

2022 Benefits Handbook



**Compensation
& Benefits**

Rooted in caring for our associates

TABLE OF CONTENTS

JM Family's Commitment to Benefits.....	3
JM Family Benefit Eligibility Requirements.....	4
JM Family Medical Plans.....	6
Health Savings Account (HSA)	
Health Reimbursement Arrangement (HRA)	
Wellness Incentives.....	18
Quit For Life Tobacco Cessation Program.....	21
Pharmacy Program.....	22
Dental Plans.....	26
Preventive Dental	
Comprehensive Dental	
Vision Plan.....	30
Flexible Spending Accounts.....	33
Health Care Flexible Spending Account (HCFSA)	
Limited Purpose Flexible Spending Account (LPFSA)	
Dependent Care Flexible Spending Account (DCFSA)	
Life and Accidental Death and Dismemberment Insurance.....	37
Associate Life Insurance	
Associate Supplemental Life Insurance	
Associate Accidental Death & Dismemberment Insurance (AD&D)	
Dependent Life Insurance	
Dependent Accidental Death & Dismemberment Insurance	
Disability Plans.....	40
Short-term Disability	
Long-term Disability	
Group Legal Plan.....	43
Voluntary Benefits.....	46
Associate Assistance Plan (AAP).....	51
Retirement Plans.....	54
Profit Sharing & 401(k) Plan	
Retirement (Pension) Plan	
Designating Your Beneficiary	
Questions and Answers.....	58
Terms You Should Know.....	65
Eligibility and Service Provider Information.....	69

JM FAMILY'S COMMITMENT TO BENEFITS

JM Family is committed to maintaining a comprehensive, competitive benefits package designed to provide associates with a range of choices to fit their needs and the needs of their families. As part of this commitment, the company provides a variety of helpful tools and resources, including this Benefits Handbook, so associates can make informed decisions.

In turn, JM Family asks associates to take a proactive approach to understanding the benefit options available to them, assessing what makes the most sense for their needs and taking full advantage of the benefit plans.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

ELIGIBILITY REQUIREMENTS AND STATUS CHANGES

ASSOCIATE ELIGIBILITY

Part-time associates (working 24-29 hours per week) and full-time associates (working 30 or more hours per week) are eligible for benefits* on the first of the month following date of hire.

**Excludes Short-term and Long-term Disability, Employer 401(k) and Profit Sharing contributions (see sections on Disability Plans and Retirement Plans for eligibility requirements for those benefits).*

ELIGIBLE DEPENDENTS

A dependent is defined as a spouse or a child under your guardianship up to the age of 26 (covered until the end of the month in which they turn 26) who reside in the United States. This would include, but is not limited to, your biological child(ren), stepchild(ren) and adopted child(ren). Any child(ren) deemed physically or mentally disabled by the Social Security Administration or our healthcare plan service provider, Cigna, can remain on your plan without any age restrictions.

Note: Domestic partners are not considered eligible dependents.

STATUS CHANGES DURING THE YEAR

The benefits you choose each year remain in effect through December 31 of that year. Generally, you cannot change your benefits choices during the calendar year unless you have a change in family or employment status as specified by IRS rules. Only changes consistent with a change in family or employment status will be permitted. However, you may be able to make changes if you meet the requirements for a special enrollment period, described in the Summary Plan Document.

Family or employment status changes include:

- You gain a new eligible dependent by getting married, having a baby, or adopting a child, or when your child satisfies the plan's dependent definition.
- You lose a dependent from death, divorce, annulment, or when a child becomes ineligible for coverage (e.g. no longer meeting the plan's definition of dependent due to attainment of a certain age).
- Your spouse loses medical coverage provided through his or her employer.
- You, your spouse or dependent has a change in employment status (e.g., your dependent child or spouse gets a job and is covered by another health plan).
- You or your spouse changes your work status, resulting in a loss of medical coverage (e.g., you take or return from unpaid leave of absence).
- You change residence or work location, which moves you in or out of the medical provider network area.
- Your spouse drops or adds coverage during his or her employer's enrollment period at a different time of year.

If you have a change in family or employment status, you must notify the Associate Care department at 954-429-2273 or submit a request in HR Now, the company Human Resources portal (hrnow.jmfamily.com), *within 30 days of the change event*. You will be provided with instructions for making the necessary changes in to your benefit elections.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.



JM FAMILY MEDICAL PLANS



MEDICAL PLANS

IN THIS SECTION YOU WILL LEARN ABOUT:

- **Medical Plan with Health Saving Account (HSA)**
- **Medical Plan with Health Reimbursement Account (HRA)**

Our medical plan options are designed to meet the needs of our associates and their families. The plans are account-based and offer opportunities for associates to be more proactive and engaged in their overall healthcare. We provide resources and encourage associates to review all options available to determine the best fit for their families. Both plans provide the same covered services, national network of doctors, specialists and hospitals, and negotiated discounts. Cigna is our medical plan service provider.

While both plans offer coverage for out-of-network provider services, associates and their families are encouraged to stay within the network. Should you make the decision to go out-of-network, you are responsible for any costs not paid by the plan including amounts exceeding the stated out-of-pocket maximums. Below is an example of what your costs could be for a doctor’s office visit for both in and out-of-network (assuming the plan deductible is met):

	In-Network	Out-of-Network
Office Visit Charge	\$100 (Negotiated rate)	\$250 (Billed charge)
Maximum Reimbursable Charge	Does Not Apply	\$105
Your Coinsurance:		
HSA	20% of \$100 = \$20	50% of \$105 = \$52.50
HRA	10% of \$100 = \$10	40% of \$105 = \$42.00
Your Cost:		
HSA	20% of \$100 = \$20	\$52.50 + \$145* = \$197.50
HRA	10% of \$100 = \$10	\$42.00 + \$145* = \$187.00

** Your health care professional may bill you for the difference between the amount allowed and the billed charges regardless of the plan’s out-of-pocket maximums.*

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

MEDICAL PLANS

Cigna's Personal Health Solutions Plus (PHS+) program ensures you and your eligible dependents receive the most appropriate inpatient and outpatient care. The service helps you avoid unnecessary or non-covered medical treatments and procedures through the process of precertification.

Precertification is required for the following services:

INPATIENT

- All inpatient admissions and non-obstetric observation stays such as:
 - Acute hospitals
 - Skilled nursing facilities
 - Rehabilitation facilities
 - Long-term acute care facilities
 - Hospice care
 - Transfers between inpatient facilities
- Experimental and investigational procedures
- Cosmetic procedures
- Maternity stays

OUTPATIENT

- Outpatient surgery
- High-tech radiology (MRI, CAT Scans, PET Scans, nuclear cardiology)
- Injectable drugs (other than self-injectibles)
- Durable medical equipment (DME)
- Home health care/home infusion therapy
- Dialysis (at participating facilities)
- External prosthetic appliances
- Speech therapy
- Cosmetic or reconstructive procedures
- Infertility treatment
- Radiation therapy
- Sleep management

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

MEDICAL PLAN WITH HEALTH SAVINGS ACCOUNT (HSA)

The HSA is a medical plan which has a tax-advantaged savings account associated with it. Due to the tax advantages of the account, the IRS regulates the design of all HSA plans by placing minimums and maximums on deductibles, out-of-pocket maximums, and annual account contributions. Participants are able to contribute money into the account on a pre-tax basis up to the annual IRS maximums. Plus, JM Family will match your contributions up to established amounts based on your coverage tier. **IRS regulations prohibit contributions to an HSA while enrolled in a secondary medical plan (unless also a qualified high deductible health plan). This includes a spouse's medical plan, Medicaid and Medicare Part A and B. You are responsible for determining your eligibility for making contributions to the HSA.**

The HSA plan places you in the driver's seat. You determine when to access your funds and can save for current and/or future expenses on a pre-tax basis. The HSA plan encourages you to become more involved with the decisions regarding your health. We promote conversations with providers about generic medications, out-patient hospital when appropriate and the use of urgent care and stand-alone high-tech facilities to assist with managing your costs.

With this plan, when you add an eligible dependent you are considered to have family coverage and the entire family deductible must be met prior to the plan paying at the coinsurance level. Expenses for both medical and pharmacy services accumulate toward the plans deductible. The out-pocket-maximum is a built-in financial safety net for your wallet.

To help offset your costs, the company provides a dollar-for-dollar matching contribution to your HSA up to established maximums. For new hires, the company match is pro-rated* based on your benefit eligibility (see below). You and your spouse (if applicable) may also earn additional company contributions by participating in wellness activities (see the Wellness Incentives section of this handbook for details). The account will accrue interest which is also tax-free to you. **Once the account has accumulated \$1,000, you may invest through options made available to you by HSA Bank, the account administrator.**

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

MEDICAL PLAN WITH HEALTH SAVINGS ACCOUNT (HSA)

You or your covered dependents (age 16 or older) may visit the JM Family Health & Wellness Centers (H&WC) at no cost for annual wellness exams. All other visits cost \$30 each and can be paid with your HSA debit card or personal funds (IRS regulations require a charge for these visits). If you use a means of payment other than your HSA funds, you can then reimburse yourself from your HSA. For your convenience, the H&WC will submit your or your covered dependent's payment receipt and claim form directly to Cigna, the HSA plan's service provider, so it's counted towards your plan deductible and out-of-pocket maximum.

Associates who enroll in the HSA plan may enroll in and contribute on a pre-tax basis to the Limited Purpose Flexible Spending Account (FSA) for reimbursement of dental and vision expenses only.

*COMPANY MATCHING CONTRIBUTION PRORATION FORMULA:

Associates hired after January 1 receive the annual contribution divided by 12 then multiplied by the number of months the associate is eligible for benefits. For example, an associate with family coverage hired March 15 with coverage starting April 1 would receive \$450 assuming his/her contribution is the same :

$\$600(\text{annual match})/12 = \$50 \times 9 \text{ months of coverage} = \450 (maximum company contribution).

KEY DETAILS TO KNOW ABOUT THE HSA PLAN:

- Preventive care is covered 100%.
- Contributions are made to your account tax-free. There are no taxes or penalties if you use HSA funds to pay for qualified health care expenses. *Funds used for ineligible expenses are subject to income taxes and a 20% tax penalty.*
- Funds in the HSA can be used for dental and vision expenses as well as medical and pharmacy expenses.
- Lower monthly premium of the two medical plan choices, which means more money remains in your net paycheck.
- Medical and pharmacy costs accrue towards the plan's deductible and out-of-pocket maximum.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

- You decide how and when to spend money in the account based on your needs, budget and long-term goals.
- Unused funds in the HSA are rolled over from year to year with no limitations, helping you save for future health care expenses, including those expected in retirement.
- You own the account, so when you leave JM Family, it goes with you.

