

# EMPLOYEE BENEFITS GUIDE

**Baden Sports**

August 1, 2025 – July 31, 2026



**Baden<sup>®</sup>**

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare Part D Notice at the back of this Guide for more details.

# Welcome

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This guide is designed to help you understand your benefits program so that you can make informed decisions about your health care. It provides an overview of the benefits in which you are eligible to participate. Please review this information carefully.

Benefit Overview

Cost Overview

Contact Information

Important Information & Annual Required Notices

*IMPORTANT NOTICE For complete details including plan terms, exclusions, and limitations, please refer to your carrier booklets. In the event of ambiguity or inconsistency between this guide and the carrier booklets, the provisions of the insurance documents shall supersede the information in this guide.*

# Health & Wellness

## Medical & Prescription Drug Benefits

We offer three 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 three plans, for a full description (including out-of-network coverage\*), refer to Regence Benefit Summaries available at [badenbenefits.com](https://www.badenbenefits.com).

### Regence

Plan Options	High Deductible Health Plan (HDHP)	Base PPO	Buy-Up PPO
Network	In-Network Preferred	In-Network Preferred	In-Network Preferred
Calendar Year Deductible	\$3,500 Individual / \$7,000 Family	\$2,000 Individual / \$6,000 Family	\$1,000 Individual / \$3,000 Family
Calendar Year Out-of-Pocket Maximum	\$5,000 Individual / \$10,000 Family	\$5,500 Individual / \$11,000 Family	\$4,500 Individual / \$9,000 Family
Coinsurance	20%	20%	20%
Employer Contribution to your Health Savings Account	\$200	N/A	N/A
Preventive Care	Covered in full, deductible waived	Covered in full, deductible waived	Covered in full, deductible waived
Physician Office Visit Non-preventive	20% after deductible	\$30 copay, deductible waived	\$20 copay, deductible waived
Specialist Office Visit	20% after deductible	\$30 copay, deductible waived	\$20 copay, deductible waived
Urgent Care	20% after deductible	\$30 copay, deductible waived	\$20 copay, deductible waived
Outpatient Lab & Radiology	20% after deductible	20% after deductible	20% after deductible
Complex Lab & Radiology	20% after deductible	20% after deductible	20% after deductible
Inpatient Hospital Care	20% after deductible	20% after deductible	20% after deductible
Emergency Room	20% after deductible	\$150 copay, then 20% after deductible	\$150 copay, then 20% after deductible
Prescription Drug – Preferred network			
Tier 1 - Preferred Generic	20% after deductible	30-day supply: \$10 copay / 90-day supply: \$30 copay	
Tier 2 - Generic		30-day supply: \$30 copay / 90-day supply: \$90 copay	
Tier 3 - Preferred Brand		30-day supply: \$35 copay / 90-day supply: \$105 copay	
Tier 4 - Brand		30-day supply: \$75 copay / 90-day supply: \$225 copay	
Tier 5 - Preferred Specialty		30-day supply: \$150 copay (must be filled through a specialty pharmacy)	
Tier 6 - Specialty		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	\$20 copay, deductible waived	Covered in full	
Vision Hardware 1 pair of standard lenses per person, per calendar year <i>Elective contact lenses may be selected once per calendar year instead of all other lenses and frame benefits</i>	\$150 benefit per calendar year	VSP providers: \$200 benefit per calendar year VSP approved retail providers: \$110 benefit per calendar year	

\*Out-of-network providers generally may balance bill you for charges over the non-contracted allowed amount. Balance billed charges do not accrue toward your deductible or out-of-pocket maximum. The No Surprises Act, however, protects you from balance billing in certain circumstances: emergency care, services performed at in-network facilities by specified out-of-network providers (such as anesthesiologists and radiologists), and air ambulance charges. In these situations, those providers are prohibited from balance billing you for any difference between the plan's payment amount and their billed charges.

