



Benefit open enrollment announcements

Open enrollment: Jul. 19 - 23, 2021

Open enrollment is here! This is your annual opportunity to review your benefit options and make changes for the Aug. 1, 2021 through Jul. 31, 2022 plan year. Please review the enrollment materials in your packet and share the information with your family.

What’s changing on Aug. 1?

Baden Sports is committed to offering quality, affordable coverage. We consider our health plans to be a very important part of our compensation package. Our current partnership with HMA – who currently administers our medical, dental, vision, and FSA plans – could not be renewed on Aug. 1 because they are no longer servicing organizations of our size. We conducted a thorough market analysis and are very happy to announce our new health benefit providers:

	Current		New, beginning Aug. 1
Medical, prescription drug, vision	HMA / CVS Caremark	→	Regence Blue Shield / Express Scripts
Dental	HMA	→	Delta Dental of Washington
Flexible spending accounts (FSA)	HealthEquity	→	Navia

Our plan costs continue to rise significantly due to major increases in claim expenses. After careful analysis we decided to keep our benefits and provider networks as close to current as possible and we will raise the employee contributions to help us absorb the cost increase.

What you need to do

Open enrollment is the only time you can make changes, unless you have a qualifying event. Changes will take effect on Aug. 1, 2021. Please complete the following paperwork as applicable:

- **Payroll Deduction Authorization Form** – All employees are required to complete this form.
- **Regence Enrollment Form** – To enroll in one of the medical and vision plans for the first time or make changes.
- **Delta Dental Enrollment Form** – To enroll in the dental plan for the first time or make changes.

Enrollment forms available online!

www.badenbenefits.com

All forms due to Casey Schindler by Friday, July 23.

- **Navia FSA Enrollment Form** – To enroll in a health care and/or dependent care FSA. Current FSA elections will not automatically roll over; you must complete this form to enroll for the new plan year.
- **Reliance Standard Voluntary Life Enrollment Form** – To purchase additional life insurance for the first time or make changes.
 - If you are already enrolled in Voluntary Life your current elections will rollover, you don't need to complete a form.
 - If you want to purchase coverage for the first time or increase your current coverage you must complete the Health Questions section on the Voluntary Life Enrollment Form. Reliance Standard will need to review your enrollment form before approving your coverage. If approved, your coverage will begin on the first of the month following the approval date.

Important details!



New ID cards coming in early August

You will receive a new ID card from Regence and Delta Dental. Once your ID card is ready, it will be mailed directly to your home address. Use your new ID card(s) right away – show it to your doctor, dentist, and pharmacist.



Prescription drugs – refill by July 31

You won't be able to fill a prescription without your new Regence ID number. We highly recommend that you refill any prescriptions you need by July 31 using your current HMA/CVS Caremark coverage, which will end at midnight on July 31. If you need to fill a prescription before you get your new ID card you can pay for it out of pocket and submit a claim for reimbursement to Regence.

Mail order prescription drugs

If you use mail order, you'll need to sign up for mail order with Regence once you have your Regence ID card.

If you have any questions or concerns about the transition to Regence and Delta Dental (e.g. upcoming appointments, time sensitive medications) please contact the Employee Service Center for free, confidential assistance (contact information below).

Questions?

We want to make sure you have all the information you need to make the right decisions about your benefits. If you have questions, please contact the AssuredPartners MCM Employee Service Center at 1-888-343-3330 or mcm.esc@assuredpartners.com.

How do the NEW plans compare to the current plans?

This is a comparison of the main features for the current and new plans. For a full description, including out-of-network coverage, please refer to the Benefit Summaries available at www.badenbenefits.com.

