



WHAT'S NEW 2024 BENEFITS



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**BENEFITS – WE GOT YOU COVERED.**

**MYBASCOBENEFITS.COM**

# HOW TO ENROLL ONLINE



**The Briggs & Stratton Benefits Portal** — This benefits portal hosts documents, videos and resources that provide more detailed information about your choices. You may access the enrollment website in one of two ways:



Connect directly, at [mybascobenefits.com](https://mybascobenefits.com) (You will need to register using your name, birthdate and employee ID number.)



Connect through Success Center — [mylinks.basco.com](https://mylinks.basco.com) > Success Center > Benefits

## LAUNCH

- When you log in you'll see a pending event screen. Click on **CONTINUE**

## TIPS

- Select **GET STARTED** and the enrollment tool will ask a series of questions to help you choose the medical plan that is suited to you.
- Choose **SELECT BENEFITS ON MY OWN** if you do not want help selecting your medical plan.

## MY INFORMATION

- Carefully review your **PERSONAL INFORMATION** for accuracy.
- We encourage you to provide your home email and/or personal cell phone number.
- You can **OPT IN** below to receive text messages and information delivered directly to your cell phone.
- Certify if you are married and if your spouse has insurance available.
- Click **I'M READY TO PROCEED**.

## MY FAMILY

- Please review your dependent information and update if necessary.
- To verify or edit the information of a family member who has already been entered, click on the pencil next to the person's name.
- If you are adding a spouse or dependent, you will need to provide their Social Security Number and Date of Birth.
- Click **I'M DONE WITH DEPENDENTS** to proceed.

## SELECT YOUR BENEFITS

- Scroll to view the benefits that you are eligible for, as well as and your current benefit elections. To make changes to your elections, click the **CHANGE** button, and choose a new plan.
- Make your selection and click **I'M DONE WITH MY SELECTION**.
- Click **SAVE MY ELECTION** to proceed.
- For the **Health Care FSA and Dependent Care FSA**, you must enter your annual election amount in the box provided.
- For the **HSA Contribution**, you will be automatically enrolled at the **same per pay period election** as the current year, **unless you change** the election.

## CONFIRM

- Click on **I'M DONE SELECTING BENEFITS** to review your selections.
- Verify and update your Beneficiaries.
- A confirmation statement will be sent to you for review.

## YOU CAN ENROLL OVER THE PHONE

Call the Briggs & Stratton Benefits Service Center at (877) 232-1083

# Time for a Benefit Check-Up!

Annual enrollment is more than simply selecting next year's medical plan; it's a great time for you to conduct a thorough checkup of all your benefits.

Briggs & Stratton's annual enrollment period provides the opportunity to review and make your benefit elections for the new Plan Year beginning **January 1, 2024**. Briggs & Stratton offers benefits to enhance and protect your financial wellness as well as your physical well-being.

This year, Briggs & Stratton is introducing a new benefits portal at annual enrollment. We believe that this new platform will help employees learn more about the benefit offerings while providing improved connectivity, service and support. Complete your registration at [mybascobenefits.com](https://mybascobenefits.com).

We are asking all employees to log into the system between October 30 – November 15. You should look at your eligible dependents and current benefits and confirm that you have the correct level of coverage.

Below are some tips for this annual enrollment period:

1. **Make informed choices.** Take time to understand your benefit choices and compare costs—the same way you would any other important purchase. The new benefits portal provides tools and resources to help you to evaluate all of your benefit options.
2. **Verify your premiums for 2024.** Briggs & Stratton continues to pay an average of 75% of the medical plan premiums; however, the medical plan rates will increase in 2024. If you enrolled in the PPO or the EPO plan and you participated in the wellness program, you will receive wellness credits each paycheck that will reduce your benefit cost.
3. **Compare with your spouse's coverage.** Check to see what coverage is available through your spouse's employer. Annual Enrollment is a qualifying event for you to elect or drop coverage from either of your plans.
4. **Are your beneficiaries up to date?** Annual enrollment is a good time to review and update beneficiary information for life insurance, HSAs and retirement plans.
5. **Do you need to enroll in a Flexible Spending Account?** Employees contributing to Flexible Spending Accounts (Health Care or Dependent Care) must make a new election for the 2024 Plan year because the amounts from 2023 do not carry over.

## Enrollment support

We're always looking to make it easier for employees to learn more about their benefits. If you need someone to help explain your benefit options in greater detail, Briggs & Stratton has added additional support.

- Make an appointment with a benefit enroller at work.
- Just call **(877) 232-1083, press 7** to speak to a certified benefits counselor who will explain your options, answer your questions and record your 2024 benefit elections.
- The counselors at **Health Advocate** also can help you review your options, find a primary doctor, verify your prescription cost and more. Just call **(877) 232-1083, press 7**.



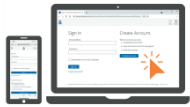

Please review the information in this brief overview. When you are ready to enroll, login to [www.mybascobenefits.com](https://www.mybascobenefits.com). We recommend that you complete your enrollment well in advance of November 15<sup>th</sup>.

# IMPORTANT PLAN AND PROGRAM CHANGES

Each year, Briggs & Stratton grants each employee the opportunity to evaluate the many benefit options available so that you can make the best decision yourself and your family members. At the same time, we are working hard to improve the level of service to our employees.

