

# 2017 Benefits Handbook



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## **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 family. 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 their health by understanding the benefits options available to them, assessing what makes the most sense for their needs and taking full advantage of the benefit plans.

# 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, 401(k) and Profit Sharing benefits.*

## Eligible Dependents

A dependent is defined as a spouse/SSDP and/or a child under your guardianship up to the age of 26 (*covered until the end of the month in which they turn 26*). This would include, but is not limited to, your biological child(ren), step-child(ren) and adopted child(ren). Any child(ren) deemed by the Social Security Disability Administration as mentally and/or physically disabled can remain on your plan without any age restrictions.

**Please Note:** Same-sex domestic partners are eligible for the same coverage as spouses until December 31, 2017. January 1, 2018, only spouses and eligible dependent children may be enrolled in the plans.

## Status Changes During The Year

Because you pay for most of your coverage on a pre-tax basis, federal tax rules limit when you can change your benefit choices. 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 the IRS. 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/Domestic Partner loses medical coverage provided through his or her employer.
- You, your spouse/Domestic Partner or dependent has a change in employment status (e.g., your dependent child or Spouse /Domestic Partner gets a job and is covered by another health plan).
- You, your spouse/Domestic Partner, change your work schedule, 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 network area.
- Your Spouse/Domestic Partner 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 within 30 days of that event and follow the procedures to make the necessary changes in your election.

# JM Family Medical Plans

In this Section you will learn about:

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

Our medical plan options are designed to meet the needs of our associates and their families. The plans are account-based plans and offer opportunities for associates to be more proactive and engaged in their overall healthcare. Our goal is to not only offer a variety of plans, but to also provide resources that encourage associates to review all options available and choose the best option for their families. While all plans offer coverage for out-of-network providers, associates are encouraged to stay within the network to avoid paying higher out-of-network deductibles and coinsurance.

All plans provide the same covered services, national network of doctors, specialists and hospitals, and negotiated discounts. Cigna Healthcare is our plan administrator. **Associates in Alabama have the option of choosing a BlueCross BlueShield (BCBS) plan, however all benefit designs are the same.**

## Medical Plan with Health Savings Account (HSA)

The HSA is a medical plan which has a tax-advantaged savings account tied to it. Due to the tax advantages of the account, 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 to 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 also 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 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. The plan can help you save for current and future expenses on a pre-tax basis. You determine when to access funds in the account. The HSA plan encourages you to become more involved with the decisions regarding your health. We promote conversations with providers about generic medications when available, out-patient hospital stays as opposed to in-patient and the use of Urgent Care and stand-alone hi-tech facilities to assist with managing your costs.

The plan includes a \$1,750 deductible for single associates and \$3,500 for family coverage. With this plan, when you add one person (whether child or spouse), you are considered to have family coverage and the entire family deductible has to be met prior to the plan paying at the coinsurance level. This plan has a combined deductible, which means expenses for both medical and pharmacy services will count toward one common deductible. The out-of-pocket-maximum is a built-in financial safety net for your wallet.

To help offset your out-of-pocket costs, the company provides a dollar-for-dollar contribution to your HSA\*, which is matched up to established maximums. See page 8 for the maximums. This company match is pro-rated for new hires (see example on page 8). You and your spouse (if applicable) may also earn additional company contributions by participating in wellness activities (see page 14 for Wellness Incentives details).

Any balance remaining in your HSA at the end of the year is carried over to the next year. Since the HSA is a personal account, you take the account with you if you leave JM Family. Funds in the HSA may be used for all healthcare expenses and/or saved for future medical expenses. The account will accrue interest which is also tax-free to you. Once the account has accumulated a \$2,000 balance, you may invest through options made available to you by HSA Bank. You are able to visit the JM Family Health & Wellness Centers at no cost for annual wellness exams; however, there is a \$30 cost per visit for other non-preventive services. IRS regulations require a charge for these visits. However, the H&WC will submit your paid receipt and claim form to Cigna/BCBS for processing towards your deductible and out of pocket maximum.