MEDICAL PLAN WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)

The HRA is an account-based plan that provides the tools necessary to meet your health care needs and provide medical services. The HRA account is used for payment of medical plan expenses only, including deductibles and coinsurance on the health plan. (Separate plans offering pharmacy, dental and vision benefits are available and described later in this handbook.)

The HRA plan encourages you to become more involved with the decisions regarding your health care. It promotes discussions with providers about out-patient hospital visits instead of in-patient stays and the use of Urgent Care and stand-alone high-tech facilities to help manage your costs.

To help offset your out-of-pocket costs, the company funds the HRA at the beginning of each calendar year. This company contribution is pro-rated* for new hires (see below). You and your spouse (if applicable) may also earn additional company contributions by participating in wellness activities (see page 18 for Wellness Incentives details).

Any balance in your HRA at the end of the year is carried over to the next year (up to the out-of-pocket maximums for coverage tier) if you elect to remain in the HRA plan. However, if you leave the company and do not continue coverage through COBRA, you will forfeit all funds in the account. If you become eligible for retirement, as defined by the company's retiree medical program, any balance remaining in your HRA can be used to offset future medical costs.

You or your covered dependent (age 16 or over) can visit the JM Family Health & Wellness Centers at no cost for many onsite services including annual exams. (Please note you'll be billed for coinsurance and deductibles for any subsequent imaging, non-preventive lab work or physical therapy prescribed offsite pursuant to a visit to a Health & Wellness Center.)

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

MEDICAL PLAN WITH HEALTH REIMBURSEMENT ACCOUNT (HRA)

*COMPANY CONTRIBUTION PRORATION FORMULA:

Associates hired after January 1 receive the annual contribution, divided by 12, then multiplied by the number of months the associate is eligible for benefits the remainder of the year. For example, an associate covering his/her family hired March 15 with coverage starting April 1 would be calculated like this:

$\$800(\text{annual contribution})/12 = \$66.67 \times 9 \text{ months of coverage} = \600 (maximum company contribution).

KEY DETAILS ABOUT THE HRA:

- Preventive care covered at 100%.
- Company contributions to the account are available for immediate use at the start of the year and are tax free.
- Associates cannot contribute to the account and no interest is earned on the account balance.
- Provides an individual out-of-pocket maximum for non-single coverage tiers as a personal financial safety net.
- The account is only used to pay for eligible medical expenses and **cannot** be used towards pharmacy, dental or vision expenses.
- Rollover of the account from year to year if you remain in the HRA plan (limited to the plan's out-of-pocket maximum for your coverage tier).
- If you leave the company and are not eligible for retirement under Company rules, any remaining balance will be forfeited.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

MEDICAL PLANS OVERVIEW

TYPES OF SERVICES	CIGNA HEALTH REIMBURSEMENT ACCOUNT PLAN (HRA)		CIGNA HEALTH SAVINGS ACCOUNT PLAN (HSA)	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
USING IN-NETWORK PROVIDERS RESULTS IN SIGNIFICANT SAVINGS. IF YOU CHOSE TO USE OUT-OF-NETWORK PROVIDERS, YOU ARE RESPONSIBLE FOR PAYING ALL EXPENSES NOT COVERED BY THE PLAN, INCLUDING AMOUNTS EXCEEDING THE STATED OUT-OF-POCKET MAXIMUMS.				
DEDUCTIBLE	\$1,500/single \$3,000/associate and spouse or child(ren) \$3,750/family	\$3,000/single \$6,000/associate and spouse or child(ren) \$7,500/family	\$1,750/single \$3,500/family	\$3,500/single \$7,000/family
INDIVIDUAL OUT-OF-POCKET MAXIMUM	\$3,000 per individual	\$6,000 per individual	Does not apply	Does not apply
COINSURANCE	90%/10%	60%/40%	80%/20%	50%/50%
TOTAL OUT-OF-POCKET MAXIMUMS (INCLUDES PLAN DEDUCTIBLE)	\$3,000/single \$6,000/associate and spouse or child(ren) \$9,000/family	\$6,000/single \$12,000/associate and spouse or child(ren) \$18,000/family	\$3,400/single \$6,800/family	\$6,800/single \$13,600/family
JM FAMILY CONTRIBUTION	\$300/single \$600/associate and spouse \$600/associate and child(ren) \$800/family		\$1 for \$1 Match Maximums: \$300/single \$600/all other coverage levels	
MAXIMUM WELLNESS INCENTIVES	\$500/single \$1,000/all other coverage levels		\$500/single \$1,000/all other coverage levels	
HEALTH & WELLNESS CENTER VISITS	No cost		No cost for annual wellness exams \$30 for most other services	
ROUTINE PREVENTIVE CARE (FOR CHILDREN)	Covered 100%	40%, no deductible	Covered 100%	50%, no deductible
ROUTINE PREVENTIVE CARE (FOR ADULTS)	Covered 100%	In-network coverage only	Covered 100%	In-network coverage only
TELEMEDICINE	Provided by MD Live 10% after plan deductible	In-network coverage only	Provided by MD Live 20% after plan deductible	In-network coverage only
OFFICE AND HOSPITAL VISITS	10% after plan deductible	40% after plan deductible	20% after plan deductible	50% after plan deductible
EMERGENCY AND URGENT CARE SERVICES	10% after plan deductible	10% after plan deductible	20% after plan deductible	20% after plan deductible
PHARMACY RETAIL PROGRAM (30-DAY SUPPLY)	\$7 generic 20% preferred brand (\$75 max) 20% non-preferred brand (\$150 max)	40% of cost	20% after plan deductible*	50% after plan deductible*
PHARMACY MAIL-ORDER PROGRAM (90-DAY SUPPLY)	\$14 generic 20% preferred brand (\$150 max) 20% non-preferred brand (\$300 max)	In-network coverage only	20% after plan deductible*	In-network coverage only
PHARMACY OUT-OF-POCKET MAXIMUMS	\$3,000/single \$6,000/associate and spouse or child(ren) \$9,000/family		No separate out-of-pocket maximum for pharmacy	
SPECIALTY DRUGS	AVAILABLE ONLY THROUGH ACCREDO Value: 8% up to \$100 Preferred brand: 15% up to \$200 Non-preferred brand: 25% up to \$300	In-network coverage only	AVAILABLE ONLY THROUGH ACCREDO 20% coinsurance after plan deductible	In-network coverage only

*This is only a summary of benefits. Please review the summary plan description in HR Now for complete plan information and exclusions.
Certain preventive prescription drugs are not subject to the deductible.



2022 MEDICAL PLAN CONTRIBUTIONS

In 2022, an annual discount of \$1,000 on Medical Plan contribution amounts is available to associates who provide proof of vaccination against COVID-19. For associates hired during the year, the annual discount will be prorated. If your spouse is included in your medical coverage, then both of you must submit proof of vaccination to get the discount. Dependent children who are covered are *not* required to be vaccinated.

The tables on the following pages reflect both regular associate contribution amounts and those with the vaccination discount.

NOTE: Associates and their spouses not vaccinated due to medical or religious reasons may receive the discount if their exemption form submitted to the plan administrator is approved.

Instructions for submitting proof of vaccination or an exemption form are provided in HR Now (hrnow.jmfamily.com).

2022 CONTRIBUTIONS - MEDICAL

REGULAR

MONTHLY CONTRIBUTIONS

FULL TIME			Associate	Associate and Spouse	Associate and Child(ren)	Family
HRA Plan	Total Monthly Costs		\$641	\$1,474	\$1,154	\$1,987
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$118	\$173	\$153	\$203
\$40,000 - \$69,999		B	\$135	\$241	\$199	\$289
\$70,000 - \$124,999		C	\$158	\$347	\$272	\$421
\$125,000 - \$179,999		D	\$184	\$466	\$353	\$569
\$180,000 - \$299,999		E	\$216	\$611	\$453	\$750
\$300,000 or greater		F	\$244	\$743	\$543	\$914
HSA Plan	Total Monthly Costs		\$604	\$1,389	\$1,087	\$1,872
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$89	\$109	\$101	\$116
\$40,000 - \$69,999		B	\$100	\$162	\$137	\$182
\$70,000 - \$124,999		C	\$123	\$268	\$210	\$314
\$125,000 - \$179,999		D	\$149	\$387	\$291	\$462
\$180,000 - \$299,999		E	\$181	\$532	\$391	\$643
\$300,000 or greater		F	\$209	\$664	\$481	\$807

PART TIME			Associate	Associate and Spouse	Associate and Child(ren)	Family
HRA Plan	Total Monthly Costs		\$641	\$1,474	\$1,154	\$1,987
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$233	\$435	\$358	\$556
\$40,000 - \$69,999		B	\$246	\$489	\$395	\$625
\$70,000 - \$124,999		C	\$265	\$574	\$453	\$731
\$125,000 - \$179,999		D	\$286	\$669	\$518	\$849
\$180,000 - \$299,999		E	\$311	\$785	\$598	\$994
\$300,000 or greater		F	\$334	\$891	\$670	\$1,125
HSA Plan	Total Monthly Costs		\$604	\$1,389	\$1,087	\$1,872
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$146	\$239	\$203	\$291
\$40,000 - \$69,999		B	\$156	\$286	\$235	\$350
\$70,000 - \$124,999		C	\$176	\$382	\$301	\$469
\$125,000 - \$179,999		D	\$200	\$489	\$374	\$602
\$180,000 - \$299,999		E	\$229	\$619	\$464	\$765
\$300,000 or greater		F	\$254	\$738	\$545	\$913

*The definition of Eligible Earnings is provided on page 66 of this Benefits Handbook.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

2022 CONTRIBUTIONS - MEDICAL

WITH VACCINATION DISCOUNT

MONTHLY CONTRIBUTIONS

FULL TIME			Associate	Associate and Spouse	Associate and Child(ren)	Family
HRA Plan	Total Monthly Costs		\$641	\$1,474	\$1,154	\$1,987
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$35	\$90	\$70	\$120
\$40,000 - \$69,999		B	\$52	\$158	\$116	\$206
\$70,000 - \$124,999		C	\$75	\$264	\$189	\$338
\$125,000 - \$179,999		D	\$101	\$383	\$270	\$486
\$180,000 - \$299,999		E	\$133	\$528	\$370	\$667
\$300,000 or greater		F	\$161	\$660	\$460	\$831
HSA Plan	Total Monthly Costs		\$604	\$1,389	\$1,087	\$1,872
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$6	\$26	\$18	\$33
\$40,000 - \$69,999		B	\$17	\$79	\$54	\$99
\$70,000 - \$124,999		C	\$40	\$185	\$127	\$231
\$125,000 - \$179,999		D	\$66	\$304	\$208	\$379
\$180,000 - \$299,999		E	\$98	\$449	\$308	\$560
\$300,000 or greater		F	\$126	\$581	\$398	\$724

