# Benefits Reference Guide

JOANN



#### **Welcome to Your Benefits!**

JOANN has always been committed to offering our Team Members a comprehensive selection of competitive benefits. To help you better understand these benefits, we have developed this Benefits Reference Guide (BRG) to provide the information, tools, and resources you need to make the best decision about the benefits available to you. The following pages in this document give you an overview of the plans we offer to Team Members.

This document does not contain all the exclusions, limitations, and other information which could affect your coverage elections. Please refer to the specific plan documents for detailed information.

### **JOANN Benefit Groups**

**Full-time (FT)** - works an average of 36 hours/week

**Part-time (PT)** – works less than 30 hours/week on average

**ACA Eligible** - works an average of 30 hours/week within a 12-month measurement period

**Casual** - works less than an average of 30 hours/week; very flexible work hours; can remain inactive for 180 days

Full-time	Part-time	ACA Eligible	Casual	Minor
Medical, Prescription, Dental & Vision		Medical & Prescription		
Health Savings Account (HSA)		Health Savings Account (HSA)		
Basic Life, Optional Life & Dependent Life Insurance	TakeAlong Dental	TakeAlong Dental		
Voluntary Accidental Death & Dismemberment	Voluntary Accidental Death & Dismemberment	Voluntary Accidental Death & Dismemberment		
Short-Term & Long-Term Disability				
Healthcare & Dependent Care FSA				
401(k) & Roth 401(k) Savings Plans	401(k) & Roth 401(k) Savings Plans	401(k) & Roth 401(k) Savings Plans	401(k) & Roth 401(k) Savings Plans	401(k) & Roth 401(k) Savings Plans
Employee Stock Purchase Program (ESPP)	Employee Stock Purchase Program (ESPP)	Employee Stock Purchase Program (ESPP)		
Accident, Critical Illness & Hospital Plans	Accident, Critical Illness & Hospital Plans	Accident, Critical Illness & Hospital Plans		
Legal Plan	Legal Plan	Legal Plan		
Home & Auto and Pet Insurance	Home & Auto and Pet Insurance	Home & Auto and Pet Insurance		

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Important Things to Know**

# **Eligibility**

Team Members are eligible for benefits (full-time and part-time) and have a 30-day waiting period from their event date (hire date or job change date) before most benefits start.

If you do not elect benefits during your initial enrollment period, you will not be able to make changes until the following annual open enrollment period, unless you experience a qualified life event as described on the next page.

#### **Important Dates**

**14-Days** - Team Members have 14 days from their event date (hire date or job change date) to enroll in benefits through Ally

**30-Days** – Waiting period from event date until benefits become active

**14-Day Pay Period -** Benefits will begin on the first day of the first full14 day pay period after the 30-day waiting period expires

**December**– Annual Benefits Open Enrollment (OE)

**February 1**– New Plan Year start (new deductibles, co-insurance and max-out-of-pocket restart)

# **Benefit Plan Options**

**Health Care Plans (FT TMs)** – Medical & Prescription Drug, Dental, and Vision

**Health Care Plans (ACA Eligible TMs)** – Medical & Prescription Drug

**Health Savings Plans (FT & ACA Eligible TMs) -** Health Savings Account (HSA)

Health Care Plans (FT, PT & ACA Eligible TMs) – Accident, Critical Illness, and Hospital

**Spending Account Plans (FT TMs) -** Healthcare and Dependent Care Flexible Spending Accounts

**Dental Plans (PT & ACA Eligible TMs)** – TakeAlong Dental

Insurance Plans (FT TMs) – Basic Life, Short-Term & Long-Term Disability, Optional Life, and Dependent Life

Insurance Plans (FT, PT & ACA Eligible TMs) - Voluntary Accidental Death & Dismemberment, Pet Insurance, and Home/Auto Insurance

**Additional Plans (FT, PT & ACA Eligible TMs) –** Legal Plan

Savings Plans (FT, PT, ACA Eligible & Casual TMs) – 401(k) & Roth 401(k) Savings Plan

Work/Life Programs (FT TMs) – Paid Time Off (PTO), Sick Time, Live Happy Employee Assistance Program (EAP) (If enrolled in the Medical plan)

Work/Life Programs (All TMs) – Team Member Discount, Wireless Discount, and Gym Membership Discount through Active&Fit Direct

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

#### **Qualified Life Event**

Because contributions to Medical, Dental, Vision, Health Savings and Flexible Spending Accounts are made on a before-tax basis, Federal laws require your elections to remain in effect for the entire planyear.

You may enroll in, stop, or change your elections if one of the following events impacts the eligibility of you or your dependents:

- Marriage
   Birth or adoption of a child
- Divorce
   Gain or loss of coverage
- DeathCourt orders

This is not an all-inclusive list. For a complete list of qualifying events, refer to the indivdual Summary Plan Descriptions for each plan. Elections due to a qualified life event must be made within 31 days of the event.

#### **Provider Contact Listing**

A full list of carrier's contact numbers can be found under the Provider Contact Information on pages 42-43 of this document or in Ally, under the My Benefits icon.

#### **ID Cards**

You will receive ID cards after enrolling via:

- Mail to your home address on file
- Mobile device download the apps from the various insurance carriers
- No card for dental Let your dentist know you are covered by MetLife and provide your SSN

# Dependent Eligibility & Domestic Partner

If you participate in the Medical & Prescription Drug, Dental, Vision, Dependent Life, VAD&D, Critical Illness, Accident, or Hospital plans, you may also enroll your eligible dependents for coverage.

JOANN requires proof ofdependency upon initial enrollment of any dependent and will conduct random audits of dependent eligibility, tobaccofree status, and working spousal coverage. If you misrepresent any information, it will result in disciplinary action, ranging from loss of benefits to termination of employment.

Spouses/domestic partners who are employed and have access to employer-subsidized medical coverage are not eligible to be on the JOANN medical/prescription plan.

A list of acceptable documentation, the Domestic Partner Supplement and working spouse employer information form can be found in Ally under My Benefits.

#### **SPDs & Forms**

ERISA rights and responsibilities, required disclosures, and Summary Plan Descriptions (SPD) can be found in Ally under My Benefits.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

#### **Benefit Rates**

Bi-weekly rates will auto populate for each plan while completing enrollment. Rates can also be found under My Benefits in Ally.

#### When Coverage Ends

If your employment with JOANN should end or you become ineligible for benefits, benefits will generally end on your last day worked or, if later, the last day of the payroll period for which full contributions have been paid. Please refer to the SPDs for more information on when coverage ends.

### **Important Information**

#### **ERISA Rights and Responsibilities**

As a participant in certain benefits programs, you're entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Included are the right to receive certain plan information and the right to file a lawsuit if you believe your rights have been violated. Please refer to the individual benefit SPD for a full disclosure of all rights and responsibilities.

#### **Prescription Drug Coverage and Medicare**

Please read this notice carefully as it has information about your current prescription drug coverage with JOANN and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. Important Benefit Notices can be found under My Benefits in Ally.

#### Summary of Benefits and Coverage(SBC)

As a JOANN Team Member, the health benefits available to you represent a significant component of your compensation package. Your plan offers a series of health coverage options. Choosing an option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC can be found under My Benefits in Ally.

A free paper copy of these important notices can also be obtained by contacting the Benefits Department at <a href="mailto:joannstoresbendept@joann.com">joannstoresbendept@joann.com</a>.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Medical Plans (FT & ACA Eligible)**

#### **How the Medical Plan Works**

JOANN offers a selection of medical plans designed to fit your needs. Our medical plans are Preferred Provider Organization (PPO) and a Consumer Choice (HDHP) style plan that provide you access to one of the nation's largest networks of quality providers.

Prescription drug coverage, included in the medical plan, allows you to receive prescription drugs at reasonable costs from a network of retail pharmacies or through a convenient mail order program.

**New for 2023!** JOANN is pleased to introduce Quantum Health. Quantum Care Coordinators are a JOANN dedicated team and your new resource whenever you need help with medical, wellness, or pharmacy benefits.

#### **Pre-Certification**

Regardless of the plan you select, pre-certification is required <u>before</u> you receive certain health services. You are responsible for notifying the Quantum Health Care Coordinators at 1-877-324-3024 before you receive services.

For a complete list of services requiring precertification, please refer to the medical SPD.

NOTE: If you or your provider do not provide the required pre-certification, you will be charged a \$300 penalty.

In the event of an emergency admission, you or your covered dependents are responsible for contacting Quantum Health within 24 hours of the admission or as soon as reasonably possible.

#### **Preventive Care Services**

JOANN Stores believes in the power of preventive care. To encourage the health and wellness of our Team Members, JOANN covers certain preventive care services at 100% in all medical plans. No deductible, no coinsurance!

#### **Preventive Care includes:**

- Immunizations for children and adults
- Screening Tests for children and adults

#### **Annual services including:**

- Well-baby, well-child preventive screenings
- Mammogram Screening
- Pap Smear & related lab fees with OB/GYN
- Colorectal Screening
- Prostate Specific Antigen (PSA) Screening

Please refer to the medical SPD for a complete list of preventive care services.