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

**NOTE: BCBS HSA members** must visit the link below to open an account.

[https://secure.hsabank.com/group\\_enrollment/enrollment.aspx?id=591390794](https://secure.hsabank.com/group_enrollment/enrollment.aspx?id=591390794)

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	Single: \$1,750 Family: \$3,500	Single: 3,500 Family: \$7,000
OUT-OF-POCKET MAXIMUM (includes plan deductible)	Single: \$3,400 Family: \$6,800	Single: \$6,800 Family: \$13,600
COINSURANCE (after deductible is met)	You pay 20%	You pay 50%
PHARMACY (after deductible is met; some preventive medications do not require deductible being met)	You pay 20%	You pay 50%
JM FAMILY MATCH (Pro-rated for associates hired on/after January 1)	Single: up to \$300 Family: up to \$600	
WELLNESS INCENTIVE MAXIMUMS	Single: \$500 Family: \$1,000	
PREVENTIVE CARE	Covered 100%	Covered 50% for children up to age 16; no coverage for adults
2017 IRS CONTRIBUTION MAXIMUMS	Single: \$3,400 Family: \$6,750	
HSA CATCH-UP (55+)	\$1,000	

### How the company's match is determined in the HSA:

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

### KEY DETAILS TO KNOW ABOUT THE HSA:

- Preventive care covered at 100%.
- There are no tax penalties when you use funds in the HSA to pay for qualified health care expenses. Use of the funds for other items will result in a 20% tax penalty on the ineligible amount.
- Lowest monthly premiums of both medical plan choices, which means even more money in your paycheck.
- Pharmacy costs are subject to the plan's deductible.
- Funds in the HSA can be used for medical, pharmacy, dental and vision expenses.
- 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 can be rolled over from year to year with no limitations, helping you save for future health care expenses.
- You own the account, so if you leave JM Family, it goes with you.

## Medical Plan with Health Reimbursement Arrangement (HRA)

The HRA is an account-based plan that provides all the tools necessary to drive your healthcare needs and services. The HRA account is used for payment of medical plan expenses, including deductibles and coinsurance on the health plan.

The HRA plan encourages you to become more involved with the decisions regarding your health. We promote conversations with providers about generic medications when available, out-patient hospital stays as opposed to in-patient and the use of Urgent Care and stand-alone hi-tech facilities to assist with managing your costs.

Once your deductible is met, the plan pays 90 percent of future eligible expenses and you will pay 10 percent up to the individual out-of-pocket maximum for your coverage level. 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 plan's OOPM.

To help offset your out-of-pocket costs, the Company provides funding to the HRA at the beginning of each calendar year. This company contribution is pro-rated for new hires (see example on page 10). You and your spouse (if applicable) may also earn additional company contributions by participating in wellness activities (see page 14 for Wellness Incentives details).

You are able to visit the JM Family Health & Wellness Centers at no cost for all services, including annual exams and available medications dispensed for free.

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). 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, any balance remaining in your HRA can be used to offset premium costs for medical plans purchased through RightOpt.

Associates who participate in this plan are able to enroll and contribute on a pre-tax basis to the Healthcare Flexible Spending Account (FSA) for reimbursement of expenses not paid by the plan or the HRA account (prescription co-pays, coinsurance, and dental and vision expenses).

PLAN DETAILS	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	Single: \$1,500 Associate and spouse or child(ren): \$3,000 Family: \$ 3,750	Single: \$3,000 Associate and spouse or child(ren): \$6,000 Family: \$7,500
OUT-OF-POCKET MAXIMUM (includes plan deductible)	Single: \$3,000 Associate and spouse or child(ren): \$6,000 Family: \$9,000	Single: \$6,000 Associate and spouse or child(ren): \$12,000 Family: \$18,000
INDIVIDUAL OUT-OF-POCKET MAXIMUM	\$3,000	n/a
COINSURANCE (after deductible is met)	You pay 10%	You pay 40%
PHARMACY	You pay: \$7 Generics 20% up to \$75 Preferred Brand 20% up to \$150 Non-preferred Brand	You pay 40%
PREVENTIVE CARE	Covered 100%	Covered 50% for children up to age 16; no coverage for adults
JM FAMILY CONTRIBUTION (Pro-rated for associates hired on/after January 1)	Single: up to \$300 Associate and spouse or child(ren): \$600 Family: up to \$800	
WELLNESS INCENTIVE MAXIMUMS	Single: \$500 Family: \$1,000	

### How the company's match is determined in the HRA:

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 and are tax free.
- Claim payments to providers are seamless and administered by Cigna or BCBS. There are no forms or administrative hassles for you.
- A maximum individual out-of-pocket maximum as a safety net for personal finances.
- The account can only be used to pay for eligible medical expenses, **not** pharmacy, dental or vision.
- Rollover of the account from year to year (limited to the out-of-pocket maximum on the plan for your coverage tier).
- If you leave the company (excluding eligible retirement), any remaining balance will be forfeited.
- No interest is earned on the account balance.
- Associates cannot contribute to the account.
- Associates and eligible family members may use the Health & Wellness Centers at no cost.