PART TIME			Associate	Associate and Spouse	Associate and Child(ren)	Family
HRA Plan	Total Monthly Costs		\$641	\$1,474	\$1,154	\$1,987
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$150	\$352	\$275	\$473
\$40,000 - \$69,999		B	\$163	\$406	\$312	\$542
\$70,000 - \$124,999		C	\$182	\$491	\$370	\$648
\$125,000 - \$179,999		D	\$203	\$586	\$435	\$766
\$180,000 - \$299,999		E	\$228	\$702	\$515	\$911
\$300,000 or greater		F	\$251	\$808	\$587	\$1,042
HSA Plan	Total Monthly Costs		\$604	\$1,389	\$1,087	\$1,872
Eligible Earnings*		Tier	Your Cost	Your Cost	Your Cost	Your Cost
Less than \$40,000		A	\$63	\$156	\$120	\$208
\$40,000 - \$69,999		B	\$73	\$203	\$152	\$267
\$70,000 - \$124,999		C	\$93	\$299	\$218	\$386
\$125,000 - \$179,999		D	\$117	\$406	\$291	\$519
\$180,000 - \$299,999		E	\$146	\$536	\$381	\$682
\$300,000 or greater		F	\$171	\$655	\$462	\$830

*The definition of Eligible Earnings is provided on page 66 of this Benefits Handbook.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

KEY DIFFERENCES BETWEEN THE MEDICAL PLAN ACCOUNTS

	HRA	HSA
OWNERSHIP	If an associate leaves the company and hasn't qualified for retirement, any remaining balance is forfeited.	Associates own the account and can take it with them when they leave the Company.
CONTRIBUTIONS	<p>JM Family makes its contribution to the account on January 1, while wellness incentive credits may be earned throughout the year.</p> <p>Associates cannot contribute their own money to the account.</p>	<p>Both JM Family and the associate can make pre-tax contributions to the account, up to the annual IRS limit. (Single - \$3,650; Family - \$7,300)</p> <p><i>NOTE: Associates enrolled in any Medicare plan cannot receive or make pre-tax contributions to the HSA.</i></p>
USE OF ACCOUNT	Funds can only be accessed through the claim payment process and used to pay medical expenses covered by the underlying medical plan. Expenses for covered dependents can also be paid from the account.	Funds can be accessed by debit card for eligible medical, dental, vision, pharmacy and some over-the-counter expenses as defined by the IRS (Section 213(d)). Funds used to pay non-healthcare expenses are subject to a 20% penalty tax. Funds in the account can only be used by the associate and qualified tax dependents.
YEAR-END ACCOUNT BALANCE	Rolls over to next plan year, up to the out-of-pocket maximum for your coverage tier.	Rolls over to next plan year with no maximum limit.
WELLNESS INCENTIVES (MotivateMe program)	To receive wellness incentive credits, the Health Assessment must first be completed online in myCigna.com . Completed wellness activities are logged under Wellness in the Cigna website.	
USE WITH HEALTH CARE FSA (HCFSA)	HRA funds are used to pay medical expenses (deductible and patient coinsurance amounts). The HCFSA can then be used for reimbursement or payment of medical expenses if there aren't any funds left in the HRA. The HCFSA may also be used towards pharmacy, dental and vision expenses. (See Flexible Spending Accounts section on page 33 for details.)	HSA members are not permitted to enroll in the HCFSA, per IRS rules. However, a <i>Limited Purpose FSA</i> in conjunction with the HSA can be used for <u>only</u> dental and vision expenses. (See Flexible Spending Accounts section on page 33 for details.)

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.



JM FAMILY WELLNESS INCENTIVES



WELLNESS INCENTIVES

The wellness incentives provided through JM Family’s MotivateMe program are designed to encourage you and your spouse, if applicable, to make healthy lifestyle choices. This program may help you identify risk factors early on, engages you in your healthcare and rewards you for making the right choices. These additional company contributions will help you pay your plan deductible and coinsurance amounts or save extra funds for future healthcare costs.

Coverage Level	Annual Maximum
Associate only	\$500
All other coverage tiers*	\$1,000

** Associates covering only dependent children will be rewarded with the full \$1,000 maximum once they earn \$500 in incentives.*

IMPORTANT: Associates and covered spouses must first complete the online Health Assessment under the MotivateMe program to receive further wellness incentives from the Company. Log on to myCigna.com and navigate to the Wellness section to get started.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

2022 WELLNESS INCENTIVES

WELLNESS INCENTIVES

ASSOCIATE ONLY: \$500 ALL OTHER COVERAGE TIERS: \$1,000

THESE INCENTIVES ARE CREDITED ONCE COMPLETED

ACTIVITY	INCENTIVE	WHAT YOU MUST DO
Complete Your Health Assessment	\$50	Before you can obtain additional credits for other activities listed below, you must first complete a confidential questionnaire online. You'll be asked about your health and well-being and then provided with a personalized assessment of your current health. (Remember, each covered family member taking this assessment needs to register individually on myCigna.com .)
Obtain Your Biometric Health Screening	\$100	Know your numbers. Complete blood pressure, cholesterol, blood sugar and body mass index (BMI) screenings.
Get Connected! Earn Rewards with Apps & Activities (up to four per year)	\$25	Explore the top health devices and apps to help you stay motivated and challenge yourself. Earn 1,000 points and get an award.
Improve Your Nutrition (up to four per year)	\$25	Eating healthy is essential to your overall well-being. Complete the Eat Better online program to get your nutrition on track.
Benefits of Exercise (up to four per year)	\$25	Good fitness is important for better focus, higher energy and overall happiness. Complete the Enjoy Exercise online program.
Work Toward a Healthier Weight (up to two per year)	\$25	Losing even a small amount of weight can improve your health in many ways. Complete the Lose Weight online program.
NEW: Associate Assistance Plan (AAP) Seminar (up to two per year)	\$25	Attend one of JM Family's sponsored Cigna AAP seminars on topics such as managing stress, finding disaster resources, self-care, substance use disorders and more.

THESE INCENTIVES ARE CREDITED ONCE LOGGED

ACTIVITY	INCENTIVE	WHAT YOU MUST DO
Maintain a Healthy Weight or Participate in a Weight Management Program	\$100	Share the action you took today that shows your commitment to losing or maintaining a "feel good" weight.
Complete Recommended Cancer Screenings	\$100	Check with your doctor about what tests you should have. Once they're complete, log them!
Receive a Flu Shot	\$50	Get your annual vaccine to reduce your chances of getting sick.
Chronic Condition Health Management (up to four per year)	\$25	Participating in a health and wellness activity shows your commitment to a healthy lifestyle. Tell us about it!
Stress Management Program	\$75	Stress is unavoidable, but we can help you manage it. Complete three sessions with a health coach over the phone.
Fitness Workout: 90 Minutes per Week (up to four per year)	\$25	It's good for your body, mind and soul. Tell us what you did today that put your body in motion.

QUIT FOR LIFE TOBACCO CESSATION PROGRAM

The Quit For Life program will assist associates, their spouses and eligible family members with becoming tobacco free. While we know quitting is hard, especially considering the highly addictive nature of ingredients in tobacco products, this program will set you on the path to improving your health and quality of life.

Quit For Life treats every tobacco user as a unique individual and tailors a “quit plan” to fit his or her needs. This program includes unlimited access to a Quit Coach, phone and online support, free nicotine replacement therapies, text reminders and one-on-one support available until completion.

This plan will help you conquer all five steps of your quitting strategy, including:

1. **Setting a quit date** and getting set up for success through coaching, text messaging and online support.
2. **Managing your urges to use tobacco** by learning how to cope with cravings to smoke, no matter when or where you have them.
3. **Effective use of cessation medications** to supplement your quit effort by properly administering nicotine replacement therapy and other FDA-approved cessation medications.
4. **Tobacco-proofing your environment** and learning why getting rid of all your tobacco, ashtrays and lighters can help you to quit and stay tobacco-free.
5. **Using social support** from your family and friends to get through your quit journey.

Any eligible dependent 18 years of age or older can participate in Quit For Life, regardless of medical plan enrollment.

To enroll in the Quit For Life Program, call **866-QUIT-4-LIFE (866-784-8454)** or log onto quitnow.net.

NOTE: Enrollment in the JM Family Medical plans is *not* required to participate in this program.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.



JM FAMILY PHARMACY PROGRAM



PHARMACY PROGRAM

IN THIS SECTION YOU WILL LEARN ABOUT:

■ Pharmacy Plan Benefits

Cigna is the pharmacy benefits manager for our pharmacy program which is automatically included with enrollment in either of the medical plans. Please refer to the table below for coverage details under the HSA and HRA plans, respectively.

PHARMACY PLANS				
	HEALTH SAVINGS ACCOUNT (HSA)		HEALTH REIMBURSEMENT ARRANGEMENT (HRA)	
Plan Feature	In-Network	Out-of Network	In-Network	Out-of Network
30-Day Supply at Retail	You pay: 20% after deductible*	You pay: 50% after deductible*	You pay: Generics: \$7 Preferred Brand: 20% up to \$75 Non-preferred Brand: 20% up to \$150	You pay: 40% of total cost
90-Day Supply Mail-order (in-network only)	You pay: 20% after deductible*		You pay: Generics: \$14 Preferred Brand: 20% up to \$150 Non-preferred Brand: 20% up to \$300	
Accredo Specialty** Pharmacy	You pay: 20% after deductible		8% up to \$100 Value 15% up to \$200 for Preferred Brand 25% up to \$300 for Non-preferred Brand	
* Meeting the HSA plan deductible may <u>not</u> be required on some medications considered preventive maintenance drugs.				
** Specialty drugs are used to treat complex medical conditions (e.g. cancer, multiple sclerosis, rheumatoid arthritis, etc.)				
NOTE: Generic oral contraceptive prescriptions and devices are covered 100% on all plans.				

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

PHARMACY PROGRAM

There are several programs within the prescription benefit plan which will help with maintaining your health and managing costs. You are encouraged to speak with your doctors about prescription alternatives that might work best for your needs.

MANDATORY GENERICS PROGRAM

Our pharmacy plan requires prescriptions to be filled with generics when available. If a brand-name medication is chosen by you or your prescribing physician, and a generic is available, you are responsible for paying the difference between the cost of the brand and generic drug, plus the generic drug copay. If a generic equivalent isn't available, you will pay the coinsurance for the brand name drug.

