

Benefits Reference Guide

JOANN





Jo-Ann Benefits Groups

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 you need to make the best decision about the benefits available to you.

Full-time (Average 36 hrs/week)	Part-time (Average less than 30 hrs/week)	ACA Eligible (Average 30 hrs/week within a 12-month measurement period)	Casual (Average less than 30 hrs/week, very flexible hours)
Medical, Prescription, Dental & Vision		Medical & Prescription	
Health Savings Account (HSA)		Health Savings Account (HSA)	
Basic Life, Optional Life & Dependent Life Insurance			
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
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	
	Take Along Dental	Take Along Dental	

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 in Ally under My Benefits or visit <https://joann.myben.site> for detailed information.

Important Things to Know

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**)

Important Time Periods

14 Day Enrollment Period - Team Members have 14 days from their **event date** to sign up benefits in Ally

If you do not sign up for benefits during your 14-day enrollment period, you will not be able to make any changes until the following annual open enrollment period, unless you experience a qualified life event described below.

30 Days - Length of the waiting period from your **event date** until your benefits become active

Pay Period - Benefits begin the first day of the first full 14-day pay period after the 30-day waiting period is over

December - Annual Benefits Open Enrollment (OE) period

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

Qualified Life Event

Your payroll contributions for Medical, Dental, Vision, Health Savings and Flexible Spending Accounts are made on a before-tax basis. Because of that, Federal laws require that the benefits you sign up for remain in effect for the entire plan year.

You may enroll in, stop, or change the benefits you have chosen if you or one of your enrolled family members experiences one of the following events:

- Marriage
- Birth or adoption of a child
- Divorce
- Gain or loss of coverage
- Death
- Court Orders

This is not an all-inclusive list. For a complete list of qualifying events, refer to the individual Summary Plan Descriptions in Ally under My Benefits for each plan. **All changes due to a qualified life event must be made within 31 days of the event.**

Dependent Eligibility & Domestic Partner

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, 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.

JOANN requires proof of dependency any time you enroll a dependent and will conduct random audits of eligibility, tobacco-free 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 documentation that you need to provide for proof of dependency, the Domestic Partner Supplement and the working spouse employer information form can be found under My Benefits, Plan Documents & Rate Sheets in Ally or by visiting <https://joann.myben.site>.

Plan Documents and Forms

ERISA rights and responsibilities, required disclosures, and plan documents including Summary Plan Descriptions (SPD) can be found under My Benefits, Plan Documents & Rate Sheets in Ally or by visiting <https://joann.myben.site>.

When Coverage Ends

If your employment with JOANN ends 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. Refer to the SPDs for more information on when coverage ends.

ID Cards

You will receive ID cards after signing up for benefits via:

- Mail - to your home address on file in Ally - make sure your information is current
- 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

Provider Contact Listing

A full list of the vendor's contact numbers can be found under the Provider Contact Information at the back of this document or under My Benefits, My Information in Ally or by visiting <https://joann.myben.site>.

Benefit Rates

Payment for your benefits will come out of each paycheck on a bi-weekly basis. Bi-weekly rates will show for each plan while you are completing your enrollment in Ally. Rates can also be found under My Benefits, Plan Documents & Rate Sheets in Ally or by visiting <https://joann.myben.site>.

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, Plan Documents & Rate Sheets 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, Plan Documents & Rate Sheets in Ally or by visiting <https://joann.myben.site>.

A free paper copy of these important notices can also be obtained by contacting the Benefits Department at joannstoresbendept@joann.com.



PHYSICAL WELLBEING

How the Medical Plan Works

Your medical plan options are all Preferred Provider Organization (PPO) plans administered by Quantum Health using the Anthem network. A PPO is a network of participating providers (doctors, hospitals, specialists, etc.) who agree to accept negotiated fees for their services. By seeking care through one of the “network” providers, you receive the same quality treatment at a lower price than you would through “non-network” providers. You do have a choice of seeking care outside of the network, but at a higher cost for you and the Company. If you enroll in any of the medical plans, you’ll automatically receive prescription drug coverage through CVS/caremark.