The new benefit portal ([mybascobenefits.com](http://mybascobenefits.com)) is designed to bring your benefits to life, enabling employees to not only understand the value of the benefit programs offered to them, but also to connect with these benefits in a way that provides employees confidence in their elections.

Take a look at what's changing in 2024.

BENEFIT	WHAT'S CHANGING IN 2024	CONSIDERATIONS
<b>BENEFIT ADMINISTRATION AND SERVICE</b>		
<p><b>New benefits portal – <a href="http://mybascobenefits.com">mybascobenefits.com</a></b></p> 	<p>This benefit portal can help you enroll; it provides videos and documents to help you learn more about our benefit offerings. Log into <a href="http://mybascobenefits.com">mybascobenefits.com</a> to:</p> <ul style="list-style-type: none"> <li>• review your current elections</li> <li>• view all the plans and prices for 2024</li> <li>• pick the plans and coverage that you wish</li> <li>• or “waive” coverage entirely</li> </ul>	<ul style="list-style-type: none"> <li>• When was the last time you reviewed your benefit elections?</li> <li>• Do you have the right level coverage?</li> <li>• Are you using the benefits you elected last year?</li> <li>• Verify the cost of each benefit program.</li> <li>• Are you using the healthcare accounts to save money pre-tax for healthcare expenses?</li> </ul>
<p><b>One-on-one sessions with benefit counselors to answer questions and help employees enroll</b></p>	<p>Briggs &amp; Stratton has scheduled meetings with certified benefit counselors who can help employees enroll in the new benefit portal.</p> <p>A face-to-face enrollment helps you carve out time in your day to review your benefits so that you can't be distracted. Stop by to:</p> <ul style="list-style-type: none"> <li>• Ask questions</li> <li>• Learn how to log into <a href="http://mybascobenefits.com">mybascobenefits.com</a></li> <li>• Get assistance with your 2024 enrollment</li> </ul>	<ul style="list-style-type: none"> <li>• Do you need access to a computer to enroll?</li> <li>• Do you need help with registration?</li> <li>• Would you like a personalized review of the benefits so you can ask questions like: <ul style="list-style-type: none"> <li>• What coverage fits my current lifestyle and budget?</li> <li>• Are there any benefits to consider based on my current health status?</li> <li>• How do I use the benefit once I enroll?</li> <li>• What do I do if I plan on adding or removing dependents during the 2024 plan year?</li> </ul> </li> </ul>
<b>MEDICAL &amp; PHARMACY BENEFITS</b>		
<p><b>HSA Plan deductible for family (HSA Plus) will increase in 2024</b></p> 	<p>The IRS announced that the minimum deductibles for HSA Plans will increase based on inflation.</p> <p>If you are enrolled in the HSA Plus plan with your family members, the single deductible will increase from \$3,000 to \$3,200 in 2024. However, as a family unit, you will not pay more than \$3,700 in a calendar year.</p>	<ul style="list-style-type: none"> <li>• Make sure you are contributing as much as you can afford into your Health Savings Account.</li> <li>• Shop around for certain healthcare services such as prescriptions, urgent care and telemedicine. Use cost-efficient providers to reduce your out-of-pocket while you are meeting your deductible.</li> <li>• Make sure that you get your routine physical this year and you take advantage of your preventive benefits. Preventive care is covered at 100% and can help you identify health issues early, before your medical care becomes expensive.</li> </ul>

**BENEFIT**

**WHAT'S CHANGING IN 2024**

**CONSIDERATIONS**

**MEDICAL & PHARMACY BENEFITS, *continued***

**Coaching programs to help participants improve their health status**



Briggs & Stratton has partnered with Anthem to offer coaching for eligible medical plan participants who:

- have high blood pressure,
- are experiencing back and joint pain,
- are at risk for diabetes or
- need to lose weight.

When you participate, the program will reduce your copays for certain preventive prescriptions and supplies.

A health coach can provide personalized support wherever you are on your health journey.

- Do you need help reaching your wellness goals?
- What can you do to improve your health?
- Do you have questions about your treatment?
- How can you reduce your prescription expense?

**Preventive prescription drugs**



Preventive prescriptions are prescribed to keep you healthy. The plan provides a higher level of coverage for certain prescription drugs as shown below:

- **Prescriptions covered at 100%** - Drug classes include fluoride products, iron supplements, prenatal vitamins, smoking cessation products, statins, bowel preps, contraceptives, antiretroviral therapy and prescriptions to prevent breast cancer.
- **Maintenance medications covered 100% after a copay** - Maintenance medications are those prescriptions you may take on a regular basis to treat chronic conditions such as high cholesterol, high blood pressure or diabetes.
  - \$5 for generic
  - \$10 for name brand

Take inventory of the medication and supplements that have been prescribed by your doctor, and consider:

- Are you taking any prescriptions which are on the expanded list?
- Would you consider putting money aside in your Health Savings Account or Flexible Spending Account to save money tax-free for the new costs?
- Would you participate in a coaching program to reduce the cost of your prescription medication?

**Mandatory generic program**



Generic drugs are only approved by the Food and Drug Administration (FDA) if they have the same active ingredient, strength, dosage form and route of administration as the name brand drug. The plan will cover generic medications. If you or your physician requests the name brand, you will pay the difference.

