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/Vision/Rx Plans

	Core Plan		Buy-Up Plan	
Non-Tobacco User Tiers	Total Monthly Cost	Your Deduction per Paycheck	Total Monthly Cost	<u>Your</u> Deduction per Paycheck
Employee Only	\$602.90	\$52.87	\$649.60	\$65.96
Employee & Spouse	\$1,336.10	\$260.39	\$1,439.60	\$299.00
Employee & Child(ren)	\$1,166.30	\$203.24	\$1,256.60	\$243.58
Employee, Spouse & Child(ren)	\$1,899.50	\$369.59	\$2,046.60	\$420.34
Tobacco User Tiers*				
Employee Only (User)	\$602.90	\$142.62	\$649.60	\$160.17
Employee & Spouse (Both users)	\$1,336.10	\$600.39	\$1,439.60	\$647.94
Employee (User) & Spouse (Non-user)	\$1,336.10	\$443.87	\$1,439.60	\$486.16
Employee (Non-user) & Spouse (User)	\$1,336.10	\$527.96	\$1,439.60	\$573.09
Employee (User) & Child(ren)	\$1,166.30	\$336.11	\$1,256.60	\$368.63
Employee (User), Spouse (Non-user) & Child(ren)	\$1,899.50	\$602.56	\$2,046.60	\$660.81
Employee (Non-user), Spouse (User) & Child(ren)	\$1,899.50	\$679.65	\$2,046.60	\$740.50
Employee (User), Spouse (User) & Child(ren)	\$1,899.50	\$759.08	\$2,046.60	\$822.60

^{*} 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 provider counseling for tobacco use cessation covered under the Regence medical plan). Contact us at (253) 883-5135 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.

Dental Plan

Tiers	Total Monthly Cost	Your Deduction per Paycheck
Employee Only	\$53.40	\$2.46
Employee & Spouse	\$111.00	\$14.25
Employee & Child(ren)	\$142.30	\$12.29
Employee, Spouse & Child(ren)	\$199.70	\$24.08

Disclaimer

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 Booklets. In the event of ambiguity, or a conflict between this summary and the Booklets the provisions of the Booklets shall prevail.