

# Benefits At A Glance

JOANN





# Health Plans

## Eligibility

Full-time and Part-time Team Members are eligible for benefits and have a 30-day waiting period from their event date before most benefits start. **(Event Date = hire date or job change date).**

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

### Who Qualifies as a Dependent?

A dependent is an individual who is the son, daughter, stepson, or stepdaughter of the employee. This also includes legally adopted children of the employee and a child who is lawfully placed with the employee for legal adoption by the employee and includes an eligible foster child. A Dependent may also be a Spouse, Domestic Partner, or Child of a Domestic Partner.

## Medical & Prescription Drug Plans

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 is included with the medical plan, and allows you to receive prescription drugs at reasonable costs from a network of retail pharmacies or through a convenient mail order program.

**Please Note: if your spouse/domestic partner is eligible for medical coverage through their employer (regardless of enrollment), they are not eligible for medical coverage through JOANN.**

The following resources are available to you once you enroll in a JOANN medical plan:

**LiveHealth Online** - Members have access to live video visits with board certified doctors to discuss non-emergency health issues like colds, sore throats, or infections. This service is **free** to all members enrolled in a PPO plan.

**Quantum Health Care Coordinators** - A JOANN dedicated team of nurses, benefits experts, and claims specialists who will support your unique healthcare needs.

## Employee Assistance Program (EAP)

When personal difficulties occur in your life, it helps to know there is someone who will listen and provide help. With EAP, you can receive professional, confidential assistance to help you manage a wide range of personal, financial, or family and work concerns. **EAP is included at no cost with your medical plan enrollment.**

## Health Savings Account

Team Members who enroll in the Consumer Choice medical plan can voluntarily contribute to a Health Savings Account (HSA). This type of account allows you to contribute pre-tax dollars to a savings account which you can use to pay for most out-of-pocket medical, prescription drug, dental, and vision care expenses. **Unused funds roll over from year to year!**

## Flexible Spending Accounts

JOANN offers both Medical and Dependent Care Flexible Spending Accounts (FSA). These individual accounts allow you to set aside pre-tax dollars deducted from each paycheck to pay for eligible health care and dependent care expenses such as deductibles, co-insurance, prescription expenses, childcare, elder care, and nursery schools. **These plans require yearly re-enrollment. Unused funds do not roll over from year to year. These are must use funds.**

## Dental Plan Summary

Our dental plan provides dental coverage for diagnostic, preventive, basic, and major dental services as well as orthodontia services for you and your family.

Basic services are covered at 80%, major services are covered at 60%, and preventive services are covered at 100% when an in-network dentist is utilized.

## Vision Plan Summary

Our vision plans provide vision coverage for professional services including lenses, frames, contacts, yearly exams, and LASIK services for you and your family. The choice of provider is yours, however, choosing in-network providers allows for greater discounts and ease of use.

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

	PPO Enhanced Plan		PPO Value Plan		Consumer Choice Plan	
Plans through Anthem	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 Maximums (per person/family)	\$4,500/ \$11,000	Unlimited (both)	\$6,350/ \$12,700	Unlimited (both)	\$6,450/ \$12,900	Unlimited <sup>4</sup>
<b>Covered Services (what you pay after your plan year deductible has been met)</b>						
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-pay <sup>2</sup>	20% after \$250 co-pay <sup>2</sup>	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>1</sup> Not subject to deductible

<sup>3</sup> List of covered services can be found on [healthcare.gov](http://healthcare.gov)

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

<sup>4</sup> Out-of-network costs not included in the OOP max

## Summary of Prescription Benefits Through CVS: PPO Enhanced, PPO Value & Consumer Choice Plans

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



## Savings Plan

JOANN recognizes the importance of preparing for retirement. You can help build your financial future by participating in our Traditional 401(k) or Roth 401(k) Savings Plans.

### 401(k) and Roth 401(k) Savings Plans

The Jo-Ann Stores, LLC Traditional 401(k) Savings Plan provides you an opportunity to save for retirement with money deducted directly from your paycheck before taxes are withheld.

The Roth 401(k) Plan contributions are made with after-tax dollars and allow for tax free withdrawals when you take qualified distributions.

You can enroll in either plan at any time after your hire date. After just 90 days of service, the company will match 50% of your contributions up to 6% of your pay. You will be fully vested after four years of service.

