

Employee Benefits Open Enrollment Guide

Plan Year: 08/01/2023 - 07/31/2024





Our employees are our most valuable asset. That's why at B&R Sporting Goods we are committed to a comprehensive benefit program that helps our employees stay healthy, feel secure and maintain a positive work-life balance.

Open enrollment is the time of year to enroll or make changes to your benefit elections. Changes made to your health insurance at open enrollment take effect August 1, 2023. In order to make any changes outside of Open Enrollment you would need to have had a Qualifying Event (see "Special Enrollment Rights" in Notices section).

In an effort to maintain costs while offering an affordable health plan, B&R Sporting Good will continue to offer group health, dental and vision through Blue Cross Blue Shield. We will also continue to offer group life and voluntary short term disability through Mutual of Omaha. Please refer to the benefit summaries found at the end of this communication.

B&R Sporting Goods

Medical Benefits 08/01/2023 - 07/31/2024







Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Services	In-Network	Out-of-Network
Physician Access	See any physician. Benefits listed are for Blue Preferred Providers. Higher costs if services performed out of network	See Benefit Summary
Office Visits Specialist Visits Chiropractic Visits	\$30 Copay \$50 Copay Specialist \$30 Copay, 30 visits per calendar year	See Benefit Summary
Preventive Care	Covered 100%	See Benefit Summary
Deductible - Individual - Double/Family	\$1,500 \$3,000	See Benefit Summary
Coinsurance after Deductible	You pay 20% to annual maximum of \$4,000 per person or \$8,000 per family	See Benefit Summary
Labs/Pathology Diagnostic Test/X-Ray High Tech Imaging	Covered 80% after deductible Covered 80% after deductible Covered 80% after deductible	See Benefit Summary
Hospital/Surgical Physical/Occpt/Speech Therapy	Covered 80% after deductible Covered 80% after deductible; 30 visits combined; 30 speech visits	See Benefit Summary
Urgent Care Emergency Room	\$60 Copay \$250 Copay, waived if admitted	See Benefit Summary
Prescription Drugs - Generic - Brand - Specialty	\$20 Copay \$60 Preferred, \$100 Non-preferred 20% Copay (see benefit summary)	See Benefit Summary
Annual Out-of-Pocket Maximum - Individual - Double/Family	Includes ALL services: Deductible, Coinsurance, Copays, and Rx \$8,150 \$16,300	See Benefit Summary

B&R Sporting Goods

Dental Benefits 08/01/2023 - 07/31/2024





Blue Cross Blue Shield

Deductible (does not apply to Preventive services) \$25 Single / \$50 Double / \$75 Family

	In-Network	Out-of-Network
Diagnostic & Preventive Services	100%	50%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontic Services	50%	50%

- ✓ There is a \$1,000 annual maximum for Diagnostic & Preventive, Basic and Major Services
- ✓ Orthodontic services for members up to their 19th birthday
- ✓ There is a \$1,000 lifetime maximum for Orthodontic Services

Blue Vision

	In-Network	Out-of-Network
Eye Exam	\$5 Copay	See Benefit Summary
Standard Lenses	\$10 Copay	See Benefit Summary
Frames	\$130 Allowance	See Benefit Summary
Medically necessary/Elective	\$10 Copay/\$130 Allowance	See Benefit Summary

Life Insurance – Mutual of Omaha

Life insurance for employees working full-time is provided in the amount of \$15,000 by B&R Sporting Goods through Mutual of Omaha at no cost to you.

Short Term Disability

Mutual of Omaha provides a short-term disability policy at 66 2/3% of pay up to a weekly maximum of \$1,000 for 12 weeks. Benefits are payable in 7 days of accident, illness or injury. You are responsible for the entire premium. Please see Charlene Trick for your per pay contribution towards this policy.

Open Enrollment Effective August 1, 2023

Open enrollment occurs in July for an effective date of August , 2023 and benefits remain in effect for the entire plan year (August 1, 2023 through July 31, 2024). At open enrollment you may elect, waive, add or delete dependents.

All employees electing coverage for the first time must complete an enrollment form. Any employee waiving coverage must fill out an Employee Waiver form. All forms are included in your enrollment packet.

Please return all enrollment, change or waiver forms to Charlene Trick by Monday, July 24th.

Contacts

Blue Cross Blue Shield of MI 24/7 Online Healthcare BCBS Dental Blue Vision Monica Pauzus

(877) 469-2583 (844) 733-3627 (888) 826-8152 (800) 877-7195

(248) 874-2407

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www.bcbsm.com www.bcbsm.amwell.com www.mibluedentist.com

www.vsp.com

mpauzus@cap-ins.com

REQUIRED NOTICES

Summary of Benefits Coverage (SBC) and Glossary of Terms

Highlighting your summary of benefits can be found at the end of this communication.

Notice of Special Enrollment Rights

If you are declining coverage for yourself or dependents (including your spouse) because of other health insurance or group health plan coverage, 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).

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Health Insurance Portability Act (HIPAA)

The HIPAA rules create a framework to protect the medical privacy of patients and health plan members. HIPAA privacy regulations allow covered health care providers and health plans to share information for the purposes of treatment, payment and health care operations. Additional information regarding uses or disclosures of health information is described in the "Notices of Privacy Practices." Please see plan administrator to view the "Notice of Privacy Practices" associated with SAMPLE COMPANY.

Women's Health and Cancer Rights Act (WHCRA)

The federal Women's Health and Cancer Rights Act of 1998 (WHCRA) requires all health plans that provide medical and surgical benefits for a mastectomy to also coverage breast reconstruction. If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance:
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator.

REQUIRED NOTICES continued

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does not have to continue covering the stay for the one ready for discharge. For questions or concerns regarding NMHPA, contact 1-777-267-2323 or email at phig@cms.hhs.gov.

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60 day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply.

Disclaimer

This is only a summary, not a certificate of insurance. The information contained in this Employee Benefit Open Enrollment Guide is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. Capital Insurance Group, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefit plans. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail.

Group Benefit Representatives

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