# Key Differences between the HRA and HSA

	HRA	HSA
Ownership	If an associate leaves the company (other than retirement), the account and any balance stays with JM Family.	Associate owns the account and can take it with them if they leave the company.
Contributions	JM Family contributes to the account on January 1 and throughout the year as incentives are earned. Associates cannot contribute to the account.	Both JM Family and the associate can make pre-tax contributions to the account, up to IRS limits. (Single - \$3,400; Family - \$6,750) NOTE: Associates who are enrolled in any Medicare plan cannot receive nor make pre-tax contributions to the HSA.
Use of Account	Funds can only be accessed through the claim payment process and can only pay for medical expenses covered by the underlying medical plan. Expenses for all dependents can be paid from this 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)). Use of funds for non-health care expenses is subject to a 20% penalty tax. Funds in the account can only be used by the associate and qualified dependents.
Year-end Account Balance	Rolls over to next plan year, up to the out-of-pocket maximum of your coverage tier.	Rolls over to next plan year with no maximum.
Wellness Incentives	To receive wellness incentive credits the Health Assessment must be completed in <a href="http://www.myCigna.com">www.myCigna.com</a> . Completed wellness activities are logged on MotivateMe.  Note: <i>Get in Gear</i> will no longer be used after December 31, 2016.	
Use with Health Care FSA (HCFSA)	HRA funds will pay medical expenses first. The HCFSA can be used to reimburse or pay medical, pharmacy, dental and vision expenses.	HSA members cannot enroll in the HCFSA. Use of a Limited Purpose FSA in conjunction with the HSA can only be used for dental and vision expenses.

# JM Family Wellness Incentives

## Wellness Incentives

Wellness Incentives are designed to reward and motivate you and your spouse to make positive lifestyle choices. They will help you identify risk factors early, engage you in your healthcare and incentivize you for making the right choices. These additional company contributions will assist you in meeting the plan deductible, paying coinsurance and/or saving for future healthcare costs.

Coverage Level	Annual Maximum
Associate only	\$500
All other coverage tiers*	\$1,000
*Associates covering only dependent children must earn more than \$500 in incentives to be rewarded the full \$1,000.	

Associates and covered spouses/SSDP are required to complete the online Health Assessment on *MotivateMe* to receive further wellness incentives from the company. Log on to [www.myCigna.com](http://www.myCigna.com) to get started.

# 2017 WELLNESS INCENTIVES

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

## THESE INCENTIVES ARE CREDITED AUTOMATICALLY ONCE COMPLETED

ACTIVITY	INCENTIVE	WHAT YOU MUST DO
Complete Your Health Assessment	\$50	A confidential questionnaire that asks you about your health and well-being and provides a personalized assessment of your current health. (Don't forget, each person in your family taking the health assessment needs to register separately on myCigna.com.)
Obtain Your Biometric Health Screening	\$100	Know your numbers. Complete blood pressure, cholesterol, blood sugar and body mass index (BMI) screening.
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	\$25	Eating healthy is essential to your overall well-being. Complete the Eat Better online program to get your nutrition back on track.
Benefits of Exercise	\$25	Good fitness is important for better focus, higher energy and overall happiness. Complete the Enjoy Exercise online program.
Maintain a Positive Mood	\$25	Track your moods to better understand how they affect your overall well-being. Complete the Feel Happier online program.
Work Toward a Healthier Weight	\$25	Losing even a small amount of weight can help improve your health in many ways. Complete the Lose Weight online program.
Stop Tobacco Use in Six Months	\$100	Quit for good — and reduce many risk factors for health problems in your family. Complete the Quit Tobacco six-month online program.

## 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, even if it was difficult for you to do.
Non-Tobacco User	\$100	You are a non-tobacco user and have been for at least 12 months.
Complete Recommended Cancer Screenings	\$50	If you participated in a health and wellness activity it shows your commitment to a healthy lifestyle. Tell us about it.
Receive a Flu Shot	\$50	If you participated in a health and wellness activity it shows your commitment to a healthy lifestyle. Tell us about it.
Chronic Condition Health Coaching (up to four per year)	\$25	If you participated in a health and wellness activity it shows your commitment to a healthy lifestyle. Tell us about it.
Stress Management Coaching	\$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.