- Consider calling Health Advocate or Express Scripts to find out the full cost of your medication.
- Are you taking any name-brand drugs that are available in generic form?
- Are you comfortable in paying more for a prescription?

**Assistance with specialty pharmacy**



Specialty medications are prescribed to participants with rare and complex medical conditions. These prescriptions are expensive, which is why the copay for these prescriptions is \$250 per month.

In order to assist our plan participants, Briggs & Stratton is rolling out copay assistance which will help you receive the manufacturer's rebate and reduce pharmacy costs that contribute towards your deductible and out-of-pocket.

- Call Health Advocate or Express Scripts if you need to find out if you are taking a specialty prescription medication.
- Do you need to adjust your contributions to your Health Savings Account?
- See more on page 10.

**WELLNESS PROGRAM CHANGES**

**Wellness Rewards earned by 9/30/2023**



In January 2024:

- Employees enrolled in the PPO or EPO Plans will receive premium credits each pay period.

Wellness Credits	Hourly	Salaried
Employee	\$ 7.69	\$ 16.67
Spouse	\$ 3.85	\$ 8.33

Employees enrolled in the HSA Plan will still receive their credits as an annual deposit into their HSA account.

- Continue to participate in the wellness program.
- In January 2024, you will see a premium credit on your paycheck, which lowers the cost of your medical coverage.
- Review the program in more detail on page 7.

**BENEFIT**

**WHAT'S CHANGING IN 2024**

**CONSIDERATIONS**

**ACCOUNTS THAT HELP YOU SAVE**

**HRA Accounts will be closing 6/30/2024**



Employees will be able to use the money in their HRA Account to pay for eligible expenses through 6/30/2024.  
Any funds left in the account on July 1, 2024 will be forfeited.

- If you are enrolled in the PPO Plan or the EPO Plan in 2024, you may use your HRA money to pay for:
  - Medical Expense (deductibles, coinsurance, copays, prescription drugs).
  - Dental & Vision expenses.
  - Unreimbursed healthcare expenses for your spouse or eligible dependents.
- If you switch and enroll in the HSA Plan in 2024, your account will be considered a “limited purpose HRA,” and can be used for dental and vision expenses only.
- If you are not enrolled in a Briggs & Stratton medical plan, your account will be active through your last day of coverage. You have 90 days to submit claims for reimbursement.

**Contribution Limits for Flexible Spending Accounts (FSA)**



The IRS contribution limits for 2024 are:

- \$3,050 for Healthcare FSA and limited purpose FSA.
- \$5,000 per household for Dependent Care FSA (\$2,500 for married individuals filing a separate tax return).

- Will you have health expenses that remained unreimbursed in 2024? If so, you might consider increasing your Healthcare FSA deduction.
- **Reminder:** While you have until March to submit your Healthcare FSA claims, receipts must be dated no later than December 31, 2024 to avoid forfeiting your money.

**HSA Contribution Limits**



- The IRS contribution limits (employee + employer) will increase in 2024:
  - \$4,150 for Single.
  - \$8,300 for employee +1 or Family.
- The catch-up contribution remains at \$1,000.
- Your HSA contributions will “roll-over” to 2024.

**Note:** Make sure to review the contribution amount during Annual Enrollment, as midyear changes will impact the amount defaulted for 2024.

- Your HSA contributions are made on a pre-tax basis each pay check.
- Check your balance. Can you invest in any of the mutual funds available?
- If you are participating in the Wellness Program, you may be eligible for an employer contribution.
- Make sure you consider this when making your election.

**401(K) RETIREMENT BENEFIT CONTRIBUTION LIMITS**

**Annual maximum contribution increases**



- In 2023 employees may contribute up to \$22,500 per year.\*
- Catch-up contribution remains at \$7,500 per year.

*\*Watch for projected increase*

- Make sure you are saving enough for your retirement. Can you contribute more?
- Make sure you contribute 6% to get the full company match.
- **You may increase, decrease or stop your contributions at any time during the year.**

**GET PAID TO TAKE STEPS TO IMPROVE YOUR HEALTH**

When you participate in the Briggs & Stratton Wellness Program, you earn **wellness rewards** that can be used to offset your medical premiums or other healthcare expenses.

**How much time does it take?**

We understand that employees are juggling commitments at home and at work. Your time is valuable, but it is important to care for yourself, and the Briggs & Stratton Wellness Program is rewarding you to do just that.

- 90 minutes to get a preventive health exam
- 20 minutes to complete your biometrics
- 5 minutes to complete your pledge to be tobacco-free
- 5 minutes to get your flu shot
- 20 minutes to take the online health assessment on [www.marathon-health.com](http://www.marathon-health.com)
- 90 minutes to meet with a health coach to learn more about your health

**Estimated time – less than 4 hours. That is like getting paid \$100 an hour!**

# BRIGGS & STRATTON WELLNESS PROGRAM

Briggs & Stratton is committed to providing you the resources to promote physical, emotional and financial wellness. Whether you are just starting your wellness journey or are well on your way, Briggs & Stratton's Wellness Program is designed to support and motivate you every step of the way.

## 2024 Program Eligibility

- All benefit-eligible employees employed prior to 9/30/2024.
- Covered spouses who are enrolled in a Briggs & Stratton medical plan.