STEP THERAPY REQUIREMENTS

Step therapy means first trying less expensive options for over-the-counter or prescription drugs before "stepping up" to brand or non-preferred brand drugs that typically cost more. In most cases, effective alternatives to brand medications are available but are often overlooked as the first step in treatment. Under the pharmacy plan, step therapy is required in certain instances to ensure that medically sound and cost-effective medications are prescribed appropriately.

If one of the following situations applies to you, your doctor can request a prior authorization for you to take a second-step prescription drug (determined by Cigna):

1. You've already tried without success the generic drug(s) covered in the Step Therapy Program,
2. You cannot take a generic (due to an allergy, for example), or
3. Your doctor recommends a brand-name drug for a medical reason.

If the prior authorization is approved, you will pay the appropriate co-pay for the drug. If prior authorization is not granted, you'll be required to pay the full price for the prescription if you still wish to receive the drug.

DRUG UTILIZATION MANAGEMENT PROGRAM

JM Family's pharmacy plan, in partnership with Cigna, administers a program promoting the safe and appropriate use of medications including opioids. Cigna will work closely with physicians to ensure best practice prescribing patterns and, when applicable, change patients' medications to more suitable alternatives.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

PHARMACY PROGRAM

MAIL-ORDER PHARMACY

Cigna offers a home delivery pharmacy service through its subsidiary, Express Scripts Pharmacy. You can request delivery of your prescription medications in one of the following ways:

Electronically- For the quickest delivery, ask your doctor's office to send the prescription electronically to: *Express Scripts Home Delivery, NCPDP 2623735.*

Fax- Have your doctor's office call 1-888-327-9791 to request an order form to submit the prescription by fax.

Mail- Complete and send the order form with the prescription to: *Express Scripts, P.O. Box 66301, St. Louis, MO 63166-6301.* You can download and print the order form off the Express Scripts website, which can be accessed through myCigna.com.

For more information on how to use the home delivery service, please call **1-800-835-3784**.

90-DAY PRESCRIPTION FILLS

Cigna offers the *Cigna 90 Now* program to make it easier to get a 90-day supply of your maintenance medication. A maintenance medication is one you take daily to treat an ongoing health condition like diabetes, high blood pressure, cholesterol or asthma. You can take advantage of this program provided you use a pharmacy that's in the plan's network. In addition, you can arrange for your 90-day prescription fills to be delivered to your home (see above section about Mail-order Pharmacy delivery). Go to Cigna.com or call **1-800-244-6224** for further information.



JM FAMILY DENTAL PLANS



DENTAL PLANS

IN THIS SECTION YOU WILL LEARN ABOUT:

- Preventive Dental Plan
- Comprehensive Dental Plan

PREVENTIVE DENTAL PLAN

The Preventive Dental plan is a limited plan that offers coverage for preventive care (exams and cleanings) and some basic restorative services (fillings). The plan does not have a deductible and the annual plan benefit maximum is \$500. Once the maximum is paid by the plan, it will not pay for any additional services for the year.

Coverage is as follows:

PREVENTIVE DENTAL PLAN		
	In-Network	Out-of-Network
Annual Plan Maximum	\$500	
Deductible	None	None
Preventive Care	100%	100% (up to maximum reimbursable charge)
Basic Restorative	80%/20%	80%/20% (up to maximum reimbursable charge)
Major Restorative	Not covered	
Periodontics and Oral Surgery	Not covered	
Orthodontia	Not covered	

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

DENTAL PLANS

COMPREHENSIVE DENTAL PLAN

The Comprehensive Dental plan is more extensive and covers basic and major restorative services and orthodontia, as well as preventive care. There's a small deductible, but preventive care is not subject to the deductible. The annual plan benefit maximum is \$2,000. Once the plan maximum is reached, the plan will not pay for any additional services for the remainder of the year.

Coverage is as follows:

COMPREHENSIVE DENTAL PLAN		
	In-Network	Out-of-Network
Annual Plan Maximum	\$2,000	
Deductible	Single: \$100 Family: \$200	
Preventive Care	100%	100% <i>(up to maximum reimbursable charge)</i>
Basic Restorative	80%/20%*	80%/20%* <i>(up to maximum reimbursable charge)</i>
Major Restorative	50%/50%*	50%/50%* <i>(up to maximum reimbursable charge)</i>
Periodontic and Oral Surgery**	80%/20%*	80%/20%* <i>(up to maximum reimbursable charge)</i>
Orthodontia (children and adult)	50%/50%* up to \$2,000 lifetime maximum	50%/50%* up to \$2,000 lifetime maximum <i>(up to maximum reimbursable charge)</i>
<i>*Subject to plan deductible</i>		
<i>**Separate periodontal and oral surgery annual maximum of \$2,000.</i>		

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

DENTAL PLANS

DENTAL PLANS COVERAGE

Plan	Plan Max	Deductible		Preventive Care	Basic Restorative	Periodontal and Oral Surgery (\$2,000 max)	Major Restorative	Orthodontia \$2,000 Lifetime Maximum
		Single	Family					
Preventive	\$500	\$0	\$0	100%	50%	Not covered	Not covered	Not covered
Comprehensive	\$2,000	\$100	\$200	100%	80%	80%	50%	50%

MONTHLY ASSOCIATE CONTRIBUTIONS (FULL TIME)

Coverage Tier	Associate	Associate and Spouse	Associate and Child(ren)	Family
Preventive Plan	\$0	\$6.58	\$7.77	\$11.23
Comprehensive Plan	\$8.83	\$21.67	\$24.58	\$32.17

MONTHLY ASSOCIATE CONTRIBUTIONS (PART TIME)

Coverage Tier	Associate	Associate and Spouse	Associate and Child(ren)	Family
Preventive Plan	\$6.37	\$22.24	\$25.78	\$38.32
Comprehensive Plan	\$21.20	\$44.42	\$50.37	\$70.90

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.



JM FAMILY VISION PLAN



VISION PLAN

IN THIS SECTION YOU WILL LEARN ABOUT:

■ Vision Plan

SUPERIOR VISION PLAN

JM Family provides coverage for your ongoing vision care. The plan allows you and each of your eligible family members to obtain an exam and lenses once per calendar year, and provides coverage for glasses or contact lenses, and fittings at the established copay amounts.

MONTHLY VISION PREMIUMS (FULL TIME)

	Associate	Associate and Spouse	Associate and Child(ren)	Family
Superior Vision Plan	\$0	\$10.24	\$9.98	\$15.23

MONTHLY VISION PREMIUMS (PART TIME)

	Associate	Associate and Spouse	Associate and Child(ren)	Family
Superior Vision Plan	\$4.86	\$15.10	\$14.84	\$20.09

For coverage details, please refer to next page



SuperiorVision®

Vision plan benefits for JM Family Enterprises, Inc. "Your JM Family Choice Plan"

Copays		Services/frequency	
Exam	\$10	Exam	1 per calendar year
Materials ¹	\$20	Frame	1 per calendar year
Contact lens fitting (standard & specialty)	\$37	Contact lens fitting	1 per calendar year
		Lenses	1 pair per calendar year
		Contact lenses	1 allowance per calendar year

Benefits through Superior National network

	In-network	Out-of-network
Exam (ophthalmologist)	Covered in full after \$10 co-pay	Up to \$33 retail
Exam (optometrist)	Covered in full after \$10 co-pay	Up to \$28 retail
Frames	\$150 retail allowance after \$20 co-pay	Up to \$70 retail
Contact lens fitting (standard ²)	Covered in full after \$37 co-pay	Not covered
Contact lens fitting (specialty ²)	\$50 retail allowance after \$37 co-pay	Not covered
Lenses (standard) per pair		
Single vision	Covered in full after \$20 co-pay	Up to \$29 retail
Bifocal	Covered in full after \$20 co-pay	Up to \$43 retail
Trifocal	Covered in full after \$20 co-pay	Up to \$53 retail
Standard progressives	Covered in full ³	Up to \$43 retail
Basic anti-reflective	Covered in full	Not covered
Contact lenses ⁴	\$150 retail allowance	Up to \$100 retail

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹ Materials co-pay applies to lenses and frames only, not contact lenses

² Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses.

³ If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

⁴ Contact lenses are in lieu of eyeglass lenses and frames benefit

Discount features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Discounts on covered materials

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	20% off amount over allowance

Lens type*	Member out-of-pocket ⁵
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30

Progressive lenses

Premium/Ultra/Ultimate \$110 / \$150 / \$225

Anti-reflective coating

Premium/Ultra/Ultimate \$70 / \$85 / \$120

Polarized lenses \$75

Plastic photochromic lenses \$80

High Index (1.67 / 1.74) \$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing.

⁵ Discounts and maximums may vary by lens type. Please check with your provider. Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	\$39 maximum out-of-pocket

Laser vision correction (LASIK)