#### **Non-Emergency Care**

If you visit an Emergency Room for **NON-emergency** care, you receive no benefit coverage. Before going to an Emergency Room for treatment, ask yourself:

- Is this situation life threatening?
- Will the situation result in serious impairment to the body or bodily functions?
- Is immediate medical attention required or can I wait for treatment until my doctor's office opens?
- Can I obtain treatment at an Urgent Care center, which may be more cost effective and quicker than receiving treatment in an ER?

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Medical Plans** (FT & ACA Eligible)

Quantum Health

# **Summary of Medical Benefits: PPO Enhanced, PPO Value & CCPlans**

	PPO Enha	nced Plan	PPO Va	lue Plan	Consumer	Choice Plan
	In-Network	Out-of- Network	In-Network	Out-of- Network	In-Network	Out-of- Network
Deductible (per person/family)	\$600/ \$1,200	\$875/ \$2,625	\$1,500/ \$3,000	\$3,500/ \$10,500	\$2,000/ \$4,000	\$4,500/ \$13,500
Out of pocket max (per person/family)	\$4,500/ \$11,000	Unlimited (both)	\$6,350/ \$12,700	Unlimited (both)	\$6,450/ \$12,900	Unlimited <sup>4</sup>
	Covered Ser	vices (what you	pay after your I	plan year deduc	tible has been n	net)
Physician Office Visit	\$30 co-pay <sup>1</sup>	40%	20%	40%	20%	40%
Specialist Office Visit	\$45 co-pay <sup>1</sup>	40%	20%	40%	20%	40%
Preventive Care Services <sup>3</sup>	Covered at 100%	Not covered	Covered at 100%	Not covered	Covered at 100%	40%
Emergency Room Visit	20% after \$250 co-pay <sup>2</sup>	20% after \$250 co-pay²	20% after \$250 co-pay²	20% after \$250 co-pay <sup>2</sup>	20%	20%
Hospital Admission	20%	40%	20%	40%	20%	40%
Retail Wellness Clinics	20%	40%	20%	40%	20%	40%

<sup>&</sup>lt;sup>1</sup>The PPO Enhanced plan office visits are not subject to deductible

<sup>&</sup>lt;sup>2</sup>No coverage for non-emergencies, co-pay waived if admitted

<sup>&</sup>lt;sup>3</sup> See Preventive Care section for a list of covered services in the SPDs

<sup>&</sup>lt;sup>4</sup>Out-of-network costs are not included in the out-of-pocket maximum

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Choosing a Medical Plan That's Right for You**

You have the option of enrolling in one of three different plans – PPO Enhanced, PPO Value and Consumer Choice Health Plan (CC). A difference exists between the plans' deductibles, copays, coinsurance, out-of-pocket amounts and the biweekly cost of coverage. Review the medical expenses you and your family have had in the past to plan for your future medical coverage needs.

You can reduce your bi-weekly premium by \$20 per pay period if you *and your covered dependents* are currently tobacco free and have been for the past 12 months.

The PPO plans have embedded deductibles for family coverage.

- When a family member meets his/her individual deductible, you and JOANN will share your expenses until you reach your out-of-pocket maximum.
- If only one person meets an individual deductible, the rest of the family still must pay their deductibles.
- Once the family deductible is met, all family members will have medical expenses paid according to our plan.

Many of your out-of-pocket expenses such as deductibles and coinsurance are eligible for reimbursement under the Healthcare Flexible Spending Account (HCFSA).

The Consumer Choice (CC) plan has a non-embedded deductible for family coverage.

- All family members' out-of-pocket expenses count toward the family deductible until it is met, and then all family members will have medical expenses paid according to ourplan.
- One person may incur all the expenses that meet the deductible, two or more family members contribute toward meeting the family deductible.

A Health Savings Account (HSA) allows for the use of pre-tax dollars to cover qualified medical expenses.

### **MyQHealth Care Coordinators**

A JOANN dedicated team of experts dedicated to making your healthcare simpler and more affordable.

Care Coordinators can:

- Provide guidance and advice for new diagnoses or illnesses
- Spot gaps in care such as routine exams and screenings
- Compare costs and find in-network care
- Obtain precertification for a hospital stay, test, or procedure
- Assist with claims and billing questions

#### **Get Connected!**

- 1. Log on to MyJoannBenefits.com
- 2. Download the MyQHealth app
- 3. Call Quantum at 1-877-324-3024

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **LiveHealth Online**

#### **About LiveHealth Online**

If you enroll in a JOANN medical plan, you have access to a doctor 24/7 on your computer, tablet or smartphone. LiveHealth Online letsyou speak face-to-face with a doctor; simply tell them your symptoms. The doctor will diagnose your symptoms, and even write you a prescription if necessary.

This \$59 service is covered by JOANN and <u>free</u> for Team Members and dependents enrolled in a PPO plan (not available for members enrolled in the Consumer Choice plan).

Spanish-speaking doctors are available in California and Nevada.

#### **How to Use LiveHealth Online:**

- 1. Make sure you are enrolled in a JOANN medical plan.
- 2. Download the LiveHealth Online App or visit <u>www.livehealthonline.com.</u>
- 3. Create an account & enter your JOANN health insurance information.
- 4. Speak face-to-face with the doctor of your choice!

# MyQHealth Care Coordinators and App

Download the MyQHealth app on your smart device to take charge of your health plan and be confident you're making the best choices for yourwellbeing.

- Simple. Clearly see what's covered by your plan, how much services will cost, and where you've spent your healthcare dollars.
- **Smart.** Get your questions answered and get connected to the right resources at the right time.
- **Personal.** Get alerts, reminders and tips directly from the MyQHealth Care Coordinators, and get personalized suggestions based on your needs.

MyQHealth Care Coordinators can:

- Find care and check costs
- Advocate for your care
- Contact providers to discuss treatment
- Answer claims, billing, and benefits questions
- Help manage chronic conditions
- Create health improvement plans
- Provide guidance and advice for new diagnoses or illnesses
- Confirm eligibility for your providers

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Prescription** (FT & ACA Eligible)

CVS/caremark

#### **How the Prescription Plan Works**

If you enroll in one of the medical plans, you will automatically receive prescription drug coverage through CVS/caremark at no additional cost.

#### **Mail-Order**

If you take a maintenance or long-term medication you can save time and money by using the mail-order program. The mail-order program provides you a discounted rate for up to a 90-day supply for the price of a 60-day supply, and your prescriptions are conveniently delivered to your mailbox\*\*.

For first-time users of the mail-order service, you must complete and mail a Home Delivery Service Order form along with your prescription. This form is available in from CVS/caremark.

\*\*You may obtain 1 fill and 1 refill at a retail pharmacy. Subsequent fills must use the plan's mail-order service or a local CVS retail pharmacy.

#### **Out-of-Network Pharmacies**

In most cases, you will pay more for your prescription if you use a pharmacy outside the CVS/caremark network. You will pay 100% of the prescription price at the pharmacy. Then you will need to submit a paper claim form along with the original prescription receipt to CVS/caremark for reimbursement. To locate an in-network pharmacy near you, go to <a href="https://www.caremark.com">www.caremark.com</a>.

Walgreen's pharmacies are out of network

#### **Generic Step Therapy**

You can save money by using safe, cost-effective generic medications when possible. In order for certain brand-name medications to be covered, you will have to try a generic medication first before you can try a brand-name drug. Some brand-name drugs may be covered without the use of a generic first.

#### **Prudent Rx Co-Pay Program**

Prudent Rx Co-Pay program assists members by helping them enroll in manufacturer co-pay assistance programs. Once enrolled in the Prudent Rx program, your out-of-pocket cost for prescriptions covered under the program will be \$0. If you do not enroll in the Prudent Rx Co-Pay Program, you will be subject to 30% co-insurance for your specialty medications.

Contact Prudent Rx to enroll.

Prudent Rx: 1-800-578-4403

# **Specialty Drug Step Therapy**

The Plan has adopted the Specialty Guideline Management program, which evaluates the appropriateness of drug therapy for covered specialty medications according to evidence-based guidelines both before the initiation of therapy and on an ongoing basis. This program is available for all covered specialty conditions, and outreach is made to both the Participant and the prescriber to evaluate the therapy.