# JM Family Pharmacy Program

In this Section you will learn about:

- ✓ **Pharmacy Plan Benefits**
- ✓ **Mandatory Generics**
- ✓ **Step Therapy, Quantity and Age Limits**
- ✓ **Diabetic Sense Program**

JM Family has partnered with OptumRx to manage our pharmacy programs and administer the plan. This is not a plan you need to elect because it is included automatically with the medical plan benefit. This plan functions with a tiered coinsurance approach for preferred and non-preferred brand drugs with the HRA and is subject to the combined plan deductible for the HSA plan.

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

PHARMACY PLANS			
Plans	In-Network 30 Day Retail	Out-of-Network	90 Day Mail-order (in-network only)
Health Savings Account (HSA)	You pay: 20% after deductible	You pay: 50%	You pay: 20% after deductible
Health Reimbursement Arrangement (HRA)	You pay: \$7 Generics 20% up to \$75 for Preferred Brand 20% up to \$150 for Non-preferred Brand	You pay: 40%	You pay: \$14 for Generics 20% up to \$150 for Preferred Brand 20% up to \$300 for Non-preferred Brand
Briova Specialty Pharmacy	<div><b>HRA Plan Only</b> 8% up to \$100 Value 15% up to \$200 for Preferred Brand 25% up to \$300 for Non-preferred Brand</div> <div>*Specialty drugs used to treat complex medical conditions (e.g. cancer, multiple sclerosis, rheumatoid arthritis, etc.)</div>		
Generic oral contraceptive prescriptions and devices are covered 100% on all plans.			

*Note: Meeting the HSA plan deductible may not be required on some medications considered preventive maintenance drugs.*

## Mandatory Generics Program

Our plans require prescriptions to be filled with generics when available, unless a physician writes “Dispense as Written” (DAW) on the prescription. However, if a brand-name medication is chosen when a generic is available, you will pay the difference between the cost of the brand and generic drug, plus the generic copay.

## Step Therapy

Current utilization and costs for brand and non-preferred brand drugs are escalating at a significant rate. In most cases, lower cost alternatives are available but are often not used as the first step in treatment. Due to the impact in cost that these medications have, we have rules to our prescription drug plan, called Step Therapy.

Step Therapy enables you to start with a less expensive, sometimes generic alternative and “step” your way up to the more costly name brand drug if it becomes medically necessary.

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

1. You have already tried 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 decides you need a brand-name drug for a medical reason.

If the prior authorization is approved, you will pay the appropriate co-pay for this drug. If not, you will be required to pay the full price for the prescription drug if you wish to continue receiving it.

## Quantity and Age Limits

The pharmacy program includes some additional guidelines to help ensure the appropriate use of certain prescription medications. These guidelines will be in the form of age, quantity and other benefit limitations/restrictions, and are based on established clinical guidelines.

These rules are applied to medications used to treat acne, migraines, smoking cessation and lifestyle drugs. Your doctor may request an authorization by speaking with a clinical expert to discuss whether or not your medical condition requires an override to the established guidelines.

## Diabetic Sense Program

The Diabetic Sense program is a partnership between OptumRx and Liberty Medical that provides **free**:

- Testing strips and lancets
- Blood glucose monitor
- Generic diabetes medications (all others are subject to usual copays)
- Insulin
- Access to a dietitian as often as needed
- Health coaching provided by JM Family Health & Wellness Center nurses or a Liberty Medical diabetes educator

Enroll in the Diabetic Sense program at [www.libertymedical.com/optumrx/home](http://www.libertymedical.com/optumrx/home) or call 866-457-8510.

## Mail-order Pharmacy

OptumRx will provide you with mail-order pharmacy service. Follow these instructions to register and order your first prescription:

### Online

Visit [www.optumrx.com](http://www.optumrx.com) and log in using information listed on your ID card.

### By Mail

Complete the registration form included with your welcome packet. Mail the form along with your original prescription.

### Fax

Use the fax form on the Hub or visit [www.optumrx.com](http://www.optumrx.com) to print a Fax Order form. Give the form to your doctor(s) to complete and fax to the number listed on the form.

### E-prescribe

If your doctor(s) has the technology to submit prescriptions electronically, request that he or she do so. If you need your medication right away, request two prescriptions from your doctor(s):

- One for an initial short-term supply (30 days) that your local pharmacy can fill immediately
- A second for a 90-day supply with three refills to mail/fax for Home Delivery.