There are two steps to qualify for Wellness Rewards.

**1. Know your numbers!** The Briggs & Stratton Wellness Program requires participating employees and their covered spouses to complete a biometric screening.

- Schedule your screening between 10/1/23 and 9/30/24
- Receive extra points if the results are within healthy range OR receive extra points if the results are within normal range

BIOMETRIC VALUES (EARN UP TO 3 POINTS)		POINTS
<b>REQUIRED Biometric screening</b>	<ul style="list-style-type: none"> <li>• Attend an on-site screening event;</li> <li>• Make an appointment at our on-site clinics; or</li> <li>• Visit your primary care physician or healthcare provider. Form submission is only required for screenings completed by your healthcare provider.</li> </ul>	1
<b>Healthy Value 3 out of 4</b>	<ul style="list-style-type: none"> <li>• Total Cholesterol/HDL ratio: Males &lt;5.1 or Females &lt;4.5</li> <li>• Blood Pressure: &lt;120/80 mmHG</li> <li>• BMI: 18.5 - 24.9 or waist circumference &lt;35 inches (females) or &lt;40 inches (males)</li> <li>• Fasting Blood Glucose:&lt; 100 mg/dl</li> </ul>	2
<b>Moderate Value 3 out of 4</b>	<ul style="list-style-type: none"> <li>• Total Cholesterol/HDL ratio: Males 5.1 - 9.5 or Females 4.5 - 6.9</li> <li>• Blood Pressure: 120 - 139 mmHG SBP and 80 - 89 mmHG</li> <li>• BMI: 25-29.9</li> <li>• Fasting Blood Glucose: 100 - 125 mg/ dl</li> </ul>	1

## 2. Choose the wellness activities that are meaningful to you.

Employees and eligible spouses may pick from the list of wellness activities below to earn the maximum reward!

ACTIVITY – Login to <a href="http://www.my.marathon-health.com">www.my.marathon-health.com</a>	POINTS
<b>Tobacco-Free/User Status</b> <ul style="list-style-type: none"> <li>• Complete the Online Tobacco-Free Statement; or</li> <li>• Complete the 6-week Tobacco Cessation Online Workshop</li> </ul>	2
<b>Online Health Assessment</b>	1
<b>Preventive Health Exam</b>	2
<b>Age/Gender Appropriate Screening/Exam</b> Includes: mammogram, dental exam, vision exam, pap smear, colonoscopy, prostate screening, skin check	1
<b>Flu Shot (Influenza Vaccine) or COVID-19 vaccine</b>	1
<b>Health Coaching:</b> Complete in-person or telephonic coaching sessions with a Marathon Health clinician, health coach or registered dietitian, or participate in the Lark diabetes program	2
<b>Online Marathon Health Workshop:</b> Visit the eHealth Portal ( <a href="http://my.marathon-health.com">my.marathon-health.com</a> ) for available topics	1
<b>Financial Wellness Activity:</b> Complete Fidelity's Money Checkup or Planning – go to <a href="http://www.401k.com">www.401k.com</a> . Watch for additional resources through Prudential.	1
Participate in a <b>community fitness event</b> such as a 5k, triathlon or bike race	1

## WELLNESS PROGRAM REWARDS

The premium credits earned by the Employee and Spouse are independent.

- To get the employee reward, the employee must earn 5 points
- To get the spouse reward, the eligible spouse must earn 5 points

## 2024 Rewards

- **Employees and eligible spouses enrolled in the PPO or EPO Plan:** will receive premium credits that will reduce your medical premiums in 2025.
- **Employees and eligible spouse enrolled in the HSA Plan:** will continue to receive employer contributions into your HSA Account.
- **Employees NOT enrolled in the Briggs & Stratton Medical Plan:** will continue to receive a cash reward.

## 2023 Rewards (Rules for Payment)

- Wellness rewards are earned based on activities completed between 10/1/22 and 9/30/23.
- You must be an active employee on **01/01/24** to receive Wellness Rewards
- Rewards are granted in 2024, based on employee's health plan enrollment on 01/01/24

## Questions?

Contact Marathon Health via email at

[wellness@marathon-health.com](mailto:wellness@marathon-health.com) or phone at [802-846-4675](tel:802-846-4675).

## REMINDER

Employees must use the money in their HRA account before July 1, 2024!