#### **Get Connected!**

- 1. Log on to www.caremark.com
- 2. Download the CVS Caremark mobile app
- 3. Contact CVS/caremark at 1-888-202-1654

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Prescription Plans (FT & ACA Eligible)

CVS/caremark

# Summary of Prescription Benefits: PPO Enhanced, PPO Value & CC Plans

RETAIL		
	Consumer Choice Plan	
Deductible <sup>1</sup> (per person/family)	\$50/\$150	Included in the medical plandeductible
Generic	20% coinsurance with \$10 minimum & \$25 maximum	15% coinsurance with a minimum of \$5 and a max of \$30
Preferred Brand	25% coinsurance with \$20 minimum & \$65 maximum	25% coinsurance with a minimum of \$15 and a max of \$70
Non-Preferred Brand	35% coinsurance with \$40 minimum & no maximum	45% coinsurance with a minimum of \$35 and No max
MAIL ORDER		
	PPO Enhanced & PPO Value Plans	Consumer Choice Plan
Generic	20% coinsurance with \$20 minimum & \$70 maximum	15% coinsurance with a minimum of \$10 and a max of \$60
Preferred Brand	Rx Deductible & 25% coinsurance with \$40 minimum & \$130 maximum	25% coinsurance with a minimum of \$30 and a max of \$140
Non-Preferred Brand	Rx Deductible & 35% coinsurance with \$80 minimum & No maximum	45% coinsurance with a minimum of \$70 and No max
OUT-OF-POCKET MAXIMUM		
	PPO Enhanced & PPO Value Plans	Consumer Choice Plan
All out-of-pocket maximums are included in the medical plan out-of-pocket maximum.		

<sup>&</sup>lt;sup>1</sup>When filling a prescription at a network pharmacy, deductibles do not apply for generic drugs.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

### **Employee Assistance Program (EAP) (FT & ACA Eligible)**

#### **How the EAP Plan Works**

Lifestyle EAP is focused first and foremost on providing a holistic approach to wellness and work/ life balance. The goal of Lifestyle EAP is to empower people to lead happier, healthier lives.

EAP provides services that can help you with:

- finding life-balance services
- customized wellness programs
- encouraging personal and professional growth
- leading a healthier lifestyle
- legal & financial services
- childcare and eldercare referrals

You must be enrolled in a medical plan to use the EAP plan. All covered dependents are eligible.

# **Face-to-Face Counseling Services**

Master's level licensed clinicians, who meet or exceed the standards of their profession, are available for confidential face-to-face counseling sessions. To set up services, call the EAP line at 1-800-989-3277. Emergency, evening, and weekend hours are available. Team Members have access to 6 FREE & CONFIDENTIAL face-to-face counseling sessions per issue.

# **24-hour Clinical Support**

24-hour support is available 365 days a year to Team Members and their household members.

1-800-989-3277

Website: www.lifestyleeap.com

Login: JF14

Password: lifestyleeap

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Summary of EAP Services**

#### **Childcare & Education**

Balancing childcare with work and other daily responsibilities can be a challenging task for many Team Members. Lifestyle EAP provides consultation services for childcare and education services. Childcare consultations include referrals for licensed childcare and family day care centers, nanny agencies, before and after school programs and summer camps.

Education consultations include resources for tutoring, support for children with special needs, and public and private schools and planning for college.

### **Eldercare Support**

The Lifestyle EAP Eldercare Support Line offers personal and confidential referrals, education, support and follow-up services to help with issues such as living arrangements, meal preparation, personal care, accessing quality healthcare providers, transportation needs, and caregiver relief.

### **Legal Consultation**

Under the Lifestyle EAP benefit, Team Members may access a free telephone-based legal consultation for direction and resources on legal issues. Ongoing legal representation is available at a discount to Team Members.

# Financial Education & Planning

Lifestyle EAP provides support to Team Members facing financial challenges. Team Members and members of their household can talk with a financial educator about bankruptcy, budgeting, first time home buying, credit card fraud, college fund planning, foreclosure prevention and other major life events such as saving for a wedding.

# **Identity Theft Prevention** & Recovery

ID Recovery is a telephone-based consultation that helps Team Members recover from and minimize the impact of identity theft. Team Members will speak to an Identity Recovery Specialist to create an action plan to protect credit and recover from identity theft.

### **Adoption**

Families who have considered adopting or have recently adopted a child will have a wealth of resources to access through ouradoption consultations. Services include referrals for families needing financial and legal advice around issues of adoption, as well as provide referrals to advocacy groups and support networks.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	_11-12
Dental	_13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	_21-25
Short Term Disability	26
Long Term Disability	_27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	_32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	_40-41

**Provider Contact Information** 

42-43

# **Dental** (Full-time)

MetLife

#### **How the Dental Plan Works**

Routine dental care is part of the JOANN comprehensive preventive health and wellness program. The Preferred Dental Program (PDP) through MetLife provides coverage for preventive and diagnostic dental care, as well as for basic and major dental and orthodontia services.

You may seek care within or outside a network of dental professionals—the choice is yours. By visiting an in-network dentist, you pay less than if you receive services from an out-of-network dentist.

If you visit an out-of-network dentist, you must pay for services first, and then file a claim for reimbursement. Your expenses are reimbursed up to the amount that the plan considers reasonable and customary (R&C). For an expense to be eligible for payment, dental services must be:

- Performed by a dentist, physician or dental hygienist
- Essential for the necessary care of the teeth

#### **Get Connected!**

- Log on to <u>www.metlife.com/mybenefits</u>
   Enter JOANN
- 2. Download the MetLife US mobile app
- 3. Contact MetLife at 1-800-942-0854

What the Team Member Pays			
Features	In-Network	Out-of-Network	
Plan Year Deductible	No deductible	\$75/\$150	
Diagnostic & Preventive Care	None	20% coinsurance	
Basic (fillings, sealants)	20% coinsurance	20% coinsurance (after deductible)	
Major (crowns, bridges)	40% coinsurance	40% coinsurance (after deductible)	
Orthodontia	50% coinsurance	50% coinsurance	
Maximum Allowable Benefit	\$2,000/person	\$2,000/person	
Lifetime Orthodontia Maximum	\$1,500/person	\$1,500/person	

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# TakeAlong Dental (PT & ACA Eligible)

#### MetLife

#### **About the Plan**

This is an individual dental policy, which means you can take this coverage with you no matter what life-changing event you experience. It's dental coverage that stays with you!

# **Choosing a Dental Plan That's Right for You**

You have the option of enrolling in one of two different plans - PPO and Dental HMO/Managed Care. Both plans cover a broad range of important dental services.

For complete program details, including exclusions and limitations, please visit:

metlifetakealongdental.com.

### **Two Programs to Choose From**

#### PPO:

- Three benefit coverage levels to choose from: Low, Medium and High.
- Flexibility to choose any licensed dentist, in or out of the network, and still receive benefits.
- In-network providers accept negotiated fees.
- No referral needed for specialty care.
- Access to thousands of participating dental locations across the U.S.

#### Dental HMO/Managed Care:

- Only available to residents of California, Florida, New York and Texas.
- Two benefit coverage levels to choose from: Low or High.
- Pre-select a dentist at time of enrollment who participates in the network.
- Broad network of carefully screened general dentists and specialists who provide dental care at a reduced cost.
- No waiting periods, claim forms, deductibles or annual maximums.

#### It's Time to Enroll!

You can enroll in this plan at any time. Find all the information you'll need in one convenient location, learn about the program, features, cost, and then enroll for coverage for yourself and your dependents.

#### **Get Connected!**

- 1. Log on to metlifetakealongdental.com
- 2. Contact MetLife at 1-844-263-8336 Referral Code: **joann**

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Vision (Full-time)

#### **How the Vision Plans Work**

The Vision plan offers a choice of two coverage levels. Both the Value and the Enhanced plans cover in-network and out-of-network benefits and are administered by EyeMed. All claims are paid by EyeMed, and your contributions go towards the premium payments for this insurance. You pay 100% of the cost for your vision coverage.

To receive vision services or supplies, visit or call one of the thousands of participating vision care providers. When you make an appointment, identify yourself as a JOANN plan participant. The provider will file the claim on your behalf.

If you visit an out-of-network provider, you must pay first and file a claim for reimbursement.

#### **Did You Know?**

Regular eye exams can assist in the early detection of serious health conditions such as:

- Cataracts
- Diabetes
- Glaucoma
- High blood pressure
- Reduced vision

#### **LASIK Savings Program**

The vision plan provides coverage for LASIK surgery when you use one of EyeMed's network LASIK experts. For more information about the LASIK program, call **1-877-5LASER6 or 1-800-988-4221** or refer to the Vision Summary Plan Description.

### **Retinal Imaging**

Digital retinal imaging uses a high-resolution imaging system to take pictures of the inside of your eye. This helps in-network optometrists or ophthalmologists access the health of your retina and helps them to detect and manage such eye and health conditions as glaucoma, diabetes, and macular degeneration. You can get the imaging completed for just \$39.00 in either vision plan.

# **Contacts Direct** and Glasses.com

Contacts Direct and Glasses.com offer you and your eligible dependents a convenient and economical alternative when purchasing contact lenses and glasses.