The plan will allow for immediate rollovers from other institutions. You have the choice of several investment options within the plan. If you are unsure of what investment mix is right for you, T. Rowe Price makes it simple by offering Retirement Funds that automatically rebalance your account as you approach retirement age.

Your Contribution	Company Match	Total Contribution
1% of pay	.5%	1.5% of pay
2%	1%	3%
4%	2%	6%
6%	3%	9%
7%-50%	3%	10%-53%

## Life Insurance Plans

Our Income Protection Plans provide you and/or your family with valuable financial protection needed in the event of an accident, disability, or death. We offer you the opportunity to buy insurance for yourself, your spouse/ domestic partner, and your dependent children through our plan options.

### Life & Accident Insurance

JOANN provides eligible Team Members with a **Basic Life Insurance** benefit equal to one-times your annual salary paid to your beneficiary in the event of your death. This coverage is provided by the Company at **no cost to eligible Team Members.** (If your coverage is over \$50,000, you will pay imputed income tax on the value of coverage over \$50,000 as required by the IRS.)

In addition to your Basic Life Insurance, you can purchase **Optional Life Insurance** up to five-times your annual salary to protect your family in the event of your death.

JOANN also offers you the opportunity to purchase **Dependent Life Insurance** for your spouse/domestic partner and/or dependent children. This plan pays a \$10,000 death benefit to you in the event your spouse/ domestic partner dies for reasons covered under the plan, and/or a \$5,000 benefit if a dependent child dies.

Another income protection plan for you to consider is **Voluntary Accidental Death & Dismemberment Insurance (VAD&D).** This plan provides additional financial protection in the event you or a covered dependent suffer certain injuries or die because of an accident. This coverage is available 24 hours a day for accidents that are personal, or business related. You can purchase VAD&D insurance up to five-times your annual salary.

## 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 31<sup>st</sup>, respectively.

Eligible Team Members who participate have the option to contribute between 1% and 15% of their earnings via their bi-weekly paychecks, to purchase the discounted stock.



# Additional Insurance & Legal Plans

## Short-Term Disability

Short-Term Disability is provided by the Company to eligible Team Members for non-work-related injuries or illnesses. This plan provides Team Members with continuation of a percentage of your pay up to 26 weeks if you become disabled. This plan is 100% paid for by the Company and is **provided to Team Members at no cost** after 6-months of full-time service.

## Long-Term Disability

This voluntary plan works with other disability programs to replace a percentage of your pay if you become disabled. The benefit begins after 26 weeks of total disability. In most cases, benefits continue until your disability ends or you reach age 65, whichever comes first.

## Critical Illness Insurance

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.

Team Members will be offered a choice of \$15,000 or \$30,000 Guaranteed Issue Coverage. Spouse/domestic partners will be offered 50%, and child(ren) will be offered 50% of the Team Member's benefit amount.

## Hospital Indemnity Insurance

Hospital Indemnity Insurance **complements** your medical coverage and can ease the financial impact of a hospital stay by providing a lump-sum benefit to help you pay some of your additional expenses.

Team Members will be offered a choice of two plans. Your lump-sum payment can be used to cover medical bills, household expenses, car payments, and even childcare.

## Legal Plan

The 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. When you use a plan attorney for covered services, there are no additional legal fees, deductibles, co-payments, waiting periods, claim forms, or limits on usage.

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

- Covered services with in-person or phone consultations
- Document preparation
- Representation in frequently needed legal matters

## Dog & Cat Insurance

From wellness care to significant incidents, insurance is the smart way to protect your dog or cat's health.

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

## Home and Auto Insurance

You can apply to insure your auto, home, or other property and yourself against personal liability at special group rates that are available in most states to those who qualify.

## Accident Insurance

This plan provides a lump-sum payment to you or your covered dependents for over 150 accident-related covered events and services. This coverage is available 24 hours a day for accidents that are personal, or business related. You can choose to enroll in one of two plans.



# Work/Life Benefits

## E4E Team Member Relief Fund

The Team Member Relief fund is designed to provide non-taxable grants to Team Members that have suffered a hardship due to a Hurricane/Typhoon, Earthquake, Tornado, or Wildfire. Full-time and part-time Team Members are eligible, and donations can be made on a one-time basis, or through payroll deduction.

## Tuition Reimbursement

Our Tuition Reimbursement program helps to cover a portion of the cost of tuition as you advance your professional development. Team Members will be reimbursed 50% of tuition up to \$5,250 per calendar year for the successful completion of approved courses.