# 2024 MEDICAL PLAN CHOICES

## PPO PLAN

BENEFIT HIGHLIGHTS <i>(Per Calendar Year)</i>	ANTHEM NETWORK	OUT OF NETWORK <i>(Reasonable &amp; Customary Apply)</i>
	<b>Deductible<sup>1</sup></b>	\$1,500 Individual Not to exceed \$3,000 family
<b>Coinsurance %</b>	Plan pays 80% Member pays 20%	Plan pays 60% Member pays 40%
<b>Coinsurance Maximum</b>	\$4,000 Individual Not to exceed \$8,000 Family	\$5,000 Individual Not to exceed \$10,000 per family
<b>Maximum Out of Pocket (Includes deductible and coinsurance)</b>	\$5,500 Individual Not to exceed \$11,000 family	\$11,000 Individual Not to exceed \$22,000 per family
MEDICAL SERVICES		
<b>Routine Wellness Visits</b>	Covered 100%	No Coverage
<b>Preventive Care/Screening/Immunization</b>	Covered 100%	No Coverage
<b>Office Visits</b>	\$25 Copay	Covered 60% after Deductible
<b>Specialist Visits</b>	\$60 Copay	Covered 60% after Deductible
<b>Outpatient Behavioral Health</b>	\$25 Copay for office visits <i>All other charges - 80% after Deductible</i>	Covered 60% after Deductible
<b>Lab work (Non-routine)</b>	Covered 80% no Deductible	Covered 60% after Deductible
<b>Telemedicine Visit (24/7 Urgent Care via phone or computer)</b>	\$25 Copay for the office visit	N/A
<b>Urgent Care</b>	\$50 Copay for office visit <i>All other charges - 80% after Deductible</i>	Covered 60% after Deductible
<b>Emergency Room</b>	Covered 80% after Deductible <i>(50% after deductible if non-emergent)</i>	Covered as in-network if an Emergency <i>(50% after deductible if non-emergent)</i>
<b>Other Covered Medical Expenses</b>	Covered 80% after Deductible	Covered 60% after Deductible
PHARMACY BENEFITS <i>(30 Day Prescription Unless Marked)</i>	EXPRESS SCRIPTS NETWORK PHARMACY	NON NETWORK PHARMACY
	<b>Preventive Rx - Retail – 30 Day Supply</b> Tier 1 – Generic Tier 2 – Preferred Brand Drugs Tier 3 – Non-Preferred Brand <b>Mail Order or Retail – 90 Day Supply</b>	No Deductible, you pay \$5 Copay \$10 Copay \$10 Copay 3 X Retail Copay
<b>Retail - 30 Day Supply</b> Tier 1 – Generic Tier 2 – Preferred Brand Drugs (Formulary) Tier 3 – Non-Preferred Brand Drugs (Non-Formulary)	\$15 Copay \$35 Copay \$70 Copay	No Coverage
<b>Mail Order or Retail - 90 Day Supply</b> Tier 1 – Generic Tier 2 – Preferred Brand Drugs (Formulary) Tier 3 – Non-Preferred Brand Drugs (Non-Formulary)	\$45 Copay \$105 Copay \$210 Copay	No Coverage
<b>Specialty Medication (30 days only)</b>	\$250 Copay	No Coverage

<sup>1</sup>Deductible/Coinsurance cross apply between PPO and Non-PPO limits.

## PPO PLAN WITH HSA

ANTHEM NETWORK		OUT OF NETWORK <i>(Reasonable &amp; Customary Apply)</i>	ANTHEM NETWORK	OUT-OF-NETWORK <i>(Emergency Care Only)</i>
<u>Employee Only</u> \$1,850 Individual	<u>Employee Plus</u> \$3,200 Individual	\$6,000 Individual	\$4,000 individual	No Coverage
Not to exceed \$3,700 per family		Not to exceed \$12,000 family	Not to exceed \$8,000 family	No Coverage
Plan pays 90% Member pays 10%		Plan pays 60% Member pays 40%	Plan pays 60% Member pays 40%	No Coverage
<u>Employee Only</u> Not to exceed \$3,650	<u>Employee Plus</u> Not to exceed \$2,300 or \$7,300 Family	\$5,000 per member Not to exceed \$10,000 per family	\$4,000 individual Not to exceed \$8,000 per family	No Coverage
\$5,500 per member Not to exceed \$11,000 per family		\$11,000 Individual Not to exceed \$22,000 per family	\$8,000 per member Not to exceed \$16,000 per family	No Coverage
EXPRESS SCRIPTS NETWORK PHARMACY		NON-NETWORK PHARMACY	EXPRESS SCRIPTS NETWORK PHARMACY	NON-NETWORK PHARMACY
No Deductible, you pay \$5 Copay \$10 Copay \$10 Copay 3 X Retail Copay		No Coverage	No Deductible, you pay \$5 Copay \$10 Copay \$10 Copay 3 X Retail Copay	No Coverage
After your Deductible, you pay: 20% Copay 30% Copay 40% Copay		No Coverage	\$15 Copay \$35 Copay \$70 Copay	No Coverage
After your Deductible, you pay: 10% Copay 20% Copay 30% Copay		No Coverage	\$45 Copay \$105 Copay \$210 Copay	No Coverage
After your Deductible, you pay: 25% coinsurance to a maximum of \$250 per prescription per month		No Coverage	\$250 Copay	No Coverage



# REDUCING YOUR HEALTHCARE EXPENSE

Briggs & Stratton encourages all participants to take an active role in their healthcare. How? By learning about treatment options, the total cost of the medication and doing all we can to prevent health problems in the first place.

Below are some new programs that are designed to help participants save money while providing tools and resources that help maintain good health.

## 1. PARTICIPATE IN THE BRIGGS & STRATTON WELLNESS PROGRAM

Earn wellness rewards to off-set medical premiums (if enrolled in the PPO or EPO) or receive money in your HSA account to pay for healthcare expenses. See pages 5-6.

## 2. CHOOSE GENERIC MEDICATIONS WHEN AVAILABLE

Generic medications are cheaper than their branded counterparts. It is estimated that you could save at least 2/3 of your prescription costs if you elect to use generic medications.