\*Team Members and enrolled dependents can get glasses or contacts once every 12 months.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

Summary of Services				
Highlighted Features	Value Vision Member Cost	Value Vision Out-of- Network Allowance	Enhanced Vision Member Cost	Enhanced Vision Out- of-Network Allowance
Exam with dilation as necessary	\$10 co-pay	Up to \$30	\$0 co-pay	Up to \$30
Frames	\$120 allowance	Up to \$60	\$160 allowance	Up to \$80
Standard Plastic Lenses	\$10 co-pay	Up to \$30 (single vision)	\$0 co-pay	Up to \$30
Standard Contact Lens Fit	Up to \$55	N/A	\$0 со-рау	Up to \$40
Conventional/disposable contacts	\$120 allowance	Up to \$80	\$160 allowance	Up to \$128
LASIK or PRK from U.S. Laser Network	15% off retail price	N/A	15% off retail price	N/A

#### **Get Connected!**

- 1. Log on to <u>www.eyemed.com</u>
- 2. Download the EyeMed Members mobile app
- 3. Call EyeMed at 1-866-723-0514

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Flexible Spending Accounts (FSA) (Full-time) WEX

#### **How the FSA Plans Work**

Participating in the Healthcare Flexible Spending Account (HCFSA) or Dependent Care Flexible Spending Account (DCFSA) allows you to set aside a predetermined amount of money on a before-tax basis, which can be used to reimburse yourself for eligible expenses incurred throughout the planyear. If you participate in an FSA, you decide how much money to put into an account for the plan year. Your annual election will be divided equally over the number of pay periods during the plan year. You can contribute the following amounts annually:

- HCFSA: \$250 minimum to \$3,050 maximum
- DCFSA: \$250 minimum to \$5,000 maximum

You must use the entirety of your tax-free funds before the end of each plan year, or risk losing that money.

If you would like to contribute to one or both of the FSAs, **you must make an election each year.** If you do not make an election to contribute during your enrollment period, you will not be enrolled in the FSAs for the coming planyear.

# **Dependent Care Flexible Spending Account (DCFSA)**

This account allows you to use before-tax dollars to pay for eligible dependent care expenses such as day care, nursery school, preschool, and eldercare.

# Healthcare Flexible Spending Account (HCFSA)

This account allows you to use before-tax dollars to pay for most out-of-pocket medical, prescription drug, dental, and vision care expenses such as copays, deductibles, and coinsurance expenses for you and your eligible dependents.

You cannot have access to dollars in a Health Savings Account (HSA). The IRS prohibits you from using an HSA if you are using an HCFSA.

#### **Get Connected!**

- 1. Log on to https://www.wexinccom/login/
- 2. Download the Benefits Mobile app by WEX
- 3. Call WEX at 1-866-451-3399

Representatives available: Monday–Friday 6:00 a.m.–9:00 p.m. (CST)

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

Mobile App	Online Account
Check balance & account activity 24/7 without calling in	Access balance, claim activity & other account information 24/7
Get instant claim notifications & upload documentation with your phone's camera	Easily view or add expenses from user-friendly dashboard tab
Use the eligible expense scanner to easily determine eligibility of purchases	• Find video & guide resources for additional education
Report a card as lost or stolen to keep your account secure	

#### **Debit Card**

Use the debit card instead of cash at Healthcare providers and wherever accepted for health-related services and health expenses, including pharmacies, doctor's offices, hospitals and online drug stores. When the card is used for payment, funds are immediately deducted from your HCFSA to pay for the purchase. In most cases, there are no additional claims to file. The IRS still requires you to maintain receipts according to IRS guidelines.

Additional debit cards can be issued in your dependent's name and are available at no cost.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Health Savings Account (HSA) (FT & ACA Eligible)**

**Health Equity** 

#### **How the Plan Works**

When enrolled in the Consumer Choice medical plan, Team Members may voluntarily deposit pre-tax funds from their paychecks into a Health Savings Account (HSA). The money contributed to this account earns tax-free interest and investment income and can be used to pay for qualified medical expenses or to help meet your deductible. Unlike a Healthcare Flexible Spending Account (FSA), funds in an HSA do not need to be used by the end of the plan year. Any unused balance in your account will carry over from year to year so you can begin to build your savings for future qualified medical expenses. Your account balance also transfers with you if your employment with JOANN ends.

If you choose to participate in an HSA, you decide how much money to put into an account for the plan year. You can contribute the following amounts annually:

• Individual \$3,850 / Family \$7,750

At age 55, an additional \$1,000 contribution is allowed annually.

You may change your payroll deductions at any time throughout the year in Ally.

#### Am I eligible to open an HSA?

To be eligible to open an HSA, you must meet the following criteria:

- You must be enrolled in the Consumer Choice medical plan.
- You cannot be covered by any other nonqualified health plan, including Medicare.
- You cannot be claimed as a dependent on another person's tax return.
- You cannot have access to dollars in a Healthcare FSA. The IRS prohibits you from using a traditional Healthcare FSA if you are using an HSA.
- If you open an HSA and do not meet the above criteria, your contributions, any investment earnings, and distributions may be subject to income taxes, penalties, and/or excise taxes.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# What are the benefits of an HSA?

- Tax savings. When used for qualified medical expenses, HSAs offer a triple tax savings contributions, any investment earnings, and distributions are Federal Tax free. Distributions to pay qualified healthcare expenses are never taxed. For a list of eligible healthcare expenses go to www.healthequity.com
- Growth potential. Once you reach any minimum balance requirements, you have the opportunity to invest your contributions in a wide array of investment options—including stocks, bonds, and mutual funds—for potential growth of your account over time.
- Flexibility. Unlike a Healthcare FSA, funds in an HSA do not need to be used by the end of the plan year. Any unused balance in your account will carry over from year to year so you can begin to build your savings for future qualified medical expenses.
- Portability. Your HSA always belongs to you, even if you change jobs or become unemployed, change your medical coverage, move to another state, or change your marital status.

#### **Bank Cards**

Bank cards will be sent to you within 15 days of your enrollment date. If you would like to order additional cards, please contact Health Equity.

#### **Get Connected!**

- 1. Log on to www.healthequity.com
- 2. Download the Health Equity mobile app
- 3. Call the number on the back of your debit card.

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Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Life Insurance (Full-time)

# How the Life Insurance Plans Work

JOANN offers the following life insurance plans to full-time Team Members:

- Basic Life
- Dependent Life
- Optional Life

These plans can provide you and/or your family with valuable financial protection needed in the event of an accident, disability or death. Below are highlights about each of these plans.

#### **Basic Life Insurance**

This coverage is 100% paid by the company\*. In the event of your death, the plan pays your designated beneficiary a life insurance benefit equal to one times your annual base salary, up to a maximum of \$1,000,000, rounded up to the nearest \$1,000.

If you are an hourly Team Member, your annual base salary is determined by multiplying your hourly rate times 2,080.

The amount of your Basic Life is automatically adjusted when your pay changes.

This plan also provides services such as grief counseling, beneficiary grief counseling, funeral assistance and estate resolution services.

\*If your coverage under the Basic Life plan is over \$50,000, you will pay imputed income tax on the value of coverage over \$50,000 as required by the IRS.

#### **Dependent Life Insurance**

You can purchase life insurance for your dependent(s). The plan pays a benefit in the event your spouse/domestic partner and/or dependent(s) dies for reasons covered under the plan.

Below is the amount that will be paid to you in the event of the death of your covered dependents:

- Spouse/Domestic Partner –\$10,000
- Eligible Dependent Child-\$5,000

Coverage for a spouse/domestic partner endswhen they reach age 70, child reaches age 23, or child is no longer a full-time student between the ages of 19 and 23.

### **Optional Life Insurance**

You have the option to purchase additional life insurance for yourself in the amount of 1 to 5 times your annual base salary. You can increase your coverage by one level each plan year during open enrollment without a Statement of Health.

- The maximum combined Basic and Optional Life Insurance coverage available is \$2,000,000.00.
- Newly eligible Team Members may choose a maximum of 2 times your annual base salary without providing a Statement of Health.
- Will Preparation and Estate Resolution Services are provided through the plan.

You must provide your beneficiary's name(s), date of birth, relationship to you, and percentage of benefit in Ally.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	_11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Calculate Your Cost of Coverage: Optional Life Insurance**

The bi-weekly cost of your Optional Life Insurance coverage is based on your age and salary and is shown below. You pay your premium with after-tax dollars through automatic payroll deductions.

The following chart will help you calculate your bi-weekly cost for optional life coverage.

<ol> <li>Using chart below, find the rate that corresponds with your age.</li> </ol>			= \$	
			()	oi-weekly rate)
2. Calculate your annual average				
base salary.	\$			
	Members go to Step 3. The etermined by multiplying t			
3. Multiply your annual base salary by the				
level of coverage you want(1-5).	\$	Χ	= \$	
	(annual salary)	(1-5)		(result #1)
4. Round your result #1 to the nearest				
\$1,000 and divide that by 1,000.	\$	/1,000	= \$	
	(rounded result #1)			(result #2)
5. Multiply result #2 by the rate you found				
in Step 1.	\$	Χ	= \$	
	(result #2)			(result #3)
6. The result is your bi-weeklypremium.*				
3	\$			
	(result #3)			

Cost for Participation (per pay period per \$1,000 of coverage)										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$.015	\$.022	\$.026	\$.030	\$.049	\$.071	\$.123	\$.201	\$.328	\$.637

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Life Insurance - Voluntary Accidental Death &**

MetLife

### **Dismemberment (Full-time)**

#### **How the Plan Works**

This benefit provides additional insurance if you and/or your covered dependent(s) die from an accident or suffer certain injuries. This plan provides 24-hour coverage for accidents whether they are business related.