# Health & Wellness

## Which Medical Plan is Right For You?

In-Network	HDHP	Base PPO	Buy-Up PPO
<b>Calendar Year Deductible</b>	\$3,500 deductible for individual \$7,000 deductible for family	\$2,000 deductible for individual \$6,000 deductible for family	\$1,000 deductible for individual \$3,000 deductible for family
<b>Preventive Care</b>	Covered in full at 100%. Examples include routine physical exams, immunizations, gynecological exams, mammograms, and colorectal cancer screenings.		
<b>Copays</b>	No copays. All services, including prescription drugs, must be paid in full until the deductible is met.	Copays for most office visits, and prescription drugs.	
<b>Coinsurance &amp; Calendar Year Out-of-Pocket Maximum (OOPM)</b>	Employee coinsurance: member pays 20% of expenses up to the OOPM.  \$5,000 OOPM for individual \$10,000 OOPM for family  Regence then pays 100% of covered services for the remainder of the calendar year.	Employee coinsurance: member pays 20% of expenses up to the OOPM.  \$5,500 OOPM for individual \$11,000 OOPM for family  Regence then pays 100% of covered services for the remainder of the calendar year.	Employee coinsurance: member pays 20% of expenses up to the OOPM.  \$4,500 OOPM for individual \$9,000 OOPM for family  Regence then pays 100% of covered services for the remainder of the calendar year.
<b>Where do I find in-network coverage?</b>	Visit <a href="https://www.regence.com">regence.com</a> , click <i>Find a doctor</i> and select the 'Preferred' network.		
<b>Do I have out-of-network coverage?</b>	Out-of-network services is available, but you will have higher out-of-pocket costs and you may need to file a claim.		



# Health Savings Account

## What is a Health Savings Account?

A health savings account (HSA) is a tax-favored savings account available to individuals enrolled in a high deductible health plan (HDHP). The primary advantage of an HSA is that money can be deposited into and withdrawn from the account tax-free, you own the account and are immediately vested, even if you change medical plans or employers. HSA funds automatically roll over from year-to-year and can be invested, with any investment gains also accumulating tax-free.

*Important Note: In California, New Hampshire, New Jersey, and Tennessee, contributions, interest, and dividend earnings may be subject to certain state taxes. Please consult a tax advisor for more information.*

## Who is Eligible to Contribute to an HSA?

When enrolling in a HDHP, you are eligible to make and receive pre-tax HSA contributions, with certain exceptions. You must not have other disqualifying health coverage, and you cannot be claimed as a dependent on another person's tax return. Other health coverage that will disqualify you from contributing to an HSA and receiving contributions to an HSA include:

- » Other non-HDHP medical coverage (e.g. traditional PPO with copays, HMO, etc.)
- » A spouse's or parent's general-purpose health flexible spending account (FSA) or health reimbursement arrangement (HRA)
- » Medicare, including Part A
- » TRICARE
- » Veterans Administration (VA) health benefits received within the last three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply, and you are not disqualified from making or receiving HSA contributions.

## Who Can Use the HSA?

You can use your HSA to pay for qualified health care expenses incurred by you, your spouse, and any dependent you claim on your tax return (or generally could claim on your tax return if an exception didn't apply) even if they are not covered by your HDHP.

## How Can HSA Dollars Be Spent?

HSA distributions (also known as withdrawals) are exempt from taxes when they are used to pay for qualified health expenses incurred by you, your spouse or any of your tax dependents. IRS Publication 502 provides a list of expenses ([irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502)).

You can withdraw money from your HSA for non-qualified expenses, but the money will be taxed at your income tax rate, plus a 20% penalty (if you are under age 65). Once you reach age 65, you can withdraw HSA funds for any reason, and pay only your regular tax rate on the withdrawal, but not the 20% penalty.