Medical Core Plan		
Medical (in-network)	Current: HMA (ends 7/31/2021)	NEW: Regence (begins 8/1/2021)
Network	Regence Blue Shield	Regence Blue Shield
Deductible Per calendar year	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$6,000 per family
Out-of-pocket maximum (Includes deductible, coinsurance, and copays)	For medical: \$4,500 per individual \$9,000 per family	For medical and prescription drug: \$4,500 per individual \$9,000 per family
Preventive care visit	Covered in full	Covered in full
Primary care visit	\$35 copay	\$35 copay
Specialist office visit	\$50 copay	\$35 copay
Emergency services	\$250 copay, and 20% coinsurance after deductible	\$100 copay, and 20% coinsurance after deductible
Urgent care	\$60 copay	\$35 copay
Prescription Drug (in-network)		
Network	CVS Caremark	Express Scripts
Out-of-pocket maximum (Includes coinsurance and copays)	For prescription drug: \$1,000 per individual \$2,000 per family	No separate out-of-pocket maximum for prescription drug (combined with medical, see above)
Generic drug 30-day supply	\$15 copay	Preferred generic: \$10 copay Generic: 25% coinsurance
Preferred brand drug 30-day supply	\$35 copay	\$35 copay
Non-preferred brand drug 30-day supply	\$70 copay	\$75 copay
Specialty drug 30-day supply	20% coinsurance up to \$150	Preferred specialty: \$150 copay Specialty: 50% coinsurance

Medical Buy-up Plan		
Medical (in-network)	Current: HMA (ends 7/31/2021)	NEW: Regence (begins 8/1/2021)
Network	Regence Blue Shield	Regence Blue Shield
Deductible Per calendar year	\$1,000 per individual \$2,000 per family	\$1,000 per individual \$3,000 per family
Out-of-pocket maximum Per calendar year (includes deductible, coinsurance, and copays)	For medical: \$3,500 per individual \$7,000 per family	For medical and prescription drug: \$3,500 per individual \$7,000 per family
Preventive care visit	Covered in full	Covered in full
Primary care visit	\$30 copay	\$30 copay
Specialist office visit	\$35 copay	\$30 copay

Emergency services	\$200 copay, and 20% coinsurance after deductible	\$100 copay, and 20% coinsurance after deductible
Urgent care	\$50 copay	\$30 copay
Prescription Drug (in-network)		
Network	CVS Caremark	Express Scripts
Out-of-pocket maximum (Includes coinsurance and copays)	For prescription drug: \$1,000 per individual \$2,000 per family	No separate out-of-pocket maximum for prescription drug (combined with medical, see above)
Generic drug 30-day supply	\$15 copay	Preferred generic: \$10 copay Generic: 25% coinsurance
Preferred brand drug 30-day supply	\$30 copay	\$35 copay
Non-preferred brand drug 30-day supply	\$55 copay	\$75 copay
Specialty drug 30-day supply	20% coinsurance up to \$150	Preferred specialty: \$150 copay Specialty: 50% coinsurance

Vision Plan		
In-network	Current: HMA (ends 7/31/2021)	NEW: Regence (begins 8/1/2021)
Enrollment	Can enroll in vision-only coverage	Must enroll in medical plan to get vision coverage
Network	Regence Blue Shield	VSP
Examination	1 per person, every 24 months \$10 copay	1 per person, per calendar year Covered in full
Hardware	1 frame and lenses per person, every 24 months \$25 copay, plan covers up to \$120 for frames and \$140 for lenses	1 pair of standard lenses per person, per calendar year Plan covers up to \$150

Dental Plan		
In-network benefits	Current: HMA (ends 7/31/2021)	NEW: Delta Dental of Washington (begins 8/1/2021)
Network	Regence Blue Shield	Delta Dental PPO and Premier
Deductible Per calendar year	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Benefit maximum Per person, per calendar year	\$1,500	\$1,500
Diagnostic & preventive services (oral exam, sealants, x-rays, cleaning)	Covered in full	Covered in full
Restorative services (fillings, periodontal, oral surgery)	20% coinsurance, after deductible	20% coinsurance, after deductible
Major services (implants, bridges, crowns)	50% coinsurance, after deductible	50% coinsurance, after deductible
Orthodontia Adults and children	Covered at 50% up to \$2,000 lifetime maximum per person	Covered at 50% up to \$2,000 lifetime maximum per person