Pre-Notification

Regardless of the plan you select, pre-notification is required *before* you receive certain health services. You are responsible for notifying Quantum Health before you receive services. For a complete list of services requiring pre-notification, please refer to the medical SPD (Summary Plan Description) which can be found under My Benefits, Plan Documents & Rate Sheets in Ally.

NOTE: If you or your provider do not provide the required pre-notification, 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 believes in the power of preventive care. To encourage the health and wellness of our Team Members, certain preventive care services are covered at 100% under all medical plans. **Preventive Care Includes:**

- Immunizations and Screenings for children and adults
- Well-baby, well-child preventive screenings
- Mammogram Screening and Pap Smear & related lab fees with OB/GYN
- Colorectal Screening and 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 and it is determined that it was not an emergency, **you receive no benefit coverage and will be responsible to pay the full amount of the bill.** Before going to an Emergency Room, 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 until my doctor’s office opens?
- Can I go to an Urgent Care center, which may be more cost effective and quicker than an ER?

Medical Plans

Quantum Health

	PPO Enhanced		PPO Value		Consumer Choice (HSA)	
	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	\$6,350/\$12,700	Unlimited	\$6,450/\$12,900	Unlimited
Covered Services (What you pay after your plan year deductible has been met)						
Physician Office Visit	\$30 co-pay	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Specialist Office Visit	\$45 co-pay	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Preventive Care Services	Covered at 100%	Not covered	Covered at 100%	Not covered	Covered at 100%	40% coinsurance
ER Visit	20% after \$250 co-pay	20% after \$250 co-pay	20% after \$250 co-pay	20% after \$250 co-pay	20% coinsurance	20% coinsurance
Hospital Admission	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance
Retail Wellness Clinics	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance	20% coinsurance	40% coinsurance

What is a Premium? A premium is the monthly payment you make to have health insurance. This is deducted from your paycheck bi-weekly, and you pay the Premium even if you don't use your insurance.

What is a Co-pay? A co-pay is a fixed amount you pay for a covered health service, usually at the time of the service. EG: if you are enrolled in the PPO Enhanced plan, you will pay \$30 each time you visit your regular doctor, and your insurance pays the remaining amount of the bill.

What is a Deductible? A deductible is how much you must pay for all non-preventive medical costs before your insurance starts to cover a larger portion of your bills. EG: if you are enrolled in PPO Enhanced TM Only coverage, you will pay \$600 before your insurance starts covering a higher portion of your medical costs. Coinsurance starts once you pay your deductible.

What is Coinsurance? Coinsurance is the percentage of a medical charge that you will pay after you have met your deductible the year. EG: if you have a 20% coinsurance, you will pay 20% of each medical bill and your insurance will pay the remaining 80%.

What is Out-of-Pocket Max? Out-of-Pocket max is the most you pay for medical expenses during a plan year before your insurance starts to pay for covered medical expenses.

Choosing a Medical Plan That's Right for You

Medical plan coverage is available to full-time Team Members and part-time Team Members that qualify as ACA eligible. You have the option to enroll in one of three different medical plans - PPO Enhanced, PPO Value, or Consumer Choice (HSA) Plans. A difference exists between the plans' deductibles, co-pays, coinsurance, out-of-pocket amounts, and the bi-weekly cost of coverage. Review the medical expenses you and your family have had in the past to best meet your future medical coverage needs.

You can reduce your bi-weekly premium by \$20.00 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. What this means:

- When a family member meets their deductible, you and JOANN will share your expenses until you reach your out-of-pocket maximum.
- If only one person meets the 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 the plan.

Many of your out-of-pocket expenses such as deductibles and coinsurance are eligible for reimbursement under the Healthcare Flexible Spending Account (HCFSA). More information about these accounts is available later in this guide.

The Consumer Choice (HSA) 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 the plan.
- 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. More information about HSA accounts is available later in this guide.



Quantum Health Care Coordinators and App

Download the Quantum Health app to take charge of your health plan and be confident you are making the best choices for your wellbeing.

- **Simple.** Clearly see what is covered by your plan, how much services cost, and where you've spent your health care 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 Quantum Health Care Coordinators, and get personalized suggestions based on your needs.