# Health Savings Account

## Contributions

Our HSA is established through AccrueCMS. If you are HSA eligible, Baden Sports contributes towards your HSA. You may make additional HSA contributions through payroll deductions, either in a lump sum or in equal monthly amounts, up to calendar year limits set by the IRS. The 2025 HSA contribution limits are \$4,300 for employee-only coverage and \$8,550 for employee plus dependent coverage. The 2026 HSA contribution limits are \$4,400 for employee-only coverage and \$8,750 for employee plus dependent coverage. The account holder (not spouse, unless separate account holder) age 55 or older at the end of the taxable year may make an additional \$1,000 “catch-up” contribution each year.

High Deductible Health Plan – Employee only		
Baden Sports HSA contribution <i>Goes towards annual contribution maximum</i>	Total 2025 contribution maximum <i>Includes employer contribution</i>	Total 2026 contribution maximum <i>Includes employer contribution</i>
<b>\$200</b>	\$4,300 \$5,300 for age 55+	\$4,400 \$5,400 for age 55+

High Deductible Health Plan – Employee + one or more dependents		
Baden Sports HSA contribution <i>Goes towards annual contribution maximum</i>	Total 2025 contribution maximum <i>Includes employer contribution</i>	Total 2026 contribution maximum <i>Includes employer contribution</i>
<b>\$200</b>	\$8,550 \$9,550 for age 55+	\$8,750 \$9,750 for age 55+

IRS rules state that your HSA contribution limit must generally be prorated by the number of months you are eligible to contribute to an HSA. Your limit is based on your coverage type (employee-only coverage or employee + dependent(s) coverage) as of the first day of the month. If you aren’t HSA-eligible for the entire calendar year or you change your HDHP coverage type during the year due to a life event, calculate your contribution limit as follows:

- » Take the annual contribution limit based on your coverage type as of the first of each month.
- » Divide the total for all months by 12.
- » Multiply by the number of months you will be HSA-eligible.

Special exception: Under the “last-month rule,” the IRS will allow you to make the full annual contribution, even if you were not HSA-eligible for the entire calendar year. You can make the full contribution for the year if:

- » You are HSA-eligible on the first day of the last month of your taxable year (December 1 for most taxpayers); and
- » You remain HSA-eligible during the “testing period,” which runs from December 1 of the current year through December 31 of the following year (for calendar-year taxpayers).

This guide provides a general overview of HSA rules. For more information, please refer to IRS Publication 969, or consult with a financial advisor.



# Health & Wellness

## Dental Benefits

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 [badenbenefits.com](https://www.badenbenefits.com).

### Delta Dental

Plan Features	PPO	Premier	Nonparticipating*
Calendar Year Deductible	\$50 Individual / \$150 Family		
Calendar Year Benefit Maximum	\$1,500 per individual		
<b>Class I: Preventive &amp; Diagnostic Services</b> Payments for Class I services do not count toward the calendar year benefit maximum	Covered in full deductible waived	20% after deductible	
<b>Class II: Basic &amp; Restorative Services</b>	20% after deductible	30% after deductible	
<b>Class III: Major Services</b>	50% after deductible	60% after deductible	
<b>Class IV: Orthodontia</b> Adults and Children	Lifetime benefit maximum of \$2,000 per individual; 50% after deductible		

\*Nonparticipating dentists may bill you the difference between their billed charges and the contracted rate.

**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.





# Flexible Spending Account

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We offer a Flexible Spending Account (FSA) through AccrueCMS, which allows you to defer pre-tax funds to cover certain types of health care and dependent care expenses. Our FSA runs on a plan year basis from 8/1/2025 - 7/31/2026, so if you enroll in either of the FSAs mid-year, set aside only the funds you will use for the remainder of the current plan year.

Enrollment occurs during your initial enrollment period and during annual open enrollment (you must re-enroll every year). Each year, you can designate an amount, up to the maximums for health care expenses, dependent care expenses, or both.

## Healthcare FSA

A healthcare FSA may be used to pay for out-of-pocket health care expenses such as deductibles, office visit copays, prescription drug copays, vision expenses, and dental services. Visit [irs.gov/forms-pubs/about-publication-502](https://irs.gov/forms-pubs/about-publication-502) for more details.