## 3. ENROLL IN THE COPAY ASSISTANCE PROGRAM

Briggs & Stratton is implementing two pharmacy programs that will reduce how much you pay for specialty medications. Express Scripts specialty pharmacy program will help you enroll in the manufacturer copay assistance program and monitor your prescription account on the plan's behalf. The cost of the medication will not contribute towards the Plan's deductible or out-of-pocket maximum, but you could pay as little as \$0 for your specialty medications.

## 4. ENROLL IN A COACHING PROGRAM THROUGH ANTHEM'S LIVEHEALTH ONLINE

The programs connect participants with a specially trained coach to give guidance, support and education. The coach will work collaboratively with a board-certified doctor in a manner designed to complement traditional medical care. These programs also promote medication management and pharmacy compliance.

- Participants can schedule their own appointments (7 days a week) and can meet with their coach at home, at work or on the go.
- As a reward for participating in the program, patients will benefit from reduced copays for medications and supplies related to their condition.

**Healthy Blood Pressure** - Once the participant chooses his/her coach, the Healthy Blood Pressure program provides a web-connected blood pressure monitor. The program follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.

**Healthy Back & Joint (through SWORD)** - Once you enroll, you are assigned a Doctor of Physical Therapy who will work with you to prevent and treat pain, help with recovery and more. You will get to select your own Physical Therapist, who will be with you throughout your program to answer questions and make sure you stay on track.

The Digital Therapist is accessible via the tablet that will be mailed to you. Our Digital Therapist uses motion sensor technology and artificial intelligence to guide exercises to completion and collects real-time feedback so your PT can adjust your next session accordingly. Get back to living a pain-free life!

**Healthy Weight** – This program creates an engaging experience where the participant and health coach can see real-time results with the use of connected scales. Start the journey to improve your health and live an active lifestyle.

**Preventing Diabetes** - Participants in the diabetes program work with a coach to keep their blood sugar levels within a safe range to slow the progression of the disease and prevent other complications from developing. Once the participant chooses his/her coach, the program provides a web-connected scale.



## DON'T FORGET!

Marathon Health also provides health coaching and education resources for participants with a variety of health concerns.



## LET'S GET STARTED!

Schedule a health coaching visit and view your wellness program.  
802-500-3276 | [my.marathon-health.com](http://my.marathon-health.com)

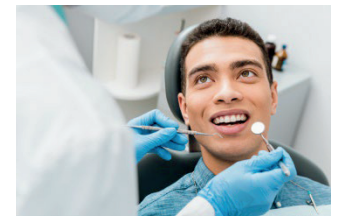


# DENTAL COVERAGE

Briggs & Stratton's comprehensive dental plan is administered by Delta Dental of Wisconsin. Under this program, you have your choice of seeking services from any dental provider you wish; however you will receive the highest level of coverage from participating dentists.

If you visit a Delta Dental PPO or Delta Dental Premier dentist, the claim will be filed with Delta Dental on your behalf.

If you choose a dentist who is not contracted with Delta Dental, you may be subject to any difference in fee rates that are set by Delta Dental. Some out-of-network dentists will require you to submit your own claim to Delta Dental.



BENEFIT HIGHLIGHTS	DELTA DENTAL PPO OR DELTA DENTAL PREMIER NETWORK	OUT-OF-NETWORK <i>(Reasonable &amp; Customary Apply)</i>
<b>Deductible</b>	\$25 per member, \$75 per family	
<b>Annual Maximum</b>	\$1,500 per member	
<b>Class I—Preventative</b> <i>Exams, Cleanings, Fluoride<sup>1</sup>, Sealants<sup>2</sup>, Treatments and X-Rays (Bitewing Twice Every 12 months - Full Mouth Once Every 3 Years)</i>	Covered 100%, Deductible Waived <i>(diagnostic and preventative dental services are not applied to the individual annual maximum)</i>	Covered 100%, Deductible Waived
<b>Class II—Basic Fillings</b> <i>Periodontics, Root Canals, Emergency Exams and Simple Extractions</i>	Covered 80% after Deductible	Covered 80% after Deductible
<b>Class III—Major</b> <i>Crowns/Inlays/Onlays, Bridges and Dentures, Implants to Replace Missing Permanent Teeth</i>	Covered 50% after Deductible	Covered 50% after Deductible
<b>Class IV—Orthodontic</b>	Covered at 50%, up to \$1,500 lifetime maximum per employee, spouse or dependent child to age 26	

<sup>1,2</sup>Age limitations apply

# VISION COVERAGE

If you are a medical plan participant, you are eligible for an annual preventive vision exam under your medical plan. As long as you use your medical plan provider's network and your provider bills the vision exam as routine, the exam will be covered in full.



If you are interested in additional vision coverage, or waive our medical insurance, the DeltaVision Preferred plan may be a good fit for you.

DeltaVision offers a voluntary vision plan administered by EyeMed Vision Care, the industry's largest diverse network, offering a mix of independent providers, national and regional retailers and online options. This plan includes coverage for important preventive eye care, eye wear and discounts on laser vision correction.