Quantum Health Care Coordinators are a JOANN team of experts who are dedicated to making your healthcare simpler and more affordable. Care Coordinators can:

- Compare costs and find in-network care
- Spot gaps in care such as routine exams and screenings
- Contact providers to confirm eligibility and discuss treatment
- Answer claims, billing, and benefits questions
- Help manage chronic conditions and create health improvement plans
- Provide guidance and advice for new diagnoses or illnesses
- Obtain pre-certification for a hospital stay, test, or procedure

Get Connected!

- Log on to MyJoannBenefits.com
- Download the Quantum Health app
- Call Quantum at 1-877-324-3024
- Log on to Ally, go to My Benefits, click on the Quantum Health box at the top of the page



LiveHealth Online

If you enroll in a JOANN medical plan, you have access to a doctor 24/7/365 on your computer, tablet, or smartphone. LiveHealth Online lets you speak face-to-face virtually 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 **free** for team members and dependents enrolled in a PPO plan.

Members enrolled in the Consumer Choice (HSA) plan are required to pay the \$59 fee due to IRS guidelines.

Spanish-speaking doctors are available in California and Nevada.

How to Use LiveHealth Online

- Make sure you are enrolled in a JOANN medical plan
- Download the LiveHealth Online app or visit www.livehealthonline.com
- Create an account and enter your JOANN health insurance information
- Speak face-to-face with the doctor of your choice.

♥CVS Prescription

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 uses 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 www.caremark.com or contact Quantum.

• **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% coinsurance 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.

Prescription Plans

CVS/caremark

Summary of Prescription Benefits: PPO Enhanced, PPO Value, and Consumer Choice Plans

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

Get Connected!

- Log on to www.caremark.com
- Download the CVS/caremark mobile app
- Contact CVS/caremark at 1-888-202-1654
- Contact Quantum and 1-877-324-3024 or MyJoannBenefits.com



EMOTIONAL WELLBEING



Employee Assistance Program (EAP)

Cleveland Clinic 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 and financial services
- Childcare and eldercare funerals

You must be enrolled in a JOANN 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

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 our adoption 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.



MetLife Dental

Routine dental care is part of the JOANN comprehensive preventive health and wellness program and is available to all full-time Team Members. 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.

What the Team Member Pays		
Features	In-Network	Out-of-Network
Plan year deductible	No deductible	\$75/\$150
Diagnosis & 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 Max	\$1,500/person	\$1,500/person

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 teeth

Get Connected!

- Log on to www.metlife.com/mybenefits - enter JOANN
- Download the MetLife US mobile app
- Contact MetLife at 1-800-942-0854

TakeAlong Dental

This is an individual dental policy for part-time and ACA eligible team members who can take this coverage with them no matter what life-changing event is experienced. 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 and 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!

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



The Vision plan offers a choice of two coverage levels and is available to all full-time Team Members. Both the Value and the Enhanced plans cover in-network and out-of-network benefits and are administered by EyeMed. 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/Glaucoma
- Diabetes
- High blood pressure
- Reduced vision

Summary of Services				
Highlighted Features	Value Vision Cost	Value Vision Out-of-Network Allowance	Enhanced Vision Cost	Enhanced Vision Out-of-Network Allowance
Exam with dilation as necessary	\$10 copay	Up to \$30	\$0 co-pay	Up to \$30
Frames	\$120 allowance	Up to \$60	\$160 allowance	Up to \$80
Standard Plastic Lenses	\$10 copay	Up to \$30 (single vision)	\$0 co-pay	Up to \$30
Standard Contact Lens Fit	Up to \$55	N/A	\$0 co-pay	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

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.

Get Connected!

- Log on to www.eyemed.com
- Download the EyeMed Members mobile app
- Call EyeMed at 1-866-723-0514



FINANCIAL WELLBEING

WEX Flexible Spending Accounts

Healthcare Flexible Spending Accounts (HCFSA) or Dependent Care Flexible Spending Account (DCFSA) are available to full-time Team Members and allow 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 plan year. 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 during Open Enrollment.** If you do not make an election to contribute during your enrollment period, you will not be enrolled in the FSAs for the coming plan year.