**The Healthcare FSA maximum contribution is \$3,300**

### Rollover Provision

You can roll over up to \$660 of unused health care FSA funds to the following plan year. The rollover feature does not apply to unused daycare FSA funds. Rollover amounts will show after your 60-day claim filing period on 9/30/2026.

## Dependent Care FSA

Contributing to a dependent care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. Eligible expenses generally include costs for day care, summer day camps and elder day care.

Dependent care FSA funds may be used toward care for dependent children under age 13 who live with you and for whom you provide more than 50% support, or for any dependent living with you who is physically or mentally incapable of caring for himself or herself.

**The Dependent Care FSA maximum contribution is \$5,000**

**You and your spouse may contribute up to a combined total of \$5,000 each year. If you choose to have dependent care expenses reimbursed by your Dependent Care FSA, those same expenses cannot be claimed for a dependent care tax credit on your federal income tax return. Consult a tax advisor for more information.**

## FSA Rules

Specific IRS rules govern the operation of FSAs, including the following:

- » You cannot stop or change the amount you contribute to either account until the next plan year, unless you experience a permitted election change event.
- » You may not transfer money from one account to the other.
- » “Use It or Lose It” – You will forfeit any money left in a health care FSA, in excess of the allowable rollover amount, or dependent care FSA at the end of the plan year.
- » If you terminate employment, only expenses incurred before you terminated are eligible for reimbursement from your FSA, unless you elect to continue your health care FSA through COBRA, or acceleration.
- » If your spouse has a health savings account (HSA), your enrollment in the FSA may affect your spouse’s ability to contribute to an HSA. Please consult a tax advisor for more information.

# Life & Disability

## Life and Accidental Death & Dismemberment (AD&D) Insurance

We provide life/AD&D insurance through Reliance Matrix for eligible employees at no cost to you. 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.

### Reliance Matrix

<b>Benefit Amount</b>	\$10,000
<b>Benefit Reductions due to age</b>	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 and AD&D Insurance

You have the option to purchase voluntary life/AD&D insurance for yourself and your eligible dependents at competitive group rates through convenient payroll deductions. You must enroll in voluntary life/AD&D in order for your dependents to elect coverage.

### Reliance Matrix

<b>Election Options</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child(ren)</b>
<b>Maximum</b>	\$300,000	\$150,000	\$10,000
<b>Guarantee Issue</b>	\$100,000	\$10,000	N/A
<b>Increments</b>	\$10,000	\$10,000	\$2,500

## Calculate Your Voluntary Cost

- 1 Choose your benefit amount.
- 2 Divide your benefit amount by the increment amount.
- 3 Then multiply by your rate.\*

## Important Notes

- » If electing coverage after your initial eligibility period, or electing coverage over the guarantee issue amount, you must provide evidence of insurability.
- » Voluntary life elections must match AD&D elections.
- » Children include those 14 days old, up to age 21 (25 if full-time student).
- » Certain restrictions may apply if you are not actively at work, or if your dependents are disabled, on the date voluntary life/AD&D insurance would otherwise take effect.

\*Rates can be found on the Cost Overview page.

# Cost Overview

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).

Baden Sports pays 100% of the cost of your basic life and accidental death and dismemberment coverage.

HDHP Plan – Medical/Rx/Vision		
	Total Premium	Your Deductions per Paycheck
Employee	\$623.80	\$30.46
Employee + Spouse	\$1,382.40	\$269.41
Employee + Child(ren)	\$1,206.70	\$210.28
Employee + Family	\$1,965.30	\$382.39

Base PPO Plan – Medical/Rx/Vision		
	Total Premium	Your Deductions per Paycheck
Employee	\$689.40	\$60.46
Employee + Spouse	\$1,527.70	\$297.73
Employee + Child(ren)	\$1,333.60	\$232.40
Employee + Family	\$2,171.90	\$422.59