You can purchase coverage in the amount of 1 to 5 times your annual base salary not to exceed \$1,000,000 in coverage and can cover either yourself only or you and your eligible dependents.

Coverage for a spouse/domestic partner endswhen they reach age 70, child reaches age 23, or child is no longer a full-time student between the ages of 19 and 23.

#### **Family Coverage**

- If you are married with children, your spouse/DP may be covered for 40% of your coverage amount to a max of \$200,000, and each child for 10% of your coverage amount to a max of \$50,000.
- If you are married without children, your spouse/DP may be covered for 50% of your coverage amount to a max of \$250,000.
- If you and your spouse/DP were to die in the same accident, their death benefit would be increased to 100% of your coverage amount.
- If you do not have a spouse/DP, your children may each be covered for 15% of your coverage amount to a max of \$75,000.

# **Benefits for Injuries**

In addition to death, the Plan covers some other losses caused by certain accidental injuries you receive while covered. The level of benefits payable depends on the nature of the injury.

- Life 100%
- Two or more members\* 100%
- One member 50%
- Thumb & index finger on same hand 25%
- Hearing in both ears 50%
- Speech 50%
- Hearing in both ears & speech 100%
- Quadriplegia\*\* 100%
- Paraplegia\*\* 50%
- Hemiplegia\*\* 50%

\*A member is a hand, foot, or the sight in one eye.

\*\*Quadriplegia is total paralysis of upper and lower limits; paraplegia is total paralysis of both lower limbs; hemiplegia is total paralysis of upper and lower limbs on one side of the body.

The plan also offers additional benefits under special circumstances such as: seatbelt, hospitalization, childcare center, child education, spouse/DP education, travel assistance, and identity theft solutions. See the Summary Plan Description in Ally under My Benefits for specific details.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	_11-12
Dental	_13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	_21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Calculate Your Cost of Coverage: VAD&D Insurance**

The bi-weekly cost of your VAD&D Insurance coverage is shown below. You pay your premium through automatic payroll deductions. The following chart will help you figure your bi-weekly cost for VAD&D coverage.

corresponds with your coverage.			= \$	
, ,				
			(	bi-weekly rate)
2. Calculate your annual average				
base salary.	\$			
	embers go to Step 3. The termined by multiplying t			
3. Multiply your annual base salary by the				
level of coverage you want(1-5).	\$	Χ	= \$	
	(annual salary)	(1-5)		(result #1)
4. Round your result #1 to the nearest				
\$1,000 and divide that by 1,000.	\$	/1,000	= \$	
	(rounded result #1)			(result #2)
5. Multiply result #2 by the rate you found				
in Step 1.	\$	Χ	= \$	
	(result #2)		·	(result #3)
6. The result is your bi-weekly premium.*				
	\$			
	(result #3)			
	(icadiciio)		l deduction	

Cost for Participation (per pay period per \$1,000 of coverage)			
Single Family			
\$.010	\$.016		

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Life Insurance (PT & ACA Eligible)

MetLife

# **Voluntary Accidental Death & Dismemberment (VAD&D) How the Plan Works**

This plan is offered through MetLife and provides additional financial protection if you and/or your covered dependent(s) die as a result of an accident or suffer certain injuries. This plan provides 24-hour coverage for accidents whether they are business related.

You can choose to cover only yourself, or your spouse/domestic partner (DP) and child(ren)\* under the Family Protection Plan. If you choose family coverage the following limitations apply:

Spouse, DP & Child(ren)	Spouse or DP Only	Child(ren) Only
Spouse/DP - 40% of coverage amount up to \$40,000 max Child(ren) - 10% of coverage amount for each child up to \$10,000 max	50% of coverage amount up to \$50,000 max	15% of coverage amount for each child up to \$15,000 max

Cost for Participation (bi-weekly)								
Coverage Amount	\$20,000	\$40,000	\$60,000	\$80,000	\$100,000			
Team Member	\$0.20	\$0.41	\$0.61	\$0.81	\$1.02			
Family	\$0.31	\$0.63	\$0.94	\$1.26	\$1.57			

#### **Beneficiaries**

You must provide your beneficiary's name(s), date of birth, relationship to you, and percentage of benefit in Ally.

\*Coverage for a spouse/domestic partner endswhen they reach age 70, child reaches age 23, or child is no longer a full-time student between the ages of 19 and 23.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Short-Term Disability (STD) (Full-time)**

Sedgwick

#### **How the STD Plan Works**

Your STD plan is self-insured. This means that JOANN pays for all expenses (claims, administration, etc.) related to the STD plan from the general assets of the Company. The administrator of the plan processes the claims for JOANN but does not insure any benefits under the plan. If you become totally disabled due to a non-work-related illness or injury, you may be eligible to receive STD benefits.

STD benefits are paid until you are no longer totally disabled, up to a maximum of 26 weeks, including a one-week waiting period before benefits begin.

If you are enrolled in any of the JOANN benefit plans, regular payroll deductions will be withheld from your disability checks to pay your insurance premiums.

Team Members in the states of CA, NJ, NY, RI and WA should contact the Benefits Department at <u>joannstoresbendept@joann.com</u> to arrange to pay for insurance premiums while on a leave of absence.

#### **Enrollment**

Once you become eligible to participate in the STD plan you are automatically enrolled in the benefit.

 You are eligible once you have completed 180 days of full-time service.

#### **How Your Benefit is Calculated**

Your plan benefit is equal to 60% of your annual base salary. Base salary is the weekly average of your wages paid (including overtime) during the previous 26 weeks prior to when your disability began.

Your annual base salary is determined as follows:

- Hourly—average wages paid over the previous 26 weeks, plus overtime
- Salary–average wages paid over the previous 26 weeks, excluding bonuses

### **How to Report a Claim**

- Report any injury-or illness-related absence to your Manager/Supervisor.
- If you have been, or are expected to be, absent as a result of a NON-work-related injury or illness for more than 3 days, you need to report your claim to Sedgwick. See Summary Plan Description for details.
- Provide a copy of the doctor's note excusing you from work to your Manager/Supervisor.
- Sedgwick will ask a few questions to complete the evaluation process.
- You will be sent a packet that will need to be completed and returned as soon as possible to avoid delays in your claim.
- Once you are released to return to work, give your doctor's release to your Manager/Supervisor.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Long-Term Disability (LTD) (Full-time)

Lincoln

#### **How the LTD Plan Works**

LTD benefits work with other sources of disability income to replace 60% of your pre-disability base salary. Base salary is the weekly average of your wages paid (including overtime) during the previous 26 weeks prior to when your disability began. Your annual base salary is determined as follows:

- Hourly–average wages paid over the previous 26 weeks, plus overtime
- Salary–average wages paid over the previous 26 weeks, excluding bonuses

Benefits are paid for both total and partial disability. In most cases, benefits will continue until your disability ends or until you reach age 65, whichever occurs first.

### **Enrolling**

When you enroll for LTD coverage, you do not need to complete an Evidence of Insurabilityform.

Team Members who are listed as Leadership Group or Operating Group (LGOG) with at least 90 days of service will be automatically enrolled in the LTD plan.

Team Members who are covered by a collective bargaining agreement (e.g., union agreement) are not eligible for this benefit unless the agreement requires you to be eligible.

# Maximum & Minimum Benefits

The maximum monthly LTD benefit (before reduction for other disability income) is \$7,000.

The minimum monthly LTD benefit is the greater of:

 \$100, or 10% of your monthly LTD benefit before reductions for other disability income

### **Totally Disabled**

If, because of illness or injury, you are unable to perform any of the material and substantial duties of your regular occupation—and, after 24 months of payments, you are disabled when the carrier determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience, you will be considered totally disabled.

# **Partially Disabled**

If, due to illness or injury, you are not able to perform all the duties of your regular occupation on a full-time basis, you would be considered partially disabled if:

- You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- You have a 20% or more loss in your indexed monthly earnings due to the same sickness or injury.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	_11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

. Using the chart below, find the rate that corresponds with your age.			ф	
that corresponds with your age.			= \$ (bi-weekly	rate)
2. Calculate your annual base salary.	\$			
(Note: Salaried Team M Team Members is de	lembers go to Step 3. The termined by multiplying	e annual base salary for ho the hourly rate times 2,080	ourly 0.)	
3. Divide your annual base salary by \$100		,	_	
	<u>\$</u>	<u>/</u> 100	<u>=</u> \$	
	(annual salary)		(result#	1)
4. Divide result #1 by 12	\$	/12	= \$	
	(result #1)		(result#	2)
5. Multiply result #2 by the bi-weekly rate		<u>X</u>	<u>=</u> \$	
	<u>\$</u>		\$	
	(result #2)	(bi-weekly rate)	(result#	3)
6. The result is your bi-weeklypremium.*				
	\$			
	(result #3)	_		

Bi-Weekly Rate Chart (per pay period per \$100 of covered)									
Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
Rate	\$.050	\$.060	\$.080	\$.112	\$.153	\$.222	\$.295	\$.360	\$.410

# **Critical Illness (FT, PT & ACA Eligible)**

#### **About Critical Illness**

Critical Illness Insurance\* complements your medical coverage and can ease the financial impact of a critical illness by providing a lump-sum benefit to help you pay some of your additional expenses. Refer to the Critical Illness SPD for details.