Please allow 10 business days from the time you place your order for free standard shipping delivery. For questions related to Home Delivery Service, contact OptumRx at 877-235-2016.

# JM Family 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, so coverage begins immediately. The annual plan 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:

<b>Preventive Dental Plan</b>		
	In-Network	Out-of-Network
Deductible	None	None
Preventive Care	100%	100% (up to usual and customary)
Basic Restorative	80%/20%	80%/20% (up to usual and customary charges)
Major Restorative	Not covered	Not covered
Periodontics and Oral Surgery	Not covered	Not covered
Orthodontia	Not covered	Not covered

### **Comprehensive Dental Plan**

The Comprehensive Dental plan is a more extensive plan that offers coverage for preventive care, basic and major restorative services, and orthodontia. It has a small deductible; however preventive care is not subject to the deductible. The annual plan maximum is \$2,000. Once the plan maximum is paid by the plan, it will not pay for any additional services for the year.

Coverage is as follows:

Comprehensive Dental Plan		
	In-Network	Out-of-Network
Deductible	Single: \$100 Family: \$200	
Preventive Care	100%	100% (up to usual and customary)
Basic Restorative	80%/20%*	80%/20%* (up to usual and customary)
Major Restorative	50%/50%*	50%/50%* (up to usual and customary charges)
Periodontic and Oral Surgery**	80%/20%*	80%/20%* (up to usual and customary)
Orthodontia (children and adult)	50%/50%* up to \$2,000 lifetime maximum	50%/50%* up to \$2,000 lifetime maximum
*Subject to plan deductible		
**Separate periodontal and oral surgery annual maximum of \$2,000.		

## 2017 DENTAL PLANS

	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%

## 2017 MONTHLY DENTAL PREMIUMS (FULL TIME)

	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

## 2017 MONTHLY DENTAL PREMIUMS (PART TIME)

	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

# JM Family Vision Plan

In this Section you will learn about:

✓ **Vision Plan**

## Superior Vision Plan

JM Family provides coverage for the ongoing health of your vision. The plan allows you and each of your family members to have the flexibility of receiving an exam and lenses once per calendar year, rather than 365 days, coverage for glasses or contact lenses, and fittings at the established copays.

SUPERIOR VISION PLAN	
Eye Exam	\$5 copay
Lenses, Frames and Other Covered Materials	\$15 copay
Contact Lens Fitting Exam	\$37 copay
Annual Benefit	\$120 combined cost of the exam and materials (frames, lenses, etc.)
Exam – one every calendar year Lenses – one every calendar year Frames – one every two calendar years Contact lens fitting – one every calendar year <i>(cannot be combined with lenses in same calendar year)</i>	

## 2017 VISION PLAN

Annual Eye Exam	Lenses, Frames, Contacts	Contact Lens Fitting	Annual Combined Benefit Maximum
\$5 copay	\$15 copay (on select group)	\$37	\$120

## 2017 MONTHLY VISION PREMIUMS (FULL TIME)

	Associate	Associate and Spouse**	Associate and Child(ren)**	Family**
Superior Vision Plan	\$0	\$8.07	\$7.86	\$12

## 2017 MONTHLY VISION PREMIUMS (PART TIME)

	Associate	Associate and Spouse**	Associate and Child(ren)**	Family**
Superior Vision Plan	\$3.83	\$11.90	\$11.69	\$15.83

\*\*Premiums to cover your DP and/or their children will be paid with pre-tax dollars. The total cost of the coverage will be added as imputed income.

# JM Family 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 deduction on a pre-tax basis to pay for anticipated medical, dental, pharmacy, vision and dependent care expenses. These accounts are governed by the IRS and may require substantiation of spending to confirm use for eligible expenses.

Listed below are types of accounts we have at JM Family:

## **Health Care Flexible Spending Account (HCFSA)**

The HCFSA allows you to pay for eligible medical, dental, prescription, vision and hearing expenses. Associates enrolled in the HRA can contribute to this account. However, those enrolled in the HRA cannot use the HCFSA to reimburse themselves for medical expenses already paid by the HRA account. JM Family's plan allows you to contribute up to \$2,550.