Buy-Up PPO Plan – Medical/Rx/Vision		
	Total Premium	Your Deductions per Paycheck
Employee	\$730.00	\$74.93
Employee + Spouse	\$1,635.40	\$339.67
Employee + Child(ren)	\$1,427.60	\$276.73
Employee + Family	\$2,325.10	\$477.54

Dental Plan		
	Total Premium	Your Deductions per Paycheck
Employee Only	\$55.80	\$2.57
Employee + Spouse	\$116.00	\$14.89
Employee + Child(ren)	\$148.70	\$12.84
Employee + Family	\$208.70	\$25.16

Premiums are automatically deducted pre-tax unless you instruct HR otherwise. You may not make changes to your elections mid-year when premiums are deducted pre-tax, unless you experience a permitted election change event. In that case, generally you have 30 days from the time of the event to make a change.

If you cover a domestic partner (or domestic partner's dependents) deductions will be taken on a post-tax basis unless your domestic partner qualifies as a dependent under Internal Revenue Code Section 152.

# Cost Overview

Voluntary Life/AD&D		
Life rate per \$1,000		
Age Band	Employee Rate	Spouse Rate
Child Rate	\$0.162	\$0.162
Under 25	\$0.070	\$0.070
25-29	\$0.070	\$0.070
30-34	\$0.070	\$0.070
35-39	\$0.110	\$0.110
40-44	\$0.170	\$0.170
45-49	\$0.270	\$0.270
50-54	\$0.460	\$0.460
55-59	\$0.790	\$0.790
60-64	\$1.080	\$1.080
65-69	\$1.800	\$1.800
70-74	\$3.160	N/A
75-79	\$3.160	N/A
80 and Over	\$3.160	N/A
AD&D rate per \$1,000		
Adult	Included	Included

To calculate your monthly premium – and for more information regarding the rules and guidelines for coverage – please refer to the Life & Disability sections of this booklet.

- » Life/AD&D benefit must match.
- » Rate band increases will occur at the beginning of the year/month in which the employee moves into a new age band.

# Insurance Assistance

Benefit Advocates in the AssuredPartners Employee Service Center can assist with benefit questions and claim issues for you and your covered family members. They are specially trained individuals who can help answer your insurance questions. **This is a service provided at no cost to you. All personal health information is confidential.**



**EMPLOYEE  
SERVICE  
CENTER**

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

1-888-343-3330 | TTY/TDD: 1-855-877-4726  
Monday-Friday, 7:30 am to 5:00 pm PT

*Language interpretation services available*

## Contacts

Benefit	Carrier	Contact	Website
Medical/Rx/Vision	<b>Regence</b> Group #:10051068	1-888-675-6570	<a href="http://regence.com"><u>regence.com</u></a> Network: Preferred
Dental	<b>Delta Dental</b> Group #:15001	1-800-554-1907	<a href="http://deltadentalwa.com"><u>deltadentalwa.com</u></a> Network: PPO & Premier
Life & Disability	<b>Reliance Matrix</b> Group #:VGTL187904	1-800-351-7500	<a href="http://reliancematrix.com"><u>reliancematrix.com</u></a>
Health Savings Account (HSA) Flexible Spending Accounts (FSA)	<b>AccrueCMS</b>	1-888-882-1498 <i>Option 2</i>	<a href="http://cobramanagement.com"><u>cobramanagement.com</u></a>
Human Resources	<b>Baden Sports</b>	Desiree Lactaoen 253-883-5168 desireel@badensports.com	
Benefit Website	<b>Baden Sports</b>	<a href="http://badenbenefits.com"><u>badenbenefits.com</u></a>	

# Additional Resources

## Regence Member Resources

### Mobile Portal + App

Access information specific to your plan so that you may easily find in-network providers, labs and hospitals, get cost estimates for care, manage and track claims, and access your ID cards. Create an account on [regence.com](https://www.regence.com) and then download the app.