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. **Children must be under the age of 13.**

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.

Debit Card

Use the debit card instead of cash at healthcare providers and wherever accepted for health-related services and 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 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.

Get Connected!

- Log on to www.wexinc.com/login/
- Download the Benefits Mobile app by WEX
- Call WEX at 1-866-451-3399 - Representatives available Monday - Friday, 6:00am - 9:00pm (CST)



HealthEquity Health Savings Account (HSA)

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.**

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 \$4,150 / Family \$8,300
- 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 non-qualified 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

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

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 HealthEquity.

Get Connected!

- Log on to www.healthequity.com
- Download the HealthEquity mobile app
- Call the number on the back of your debit card

MetLife Life Insurance

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 ends when 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 enter your beneficiary's name(s), date of birth, relationship to you, and percentage of benefit in Ally.

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.

1. Using chart below, find the rate that corresponds with your age.			= \$
			(bi-weekly rate)
2. Calculate your annual average base salary.	\$		
(Note: Salaried Team Members go to Step 3. The annual base salary for hourly Team Members is determined by multiplying the hourly rate times 2,080.)			
3. Multiply your annual base salary by the level of coverage you want(1-5).	\$	X	= \$
	(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.	\$	X	= \$
	(result #2)		(result #3)
6. The result is your bi-weekly premium.*	\$		
	(result #3)		

* As a result of rounding there may be a slight difference between this result and your payroll deductions.

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

MetLife Voluntary Accidental Death & Dismemberment

This benefit for full-time team members 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 ends when 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/domestic partner 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/domestic partner may be covered for 50% of your coverage amount to a max of \$250,000.
- If you and your spouse/domestic partner 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/domestic partner, 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 and index finger on same hand - 25%
- Hearing in both ears - 50%
- Speech - 50%
- Hearing in both ears and speech - 100%
- Quadriplegia** - 50%
- Paraplegia** - 50%
- Hemiplegia** - 50%

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

**Quadriplegia is total paralysis of upper and lower limbs; 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/domestic partner education, travel assistance, and identity theft solutions. See the Summary Plan Description in Ally under My Benefits for specific details.

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

1. Using chart below, find the rate that corresponds with your coverage.

= \$ _____
(bi-weekly rate)

2. Calculate your annual average base salary.

\$ _____

(Note: Salaried Team Members go to Step 3. The annual base salary for hourly Team Members is determined by multiplying the hourly rate times 2,080.)

3. Multiply your annual base salary by the level of coverage you want(1-5).

\$ _____ X _____ = \$ _____
(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.

\$ _____ X _____ = \$ _____
(result #2) (result #3)

6. The result is your bi-weekly premium.*

\$ _____
(result #3)

* As a result of rounding there may be a slight difference between this result and your payroll deductions.

Cost for Participation (per pay period per \$1,000 of coverage)

Single	Family
\$.010	\$.016

MetLife Part-Time Voluntary Accidental Death & Dismemberment

This benefit for part-time team members 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 choose to cover only yourself, or your spouse/domestic partner 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. A beneficiary is the person or persons you designate to receive benefits from any insurance policies you may hold.

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

Sedgwick Short-Term Disability

Your short-term disability (STD) 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 for your insurance premiums.

Team Members in the states of CA, CT, MA, NJ, NY, OR, RI, and WA should contact the Benefits Department at joannstoresbendept@joann.com 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 in Ally for more 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.

Lincoln Long-Term Disability

Long-Term Disability (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 Insurability form.

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 them to be eligible.

Maximum & Minimum Benefits

The 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 illness 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, because of illness or injury, you are unable to perform any of the material and substantial 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 illness or injury; and
- You have a 20% or more loss in your indexed monthly earnings due to the same illness or injury.

How to Calculate Your Cost of LTD Coverage

1. Using the chart below, find the rate that corresponds with your age. = \$ _____
(bi-weekly rate)

2. Calculate your annual base salary. \$ _____

(Note: Salaried Team Members go to Step 3. The annual base salary for hourly Team Members is determined by multiplying the hourly rate times 2,080.)