## Summa Wellness Institute

JOANN subsidizes the cost of an individual membership for Team Members working at the Store Support Center at Summa Wellness Institute. Summa Wellness Institute is an all-adult medically based fitness center offering state-of-the-art equipment, 95+ weekly group exercise classes, and clean, well-appointed locker rooms. You can also take advantage of a free fitness assessment including a personalized workout routine created by a degreed and certified fitness specialist. All conveniently located across the street from JOANN!

## Active&Fit Direct™

Stay active while on the go using the Active&Fit Direct™ program. For one low enrollment fee and a monthly recurring fee, you'll get membership to any of the program's 9,000+ contracted fitness centers nationwide.

## Team Member Discounts

Technology is changing every day and keeping up with the latest plans and hardware can sometimes be a challenge. Recognizing this, JOANN Team Members are eligible for an employee discount through AT&T, Dell, HP, T-Mobile, and Verizon.

## Team Member Discounts

It's not by coincidence the people we hire are very creative. To help serve and inspire your creative pursuits, we offer Team Members and their family members living in the same household a **30% discount** on JOANN merchandise once the discount key tag is received.

### Free Creativebug Subscription

Get inspiration on-demand with online video arts & crafts workshops and techniques. Learn how to paint, knit, crochet, sew, screen print and more!

## Time Off with Pay

In addition to Paid Time Off (PTO) and Holidays described below, JOANN offers **Jury Duty Pay** when called away to perform your civic duty, **Bereavement Pay** for time off in the event of a death in the family, supplemental **Military Pay** if called to serve our Country in the Armed Forces, and **Sick Time** to care for yourself or immediate family members.

**Paid Family and Medical Leave** - All SSC Team Members and DC & OFC exempt Team Members are eligible for up to two (2) weeks of Paid Family Medical Leave (PFML) per 12-month period rolling backward. Team Members must have been employed by JOANN a minimum of 12 months and have at least 1,250 hours of service during the 12-month period before leave.

**Paid Time Off** - To be used for any time away from work - whatever the reason. Our PTO is granted at the beginning of each fiscal year and is based on your number of fiscal years of service.

**Sick Time** - Full-time Team Members are eligible to accumulate paid sick time immediately upon hire. The rate at which sick time is paid is equal to your pay rate/salary at the time the sick time is used. You accumulate a maximum of 24 hours per fiscal year, accumulated on a pro rata basis each pay period.

### Paid Holidays:

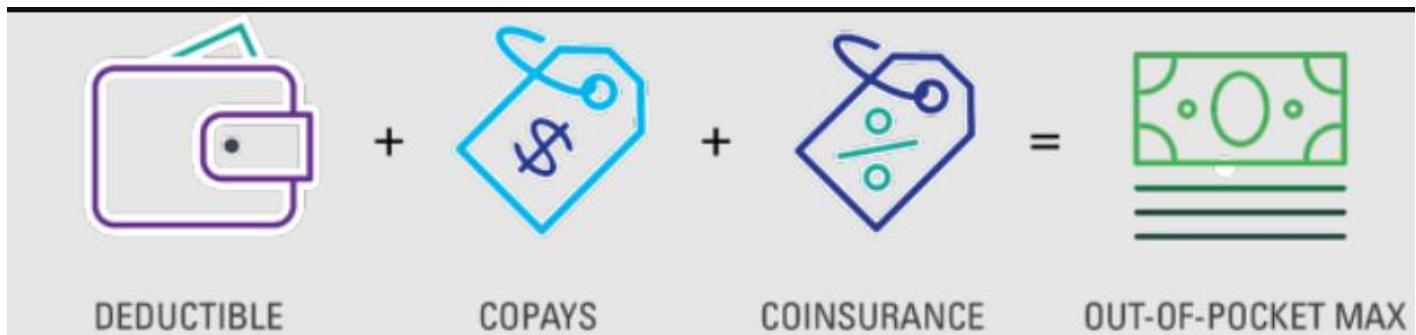
- New Year's Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

# Terms To Know

## Waiting Period

Team Members (full-time and part-time) have 14 days from their event date (hire or job change date) to access the enrollment link in their Ally inbox and complete enrollment.

Team Members who are eligible for benefits (full-time and part-time) will have a 30-day waiting period from their event date (hire or job change date) before benefits start. Benefits will be effective on the first day of the first full 14-day pay period after the 30-day waiting period expires.