### Self-Service Resources

Regence has the following programs for you and your family:

- » **24/7 Nurseline:** Call **1.877.375.2599** to talk to a nurse who can help you make informed decisions about many health issues you might be experiencing, at no extra cost.
- » **Active&Fit Direct Program:** This program let's you stay active from anywhere with access to gym discounts, demand workout videos, 1:1 well-being coaching in areas like sleep, nutrition and fitness, and more for just \$28 a month.
- » **Empower:** This program is a personalized well-being experience to help you achieve your goals. Empower yourself to help start a new fitness routine, lose weight, improve your sleep or use a wellness program.
- » **Quartet:** This program makes it easier to get the mental health care that you need. Quartet matches you to the right mental health care, and takes the hard part out of finding a therapist off your plate. If you see a provider, your copay or deductible may apply.

### BlueCard

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you – across the country and around the world. To locate doctors and hospitals wherever you or a covered dependent need care.

Visit the National Doctor  
& Hospital Finder at  
[bcbs.com](https://www.bcbs.com)

Use the National Directory & Hospital  
Finder app and the Blue Cross Blue  
Shield Global Core app

Call BlueCard Access  
at **1.800.810.2583**



# Additional Resources

## Delta Dental of Washington Member Resources

### Member Portal + App

The MySmile Member Portal is a free and easy way to manage your dental health online. Delta Dental's mobile app is designed to make it easy for you to make the most out of your dental benefits.



### Self-Service Resources

Delta Dental has resources available for members anytime online or through your MySmile Member Portal.



» **Online ID Card:** Access your ID card and benefit information.



» **Live Texting:** Text with Delta Dental's customer service team to get your questions answered in live time. Contact customer service at: **833.604.1246** today.



» **Cost Estimator:** Find the right dentist for you and estimate how much procedures/treatments will cost before you go.

## Reliance Matrix

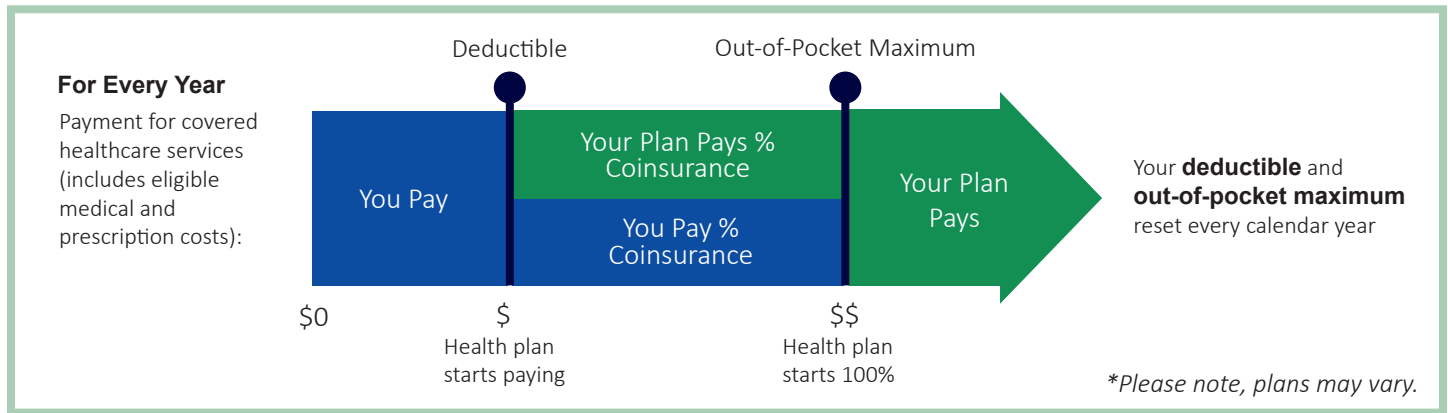
### Self-Service Resources

Reliance Matrix has the following programs for you and your family:

- » **Employee Assistance Program:** You have access to an Employee Assistance Program (EAP) through ACI Specialty Benefits. The EAP provides you access online or over the phone with a counselor. Learn more by visiting [rsli.acieap.com](https://rsli.acieap.com) with company code: RSLI859, or call **1.855.775.4357**
- » **Travel Assistance:** Travel Assistance can help you with unexpected bumps in the road anywhere in the world. It is available to you, your spouse and dependent children on any single trip more than 100 miles from home. This benefit can assist you with translation and interpreter services, lost baggage, document replacement, and much more. **Inside the US call 1.800.456.3893 or outside the US call 603.328.1966.**

# Glossary Of Insurance Terms

*The following examples are for illustrative purposes only.\**



## Deductible

The amount you owe for health care services, before insurance begins to pay coinsurance. For example, if your deductible is \$1,000, your plan won't pay for certain services until you've met your \$1,000 deductible. *The deductible does not apply to all services. See your plan summary for more details.*

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance after you meet the deductible for your plan. For example, if the health plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health plan pays the rest of the allowed amount.

## Out-of-Pocket Maximum

The most you pay during a calendar year for in-network covered services. Once you've met your calendar year out-of-pocket maximum, your health plan begins to pay 100% of the allowed amount for in-network covered services for the remainder of that calendar year. *Office visit copays, prescription drug copays, deductibles, and coinsurance all accrue towards your out-of-pocket maximum.*

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible allowance" or "negotiated rate." If your out-of-network provider charges more than the allowed amount, you may have to pay the difference.

## Balance Billing

When an out-of-network provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. An in-network provider may not balance bill you for covered services.

## Copay

A fixed amount (for example, \$25) you pay for a covered health care service, usually at the time of care. The amount can vary by the type of covered health care service.

## In-Network

The facilities, providers, and suppliers with whom your health plan has contracted.

# Important Information & Required Notices

## IMPORTANT INFORMATION

### CONVERSION AND PORTABILITY RIGHTS

If you are enrolled in the life/AD&D and voluntary life/AD&D plan(s), and your employment with Baden Sports terminates, you may have the option to continue your coverage through either the portability or conversion provisions of the plans. You must apply within 31 days from the date of termination. To determine if either of these options are available to you, consult your certificate(s) of coverage/benefit booklet(s), or contact Human Resources.

### PERMITTED MID-YEAR ELECTION CHANGES

In most cases, once you have made your benefit elections for the plan year, you cannot change them until the next annual open enrollment period, unless you experience a permitted election change event. These include, but are not limited to:

- Change in legal marital status (marriage, divorce, legal separation)
- Gain or loss of eligibility by one of your dependents
- Birth, adoption, or placement for adoption
- Loss of other health coverage by employee, spouse, or dependent(s)
- Gain or loss of eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in coverage under another employer health plan

If you experience an event that allows you to make changes to your benefit elections, you must notify Human Resources within 30 days (60 days for events related to Medicaid or CHIP). You may need to provide proof of the change, such as a marriage or birth certificate. For more information regarding permitted mid-year election changes, please contact Human Resources.

## REQUIRED ANNUAL NOTICES

### NOTICE OF CREDITABLE PRESCRIPTION DRUG COVERAGE MEDICARE PART D – YOUR PRESCRIPTION COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Baden Sports and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Baden Sports has determined that the prescription drug coverage offered by Baden Sports is, on average for all plan participants, expected to

pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

#### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Baden Sports coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Baden Sports coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact the Human Resources Department or your Benefit Advocate for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Baden Sports and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

#### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Baden Sports changes. You also may request a copy of this notice at any time.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

# Important Information & Required Notices

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Date:** August 1, 2025

**Name of Entity/Sender:** Baden Sports

**Contact--Position/Office:** Desiree Lactaoen, Human Resources

**Address:** 19015 66th Ave S, Kent WA 98032

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

You may be eligible to participate in Baden Sports's Group Health Plan. A federal law called HIPAA requires that we notify eligible participants about the right to enroll in the plan under its "special enrollment provision."

**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 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 employer 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).

**Loss of Coverage 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 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 a state children's health insurance program.

**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 or within 60 days after birth, adoption, or placement for adoption.