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

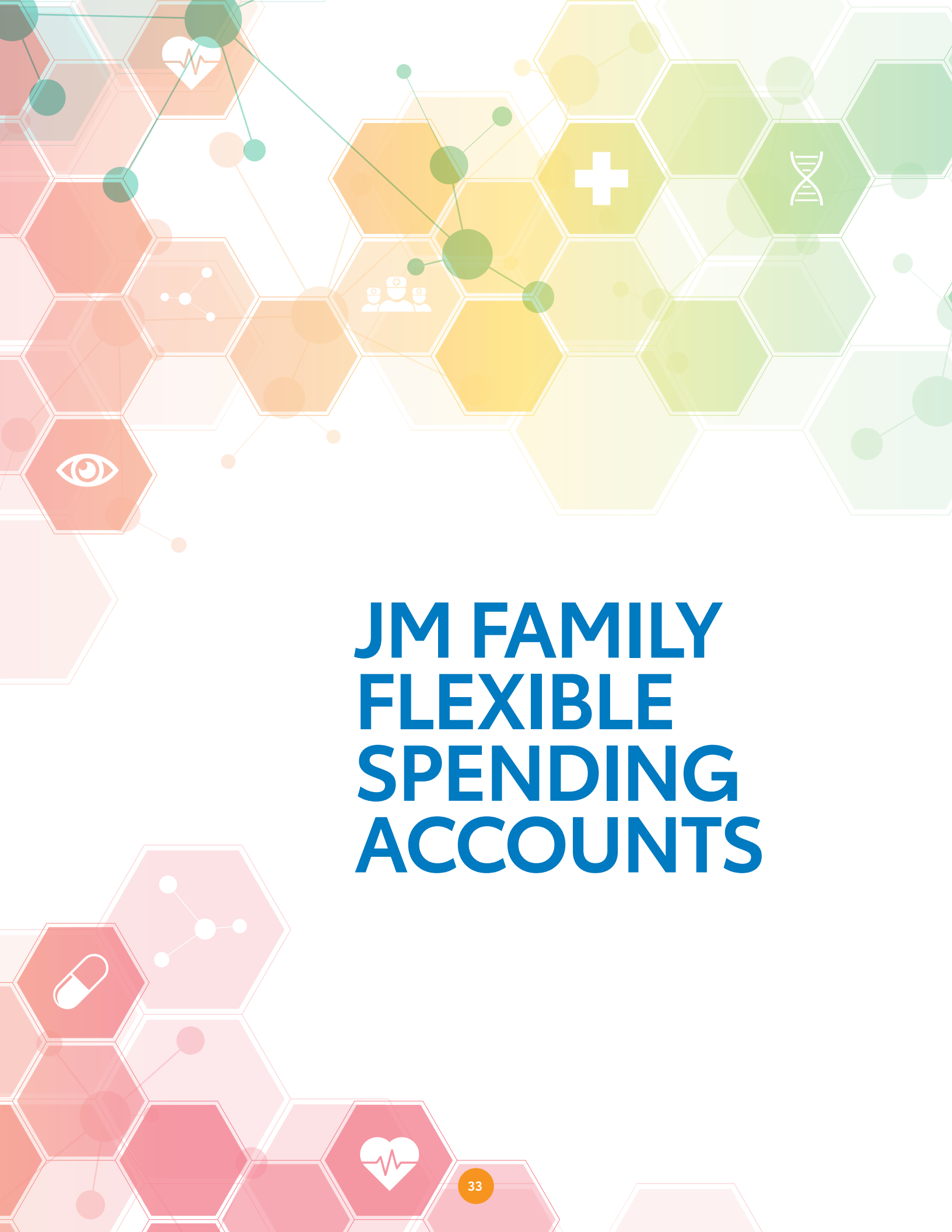
Hearing discounts

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.





JM FAMILY FLEXIBLE SPENDING ACCOUNTS

FLEXIBLE SPENDING ACCOUNTS

IN THIS SECTION YOU WILL LEARN ABOUT:

- Health Care Flexible Spending Account
- Limited Purpose Flexible Spending Account
- Dependent Care Flexible Spending Account

Flexible Spending Accounts allow you to set aside money through payroll deductions on a pre-tax basis to pay for anticipated medical, dental, pharmacy, vision and dependent care expenses not covered under another plan. These accounts are subject to IRS rules and may require substantiation of spending to verify the money was used for eligible expenses.

Listed below are the types of flexible spending accounts JM Family offers:

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

The HCFSA plan is available to associates enrolled in the HRA medical plan. Funds in the HCFSA may be used to pay for eligible medical, dental, prescription, vision and hearing expenses. However, participants cannot use their HCFSA to reimburse themselves for medical expenses already paid by their HRA account. For 2022, JM Family's HCFSA plan allows you to contribute annually up to \$2,850.

Eligible expenses include but not limited to:

- Co-pays, coinsurance and deductibles
- Prescriptions
- Dental treatment (excluding cosmetic treatment)
- Eyeglasses and contact lenses
- Hearing aids
- Laser eye surgery
- Over-the-counter (OTC) items
- Orthodontia
- Physical therapy and chiropractic care

FLEXIBLE SPENDING ACCOUNTS

Examples of OTC items for which you can get reimbursed from your HCFA are:

- Band-Aids, elastic bandages and wraps
- Braces and supports
- Contact lens solution and supplies
- Denture adhesive
- Diagnostic tests and monitors
- First aid supplies
- Insulin and diabetic supplies
- Ostomy products
- Reading glasses
- Wheelchairs, walkers and canes

LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

This account is available to associates who are enrolled in the HSA medical plan. Funds in the LPFSA may be used to pay for eligible dental and vision expenses only. Examples of these types of expenses are contact lenses, prescription eye glasses, vision correction surgery, dental fillings, root canals, orthodontia, etc.

You may be able to reduce taxes on your pay by using your pre-tax contributions in a LPFSA towards dental and vision care costs while reserving HSA funds for current or future eligible medical and pharmacy expenses. For 2022, you may contribute up to \$2,850 to a LPFSA.

Ineligible expenses include, but are not limited to the following:

- Medical plan co-insurance and deductibles
- Prescriptions
- Hearing aids
- Over-the-counter (OTC) items
- Physical therapy and chiropractic care

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

FLEXIBLE SPENDING ACCOUNTS

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

The DCFSA is used for reimbursement of daycare expenses for children under the age of 13 and/or spouses or other adult dependents who may be unable to care for themselves. In order for daycare expenses of an associate's dependent to be eligible for payment with DCFSA funds, the associate's spouse must be unable to care for the dependent due to working and/or attending school full time or disability. This benefit does not reimburse *medical* expenses for dependent spouses and children. The IRS sets the maximum allowable annual contribution amount at \$5,000 per family. At the end of each year, any unused dollars are forfeited by the account holder.

Please note JM Family is required by federal regulations to administer qualified benefit plans, including the DCFSA, in a way that is not discriminatory. A plan is deemed discriminatory if Highly Compensated Associates (HCAs) as a group are determined to be benefiting from the plan in a greater proportion than the associates who are not HCAs. Generally, per the IRS definition, an HCA is an associate who earned \$130,000 or more in the calendar year preceding the year for which the plan is undergoing nondiscrimination testing. If you're considered an HCA and are making pre-tax contributions to the DCFSA, your annual contribution election amount may be reduced after Open Enrollment closes to comply with nondiscrimination rules.

ELIGIBLE EXPENSES INCLUDE:

- Before and after school programs
- Day care (child or adult)
- Nursery school or preschool
- Summer day camp



JM FAMILY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

IN THIS SECTION YOU WILL LEARN ABOUT:

- **Associate Life**
- **Associate Supplemental Life**
- **Associate Accidental Death and Dismemberment**
- **Dependent Life**
- **Dependent Accidental Death and Dismemberment**

JM Family provides continuing benefits for the protection of associates' loved ones in the event of an accident or death. It is the associate's responsibility to keep all his or her beneficiary designations up-to-date.

ASSOCIATE LIFE INSURANCE

JM Family pays for life insurance in the amount of two-and a half times your eligible earnings, up to \$500,000 of coverage. Although the total cost of coverage is paid by JM Family, the IRS requires employers to tax associates on the value of policies with coverage over \$50,000 (this value is referred to as "imputed income"). The imputed income, if any, will show on your paycheck statement as "Group Term Life". This amount is included in your paycheck statement as a taxable benefit only and is not actually a deduction. When you enroll upon hire or during annual open enrollment, you may decline the standard coverage of two and a half times eligible earnings and instead elect a flat dollar benefit amount of \$50,000. There won't be any taxable imputed income reported for this benefit on your paycheck statement if you elect the lesser coverage amount.

ASSOCIATE SUPPLEMENTAL LIFE INSURANCE

You have the opportunity to purchase up to five times your eligible earnings, to a maximum of \$1.5 million, in supplemental life insurance coverage. Premiums for this coverage are paid solely by you through payroll deductions using after-tax dollars. Rates are determined by your eligible earnings, age and smoker status.

New hires may purchase coverage up to three times their eligible earnings subject to a maximum of \$350,000, without having to submit evidence of insurability (EOI). However, if they don't elect coverage at time of hire and later want to add it during annual Open Enrollment, they may only elect one times eligible earnings without needing to submit EOI. Any coverage amount over one times eligible earnings will require the insurance carrier's approval.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

ASSOCIATE ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

JM Family pays for AD&D insurance in the amount of two and a half times your eligible earnings, up to \$500,000.

DEPENDENT LIFE INSURANCE

JM Family offers you the opportunity to purchase:

- \$10,000 in coverage for children up to age 26
- Up to \$100,000 maximum coverage; up to \$50,000 election without requiring EOI for a spouse. An EOI might be required for buy-up of coverage after initial election. Premiums are paid with after-tax dollars.

DEPENDENT ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

JM Family offers you the opportunity to purchase:

- \$10,000 in coverage for children up to age 26.
- Up to \$100,000 maximum coverage, no EOI required for a spouse. Premiums are paid with after-tax dollars.

Please note: If your spouse and/or child is a JM Family associate, you are not able to purchase life insurance for your spouse or child.



JM FAMILY DISABILITY PLANS



DISABILITY PLANS

IN THIS SECTION YOU WILL LEARN ABOUT:

- **Short-term Disability (Full time associates only)**
- **Long-term Disability**

SHORT-TERM DISABILITY

Full-time associates are eligible for short-term disability after 12 months of service. You don't need to enroll in this plan because you'll be automatically covered after you've met eligibility. The short-term disability program provides you with replacement income equal to 75% of your eligible earnings for a covered/approved disability. There is no cost to you for being covered under this program.

LONG-TERM DISABILITY

Full-time associates are eligible for long-term disability ("LTD") after 12 months of service. You must first complete a 180-day elimination period to be eligible for consideration of benefits under the long-term disability plan.

The plan pays based on your "own occupation" for the first two years and then under "any occupation" until your normal retirement age in accordance with the plan schedule (your retirement age is determined under Social Security Administration guidelines).

At no cost to you, the plan pays 60% of your predefined eligible earnings, not to exceed \$10,000 per month. You have the option to purchase coverage for an additional 6.7% of earnings to supplement your main coverage. This option to supplement your LTD coverage is referred to as "LTD Buy-Up."

Your annual eligible earnings may impact the LTD benefit amount payable to you. Please note the following details **before** electing the LTD Buy-Up option:

The LTD benefit is payable up to a maximum of \$10,000 per month (or \$120,000 annually). Therefore, if your annual eligible earnings are consistently **\$200,000* or more**, you would **not** benefit from the LTD Buy-Up option because you would already reach the \$10,000 monthly maximum with just the company covered LTD benefit (i.e. 60% x \$200,000 is \$120,000 per year or \$10,000 per month).

DISABILITY PLANS

Please note that if your eligible earnings **fall below \$200,000**, electing the LTD Buy-Up in the future will be subject to a three-month pre-existing clause. Therefore, the additional LTD Buy-Up benefit of 6.7% of eligible earnings might not be payable if the plan determined you became disabled from a pre-existing condition within this three-month period.

*It's also important to note if your eligible earnings is in the range of **\$180,000 to \$200,000**, and you elected the LTD Buy-Up option, you would *not* receive the full combined 66.7% LTD benefit amount due to the \$10,000 monthly maximum (see example below).

