



Baden[®]

Benefit Guide

Plan Year

August 1, 2023 – July 31, 2024





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. If you are eligible, you may also cover your legal spouse, domestic partner, and your dependent children up to age 26. Refer to our Benefit Booklets for full eligibility details.

When Does Coverage Begin?

Medical and Dental Plans: An employee is eligible for coverage on the first day of the month coinciding with or following 60 days of employment. Eligible dependents may enroll in coverage at the same time as the employee.

Life Insurance: An employee is eligible for coverage on the first day of the month coinciding with or following 90 days of employment.

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. Please complete enrollment on Paylocity within 30 days of your eligibility date. If you do not enroll now, you will need to wait until Baden Sport's next open enrollment period in July 2024.



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

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	\$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.

Medical, Prescription Drug, and Vision Plans

We offer two comprehensive medical, prescription drug, and vision plans through Regence Blue Shield. You may see any licensed provider, but you will pay less out-of-pocket when you see an in-network provider. This is a high-level outline of the two plans, for a full description (including out-of-network coverage), refer to Regence Benefit Summaries available at www.badenbenefits.com.

	Core Plan	Buy-Up Plan
Medical (Regence Blue Shield network)		
Annual deductible The total deductible you pay per calendar year Does not apply to prescription drug or vision services	\$2,000 per individual \$6,000 per family	\$1,000 per individual \$3,000 per family
Annual Out-of-Pocket Maximum The combined total for your deductible, coinsurance and copays per calendar year Applies to medical and prescription drug services	\$4,500 per individual \$9,000 per family	\$3,500 per individual \$7,000 per family
Preventive Care	Covered in full	Covered in full
Primary Care and Specialist Visits	\$35 copay	\$30 copay
Virtual Care Visits Only covered with <i>Doctor on Demand</i> providers	\$10 copay per visit	\$10 copay per visit
Emergency Room Visits	\$100 copay, and 20% coinsurance after deductible	\$100 copay, and 20% coinsurance after deductible
Diagnostic X-Ray/Lab	20% coinsurance, after deductible	20% coinsurance, after deductible
Acupuncture 12 visits per person, per calendar year	\$35 copay	\$30 copay
Spinal Manipulations 12 visits per person, per calendar year	\$35 copay	\$30 copay
Rehabilitation Services - Outpatient 25 visits per person, per calendar year	\$35 copay	\$30 copay
Hospital Services - Inpatient and Outpatient	20% coinsurance, after deductible	20% coinsurance, after deductible
Prescription Drug (Regence Blue Shield network)		
Tier 1 - Preferred generic drugs	30-day supply: \$10 copay / 90-day supply: \$30 copay	
Tier 2 - Generic drugs	30-day supply: \$30 copay / 90-day supply: \$90 copay	
Tier 3 - Preferred brand drugs	30-day supply: \$35 copay / 90-day supply: \$105 copay	
Tier 4 - Brand drugs	30-day supply: \$75 copay / 90-day supply: \$225 copay	
Tier 5 - Preferred specialty drugs	30-day supply: \$150 copay (must be filled through a specialty pharmacy)	
Tier 6 - Specialty drugs	30-day supply: 50% coinsurance (must be filled through a specialty pharmacy)	
Vision (VSP provider network)		
Routine Eye Examination 1 per person, per calendar year	Covered in full	
Vision Hardware 1 pair of standard lenses per person, per calendar year Elective contact lenses may be selected once per calendar year instead of all other lenses and frame benefits	VSP providers: \$200 benefit per calendar year VSP approved retail providers: \$110 benefit per calendar year	

Dental Plan

Baden Sports offers a comprehensive dental plan through Delta Dental of Washington. You may see any licensed provider, but you will pay less out-of-pocket when you see a PPO provider. This is a high-level outline of the dental plan, for a full description refer to the dental Benefit Summary available at www.badenbenefits.com.

Dental Plan		
	PPO	Delta Dental Premier & Non-Participating Dentists
Annual Deductible Per calendar year	\$50 per individual \$150 per family	
Annual Benefit Maximum Per calendar year	\$1,500 per person	
Preventive Care Exams, X-Rays, and Cleanings	Covered in full	20% coinsurance
Basic Services Fillings, Oral Surgery, Endodontic, Periodontics, Athletic Mouth Guard	20% coinsurance	30% coinsurance
Major Services Crowns & Bridges, Dentures & Partial Dentures, Implants	50% coinsurance	60% coinsurance
Orthodontia Adults and children	50% coinsurance \$2,000 Lifetime Maximum per person	

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.