**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 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.

All questions about the plan's special enrollment provision should be directed to Human Resources.

## PPACA NOTICE OF PATIENT PROTECTIONS

Regence generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Human Resources.

You do not need prior authorization from Regence or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however,

may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Human Resources.

## NOTICE OF PRIVACY PRACTICES

**Effective Date: August 1, 2025**

This notice describes how medical information about you under Baden Sports's self-insured medical, prescription drug, dental, vision, health flexible spending arrangement, health reimbursement arrangement plan(s) may be used and disclosed and how you can get access to this information. **Please review it carefully.**

**If you have any questions about this notice, please contact Desiree Lactaoen at 253.883.5168, 19015 66th Ave S, Kent, WA 98032**

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

### Get a copy of health and claims records

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### Ask us to correct health and claims records

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.

### Request confidential communications

You can ask us to contact you in a specific way (for example, home or office

# Important Information & Required Notices

phone) or to send mail to a different address. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.

## Get a list of those with whom we’ve shared information

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are unable to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we **never** share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## Run our organization

We can use and disclose your information to run our organization and contact

you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

## Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

## Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

## Do research

We can use or share your information for health research.

## Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

## Respond to organ and tissue donation requests and work with a medical examiner or funeral director

We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## Address workers’ compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers’ compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

# Important Information & Required Notices

- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

## NOTICE OF THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

This notice is being sent to you as required by the Women's Health and Cancer Rights Act of 1998, which states you must be advised annually of the presence of benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry of the breasts, prostheses and complications resulting from a mastectomy. Please refer to your medical benefit booklet for additional information. *Benefits for these services may be subject to annual deductibles and coinsurance consistent with those established for other benefits.*

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

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](http://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](http://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](http://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 March 17, 2026. Contact your State for more information on eligibility –

<b>ALABAMA-Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA-Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS-Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA-Medicaid</b>
Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO-Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA-Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA-Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> Phone: (678) 564-1162, Press 2
<b>INDIANA-Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid- Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
<b>IOWA-Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563 HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562
<b>KANSAS-Medicaid</b>
Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone: 1-800-792-4884 / HIPP Phone: 1-800-967-4660



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<b>KENTUCKY-Medicaid</b> Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 / Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>	<b>NORTH CAROLINA-Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>LOUISIANA-Medicaid</b> Website: <a href="http://www.medicare.la.gov">www.medicare.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	<b>NORTH DAKOTA-Medicaid</b> Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> Phone: 1-844-854-4825
<b>MAINE-Medicaid</b> Enrollment Website: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> Phone: 1-800-442-6003 / TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 / TTY: Maine relay 711	<b>OKLAHOMA-Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MASSACHUSETTS-Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> Phone: 1-800-862-4840 TTY: 711 Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>	<b>OREGON-Medicaid and CHIP</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> Phone: 1-800-699-9075
<b>MINNESOTA-Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	<b>PENNSYLVANIA-Medicaid and CHIP</b> Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
<b>MISSOURI-Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>RHODE ISLAND-Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)
<b>MONTANA-Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084 Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a>	<b>SOUTH CAROLINA-Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEBRASKA-Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	<b>SOUTH DAKOTA-Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>NEVADA-Medicaid</b> Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>TEXAS-Medicaid</b> Website: <a href="https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program">https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program</a> Phone: 1-800-440-0493
<b>NEW HAMPSHIRE-Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	<b>UTAH-Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>NEW JERSEY-Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>VERMONT-Medicaid</b> HIPP Website: <a href="https://dvha.vermont.gov/members/medicaid/hipp-program">https://dvha.vermont.gov/members/medicaid/hipp-program</a> Phone: 1-800-250-8427
<b>NEW YORK-Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>VIRGINIA-Medicaid and CHIP</b> Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
	<b>WASHINGTON-Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
	<b>WEST VIRGINIA-Medicaid and CHIP</b> Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

# Important Information & Required Notices

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<b>WISCONSIN-Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>WYOMING-Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 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](http://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](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137. OMB

*OMB Control Number 1210-0137 (expires 1/31/2026)*

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