3. Divide your annual base salary by \$100

	\$	/	100	=	\$
(annual salary)					(result #1)

4. Divide result #1 by 12

	\$	/12	=	\$
(result #1)				(result #2)

5. Multiply result #2 by the bi-weekly rate

	\$	X	=	\$
(result #2)		(bi-weekly rate)		(result #3)

6. The result is your bi-weekly premium.*

	\$
(result #3)	

* As a result of rounding there may be a slight difference between this result and your payroll deductions.

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

MetLife Accident Insurance

As a JOANN Team Member, you are eligible for Accident Insurance, at a low Team Member rate. JOANN offers both a High and Low plan and coverage is available to both full and part-time Team Members. 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 or childcare.

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

MetLife 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. Critical Illness Insurance is offered in two amounts, \$15,000 and \$30,000, and is available to both full and part-time Team Members. See the Summary Plan Description for full details on this coverage.

What's Covered?

Some covered conditions include:

- Alzheimer's Disease
- Cancer
- Heart Attack/Stroke
- Coronary Artery Bypass Graft
- Kidney Failure
- Major Organ Transplant

The Summary Plan Description has a complete list of covered conditions and additional conditions that are covered at 25% of the initial benefit amount, and a complete list of covered screenings for the health screening benefit.

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

Health Screening Benefit

Once you have been covered under the plan for 30 days, MetLife will pay you a \$50 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

Critical Illness Insurance Rates

Use the rate chart and calculation sheet below to determine how much you will pay each check for this coverage.

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

1. If you and/or your dependents **do not use** tobacco, use chart 1.

If you and/or your dependents **use** tobacco, use chart 2.

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. \$ _____

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

MetLife Hospital Indemnity Insurance

As a JOANN Team Member, you are eligible for Hospital Insurance, at a low Team Member rate. JOANN offers both a High and Low plan and coverage is available to both full and part-time Team Members. With MetLife Hospital Insurance, you can benefit from covered events & services such as:

- Admission to a hospital
- Inpatient & outpatient surgery
- 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. You can use the payment toward medical expenses like copays or deductibles, or for non-medical needs like household bills or childcare.

For questions contact MetLife:

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

MetLife Legal Plan

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. The Legal Plan is available to both full and part-time Team Members.

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 phone
- 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 Include:

- Adoptions or guardianship
- Civil litigation defense
- Consumer protection, court appearances, negotiation with creditors
- Debt collection and identity theft defense
- Mortgages/deeds and real estate matters

Services Not Covered:

- Prior legal services
- Appeals or class actions
- Matters or disputes involving JOANN or MetLife

For questions contact MetLife:

- www.members.legalplans.com
- Call 1-800-821-6400

MetLife Pet Insurance

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 wallet.

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, and coverage is available to both full and part-time Team Members.

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

Three Reasons to Enroll

- Accidents and illnesses will happen to your dog or cat over their 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

For questions contact MetLife:

- www.metlife.com/getpetquote
- 1-800-GET-MET8

Farmers Auto & Home Insurance

JOANN recognizes your car, and your home are two of your most valued possessions. Knowing this, JOANN has partnered with Farmers Group Select to bring you affordable insurance programs to protect the things you care about. As a full or part-time team member with at least 90 days of service, you can apply for insurance for your car, 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.

Apply for Policies for:

- Auto, motorcycle, boat, or recreational vehicle
- Condo, home, landlord's rental dwelling, or mobile home

Get a Quote:

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

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.

T. Rowe Price 401(k) Savings Plan

The Jo-Ann Stores, LLC 401(k) Savings Plan is available to all full-time, part-time, and casual team members, and encourages you to save for retirement by offering:

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

Roth 401(k) Savings Plan

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:

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

By logging onto 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 you choose
- 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 for retirement

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. 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	< 2 Years	2 Years	3 Years	4 Years
Vesting %	0%	33%	67%	100%

Fee Collection Process

Team Members participating in either plan will pay a quarterly fee of \$10.50 (\$42 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

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 Statements & Documents
- Click Modify My Statement box
- Check the boxes that apply - Performance, Contributions, Transactions, Activity & Contributions

Ready to Go Mobile?

