



FY26 Bi-Weekly Rates

Plan Options	PPO Enhanced	PPO Value	Consumer Choice	Dental	Value Vision	Enhanced Vision
TM Only	\$127.99	\$51.93	\$36.77	\$8.96	\$2.81	\$8.21
TM + Spouse	\$302.95	\$127.10	\$91.27	\$17.41	\$5.60	\$16.40
TM + Child(ren)	\$214.69	\$102.50	\$72.26	\$19.05	\$5.13	\$15.02
TM + Family	\$375.70	\$173.57	\$125.50	\$29.09	\$6.54	\$19.14

All medical plan rates are subject to a \$20 bi-weekly tobacco-free credit if you and your covered dependents are currently tobacco-free and have been for the past 12 months.

Flexible Spending Accounts	Minimum Annual Amount	Maximum Annual Amount
Healthcare FSA	\$250	\$3,300
Dependent Care FSA	\$250	\$5,000

Health Savings Accounts	Maximum Annual Amount
Single	\$4,300
Family	\$8,550

Basic Life Insurance	Paid by JOANN
Short-Term Disability	Paid by JOANN

Accident Insurance Plan (costs are per pay period)		
Coverage Options	Low Plan	High Plan
TM Only	\$1.44	\$2.61
TM+Spouse/DP	\$2.97	\$5.42
TM+Child(ren)	\$3.12	\$5.67
TM+Family	\$3.84	\$7.03

Hospital Insurance Plan (costs are per pay period)		
Coverage Options	Low Plan	High Plan
TM Only	\$10.50	\$15.10
TM+Spouse/DP	\$20.24	\$29.04
TM+Child(ren)	\$15.73	\$22.90
TM+Family	\$25.47	\$36.84

Optional Life Insurance (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

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.

Dependent Life Insurance

Spouse/Domestic Partner Life Coverage	\$2.05 per pay period
Child(ren) Life Coverage	\$0.68 per pay period

Part-Time Voluntary Accidental Death & Dismemberment (VAD&D)

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

Full-Time Voluntary Accidental Death & Dismemberment (VAD&D)

	Option	Bi-weekly Cost
Voluntary Accidental Death & Dismemberment (VAD&D) Per \$1,000 of coverage	Single Coverage	\$.010
	Family Coverage	\$.016

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.

Long-Term Disability (per pay period per \$100 of monthly covered salary)

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

Calculate your cost of coverage: Long-Term Disability

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

\$ _____ \div 100 = $\frac{\$}{\$}$ _____
(annual salary) (result #1)

4. Divide result #1 by 12

\$ _____ \div 12 = \$ _____
(result #1) (result #2)

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

\$ _____ \times _____ = $\frac{\$}{\$}$ _____
(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.

Critical Illness - Non-Tobacco User (offered at \$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 \$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

Calculate your cost of coverage: Critical Illness Insurance

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)

Legal Plan

\$6.92 per pay period

Domestic Partner Rates

All Rates Bi-weekly		TM + DP	TM + TM Child(ren) & DP	TM + DP & DP Child(ren)	TM + TM Child(ren) & DP & DP Child(ren)
PPO Enhanced	Pre-Tax	\$127.99	\$214.69	\$127.99	\$214.69
	Post Tax	\$174.96	\$161.01	\$247.71	\$161.01
	Imputed Income	\$680.28	\$808.66	\$895.36	\$808.66
PPO Value	Pre-Tax	\$51.93	\$102.50	\$51.93	\$102.50
	Post Tax	\$75.17	\$71.07	\$121.64	\$71.07
	Imputed Income	\$684.95	\$830.47	\$881.04	\$830.47
Consumer Choice	Pre-Tax	\$36.77	\$72.26	\$36.77	\$72.26
	Post Tax	\$54.50	\$53.24	\$88.73	\$53.24
	Imputed Income	\$665.68	\$817.12	\$852.61	\$817.12
Dental	Pre-Tax	\$8.96	\$19.05	\$8.96	\$19.05
	Post Tax	\$8.45	\$10.04	\$20.13	\$10.04
	Imputed Income	\$17.82	\$25.70	\$23.97	\$25.70
Value Vision	Pre-Tax	\$2.81	\$5.13	\$2.81	\$5.13
	Post Tax	\$2.79	\$1.41	\$3.73	\$1.41
Enhanced Vision	Pre-Tax	\$8.21	\$15.02	\$8.21	\$15.02
	Post Tax	\$8.19	\$4.12	\$10.93	\$4.12

Click on the  icon under Your Top Apps in [Ally](#) or visit joann.myben.site for more information.

Questions? Contact the Benefits Department at joannstoresbenddept@joann.com



Benefits Site QR Code