You pay the full cost for all non-preventive medical expenses before you meet your deductible.

This is a fixed amount you pay for a covered health service, usually at the time you receive the service.

Once you meet your deductible, you and JOANN will share your expenses until you meet your out-of-pocket maximum.

The most you pay during a plan year (Feb 1 - Jan 31) before your plan starts to pay 100% for covered essential health benefits.

### Deductible

Your deductible is a specified annual amount of money that you pay for non-preventive health care services before JOANN shares in your expenses. The amount of your deductible varies based on your plan.

### Co-payment

This is a fixed dollar amount. Co-payments only apply to office visits for the PPO Enhanced plan, and Urgent Care and Emergency Room visits for the PPO Enhanced and PPO Value plans. Co-pays do not apply to your deductible.

### Co-insurance

This is a percentage of a health care cost that you pay after meeting your deductible.

### Out-of-Pocket Maximum

You pay out-of-pocket costs in addition to your bi-weekly premiums when you incur claims. There is one combined out-of-pocket amount for both medical and prescription plans. Once you have met your out-of-pocket maximum, the plan will pay the full cost of your medical and prescription expenses until the end of the plan year.



## Beneficiary

A beneficiary is the person or persons you designate to receive benefits from any insurance policies you may hold.

## Bi-Weekly Premium

This is the amount you pay bi-weekly for your plan, regardless of if you use any services. **Your premiums do not contribute to your out-of-pocket maximum or deductible.**

## Co-insurance

This is a percentage of a health care cost that you pay after meeting your deductible.

## Co-payment

This is a fixed dollar amount. Co-payments only apply to office visits for the PPO Enhanced plan, and Urgent Care and Emergency Room visits for the PPO Enhanced and PPO Value plans. Co-pays do not apply to your deductible.

## Deductible

Your deductible is a specified annual amount of money that you pay for non-preventive health care services before JOANN shares in your expenses. The amount of your deductible varies based on your plan.

## Dependent

A Dependent is an individual who is the son, daughter, stepson, or stepdaughter of the employee. This also includes legally adopted children of the employee and a child who is lawfully placed with the employee for legal adoption by the employee, and includes an eligible foster child, defined as an individual who is placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction. A Dependent may also be a Spouse, Domestic Partner, or Child of a Domestic Partner.

## Flexible Spending Account (FSA)

An FSA is a tax-advantaged account that lets you use pre-tax dollars to pay for eligible medical expenses (health care FSA) or eligible dependent care services (dependent care FSA). A health care FSA may not be combined with an HSA and funds in this account must be used each plan year. Funds will be lost (forfeited) if they are not used. You must re-enroll each year for coverage to continue.

## Health Savings Account (HSA)

You can open an HSA if you are enrolled in the Consumer Choice Plan (a high-deductible health plan). Team members can put money into an HSA up to an annual limit set by the government, using pre-tax dollars. HSA funds may be used to pay for medical expenses whether the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses.

## In-Network

Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Plans cover a greater share of the cost for in-network providers than for providers who are out-of-network.

## Out-of-Network

The plan will cover treatment for medical, dental, and vision services, clinics, hospitals, and other providers who are out-of-network, but you will pay more out-of-pocket to use these providers than providers who are in-network.

## Out-of-Pocket Maximum

You pay out-of-pocket costs in addition to your bi-weekly premiums when you incur claims. There is one combined out-of-pocket amount for both medical and prescription plans. Once you have met your out-of-pocket maximum, the plan will pay the full cost of your medical and prescription expenses until the end of the plan year.

## Qualifying Life Events (QLE)

Qualifying life events are events in your life that have an impact on your insurance needs or change what health insurance plans you qualify for. The qualifying event triggers a special enrollment period that makes you eligible to enroll in coverage.

**Loss/Gain Coverage** - Examples include losing health insurance for any reason except for not paying premiums, losing eligibility (Medicaid, Medicare, or a Children's Health Insurance Program), turning 26 and losing coverage through a parent's plan, and loss of job-based coverage. Documentation stating dependent coverage status change needs to be provided.

**Birth/Adoption** - Hospital certification or adoption certificate needs to be provided.

**Divorce/Dissolution of Domestic Partnership** - Divorce or dissolution decree page with the file and date stamp needs to be provided.

**Marriage** - Marriage certificate / court document needs to be provided.

**Domestic Partnership** - Completed and notarized copy of the Domestic Partner Supplement needs to be provided.