#### What's Covered?

#### Some covered conditions include:

- Alzheimer's Disease
- Cancer

Important Things to Know 1-4

Medical 5-8

Live Happy EAP 11-12

Dental 13-14

Flexible Spending Accounts (FSA) 17-18

Health Savings Accounts (HSA) 19-20

Life Insurance 21-25

Short Term Disability 26

Long Term Disability 27-28

Critical Illness 29-30

Accident & Hospital Insurance \_\_\_\_\_31

401(k) Savings Plan \_\_\_\_\_\_32-34

Pet Insurance 35

Auto & Home Insurance 36

Legal Plan 37

Team Member Relief Fund 38

Additional Benefits 39

Work/Life Programs 40-41

Provider Contact Information 42-43

Prescription\_\_\_\_

- Heart Attack
- Coronary Artery Bypass Graft
- Kidney Failure
- Major Organ Transplant
- Stroke

SPD has complete list of covered conditions and additional conditions that are covered at 25% of the initial benefit amount.

\*Critical Illness is not a substitute for medical coverage.

#### **Policy Features**

- A lump-sum benefit payment to use as you see fit
- Dependent coverage for your spouse/domestic partner and children up to age 26
- No obligation to submit expense receipts
- Benefits paid regardless of what is covered by medical insurance

### **Heath Screening Benefit**

Once you have been covered under the plan for 30 days, MetLife will pay a health screening benefit per covered person per calendar year\*.

#### Some covered screenings include:

- Routine physical
- Biopsy for cancer
- Blood test to determine cholesterol
- Mammogram
- Stress test on bicycle or treadmill
- Successful completion of smoking cessation program

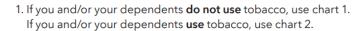
SPD has a complete list of covered screenings.

\*Health screening benefits are not available in all states.

# **Critical Illness Insurance Rates**

Critical Illness - Non-Tobacco User (offered at a \$15,000 or \$30,000 benefit)											
Level / Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
TM Only	\$.17	\$.18	\$.24	\$.33	\$.48	\$.70	\$.97	\$1.30	\$1.85	\$2.75	\$4.32
TM + Spouse	\$.29	\$.32	\$.42	\$.58	\$.84	\$1.23	\$1.73	\$2.40	\$3.47	\$5.14	\$7.77
TM + Child(ren)	\$.32	\$.33	\$.39	\$.48	\$.63	\$.85	\$1.12	\$1.46	\$2.00	\$2.90	\$4.47
TM + Family	\$.44	\$.47	\$.57	\$.73	\$.99	\$1.38	\$1.88	\$2.55	\$3.62	\$5.29	\$7.92

Critical Illness - Tobacco User (offered at a \$15,000 or \$30,000 benefit)											
Level / Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
TM Only	\$.22	\$.24	\$.35	\$.50	\$.77	\$1.17	\$1.64	\$2.24	\$3.21	\$4.81	\$7.63
TM + Spouse	\$.36	\$.41	\$.59	\$.86	\$1.33	\$2.02	\$2.91	\$4.10	\$6.01	\$9.00	\$13.70
TM + Child(ren)	\$.37	\$.39	\$.50	\$.65	\$.92	\$1.32	\$1.79	\$2.39	\$3.36	\$4.96	\$7.78
TM + Family	\$.52	\$.56	\$.74	\$1.01	\$1.48	\$2.17	\$3.06	\$4.25	\$6.16	\$9.15	\$13.85



- 2. Find the rate that corresponds with your age, to determine the level of coverage that is appropriate for you and your dependents. Write this amount.
- \$\_\_\_\_\_
- 3. Critical Illness Insurance is offered at a \$15,000 or \$30,000 benefit. If you would like the \$15,000 benefit, write 15 on the line. For the \$30,000 benefit, write 30.
- \$\_\_\_\_
- 4. Multiply your rate from step 2 by your answer from step 3. This will be your monthly premium for Critical Illness Insurance.
- \$\_\_\_\_\_
- 5. Multiply your monthly premium from step 4 by 12. Write this number on the line.
- \$\_\_\_\_\_
- 6. Divide your answer from step 5 by 26. This will be your bi-weekly premium which will be deducted from your paycheck on a post-tax basis.

\$	

(tobacco/non-tobacco, level)	My Critical Illness Election: _	Ny bi-weekly cost:
------------------------------	---------------------------------	--------------------

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Accident Insurance (FT, PT & ACA Eligible)

#### **Outline of Coverage:**

As a JOANN Team Member, you are eligible for Accident Insurance, at a low Team Member rate. With MetLife Accident Insurance, you can benefit from coverage for over 150 accident-related covered events & services such as:

- Fractures
- Dislocations
- Concussions
- Broken teeth
- Second- and third-degree burns
- Skin grafts
- Torn knee cartilage

Payments are made directly to you, and you decide how to spend the money. You can use the payment toward medical expenses like copays or deductibles, or for non-medical needs like household bills, childcare, or home modifications.

This plan provides protection 24 hours a day - while on or off the job. See the Summary Plan Description for full details on this coverage.

For questions contact MetLife:

- www.mybenefits.metlife.com
- Call 1-866-626-3705

# Hospital Insurance (FT, PT & ACA Eligible)

#### **Outline of Coverage:**

As a JOANN Team Member, you are eligible for Hospital Insurance, at a low Team Member rate. With MetLife Hospital Insurance, you can benefit from:

- Admission to a hospital
- Inpatient & outpatient surgery
- Intensive care unit stays
- Inpatient rehab unit stays
- Maternity follow-up care
- Newborn confinement well baby care
- Ancillary confinement for childbirth

You'll receive a lump-sum payment when you have a hospital stay.

A flat amount is paid for the day of admission and a per-day amount is paid for each day of a covered hospital stay.

Payments are made directly to you, and you decide how to spend the money. Payments can be used towards medical expenses like copays or deductibles, or for non-medical needs like household bills, childcare, or home modifications.

For questions contact MetLife:

- www.mybenefits.metlife.com
- Call 1-866-626-3705

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# 401(k) Savings Plan (FT, PT, ACA & Casual)

# How the 401(k) Savings Plan Works

The Jo-Ann Stores, LLC 401(k) Savings Plan encourages you to save for retirement by offering:

- A convenient vehicle for saving
- A Company matching contribution
- Various investment options to meet your longterm financial goals

# How the Roth 401(k) Savings Plan Works

Roth contributions are made with *after-tax* dollars. Tax benefits come when you take a qualified distribution. Advantages include:

- Potentially more spendable income in retirement
- Tax free withdrawals when you take qualified distributions
- Flexibility generally when you take tax-free withdrawals, your tax bracket will not be affected

# **Enrolling in the Plan**

Set up your account by following these steps:

T Rowe Price

- Log on to T. Rowe Price's website at <u>www.rps.troweprice.com</u> and click on "Register"
- Enter information required to create username and password
- Speak with a representative by calling 1-800-922-9945

By logging on to the site, you can obtain 24-hour access to your account, as well as guidance for investment and financial planning information. You can also:

- Start or stop contributing, or change your payroll deduction
- Change the investment direction of future contributions
- Transfer money between funds
- Enroll in the Auto Increase option which automatically increases your contribution each year by a percentage youchoose
- Find interactive resources, calculators and tools to help you develop your financial planning strategies
- Find articles, videos and pod casts designed to help you save forretirement

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

Plan Features			
Provision	Description		
Enrollment	You are eligible to participate in the Plan upon date of hire.		
Team Member Contributions	Contribute from 1% to 50% of your pay on either a before or after-tax basis. If you reach age 50 or older and contribute the maximum allowed, you may contribute an extra \$6,500 to the plan. This additional amount is allowed as a "catch-up" contribution.		
Company Contributions	For every \$1 you contribute up to 6% of your pay, JOANN will contribute \$0.50 to your account. You are eligible to receive the company match after 90 days of service.		
Rollovers	You may roll over money from a former employer's traditional 401(k), Roth 401(k), or certain IRAs into the Plan at any time. Please call T. Rowe Price for instructions.		
Vesting Schedule	Vesting is the right of ownership. You are always 100% vested in your own contributions and their earnings. You become vested in JOANN contributions based on the vesting schedule below.		
Investment Options	A variety of fund options are available to you. Please log on to rps.troweprice.com for a complete list of investment options.		
Loans	You may borrow from your traditional account and pay yourself back with interest. Minimum loan amount is \$1,000 and the maximum loan amount is 50% of your vested account balance up to \$50,000.		

