> copay preferred brand / <b>\$55</b> copay non-preferred brand		
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<b>Mail Order Program with Caremark</b> Up to 90-day supply	\$30 copay generic / <b>\$60</b> copay preferred brand / <b>\$110</b> copay non-preferred brand		
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<b>Specialty Medications</b>	You pay 20% up to \$150 per 34-day supply		
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## Dental Plan

We offer a dental plan through HMA. You may see any licensed provider, but you will pay less out-of-pocket when you see a preferred provider.

	Dental Plan	
	Preferred and Participating Providers	Out-of-Network Providers
<b>Deductible</b> Per calendar year	\$50 per individual \$150 per family	\$50 per individual \$150 per family
<b>Benefit Maximum</b> Per calendar year	\$1,500 per person	\$1,500 per person
<b>Preventive Care</b> Oral exams, X-Rays, Fluoride, Sealants	Plan pays 100% Deductible waived	Plan pays 80%, you pay 20% Deductible waived
<b>Basic Services</b> Fillings, Oral Surgery, Endodontic, Periodontics, Anesthesia	Plan pays 80%, you pay 20%	Plan pays 50%, you pay 50%
<b>Major Services</b> Bridgework, Crowns, Dentures, Bridges, Implants	Plan pays 50%, you pay 50%	Plan pays 40%, you pay 60%
<b>Orthodontia</b>	Plan pays 50% up to \$2,000 per individual per lifetime Deductible waived	Plan pays 50% up to \$2,000 per individual lifetime Deductible waived

**Balance Billing:** If you visit an out-of-network dentist, you may be responsible for charges that exceed the plan's maximum reimbursement levels, in addition to the deductible and plan cost share.

**Pre-Treatment Estimate:** If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.



## Vision Plan

We offer a vision plan through HMA. You may see any licensed provider, but you will pay less out-of-pocket when you see a preferred provider because of network discounts. If you visit a participating or out-of-network provider, you may be responsible for charges that exceed the plan's maximum reimbursement levels in addition to your cost share; this is called balance billing.

	Vision Plan	
	Preferred Providers	Participating and Out-of-Network Providers
<b>Examination</b> Every 24 months	\$10 copay; then plan pays 100%	\$10 copay; then plan pays 100%
<b>Hardware</b>		
<b>Frames</b> One frame every 24 months (frames and lenses copay is combined)	\$25 copay; then Plan pays 100% up to \$120	\$25 copay; then plan pays 100% up to \$120
<b>Lenses</b> One pair every 24 months (frames and lenses copay is combined)	\$25 copay; then plan pays 100% up to \$140	\$25 copay; then plan pays 100% up to \$140
<b>Contacts</b> One pair every 12 months in lieu of frames and lenses	\$20 copay; then plan pays 100% up to \$120	\$20 copay; then plan pays 100% up to \$120

## Flexible Spending Account

An FSA allows you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health and dependent care expenses. For the 8/1/2020 to 7/31/2021 plan year, you can contribute up to \$2,750 in a health FSA and \$5,000 in a dependent care FSA. Your election will be evenly deducted from your paycheck, pre-tax, throughout the plan year. HealthEquity administers the FSA.



### What's a health care FSA?

This plan allows you to pay for qualified out-of-pocket healthcare expenses with pre-tax dollars. Qualified expenses include medical, dental or vision costs such as deductibles, copays and coinsurance amounts and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election on the first day of the plan year.

### What's a dependent care FSA?

This plan allows you to pay for qualified out-of-pocket dependent care expenses with pre-tax dollars. Qualified expenses may include daycare centers, in-home child care and before or after school care for your dependent children under age 13 while both you and your spouse (if applicable) work or go to school full-time. Other individuals may qualify if they are considered your tax dependents and are incapable of self-care. You can only access dependent care FSA money once funds are placed into your FSA.

All caregivers must have a Tax ID or Social Security Number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan.

### How does an FSA help me save money?

Putting money in an FSA helps you save by reducing your taxable income and therefore, reducing your taxes. The money that funds your account is deducted from your paycheck before federal, Social Security and Medicare taxes are calculated. Because you don't pay taxes on those deductions, your savings (what you would have paid in taxes) is returned in each paycheck.