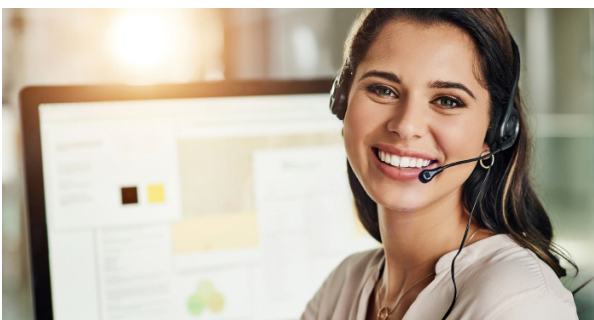
Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to the insurance company before you begin treatment. The insurance company will provide you with a summary of the plan’s coverage and your estimated out-of-pocket costs.



Free & Confidential Benefit Assistance

If you have a benefit question or a problem with a claim, a Benefit Advocate in AssuredPartners Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates are benefits professionals who can help you better understand your benefits program and to assist you in resolving complex issues such as claim appeals.

Benefit Advocates are available Monday through Friday, 7:30 AM to 5:00 PM Pacific Time. You can call APMCM’s Employee Service Center toll-free from anywhere in the U.S. or Canada. All calls are confidential. Your Benefit Advocate will track your issue and make sure it is resolved.



EMPLOYEE
SERVICE
CENTER

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

Confidential Email: mcm.esc@assuredpartners.com

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

Flexible Spending Accounts (FSA)

An FSA allows you to set aside money on a pre-tax basis to pay for qualified out-of-pocket health care and dependent care expenses. For the 8/1/2023 - 7/31/2024 plan year, you can contribute up to \$3,050 in a health care FSA and \$5,000 in a dependent care FSA. Your election will be evenly deducted from your paycheck, pre-tax, throughout the plan year. Navia Benefit Solutions administers the FSA.

Health care FSA

A health care FSA is for medical, prescription drug, and dental expenses such as deductibles, prescription drugs, eyeglasses, laser eye surgery, orthodontia, acupuncture, massage therapy, etc.

Dependent care FSA

You can use the dependent care FSA for expenses necessary to care for dependent children under age 13 or adult dependents (such as your parents or spouse) who are physically or mentally incapable of self-care. Dependent care expenses are limited to services that allow you and your spouse to work, attend school full-time, or look for work.

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.



FSA tips:

- If you open an FSA you will get a debit card, which allows you to pay for eligible expenses directly from your FSA.
- You can carryover up to \$610 of unused health care FSA funds from 2023-24 into your 2024-25 health care FSA.

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		
Life insurance benefit amount	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)	
AD&D insurance benefit amount	Employee and Spouse: Same as life benefit amount Children: Not available	
Guarantee issue amounts	\$100,000 for Employee / \$10,000 for Spouse Coverage over these amounts is available with Evidence of Insurability	
Benefit reductions due to age	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)	
Monthly Rates	Employee* Life/AD&D (per \$10,000)	Spouse Life/AD&D (per \$10,000)
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
Children Life	\$0.162 per \$1,000	

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



Contact Information

Benefit	Provider	Contact Information	Web Information
Benefit Advocates Employee Service Center	AssuredPartners	206-343-4175 or 1 (888) 343-3330 TTY/TDD: 1 (855) 877-4726 mcm.esc@assuredpartners.com	
Human Resources	Baden Sports	Desiree Lactaen 253-883-5168 desireel@badensports.com	
Benefit website	Baden Sports	www.badenbenefits.com	
Medical, Prescription Drug, and Vision	Regence Blue Shield	1 (888) 367-2112	www.regence.com
Dental	Delta Dental of WA	1 (800) 554-1907	www.deltadentalwa.com
Flexible Spending Accounts	Navia Benefits Solutions	1 (800) 669-3539 customerservice@naviabenefits.com	www.naviabenefits.com
Life and AD&D	Reliance Standard	Group # VGTL187904	www.reliancestandard.com



1325 Fourth Avenue, Suite 2100
Seattle, WA 98101
206.343.2323 | 800.347.2303 (toll-free)
www.assuredpartners.com