EXAMPLE:
Eligible Earnings: \$185,000
LTD Company Covered Benefit (monthly): \$9,250 = $(\$185,000 \times 60\%) / 12$
Buy-Up Benefit: \$1,033 = $(\$185,000 \times 6.7\%) / 12$
Total Monthly Amount: \$10,283 = \$9,250 + \$1,033
Maximum Monthly Benefit Payable: \$10,000 (i.e., instead of \$1,033, the Buy-Up option would actually only pay you \$750 monthly, which when added to the Company covered benefit of \$9,250, would equal the monthly maximum allowed.)

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions



JM FAMILY GROUP LEGAL PLAN



LEGAL PLAN

IN THIS SECTION YOU WILL LEARN ABOUT:

■ Legal Plan

LEGAL PLAN

Associates may obtain extensive legal coverage through our legal insurance plan, serviced by ARAG®. You can enroll in the legal plan upon hire or during annual Open Enrollment.

ARAG offers you access to a nationwide network of attorneys who can advise and represent you. Plus, network attorney fees are 100% paid in full for most covered legal matters. You'll benefit from a wide array of services outlined on the next page.

Legal Insurance from ARAG



JM Family Enterprises, Inc.



What does legal insurance cover?

An UltimateAdvisor legal insurance plan from ARAG® **covers a wide range of legal needs** like the examples shown below — and many more — to help you address life's legal situations.

Consumer Protection

- ✓ Auto repair
- ✓ Buy or sell a car
- ✓ Consumer fraud
- ✓ Consumer protection for goods or services
- ✓ Home improvement
- ✓ Personal property disputes
- ✓ Small claims court

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Services for Tenants

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Trusts
- ✓ Wills

What does it cost?

UltimateAdvisor®
\$15.75 monthly



What is legal insurance?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property, or buying a home.

More details please! →



See the complete list of what your plan covers at:

ARAGlegal.com/myinfo Access Code: **18782jmf**

Let's Talk! Call ARAG at 800-247-4184



JM FAMILY VOLUNTARY BENEFITS

VOLUNTARY BENEFITS PLAN

IN THIS SECTION YOU WILL LEARN ABOUT:

■ Voluntary Benefits

VOLUNTARY BENEFITS

You may elect Accident, Critical Illness or Hospital Care insurance coverage offered through Cigna. You can enroll in any of these benefits upon hire or during the annual Open Enrollment period. These plans offer our eligible associates the following advantages:

- *Low group rate* - you'll likely pay less as a JM Family associate than as an individual for the same coverage
- *Guaranteed issue* - you're automatically eligible regardless of your health status or medical history
- *Convenience* - premium payments are made through automatic payroll deductions
- *Wellness incentive benefit* - under the Critical Illness plan, Cigna will pay you \$50 annually for each covered person who completes a wellness treatment, health screening test or preventive care service
- *Simple/Auto Claim service* - when processing a claim under your JM Family medical plan, Cigna will alert you, if applicable, that you may be able to submit a voluntary benefit claim for related expenses not covered by the medical plan.

In addition, benefits paid under a voluntary plan could go towards satisfying your medical plan deductible that must be met before coinsurance kicks in under that plan.

Below is an overview of Cigna voluntary benefits, including customer service contact information. You can also visit the voluntary benefits website where you can view the plans' benefit summaries and informational videos: my.cignasupplementalhealth.com/jmfamilyenterprises.



IT'S SMOOTH SAILING.*

In case it isn't, Cigna Supplemental Health insurance plans are here for you.

Life doesn't announce surprises. By signing up for Cigna's Accidental Injury, Critical Illness and Hospital Care insurance, you can supplement your health plan. It can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. It can help you bounce back physically, emotionally, and financially. And that's a feeling we want for you every day.

HERE'S HOW IT WORKS

- › **Cash benefit paid directly to you.**¹ No copays, deductibles, coinsurance, or network requirements.
- › **Use the money however you want.** Pay for costs, such as medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more. It's up to you.
- › **Cost-effective coverage.** By signing up through your employer, you get coverage at a low group rate. Coverage is guaranteed-issue, regardless of medical history.
- › **Get it and forget it.** Your premium can be easily deducted from your paycheck. Plus, through Cigna's Simple File[®] feature, Auto compare² carefully reviews Cigna medical claims and automatically reminds you to submit your eligible Supplemental Health insurance claims.
- › **Take it with you.** You may be able to take your coverage with you if you leave your employer – benefits won't change if you port your coverage.³

PERSONALIZED RECOVERY SUPPORT FOR BODY AND MIND.

In addition to extra financial protection, Cigna Accidental Injury, Critical Illness and Hospital Care (indemnity) insurance delivers:

- › **Assistance to help you recover physically.**⁴ Tools and resources to find the right care at the right cost – plus discounts on recovery services.
- › **Additional services to help you recover emotionally.**⁴ Free expert legal and financial counseling, including money coaching.

*We really hope it is.


Together, all the way.[®]




Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Life Insurance Company of North America or New York Life Group Insurance Company of NY formerly known as Cigna Life Insurance Company of New York.

EASY WAYS TO FILE A CLAIM


Choose the option that's easiest for you.

 **Phone:** Call **800.754.3207** to speak with one of our dedicated customer service representatives.

 **Online:** Visit SuppHealthClaims.com

 **Fax:** Send documents to our fax line at **860.730.6460**

 **Email:** Send scanned documents to SuppHealthClaims@Cigna.com

 **Mail:** Send documents to:
Cigna Phoenix Claim Services
PO Box 55290
Phoenix, AZ 85078

WHAT'S NOT COVERED

The following is general information about the exclusions and limitations that may apply to the benefits described. This is not a complete list of policy terms and conditions. Your actual policy may vary by plan design and location. See your plan documents for more information, including state-mandated benefits.

Depending on your plan, benefits may not be paid for an illness or injury that existed prior to the effective date of coverage. Age-based reduction of benefits and benefit waiting periods may also apply.

Accidental Injury:

Benefits are only payable for covered injuries diagnosed and treated by a health care provider and resulting directly from a covered accident. Under most plans, treatment must begin within 90 days of the accident.

- **Physician office visit:** Limited to one benefit per accident. Excludes routine health examinations or immunizations, visits for behavioral or nervous disorders, or visits by a surgeon while confined to a hospital.
- **Diagnostic exam:** Limited to one benefit per accident.
- **Dislocation/fracture:** If there is more than one type of fracture or dislocation, only one benefit will be paid for each injury, whichever is greater.
- **Follow-up physician visit:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.
- **Physical therapy:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization; Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface (except as a fare-paying passenger on a regularly scheduled commercial airline); Services or treatment rendered by a health care professional who is: employed, retained by, related to, or living with the covered person; providing homeopathic, aroma-therapeutic or herbal therapeutic services; or Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof (except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food).

Critical Illness:

Benefits are only payable for a covered critical illness diagnosed by a physician. The benefit amounts payable per condition or per lifetime may be limited depending on plan design. A “heart attack” requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; or A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Hospital Care Indemnity:

- **Hospital admission:** Benefits are payable once per day, limited to one day per admission. Covered person must be admitted as an inpatient to the hospital. Excludes treatment in an emergency room or provided on an outpatient basis, or for re-admission for the same covered injury or illness (including chronic conditions).
- **Hospital intensive care unit (ICU) stay and hospital stay:** Benefits are payable once per day, limited to 30 days and one benefit every 90 days. Stays within 90 days for the same/related injury or illness are considered one stay. Covered person must be admitted as an inpatient and confined to the hospital. If eligible for both benefits, only one benefit will be paid per day, whichever is greater.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Services deemed by the insurer as not being medically necessary; Elective or cosmetic surgery; Dental surgery, unless due to accidental injury; or Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in covered person’s household, or who is a parent, sibling, spouse or child of the covered person.



1. Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.
2. The Simple File process is based on a one-time assessment of the initial claim documentation for the primary claim. Any subsequent events would not be identified and the customer will need to submit a claim for any supplemental health benefits.
3. Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.
4. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Some restrictions may apply. Programs are provided through third-party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.
5. These are examples used for illustrative purposes only. Actual costs would vary. Actual coverage and benefit amounts will vary by policy design. Age-based reduction of benefits and benefit waiting periods may apply. Coverage is subject to all terms and conditions as specified in the group policy.
6. The term “Hospital” does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug or alcohol addiction; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. Benefit waiting periods may apply. For costs and complete details of coverage, contact your Cigna representative.

Accidental injury, critical illness and hospital care plans or insurance policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation, are administered by Cigna Health and Life Insurance Company and are insured by Life Insurance Company of North America (“LINA”) (Philadelphia, PA), except in NY, where insured plans are offered by New York Life Group Insurance Company of NY (“NYLGCNY”) (New York, NY), formerly known as Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. LINA and NYLGCNY are not affiliates of Cigna.

The background features a grid of hexagons in various shades of red, orange, yellow, and green. Several hexagons contain white icons: a heart with an ECG line, a DNA double helix, a white cross, a group of three medical professionals, a single eye, a pill, and a molecular structure. A network of thin lines connects various points across the hexagons.

JM FAMILY ASSOCIATE ASSISTANCE PLAN (AAP)

JM FAMILY ASSOCIATE ASSISTANCE PLAN

IN THIS SECTION YOU WILL LEARN ABOUT:

■ JM Family Associate Assistance Plan

JM FAMILY ASSOCIATE ASSISTANCE PLAN

As part of the Company's mission to support the emotional and physical well-being of its associates and their families, the Associate Assistance Program (AAP) is provided in partnership with Cigna at no cost to associates.

The AAP offers a confidential counseling, guidance and referral service to help manage stress, family issues and balance work and family life. In the event of a crisis, help is available around the clock. You, your spouse, dependent children and other members of your household are eligible to use this confidential service. Persons covered under the AAP are entitled to up to six face-to-face counseling sessions per issue, including virtual sessions. An overview of the AAP's services and contact information is provided on the following page.

NOTE: Enrollment in JM Family medical plans is *not* required in order to have access to AAP services.



The “I want to take control of my stress before it takes control of me” Program.

Get real support for real life with the Cigna Associate Assistance Program

With the Cigna Associate Assistance Program (AAP), you can get support for everyday issues. Even the stressful ones. You will get real solutions for a range of different topics, including:

- › Caregiver concerns
- › Family and relationships
- › Grief and loss
- › Emotional health
- › Stress management
- › Financial or legal issues*
- › Job and career support needs
- › Community resource needs

Services for all of these concerns – and more – are confidential and available to anyone in your household. Plus, they’re all available at no cost to you.

CONNECT WITH YOUR CIGNA AAP 24/7/365.



888.371.1125



myCigna.com

Employer ID:
jmfamily
(for initial registration)

If already registered, simply log in to **myCigna.com** and access the Employee Assistance Program under the Coverage section.