## Life Insurance Benefits

### Basic Life/AD&D

We provide Basic Life insurance and Accidental Death and Dismemberment (AD&D) insurance to all eligible employees. Enrollment is automatic and Baden Sports pays the full cost of coverage. Life insurance pays your beneficiary a benefit in the event of your death and AD&D insurance pays a benefit if your death results from an accident or if you are severely injured in an accident.



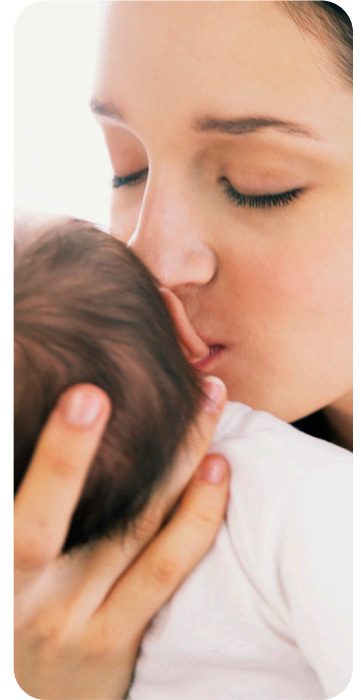
Basic Life/AD&D Plan	
Basic life insurance benefit	\$10,000
Basic AD&D insurance benefit	\$10,000
Benefit reductions due to age	Benefits reduce to 65% at age 65, to 50% at age 70, to 30% at age 75, to 20% at age 80 and terminate when you are no longer eligible or your retirement, whichever occurs first

## Voluntary Life

We offer you the opportunity to enroll in voluntary life insurance through Reliance Standard. If you need additional life insurance to meet your financial needs, you can purchase voluntary life insurance through convenient after-tax payroll deductions for yourself, spouse, and children. Should you leave Baden Sports, you can elect to continue this coverage. The cost of coverage depends on the benefit amount you select and your age.

Voluntary Life Plan		
<b>Life insurance benefit amount</b>	Employee: Units of \$10,000 up to a maximum benefit of \$300,000 Spouse: Units of \$10,000 to a maximum benefit of \$150,000 Children: Choice of \$2,500, \$5,000, \$7,500, or \$10,000 (once 6 months or older)	
<b>AD&amp;D insurance benefit amount</b>	Employee and Spouse: Same as life benefit amount Children: Not available	
<b>Guarantee issue amounts</b>	\$100,000 for Employee / \$10,000 for Spouse Coverage over these amounts is available with Evidence of Insurability	
<b>Benefit reductions due to age</b>	Benefits reduce to 60% at age 70, 35% at age 80, 27.5% at age 85, and 20% at age 90 (spouse coverage ends at age 70)	
<b>Monthly Rates</b>	<b>Employee* Life/AD&amp;D (per \$10,000)</b>	<b>Spouse Life/AD&amp;D (per \$10,000)</b>
Under age 35	\$0.70	\$0.70
Age 35 - 39	\$1.10	\$1.10
Age 40 - 44	\$1.70	\$1.70
Age 45 - 49	\$2.70	\$2.70
Age 50 - 54	\$4.60	\$4.60
Age 55 - 59	\$7.90	\$7.90
Age 60 - 64	\$10.80	\$10.80
Age 65 - 69	\$18.00	\$18.00
<b>Children Life</b>	\$0.162 per \$1,000	

\*Benefits are available if you (the employee) are age 70 or greater. Please contact HR for the rates.



## Important Contact Information

Benefit	Provider	Phone Information	Web Information
Medical, Prescription Drug, Dental, and Vision	HMA	Group # 4078 Customer Service (Local): (425) 462-1000 Toll Free: (800) 700-7153	<a href="http://www.accesshma.com">www.accesshma.com</a>
Flexible Spending Accounts	HealthEquity	Customer Service: (866) 346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Life and AD&D	Reliance Standard	Group # VGTL187904	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>

## Benefit Questions?

Contact the Benefit Advocates in AP MCM's Employee Service Center (ESC). Benefit Advocates are specially trained individuals who can help answer your insurance questions. They can assist with benefit questions and claim issues for you and your covered family members. Their services are free and all calls are confidential.

### Benefit Advocates in the Employee Service Center

Phone: 206-343-4175 or 1-888-343-3330

TTY/TDD: 206-748-9578 or 1-855-877-4726

Confidential Email: [mcm.esc@assuredpartners.com](mailto:mcm.esc@assuredpartners.com)

Monday – Friday, 7:30 AM - 5:00 PM PT