Accessing T, Rowe Price mobile is easy. Simply download the T. Rowe Price app to:

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

Employee Stock Purchase Plan (ESPP)

The ESPP allows eligible Team Members (Full-time and Part time, excludes Casual, 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 1st to June 30th and July 1st to December 31st, with the stock purchased on June 30th 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 in My Benefits in Ally to view the Prospectus and Offering documents and a webinar recording from E*Trade

JOANN Team Member Relief Fund

The JOANN Team Member Relief Fund was established to provide financial support to Team Members experiencing significant financial hardship due to Hurricane/Typhoon, Earthquake, Tornado, and Wildfires. We are committed to the health and wellbeing of 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 their wellbeing 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 one of these events, we encourage you to visit <https://joann.e4erelief.org/> 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 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 from 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 Your Top Apps, Change My Benefits and select Charitable Giving Change. You can enroll or 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 Relief 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 questions, please contact the E4E Relief support team at <https://joann.e4erelief.org/>.

Additional Team Member Benefits

Full-Time	Part-Time	ACA Eligible	Casual
Quantum Care Coordinators		Quantum Care Coordinators	
LiveHealth Online		LiveHealth Online	
EAP through Cleveland Clinic		EAP through Cleveland Clinic	
Tuition Reimbursement			
E4E TM Relief Fund	E4E TM Relief Fund	E4E TM Relief Fund	
MetLife \$50 yearly Health Screening Benefit*	MetLife \$50 yearly Health Screening Benefit*	MetLife \$50 yearly Health Screening Benefit*	
MetLife Grief Counseling, Will Prep, & Funeral Planning**	MetLife Grief Counseling, Will Prep, & Funeral Planning**	MetLife Grief Counseling, Will Prep, & Funeral Planning**	
	CVS Rx Savings Plus	CVS Rx Savings Plus	CVS Rx Savings Plus
	MetLife Take Along Dental	MetLife Take Along Dental	MetLife Take Along Dental
Active & Fit Direct	Active & Fit Direct	Active & Fit Direct	Active & Fit Direct
Findhelp.org	Findhelp.org	Findhelp.org	Findhelp.org
Free Subscription to Creativebug	Free Subscription to Creativebug	Free Subscription to Creativebug	Free Subscription to Creativebug
JOANN TM Discount	JOANN TM Discount	JOANN TM Discount	JOANN TM Discount
Projecthealthyminds.com/guide	Projecthealthyminds.com/guide	Projecthealthyminds.com/guide	Projecthealthyminds.com/guide
RightDirectionForMe.com	RightDirectionForMe.com	RightDirectionForMe.com	RightDirectionForMe.com
Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com	Upwise from MetLife - Upwise.com
AT&T, Dell, HP, T-Mobile, & Verizon Wireless Discounts	AT&T, Dell, HP, T-Mobile, & Verizon Wireless Discounts	AT&T, Dell, HP, T-Mobile, & Verizon Wireless Discounts	AT&T, Dell, HP, T-Mobile, & Verizon Wireless Discounts

Full-time - works an average of 36 hours/week

Part-time - works an average of less than 30 hours/week

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

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

*Must be enrolled in MetLife Critical Illness or Hospital Indemnity Plan

**Must be enrolled in MetLife Basic Life, Optional Life, and/or Dependent Life Plan

Work/Life Programs

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.

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.

If you lose your key tag, contact Human Resources at 1-866-396 HR4U (4748) or joannstoresbendpt@joann.com for a replacement key tag. **There is a \$5.00 fee for replacement.**

Other Discounts

AT&T Signature Program

Save \$10 per month per phone line on AT&T Unlimited Premium (SM) plan. Waived activation fees with select activations. 25% off eligible wireless accessories. Visit www.ATT.com/wireless/joannstores to sign up today.

Dell Employee Purchase Program

As a JOANN Team Member, you are eligible to participate in Dell's Member Purchase Program. Team Members can shop discounts at www.dell.com/mppp/Jo-Ann.

Savings automatically apply at checkout as "Additional Member Savings" in your cart. Members do not need to register or login to unlock their discounts.