Vesting				
Years of Service	< Two Years	Two Years	Three Years	Four Years
Vesting %	0%	33%	67%	100%

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

#### **Fee Collection Process**

Team Members participating in either plan will pay a quarterly fee of \$12.50 (\$50 annually).

The fee payment process allows for greater strategic decision making when choosing investments.

- Administrative fees will be collected from participant's accounts at the close of each calendar quarter.
- If your investment options provide an Administrative Fee Payments/Credit, your account will be credited 2 weeks afterward.

#### **Ready to Go Mobile?**

Accessing T. Rowe Price Mobile is easy. Simply download the T. Rowe Price app.

- View account balances
- Check status of recent and pending transactions
- Access insights on investing and key issues
- Conduct fund research

# **How to Modify Your Quarterly Statement**

To view transactions from investment options, you must expand your quarterly statement.

- Click the top tab, "Accounts" after logging in
- You will be in the Account Dashboard for Statement & Documents
- Click "Modify My Statement" box
- Check the boxes that apply Performance, Contributions, Transactions, Activity & Contributions

# **Employee Stock Purchase Program (ESPP)**

The ESPP allows eligible Team Members (Full-time and Part-time, excludes Casual Team Members, Consultants, Contractors, Temps, and Interns) to purchase JOANN stock at a 15% discount using contributions made via payroll deduction over the course of the Offering Period (6 months).

- The Offering Periods are January 1<sup>st</sup> to June 30<sup>th</sup> and July 1<sup>st</sup> to December 31<sup>st</sup>, with the stock purchased on June 30<sup>th</sup> and December 31st, respectively.
- Eligible Team Members who participate have the option to contribute between 1% and 15% of their earnings.
- You will receive notification via Ally when enrollment is available which is generally the first half of June and December.
- Visit the Financial Wellness tab under My Benefits in Ally to view the Prospectus and Offering Documents and a webinar recording from E\*Trade.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Pet Insurance (FT, PT & ACA Eligible)

MetLife

#### **How the Plan Works**

Dogs and cats are family. Pet insurance makes it a little easier to care for them. From wellness care to significant incidents, it's the smart way to protect your dog or cat's health and your pocketbook.

Pet insurance provides benefits for veterinary treatments related to accidents and illnesses, including cancer for your pet. Medical policies cover diagnostic tests, X-rays, prescriptions, surgeries, hospitalization and more.

Competitively-priced wellness coverage can be added to any plan.

- Use any veterinarian in the US, including specialists and emergency providers
- No additional charge for chronic care coverage
- No lifetime limits
- Convenient payroll deduction

For questions, please call MetLife at 1-800-GET-MET8 (1-800-438-6388).

#### **Three Reasons to Enroll**

- Accidents and illnesses will happen to your dog or cat over his or her lifetime.
- You don't want to be caught unprepared for your dog or cat's veterinary expenses.
- You should never have to ask, "Can I afford to follow my veterinarian's recommendations?"

# **Use Your Policy in Three Easy Steps**

- Pay for your pet's treatment at the time of service.
- Send MetLife's easy-to-use claim form along with your receipts via mail, fax, email or online portal.
- After meeting your policy's annual deductible, you'll be reimbursed according to your plan's benefit schedule.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Auto & Home Insurance (FT, PT & ACA Eligible) Farmers

# **How Auto & Home Insurance Works**

JOANN recognizes your car, and your home are two of your most valued possessions. It's how you get to work each day, and it's where you keep your family safe. Knowing this, JOANN has partnered with Farmers GroupSelect to bring you affordable insurance programs to protect the things you care about.

As a JOANN Team Member with at least 90 days of service, you can apply for insurance for your auto, home, other property, and yourself, against personal liability at special group rates that are available in most states to those who qualify. Payroll deduction is also available to make paying your premiums easy and convenient. Additionally, there are a variety of other discounts available that could save you even more, such as multi-policy and claim free discounts.

#### **Get a Quote**

For more information, a free insurance review and no-obligation premium quotes go to:

- www.myautohome.farmers.com
- Call 1-800-438-6381

### **Apply for Insurance Policies for:**

- Auto
- Boat
- Condo
- Home
- Motorcycle
- Landlord's Rental Dwelling
- Recreational Vehicle
- Personal Excess Liability ("Umbrella")
- Mobile Home
- Renter's

Advertisement produced on behalf of the following specific insurers and seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance (a MA & MN licensee) and certain of its affiliates: Economy Fire & Casualty Company, Economy Premier Assurance Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company (a MN licensee), Farmers Direct Property and Casualty Insurance Company (CA Certificate of Authority: 6730; Warwick, RI), Farmers Group Property and Casualty Insurance Company (CA COA: 6393; Warwick, RI), or Farmers Lloyds Insurance Company of Texas, all with administrative home offices at 700 Quaker Lane, Warwick, RI 02886. Company names approved in domiciliary states; approval pending non-domiciliary states. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. Policies have exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your local representative or the company.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Legal Plan (FT, PT & ACA Eligible)

#### MetLife

#### **How the Plan Works**

The MetLife Legal Plan provides you, your spouse/ domestic partner, and your covered dependents with fully covered legal services from experienced attorneys at a low group rate, paid through the convenience of bi-weekly payroll deductions.

Under the plan, you have a nationwide network of more than 9,000 participating plan attorneys from which to choose. Plan attorney assistance includes:

- Document preparation
- Consultation in-person or over the telephone
- Representation in legal matters
- When you use a plan attorney for covered services, there are no additional legal fees, waiting periods, claim forms or limits on usage.

#### **Covered Services**

- Adoptions or guardianship
- Civil litigation defense
- Consumer protection
- Court appearances
- Debt collection defense
- Demand letters/affidavits
- Document review/prep
- Eviction defense

- Home equity loans
- Identity theft defense
- Juvenile court defense
- Living wills/powers of attorney
- Mortgages/deeds
- Name change
- Negotiation w/creditors
- Premarital agreement
- Real estate matters
- Review of personal legal documents
- Tax audits
- Tenant problems

#### **Services Not Covered**

- Prior legal services received
- Appeals and class actions
- $\bullet \ \, \text{Matters or disputes involving JOANN or MetLife}$

#### **Get Connected!**

- 1.Log on to www.members.legalplans.com
- 2.Download the MetLife Legal Plans mobile app
- 3.Call MetLife at 1-800-821-6400

# Important Things to Know 5-8 Prescription Live Happy EAP 11-12 Dental 13-14 Flexible Spending Accounts (FSA) 17-18 Health Savings Accounts (HSA) 19-20 Life Insurance 21-25 Short Term Disability 26 Long Term Disability 27-28 Critical Illness 29-30 Accident & Hospital Insurance \_\_\_\_\_31 401(k) Savings Plan 32-34 Pet Insurance 35 Auto & Home Insurance 36 Legal Plan Team Member Relief Fund 38 Additional Benefits Work/Life Programs 40-41 Provider Contact Information 42-43

# JOANN Team Member Relief Fund (FT, PT & ACA Eligible)

The JOANN Team Member Relief Fund was established to provide financial support to our Team Members experiencing significant financial hardship due to Hurricane/Typhoons, Earthquakes, Tornados, and Wildfires. We are committed to the health and wellbeing of all our Team Members and families, and we hope the establishment of this Fund illustrates our commitment to serving you in the event you have been severely impacted by one of these events.

#### **Requesting Assistance**

We recognize our Team Members are the foundation of our company, and the wellbeing of our Team Members is paramount to both our individual and collective success. Support for our wellbeing can come in many forms and may be different for each of us depending on the situation and our circumstances. With that understanding in mind, the JOANN Team Member Relief Fund is designed to provide aid and comfort in the form of non-taxable grants to Team Members that have suffered a significant/devastating hardship attributable to one of the catastrophic events listed above. If you have suffered a significant financial hardship due to any of these events, we encourage you to log into <a href="https://joann.e4erelief.org/">https://joann.e4erelief.org/</a> and complete an online application to see if you qualify for assistance.

### **Eligibility**

Team Members might be eligible if they are a full or part time Team Member who has been negatively impacted by one of the catastrophic events above. Team Members who are classified as casual/seasonal, contract, temporary, or interns will not qualify.

#### **Supporting the Fund**

The establishment of this Fund has been made possible by a generous grant of our private equity owners, Leonard Green & Partners, JOANN Leadership, and fellow Team Members. Our goal is to maintain the solvency of this Fund for years to come by continuing to accept donations. There are two ways to donate, and all gifts are tax-deductible:

- Make a one-time donation Log into https://joann.e4erelief.org/
   and click on "Give" on the home page.
- Make recurring donations through payroll deduction - Log into Ally, click on My Benefits under Applications, Change My Benefits, select "Charitable Giving Change" (you can cancel at any time).

No donation is too small, and your contribution will be a big help to a Team Member in need.