Together, all the way.SM



* Legal consultations related to employment matters are not available under this program.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Behavioral Health, Inc. and Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

937388LRG 01/20 © 2020 Cigna. Some content provided under license.



JM FAMILY RETIREMENT PLANS

RETIREMENT PLANS

IN THIS SECTION YOU WILL LEARN ABOUT:

■ JM Family Retirement Benefits

JM Family sponsors retirement benefit plans in which all full and part-time associates, excluding students, interns and temporary workers, may participate:

■ Profit Sharing & 401(k) Plan

■ Associates' Retirement Plan (the "Pension Plan")

Fidelity Investments is the service provider for both plans, and participants can access their accounts by logging on to Fidelity Benefits at 401k.com or by calling the Fidelity Retirement Benefits Line at **800-827-3321**. The first time you visit the plans' website, you'll be prompted to create a login ID and password to access your account.

401(k) CONTRIBUTIONS

You are immediately eligible upon hire to make your own pre-tax and/or Roth 401(k) contributions to the Profit Sharing & 401(k) Plan through payroll deductions. The plan permits you to contribute between 1% and 75% of your eligible earnings as defined by the plan. You can enroll online at 401k.com or by calling the Fidelity Retirement Benefits Line.

If you don't enroll in the plan within 30 days of your hire date, you'll be automatically enrolled with a pre-tax contribution rate of 6% of your eligible earnings. You'll also be automatically enrolled in the Annual Increase Program which will increase your pre-tax contribution rate annually by 1% every March 1st until you reach 10%. You can opt out or change your contribution rate at any time by going online to 401k.com or calling the Benefits Line. Any changes that you make to your contribution elections will take effect within one to two pay periods. If you don't want to contribute to the plan, although you're strongly encouraged to do so, you may change your contribution amount to 0%.

You may contribute a percentage of your own eligible pay up to the annual limits set by the IRS. Participants age 50 and over may make an additional "catch-up" contribution each pay period. Please read the Profit Sharing & 401(k) Plan Summary Plan Description (SPD) for further details (a copy can be accessed in JM Family's HR Now portal or at 401k.com).

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

RETIREMENT PLANS

You may self-direct investment of the 401(k) portion of your account using fund choices available under the plan. Those who do not submit investment directions are invested in the default investment fund which is the age-appropriate Vanguard Target Retirement Trust Plus fund. If you would like to consolidate your retirement savings, you may roll over your accounts from a former employer's qualified retirement plan into the Profit Sharing & 401(k) Plan at any time.

On the first of the month coincident with or following your completion of six months of service, the Company will automatically start making a contribution equal to 3% of your eligible compensation. This Company contribution will be made each payroll period whether or not you contribute your own pay to the plan. This contribution is subject to annual limits imposed by the IRS.

You are immediately 100% vested in your own 401(k) contributions to the Plan, as well as the 3% 401(k) company contribution.

PROFIT SHARING CONTRIBUTION

You will become eligible for the discretionary annual profit sharing contribution on the first of the month coincident with or following completion of one year of service. Once you have met this eligibility requirement, you must be employed as of the last day of the plan year (calendar year) to be entitled to a share of the contribution determined for that year. Profit sharing contributions are funded entirely by JM Family and are typically allocated to eligible participants' accounts by the end of the first quarter of the year following the applicable plan year. Profit sharing contributions are invested in the age-appropriate Vanguard Retirement Trust Plus funds which are selected and monitored by the JM Family Enterprises, Inc. Retirement Investment Committee. Participants are generally not able to direct the investment of their Profit Sharing contributions. However, associates age 59-1/2 and older will have the option to direct investments out of the age-appropriate Vanguard Target Retirement Trust Plus fund and into any of the other available target dated funds or the Core Investment funds. Based on your length of service as of December 31, contribution amounts are determined as follows:

12 to 23 months of service	up to 4% of eligible compensation
24 to 35 months of service	up to 8% of eligible compensation
36 months or more of service	up to 12% of eligible compensation

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

RETIREMENT PLANS

Profit sharing contributions are subject to a graded vesting schedule with full vesting achieved after six years of vested service. Please consult the Summary Plan Description for more details.

PENSION PLAN

Entry into the plan occurs on the first of the month coincident with or following date of hire, or attainment or age 21, if later. This traditional pension plan is meant to supplement your monthly retirement income. It is funded exclusively by JM Family contributions that are invested in a plan trust. The plan generally provides a monthly lifetime benefit typically payable at age 65 (normal retirement). The benefit amount is determined using eligible earnings, years of service and an estimated Social Security offset.

Benefits are subject to a graded vesting schedule with full vesting attained after six years of vested service or upon attainment of age 65 while still employed at JM Family, if earlier. Vested participants who separate from service before attaining retirement age, as defined under the plan, may commence their pension upon reaching retirement age. In some instances, a vested benefit may be paid in full as an immediate lump sum upon separation from service.

DESIGNATING YOUR BENEFICIARY UNDER THE RETIREMENT PLANS

Single associates are able to designate any beneficiary and change them at any time. Under federal law, married associates must designate their spouse as their primary beneficiary of their entire vested benefit. If you're married and would like to designate someone other than your spouse as primary beneficiary (or in addition to your spouse), you'll need to obtain a signed notarized consent from your spouse stating he or she consents to someone else being designated primary beneficiary. The appropriate consent form can be downloaded from 401k.com.

If there is no beneficiary designated at the time of death of an associate who left behind a vested benefit, the associate's spouse is automatically the beneficiary of the survivor benefit. If the associate was not married, any vested benefit will go to his or her estate.

Associates need to log in to 401k.com to enter their beneficiary designations electronically under each of the retirement benefit plans. You may call the Benefits Line at 800-827-3321 for assistance with registering your beneficiary(ies) online.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.



QUESTIONS AND ANSWERS

QUESTIONS AND ANSWERS

1. Question: How do I know which medical plan is best for me and my family?

Answer: Learn more about each plan in this handbook or in the plan's respective summary plan description. You can also access HR Now at hrnow.jmfamily.com or call the Associate Care department at 954-249-CARE (2273).

2. Question: Can I opt out of any coverage if I choose not to participate or have coverage elsewhere?

Answer: Yes. For example, you can enroll in our dental plan and not the medical plan. You may want to carefully consider your health care and insurance needs and, if applicable, those of your family before deciding to decline any coverage.

3. Question: If I enroll in one of the JM Family's medical plans as a new hire, and after a month want to change to another medical plan option, am I able to do so?

Answer: No, generally you're not able to change your plan until the next available Open Enrollment period. There are certain limited circumstances, however, under which you may be allowed to change coverage levels (e.g. Associate, Associate & Spouse, Family, etc.) outside of the open enrollment period. If you experience a qualifying life status change you may be able to change coverage before the next enrollment period.

4. Question: What is a qualifying life-status change for benefits purposes?

Answer: A qualifying event includes, but is not limited to, change in work status (from full-time to part-time), marriage, divorce and birth of a child that would cause you to have to add or remove dependents from the plans or modify contributions to spending accounts.

5. Question: How long does it take to receive insurance cards as a new hire?

Answer: You are eligible on the first day of the month following date of hire. If your enrollment is submitted on time, allow up 10 days from your eligibility date for cards to be mailed to your home. You can also print a temporary insurance card from myCigna.com.

QUESTIONS AND ANSWERS

6. Question: When can I add dependents to my benefit plans?

Answer: You have the opportunity to add a new spouse or child during a life event change or Open Enrollment. You have 30 days from the date of the event (marriage, birth, divorce, etc.) to make the change and will be required to provide documentation of the life event. **If you have not requested the change within 30 days of the life event, you'll have to wait until the next open enrollment period to get your dependent enrolled.**

7. Question: How long can I keep my dependent child(ren) on my benefits?

Answer: Dependent children can remain on your coverage up to age 26 (adult children will be removed from the plans at the end of the month in which they turn 26). This includes, but is not limited to, biological children, stepchildren and legally adopted children. Once they reach 26, they will become eligible for benefits under COBRA. Any child who is determined to be physically or mentally disabled by the Social Security Administration can stay on the plan after turning 26, provided they continue to be disabled.

8. Question: If I am currently under my spouse's health coverage, do I need to decline coverage with JM Family?

Answer: No, it's in your sole discretion to carry coverage under both your spouse's plan and a JM Family plan. However, under IRS rules, you cannot be covered under another plan if you're also enrolled in the HSA unless the other plan is also a qualified high-deductible health plan (HDHP). **If you plan to enroll in the HSA and also carry secondary coverage under your spouse's plan, you first need to check if your spouse's health plan is a HDHP.**

9. Question: What happens to the remaining balance in my HRA if I switch to the HSA plan?

Answer: Anyone electing during open enrollment to change to an HSA in the next year will have their remaining HRA balance, if any, forfeited at the end of the current year.

QUESTIONS AND ANSWERS

10. Question: What happens to the balance in my HSA if I switch to the HRA plan?

Answer: You are the owner of your HSA and any balance in the account. You can continue to use your HSA account to pay eligible medical, pharmacy, dental or vision expenses. However, because you'll no longer be enrolled in the HSA medical plan, the HSA account administrator, HSABank, will deduct a monthly account maintenance fee from your account.

11. Question: In the HRA, is there a maximum amount that can be rolled over from year to year?

Answer: Yes, unlike the HSA, which has no limit on the amount you can accumulate, the maximum you will be able to roll over under the HRA is equal to the amount of your out-of-pocket maximum for your coverage level (i.e. \$9,000 for family coverage). You may want to consider the HSA plan if long-term healthcare savings is a priority for you.

12. Question: I'm close to becoming eligible for Medicare. Can I still contribute to the HSA?

Answer: Under IRS rules, you're not permitted to make contributions to your HSA while enrolled in Medicare. Therefore, if you do not sign up for Medicare when you first become eligible for it (typically at age 65), you must take special precautions if and when you decide to commence Social Security benefits (either while working or when retiring). Be sure to stop all contributions to your HSA *at least six months before* you begin your Social Security payments. You must do this because when you apply for Social Security benefits, Medicare **Part A** will be retroactive up to six months prior to your Social Security commencement date (**as long as you were eligible for Medicare during those six months**). If you don't stop contributing to your HSA at least six months before you start Social Security payments, you may be liable for federal income tax and IRS penalties on the amounts contributed in the six-month period leading up to your Social Security commencement date.

13. Question: How can I confirm my new elections?

Answer: Log in to AIM (aim.jmfamily.com) then Associate > Benefits > Current Benefits to confirm your new elections.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

QUESTIONS AND ANSWERS

14. Question: Can eligible family members be added to coverage if they live in a different country?

Answer: No, dependents cannot be added if they live outside the United States.