BENEFIT HIGHLIGHTS	EYEMED ACCESS NETWORK	OUT-OF-NETWORK <i>(Reasonable &amp; Customary Apply)</i>
<b>Exams</b>	Covered 100% once every 12 months (to the day)	Up to \$35
<b>Lenses Covered every 12 months</b>	Covered 100%	Single Vision - \$25 Bifocals - \$45 Trifocals - \$55
<b>Frames Covered once every 24 months</b>	Retail allowance of \$130, then member pays 80%.	\$65
<b>Elective Contact Lenses Covered once every 12 months</b>	Covered in lieu of lenses and frames up to \$150 then member pays 85%	Up to \$96
<b>Corrective Surgery</b>	Member pays 85% of retail or 95% of promotional cost	Not Covered

# THE BENEFITS OF FLEXIBLE SPENDING ACCOUNTS (FSAs)

FSAs help you save money by allowing you to pay for certain types of healthcare and dependent daycare expenses on a pre-tax basis.

- You decide how much money to put aside each pay check to cover these expenses up to the maximum.
- This amount is then deducted from your paycheck before taxes and deposited into your FSA.
- When you need money to cover an eligible expense, you can use your FSA card, the pay-my-provider online service or submit a receipt to get reimbursed. *In all cases, keep your receipts.*

**You must re-enroll for 2024! It takes only minutes.**

## Healthcare Account

Save up to **\$3,050** pre-tax in 2024 and use it for:

- Medical copays, deductibles and coinsurance
- Prescription drug expenses
- Certain over-the-counter medicines as prescribed
- Dental, vision and hearing expenses
- Mileage to/from eligible care (2022 IRS limit - \$.018/mi)
- Breast pumps & supplies

## Dependent Day Care Account

Save up to **\$5,000** (*\$2,500 if married and filing separately*) on a pre-tax basis for day care expenses for your dependents while you work:

- Nursery School
- Pre-school
- Before-and-after school care
- Summer day camp
- Elder care (home or custodial)
- Adult or senior day care



## IMPORTANT: USE IT OR LOSE IT!

According to the IRS rules, any money remaining in the Healthcare or Dependent daycare spending accounts after the deadline for filing claims will be forfeited. The money will NOT roll over into the next year.

## HSA – A SMART WAY TO BUDGET FOR HEALTHCARE

Employees who choose to enroll in an HSA plan will automatically be eligible to open a Health Savings Account (HSA).

HSAs have transformed how we pay for healthcare. The contributions you make to the HSA are tax-free, accrues tax-free and when used for qualified medical, dental and vision expenses, the distribution is tax-free.\* From a tax planning point of view, that's about as good as it gets!

### Other advantages:

- **Greater earnings potential.** Funds left to accumulate in your HSA can grow. Once your balance reaches \$2,000, mutual fund allocations are available.
- **Portability.** Even if you change jobs, your HSA funds go with you. You own your account.
- **Long-Term Savings.** You can choose to let the funds in your account grow tax-deferred. After age 65, you may make withdrawals from your HSA for any reason without a penalty.

## Don't Forget

**Employer Contribution.** If you earn 2023 Wellness Program rewards, the Company will deposit your rewards into your HSA account with the first payroll of 2024. See page 7.

\*HSA contributions are not tax-free in CA and NJ



# WHAT YOU NEED TO KNOW ABOUT TAKING A LEAVE OF ABSENCE

When you experience a personal, family or medical need that requires you to be away from work for an extended time, you may request a leave of absence.

Some common reasons employees take a leave of absence include:

- the birth, adoption or placement of a foster child;
- the care of a spouse, child or parent who has a serious health condition;
- military leave;
- because the employee is unable to perform the functions of his/her position due to a work-related injury<sup>1</sup> or personal health condition.

## HOW TO PROVIDE NOTICE OF YOUR LEAVE

If you expect to be absent from work for more than 3 consecutive days of work, you need to take the following steps:

- Call New York Life at (888) 842-4462 at least 30 days prior to the need for leave, or when the need for leave is first known to you.
- Call your manager the same day you call New York Life. You are expected to follow the call-in procedures set for your department. *Note: Texting and emailing are not acceptable.*
- Immediately complete, sign and return any necessary forms that New York Life sends you.

## DOCUMENTATION AND CERTIFICATION

New York Life will require your leave to be certified by a healthcare provider. The certification form must be completed and returned to New York Life within (15) fifteen calendar days of the first day of absence. It is **your responsibility** to ensure that your healthcare provider will furnish this certification within a timely manner.

If the certification has not been received, the leave or continuation of leave may be denied or delayed until the certification is submitted. Further, any absence prior to the date the certification is furnished may be considered unauthorized. Days off without authorization are considered unexcused and are subject to the attendance policy.

## WHEN YOU CAN RETURN TO WORK

- Coordinate with New York Life and your supervisor to plan the date of your return to work.
- If you have any restrictions, request a disability accommodation under the Americans with Disabilities Act (ADA).
- Employees must provide a return to work authorization form completed by their physician and return it to Human Resources before you will be allowed to return to full duty.

Taking a leave of absence from work requires planning and communication with your supervisor or manager and human resources. Knowing your rights and responsibilities can help ensure a smooth process.



<sup>1</sup> Workers' Compensation benefits will run concurrently with leave taken. Employees must contact New York Life if they miss work due to a work-related injury.