The JOANN Team Member Fund is administered by E4E Relief, a non-profit 501(c)(3) corporation and a leader in the administration of employee/disaster relief funds.

If you have any questions, please contact the Benefit Department or a member of the E4E Relief support team at <a href="mailto:joann@e4erelief.org">joann@e4erelief.org</a>.

# **Team Member Additional Benefits**

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

Full-time	Part-time	ACA Eligible	Casual	Minor
LiveHealth Online		LiveHealth Online		
Cleveland Clinic Lifestyle EAP		Cleveland Clinic Lifestyle EAP		
Tuition Reimbursement				
Active & Fit Direct				
findhelp.org	findhelp.org	findhelp.org	findhelp.org	findhelp.org
E4E Team Member Relief Fund				
Free Subscription to Creativebug	Free Subscription to Creativebug	Free Subscription to Creativebug	Free Subscription to Creativebug	Free Subscription to Creativebug
Psychhub.com	Psychhub.com	Psychhub.com	Psychhub.com	Psychhub.com
RightDirectionForMe .com				
TM Discount				
Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com
Verizon, Sprint, AT&T, T-Mobile Discounts				

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# Work/Life Programs (FT, PT, ACA Eligible & Casual)

#### **JOANN Team Member Discount**

To support your creative pursuits, we offer you a 30% discount on JOANN merchandise. All Team Members as well as family members living in the same household are eligible to receive the discount.

#### **How the Discount Works**

You will receive your Team Member discount key tags 3-4 weeks from your hire date. You must present your discount key tag at the time of purchase to receive the discount. The discount may be used to purchase regular-priced, and sale merchandise; however, it cannot be used in conjunction with a sales coupon. See HR370 for additional details on rules and exclusions.

#### **Replacement Key Tag**

If you lose your key tag, contact Human Resources at 866-396-HR4U (4748) for a replacement key tag. There is a \$5.00 fee for a replacement.

#### **Wireless Discount**

Wireless technology is changing everyday. Keeping up with the latest phones and wireless plans that fit your busy lifestyle can sometimes be a challenge.

Recognizing this, Verizon, AT&T Wireless, Sprint, and T-Mobile extends an employee discount to all JOANN Team Members.

#### **Verizon Employee Discount**

Receiving the Verizon discount is simple. Notify the Verizon representative that your employer–JOANN Stores–is a corporate member.

As a Team Member, you are eligible to receive a discount on qualifying monthly voice plans and up to 25% off accessories.

Current Verizon customers can also begin receiving the JOANN discount by visiting <a href="https://www.verizonwireless.com/">www.verizonwireless.com/</a> <a href="https://getdiscount">getdiscount</a> or by calling 866-456-7892. You may also present the Verizon representative with a copy of your most recent paycheck stub and photo I.D.

#### **AT&T Wireless Discount**

JOANN Team Members are eligible to receive a 19% discount on a new or existing AT&T mobile contract and a 25% discount on accessories in an AT&T company owned stores. Note: Apple products are excluded. Simply go into an AT&T Corporate Retail Store, mention the Foundation Account Number 2439264 to the store employee with proof of employment with JOANN. Provide the FAN #02439264 for the discount.

#### Sprint Mobile

JOANN Team Members receive a \$5.00 or 10% discount depending on your plan on a Sprint account. A 20% discount is available on accessories if you have two or more accessories. To be eligible for this discount, you will need to provide your JOANN email address or a copy of your pay stub.

If you have a Sprint account, go to <a href="https://www.sprint.com/verify-to">www.sprint.com/verify-to</a> apply for this discount. If you don't have an account, contact Timothy Gall at <a href="mailto:timothy.gall@sprint.com">timothy.gall@sprint.com</a> or call 216-338-6879.

#### **T-Mobile Employee Discount**

Eligible customers who are switching to T-Mobile can save up to \$900 (via 20 monthly bill credits) when you activate a new account on Magenta MAX. All JOANN Team Members can access offers for the whole family by using your JOANN email, an ID badge, or pay statement as proof of employment. Go to: <a href="https://businesssolutions.sprint.com/business-employee-discounts.html">https://businesssolutions.sprint.com/business-employee-discounts.html</a>? Call 855-570-9947. Existing T-Mobile customers call 877-334-7099. Existing Sprint customers call 888-211-4727.

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

#### The Active&Fit Direct™Program

Exercise is essential to improving personal health and wellness, but not everyone has the luxury to afford fitness equipment. Luckily, now you can get on your feet and move towards better health with the Active&Fit Direct™program.

- Fitness centers. Program allows you to choose from 9,000+ participating fitness centers and select YMCAs nationwide. The network includes both coed and gender-specific fitness centers, plus you have the option to switch fitness centers to make sure you find the right fit.
- Enrollment/monthly Fees. A \$25 enrollment fee, \$25 for the current month (regardless of the enrollment date within that month), and \$25 for the next month, and applicable taxes are due when you enroll. Each month's fee is \$25 (plus applicable taxes). After a 3-month commitment, participation is month-to-month.
- Fitness tracking. The Active&Fit Connected!™ program is a tool that aggregates fitness center visits and activity data from wearable fitness devices and apps so that you can track your activity goals online.

Click My Benefits in Ally. Click the Active&Fit Direct™link under the Emotional & Physical Wellness tab to kick-start something fresh and fun!

The Active&Fit Direct<sup>™</sup> program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit Direct<sup>™</sup>, The Active&Fit Direct<sup>™</sup> logo and Active&Fit Connected! are trademarks of ASH and used with permission herein.

#### **Additional Resources**

Mental health is more important than ever with people facing higher levels of stress, depression, and even social isolation. See below for multiple **free** resources that can help improve mental health and connect you with needed services in your community.

- Right Direction. A high-impact initiative for addressing mental health issues by providing free resources, tools, and expert guidance.
  - Log on to: RightDirectionForMe.com
  - Contact their Crisis Hotline at: 800-273-8255
  - Text: 741741
- Aunt Bertha. A leading social care network in partnership with Anthem, our medical insurance carrier. Aunt Bertha can help connect individuals and families to free and reduced-cost social services in their communities.
  - Log on to: anthem.com/ca/coronavirus
- Psych Hub. A free digital hub with resources to help you cope with stress, social isolation, and mental health issues in partnership with Anthem, our medical insurance carrier.
  - Log on to: **psychhub.com**

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
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Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Provider Contact Information**

#### Medical

Quantum Health

1-877-324-3024

Group #: 223001

www.myjoannbenefits.com

Download the MyQHealth app

#### **Prescription**

CVS/caremark

1-888-202-1654

Group #: RX0339

www.caremark.com

Prudent Rx (Specialty Rx)

1-800-578-4403

#### **EAP**

Cleveland Clinic Lifestyle EAP

1-800-989-3277

www.lifestyleeap.com

Company ID: JF14

Password: lifestyleeap

#### **Dental**

MetLife

1-800-942-0854

Policy #: 95335 - Group #: 300077

www.metlife.com/mybenefits

#### **Vision**

EyeMed Vision Care

1-866-723-0514

Group #: 9671710 - Choose "Insight Network"

www.eyemed.com

#### **FSA**

Discovery Benefits/WEX

1-866-451-3399

https://www.wexinc.com/login/

WEX mobile app

# **Hospital Insurance**

MetLife

1-866-626-3705

www.mybenefits.metlife.com

Important Things to Know	1-4
Medical	5-8
Prescription	9-10
Live Happy EAP	11-12
Dental	13-14
Vision	15-16
Flexible Spending Accounts (FSA)	17-18
Health Savings Accounts (HSA)	19-20
Life Insurance	21-25
Short Term Disability	26
Long Term Disability	27-28
Critical Illness	29-30
Accident & Hospital Insurance	31
401(k) Savings Plan	32-34
Pet Insurance	35
Auto & Home Insurance	36
Legal Plan	37
Team Member Relief Fund	38
Additional Benefits	39
Work/Life Programs	40-41
Provider Contact Information	42-43

# **Provider Contact Information** (continued)

#### **HSA**

Anthem

www.anthem.com

Call the number on the back of your

HSA debit card

#### Life Insurance

MetLife

1-800-638-6420

Policy #: 95335

### **Disability**

See Summary Plan Description for details

#### **Pet Insurance**

MetLife

1-800-438-6388

www.metlife.com/mybenefits

#### 401(k)

T. Rowe Price

1-800-922-9945

Plan #: 105870

www.rps.troweprice.com

#### **Auto / Home Insurance**

Farmers GroupSelect

1-800-438-6381

www.myautohome.farmers.com

#### **Legal Plan**

MetLife Legal Plan

1-800-821-6400

www.members.legalplans.com

#### **Critical Illness**

Metl ife

1-866-626-3705

www.mybenefits.metlife.com

#### **Active&Fit Direct™**

Link can be found in Ally, My Benefits, under Emotional & Physical Wellness.

#### **Accident Insurance**

MetLife

1-866-626-3705

www.mybenefits.metlife.com