15. Question: Can I change my medical plan when I have a qualifying life event (for example, move from the HSA to the HRA)?

Answer: No, you cannot change your medical plan once you've enrolled in it for the year. However, you may change the coverage level (e.g. Associate, Associate & Spouse, Family, etc.) within the medical plan you're enrolled in by adding or removing dependents.

16. Question: What happens to the supplemental life insurance if I leave the Company?

Answer: You are able to convert the current policy to an individual plan once you have left JM Family. You'll have the opportunity to continue coverage at your expense.

17. Question: When do I or my spouse have to complete an Evidence of Insurability (EOI) form?

Answer: You'll need to complete an EOI form if you're electing or increasing supplemental life insurance coverage during annual open enrollment and didn't previously enroll yourself or your dependents in that benefit when you were hired. However, you won't need to complete an EOI form for child life or AD&D coverage or future supplemental increase of no more than one times your annual eligible earnings.

18. Question: How do I make payments to maintain my benefits coverage if I take a leave of absence?

Answer: If you are on short-term disability and are eligible for income replacement, you will continue to make payments through deductions from your disability pay. If you are on a personal leave of absence or long-term disability, you may make payments by personal check, payable to JM Family. If payments are not made or remitted timely, your coverage will be discontinued and you will be offered COBRA.

QUESTIONS AND ANSWERS

19. Question: Who do I contact for more information about eligibility, status changes and general benefits questions?

Answer: Go online to HR Now at hrnow.jmfamily.com to submit a service request or use the site's live chat feature to communicate with a member of the Associate Care team Monday through Friday from 8 a.m. to 5 p.m. ET. You can also call Associate Care at 954-429-CARE (2273).

20. Question: What is a maximum reimbursable healthcare charge?

Answer: When you receive out-of-network medical care from a non-participating doctor or other health care professional, there's a limit to the amount of money the health plans will reimburse you based on the healthcare service you received. For example, your doctor might charge \$100 for treatment, but the most your plan will pay for that type of treatment is \$80. This amount is called the maximum reimbursable charge. These charges are typical of the fees doctors in your geographic area charge for the same service. The nature and severity of your condition and any resulting complications are also considered.

When determining a maximum reimbursable charge, the health plans' service provider, CIGNA, considers the fees for that particular service charged by doctors and other health care professionals in your area. The plans also consider similar data provided by most other major U.S. health service companies.

21. Question: What if my out-of-network doctor charges more than the maximum reimbursable charge?

Answer: When you or your doctor files a medical claim and we determine the doctor's fee exceeds the maximum reimbursable charge:

- Any amount your doctor charges above the maximum reimbursable amount will not be covered by your medical plan.
- Your doctor can bill you directly for the uncovered amount and you are responsible for payment.
- Any amounts in excess of the reimbursable maximum that you're responsible for paying will **not** be counted towards your health plan deductible or out-of-pocket maximum.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions.

QUESTIONS AND ANSWERS

22. Question: If I'm enrolled in the HRA medical plan and will be retiring, do I get to keep any balance remaining in my HRA account?

Answer: Yes. If you're eligible for the Company's retiree medical program, your HRA account balance will be added to your retiree medical benefit.

23. Question: Can I take money out of my Profit Sharing & 401(k) Plan while I'm still employed?

Answer: Although accessing savings meant for a financially secure retirement should be a very last resort, you may be able to take out an in-service withdrawal under certain special circumstances or a loan. Contact the Fidelity Benefits Line at **800-727-3321** for rules and eligibility requirements for these types of transactions.



TERMS YOU SHOULD KNOW

TERMS YOU SHOULD KNOW

Account-based Plans - These plans allow members to use funds in their accounts to pay for out of pocket costs and services. JM Family offers two account-based plans, the Health Savings Account (HSA) and the Health Reimbursement Arrangement (HRA).

Appeal - A request for your health insurer or plan to review a decision or address a grievance.

Coinsurance - Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Deductible - The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible.

Dependent - A dependent is defined as a spouse or child under the participant's guardianship up to age 26. This includes, but is not limited to, biological children, step-children and adopted children. Any child deemed by the Social Security Administration as mentally and/or physically disabled can remain on the plan without being subject to age restrictions.

Eligible Earnings (For 2022 Plan Year) - For associates hired on or before July 1, 2020, eligible earnings are defined by the 401(k) eligible earnings* paid to an associate by the company from July 1, 2020 through June 30, 2021. For associates hired after July 1, 2020, but before June 30, 2021, eligible earnings will be their annualized rate as of June 30, 2021, plus non-base earnings paid through June 30, 2021. Newly hired commission associates' earnings will be their annual pay plan target. Earnings for associates hired on or after July 1, 2021, will be their annualized rate at time of hire.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

TERMS YOU SHOULD KNOW

**401(k) eligible earnings include base pay, premium or overtime, vacation pay, bonuses, commissions, and any pre-tax contributions made to the Company's plans involving IRS-qualified salary reduction. Excluded are any car allowances, insurance pay, company contributions to associate benefit plans, taxable fringe benefits, non-qualified deferred compensation, expense reimbursements, severance or other forms of extraordinary compensation.*

Health Care Flexible Spending Account (HCFSA) - A pre-tax healthcare account that reimburses the participant for eligible qualified health costs. Associates fund the account through pre-tax payroll contributions. This account is a "use it or lose it" plan. This means if all eligible claims are not incurred by March 15 of following year and submitted for reimbursement by April 30 of following year, any unused dollars remaining in the account will be forfeited.

Individual Out-of-Pocket Maximum (applies to the HRA only) - The individual out-of-pocket maximum (OOPM) is an added safety net for families who may have only one or two family members who are high utilizers of the plan. The total individual OOPM for the HRA plan is \$6,000 (\$3,000 medical/\$3,000 pharmacy). These amounts will supersede the OOPM for each coverage tier.

Ineligible Over-the-Counter Medications (applies to the HCFSA and HSA) - Some over-the-counter medications cannot be reimbursed through a Flexible Spending Account or Health Savings Account as mandated by the IRS. To see the complete list of these medications, please visit www.irs.gov.

In-Network Provider - A provider (physician, specialist, hospital, etc.) who has a negotiated contract with your health insurer or plan to provide services to you at a discounted rate.

Out-of-Network Provider - A provider (physician, specialist, hospital, etc.) who doesn't have a contract with your health insurer or plan to provide services to you at a discounted rate. You'll pay more out-of-pocket expenses to use an out-of-network provider.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions

TERMS YOU SHOULD KNOW

Out-of-Pocket Maximum - The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of your care for the remainder of the period. This limit **does not** include premiums, amounts in excess of the maximum reimbursable charges for out-of-network services or services not covered by the plan. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit. However, JM Family's HRA and HSA plans do count these payments (other than out-of-network charges exceeding of maximum reimbursable amount) towards your out-of-pocket maximum.

Pre-authorization - A decision by your plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It's sometimes referred to as prior authorization, prior approval or precertification. Your health insurance or plan may require pre-authorization for certain services before you receive them, except in an emergency. Examples of services requiring pre-authorization are in/out-patient admissions, high-tech imaging (MRI, CAT), speech therapy, etc.

Premium - The amount you pay through payroll deductions for benefits that are fully-insured such as supplemental life insurance, vision care and legal plan coverage.

NOTE: The medical and dental plans are self-insured, which means the Company pays the bulk of the healthcare costs incurred under these plans. Associates enrolled in the self-insured plans also make contributions through payroll deductions that go towards those plans' benefit costs.

Prior Authorization - Our prescription benefits are designed to make your medications more affordable and the use of them safer. The Prior Authorization program is designed to prevent improper prescribing or use of certain medications that may not be the best choice for a health condition.

Step Therapy - A "step therapy" process makes sure prescriptions are initially filled with an effective yet more affordable medication (step 1). When appropriate, a costlier medication (step 2) can be authorized if the step 1 prescription is not effective in treating the condition.

Wellness Incentives - Additional opportunity for an associate and spouse to earn additional company-provided funds by participating in wellness activities.

This is a summary of benefits. Please review the Summary Plan Description in HR Now for complete plan information and exclusions



ELIGIBILITY AND SERVICE PROVIDER CONTACT INFORMATION

PLAN	SERVICE PROVIDER OR CARRIER	COVERAGE BEGIN DATE
Medical: HSA, HRA	Cigna myCigna.com 800-244-6224	
Dental	Cigna myCigna.com 800-244-6224	
Vision	Superior Vision superiorvision.com 800-507-3800	
Pharmacy	Cigna myCigna.com 800-244-62244	
Health Care and Dependent Care Flexible Spending Accounts	PayFlex payflex.com 800-284-4885 402-231-4310 (fax)	Associates are eligible the first day of the month following their date of hire.
Life and AD&D Insurance	Lincoln National Life Insurance 888-787-2129	
Short-term Disability	Lincoln National Life Insurance 800-654-8359	Associates are eligible after 12 months of service from their date of hire.
Long-term Disability	Lincoln National Life Insurance 800-654-8359	Associates are eligible after 12 months of service from their date of hire (subject to 180-day elimination period).
Legal Plan	ARAG ARAGlegal.com/myinfo Access Code: 18782jmf 800-247-4184	Associates are eligible the first day of the month following their date of hire.

PLAN	SERVICE PROVIDER OR CARRIER	COVERAGE BEGIN DATE
Voluntary Benefits	<p>Cigna (<i>Accident, Critical Illness or Hospital Care insurance</i>) my.cignasupplementalhealth.com/jmfamilyenterprises 800-754-3207</p> <p>LifeCare (<i>Auto or Home insurance, Discount shopping</i>) Member.lifecare.com Registration code: jmfamily 866-929-JMFE (5633)</p>	<p>Associates may enroll on the first day of the month following their date of hire.</p>
Associate Assistance Plan (AAP)	<p>Cigna myCigna.com Employer ID: jmfamily (select EAP under Coverage tab) 888-371-1125</p>	<p>Associates, their dependents and any member of their household are eligible the first day of the month following associate date of hire.</p> <p>NOTE: Enrollment in JM Family medical plans is <i>not</i> required for AAP eligibility.</p>
Profit Sharing & 401(k) Plan	<p>Fidelity Investments 401k.com 800-827-3321</p>	<p>Associates are immediately eligible upon hire to start contributing their own pay to the plan.</p>
Retirement (Pension) Plan	<p>Fidelity Investments 401k.com 800-827-3321</p>	<p>Eligible the first day of the month coincident with or following date of hire or age 21, if later.</p>



JM Family
Enterprises