## WHO IS ELIGIBLE FOR BENEFITS?

If you're a Briggs & Stratton **full-time, or part-time employee who works 30 or more hours per week**, you're eligible to enroll in the benefits outlined in this guide. In addition, the following family members are eligible for coverage:

- Legally married opposite-sex or same-sex spouse.
  - You cannot be covered as both an employee and a dependent.
  - Our medical plan requires that working spouses elect coverage through their employer before they can be enrolled with secondary coverage under our plan.
- Eligible **children through the month they turn 26** - your natural child, legally adopted child, child placed in your home for legal adoption, stepchild or a child for whom you have legal guardianship.
- Eligible children who are disabled as long as the child is declared disabled prior to reaching their 26th birthday and the request for extended coverage is submitted to Empyrean Benefits no later than 31 days after their 26th birthday.
- Dependent children cannot be covered by more than one employee.



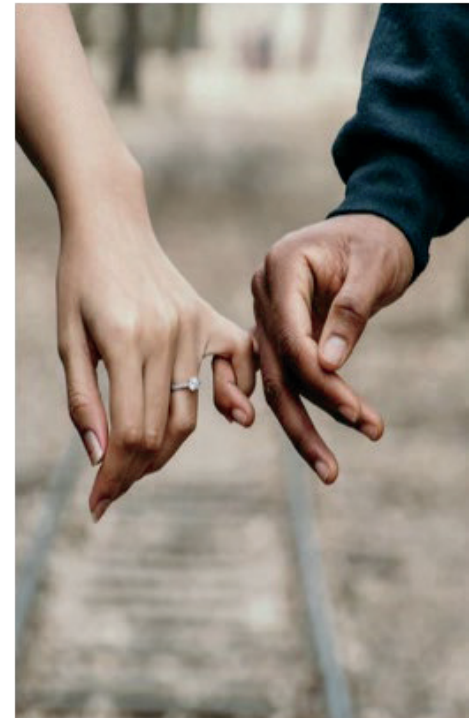
## WORKING SPOUSE PROVISION

We believe every employer should take primary responsibility for providing medical coverage to its own employees. When an employee's spouse enrolls in a Briggs & Stratton plan instead of his or her own employer's plan, the spouse's expenses shift to us. If a spouse has the choice of other coverage but declines it, we believe that adds a cost burden to our Plan.

This provision would not apply if your spouse:

- Is not employed,
- Is self-employed and spouse's business does not offer medical coverage to any employee or self-employed individual,
- Works part-time (even if eligible for coverage),
- Works full-time but is not eligible for coverage through his or her own employer,
- Has primary coverage through his or her own plan and enrolls in a Briggs & Stratton plan as secondary coverage, or
- Is employed by Briggs & Stratton.

Briggs & Stratton may require a spouse to certify that they are not eligible for medical coverage through their employer. Spouses who are found to be ineligible for coverage will be removed from the Plan.





## DEPENDENT VERIFICATION

During the enrollment process, you may add new dependents for coverage effective January 1, 2024.

Briggs & Stratton has contracted with Empyrean Benefits to conduct dependent eligibility verification. If you enroll your spouse and/or child(ren) in Briggs & Stratton's medical plan, you will be asked to provide documentation (birth certificate and/or marriage license) to verify their eligibility. Empyrean Benefits will mail the instructions for the verification process. Your dependents will not be eligible for coverage in 2024 if you do not respond or if you provide incomplete documentation.

### How to Make Changes

In accordance with federal regulations, the benefits you choose during Annual Enrollment will remain in effect through the next plan year. However, you may be allowed to make changes in certain benefits if you have a Qualified Status Change. Examples of Qualified Status Changes are:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

To change your benefit elections after a qualified life status event, you must make the change online or by phone within **30 days of the life event**. Written proof of the event, such as a birth certificate, can be provided within 30 days **following** the initial request. Requests or changes made after 30 days will not be accepted.

## KEEP YOUR BENEFICIARIES UP-TO-DATE

Make sure that your loved ones will receive the benefits you intend for them to have.



- **Life Insurance** – call (877) 232-1083 or login to [mybascobenefits.com](http://mybascobenefits.com)
- **Health Savings Accounts** – call (844) 326-7967 or login to [optumbank.com](http://optumbank.com)
- **401(k) Retirement Savings** – call (800) 835-5095 or login to [netbenefits.com](http://netbenefits.com)



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**Briggs & Stratton's Annual Enrollment period is**

**OCTOBER 30 - NOVEMBER 15**



**All employees are required to enroll  
by November 15<sup>th</sup> at 11:59 PM CST**

Briggs & Stratton strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this brief overview of what is new or what will change in 2024.

Briggs & Stratton is proud to introduce our new benefits portal – **mybascobenefits.com**. In order to verify that your benefit elections and personal information is correct, we are requiring employees to actively enroll in benefits by **Wednesday, November 15, 2023**.

Use the enrollment period as an opportunity to review your benefits and make sure you are enrolled in the best coverage for you and your family. If you have any questions, take advantage of the resources below:

## FOUR WAYS TO ENROLL

### ONLINE



[www.mybascobenefits.com](http://www.mybascobenefits.com)

or

[mylinks.basco.com](http://mylinks.basco.com)>  
Success Center>Benefits

### MOBILE APP



[www.mybascobenefits.com](http://www.mybascobenefits.com)

### PHONE



**877-232-1083**

### FACE-TO-FACE



Check your location for  
dates and times.