Member Purchase Program (MPP) Benefits include:

- Cost-free program with discounts on personal purchases to your members (employees, families, friends)
- Special monthly offers and best price guarantee on consumer PDs from Dell
- Free enrollment in Dell Rewards: 3% back + free expedited shipping
- Executive sales team support
 - Your dedicated account manager and sales rep can be reached at mpp.contact@dell.com
 - Please reference the Member ID 126676090

HP Computers

HP Inc. has teamed up with JOANN to offer you the benefit of purchasing high-quality HP Inc. products at discounted prices. HP.com offers a broad line of consumer and commercial products, from notebooks and desktops, to printers, accessories, and more!

Offers include:

- Discounts up to 35% off
- FREE shipping and 30-day return policy (no restocking fees)
- Expert sales agents to assist with your purchase via phone, chat, and email support
- Dedicated support for premium products; including in-house call and accidental damage protection
- The HP EPP is currently available to:
 - Active full-time and part-time U.S. employees of JOANN and its subsidiaries
 - U.S. employees on approved disability, medical, military, or personal leave of absence

Shopping is Easy

- Purchase online at www.hpdirect.com/employee/JOANN
- Call the toll free number: 1-800-473-4732 (8:30 am - 2:00 am EST, 7 days a week)
 - Mention Company Code EP25121

- For information contact the Employee Purchase Program team at employee.purchase.program@hp.com

T-Mobile

JOANN Team Members receive 15% off the Go5G Plus Plan and get unlimited premium data and UHD streaming.

- To be eligible for this discount you will need to provide your JOANN email address or a copy of your pay stub.
- Members will receive Netflix, Apple TV, a one-year AAA membership and many more perks.
- Visit now.t-mobile.com/business-employee-discounts.html

Verizon Wireless

Visit verizonwireless.com/discounts

Click the choice that applies to you: Already have a Verizon Wireless account? Or Not yet a Verizon Wireless customer?

Already have a Verizon account:

- Enter your phone number and follow the prompts to validate your work email address (Note: personal email addresses are not accepted)
- Check your work email address for a confirmation email from customerserviceb2b@verizonwireless.com with the subject "Discounts by Verizon Wireless".
- Click the Confirm My Discount link in the email within 72 hours. If the link expires, start again and resubmit.
- If you have more than one Verizon mobile account in your name, you may get a prompt asking which account should get the discount. Choose the account you want.

New to Verizon

- Enter your work email under Sign Up and follow the prompts.

Provider Contact Information

401(k)

T. Rowe Price
1-800-922-9945
Plan #: 105870
www.rps.troweprice.com

Accident Insurance

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

Auto / Home Insurance

Farmers Group Select
1-800-438-6381
www.myautohome.farmers.com

Critical Illness

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

Dental

MetLife
1-800-942-0854
Policy #: 95335 - Group #: 300077
www.metlife.com/mybenefits

Disability

Sedgwick Absence Management
1-877-224-7989

EAP

Cleveland Clinic Lifestyle EAP
1-800-989-3277
www.lifestyleeap.com
Company ID: JF14
Password: lifestyleeap

Flexible Spending (FSA)

Discovery Benefits/WEX
1-866-451-3399
<https://www.wexinc.com/login/s>

Health Savings (HSA)

HealthEquity
<https://www.healthequity.com/>
1-866-346-5800

Hospital Insurance

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

Legal Plan

MetLife Legal Plan
1-800-821-6400
www.members.legalplans.com

Life Insurance

MetLife
1-800-638-6420
Policy #: 95335

Long Term Disability

Lincoln
1-800-291-0112
Policy #: 05-292112

Medical

Quantum Health
1-877-324-3024
Group #: 212118
www.myjoannbenefits.com
Download the Quantum Health app

Pet Insurance

MetLife
1-800-438-6388
www.metlife.com/mybenefits

Prescription

CVS/caremark
1-888-202-1654
Group #: RX0339
www.caremark.com
Prudent Rx (Specialty Rx)
1-800-578-4403

Vision

EyeMed Vision Care
1-866-723-0514
Group #: 9671710 - Choose "Insight Network"
www.eyemed.com