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

*\*As of January 1, 2011, OTC medicines and drugs require a written prescription from your doctor in order to get reimbursed through an HCFSA.*

There are many OTC items that do not require a prescription to get reimbursed, including:

- 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)**

The LPFSA allows you to pay for eligible dental and vision expenses such as contacts, prescription eye glasses, vision correction surgery, dental fillings, root canals, orthodontia, etc. A LPFSA is available to associates who are enrolled in the HSA medical plan and contributing to the account. By establishing a LPFSA, you can save money on taxes by using LPFSA dollars for dental and vision care while saving HSA funds for eligible medical and pharmacy expenses now or in the future. JM Family's plan allows you to contribute up to \$2,550.

**Ineligible** expenses include but are not limited to:

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

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

The DCFSA allows you to receive reimbursement for daycare expenses for children under the age of 13 and/or a spouse or other adult dependent who may be unable to care for themselves. The associate's spouse (if not disabled) has to be working and/or attending school full time. This benefit does not reimburse medical expenses for dependent spouses and children. The IRS does set a maximum contribution amount of \$5,000 per family. At the end of each year, unused dollars are forfeiting by the accountholder.

Eligible expenses include:

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

JM Family  
Life and Accidental Death  
Dismemberment Insurance

In this section you will learn about:

- ✓ **Associate Life**
- ✓ **Associate Supplemental Life**
- ✓ **Associate Accidental Death and Dismemberment**
- ✓ **Dependent Life and 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 primary responsibility of the associate to keep all his or her beneficiaries up to date.

## **Associate Life Insurance**

JM Family pays for life insurance in the amount of two and half times your eligible earnings, up to \$500,000 of coverage. Although paid 100 percent by the company, the IRS requires companies to tax associates on the value of policies that are over \$50,000. The imputed costs will reflect on your paycheck as Group Term Life. It is only placed on the paycheck as a taxable benefit and is not considered a deduction.

## **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 smoking status.

New hires may purchase the lesser of three times their eligible earnings up to a maximum coverage of \$350,000 without evidence of insurability (EOI). However, if they do not elect coverage at time of hire and would like to add it during Open Enrollment, they can only elect 1x eligible earnings without EOI. Any amount over 1x will be subject to approval by Liberty Mutual.

## **Associate Accidental Death and Dismemberment Insurance (AD&D)**

JM Family pays for AD&D insurance in the amount of two and 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 child(ren) up to age 26
- Up to \$100,000 maximum coverage; up to \$50,000 election without EOI for 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 child(ren) up to age 26.
- Up to \$100,000 maximum coverage, no EOI required, for spouse. Premiums are paid with after-tax dollars.

# JM Family Disability Plans

In this section you will learn about:

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

## **Short-term Disability**

You are eligible for short-term disability after 12 months of service. You do not need to enroll in this plan because it will be automatically added after eligibility is met. Short-term disability is a self-insured program that provides 75 percent replacement of your eligible earnings for a covered/approved disability. There is no cost to you for this program.

## **Long-term Disability**

You are eligible for long-term disability after 12 months of service. You must complete a 180-day elimination period to be eligible for consideration of benefits under the long-term disability plan.

At no cost to you, the plan pays 60 percent of your predefined eligible earnings not to exceed an established monthly amount. You have the option to purchase an additional 6.7 percent to supplement your coverage.

The plan pays based on your “own occupation” for the first two years and then under “any occupation” until your normal retirement age as determined by the plan schedule (established Social Security Retirement Date for the associate).

# JM Family Group Legal Plan

# The Hyatt

# Legal Plan

for



## Value, Convenience and More

The Hyatt Legal Plan offers you and your family value, convenience and comfort in knowing you can access legal services for almost all personal legal matters. It gives you easy and low-cost access to a wide variety of personal legal services. No one can predict your future, but we can help you prepare for legal needs that may lie ahead.

## Access to Over 13,000 Attorneys

The Hyatt Legal Plan provides members with access to a national network of more than 13,000 attorneys from which to choose. Plan Attorneys have met stringent selection criteria and have an average of 25 years or more of legal experience.

### PLAN ATTORNEY ASSISTANCE INCLUDES:

Covered legal services • Consultations on the telephone • In-person consultations  
Document preparation • Representation in many frequently needed legal matters

Plus, if you stay within the network, covered legal services are provided with no additional attorney fees. You also have the flexibility to use a non-Plan Attorney and get reimbursed for covered services according to a set fee schedule.\*

\*You will be responsible to pay the difference, if any, between the Plan's payment and the non-plan attorney's charge for services.

## SERVICES COVERED

Attorney fees for the following personal legal services are fully paid for by the plan when you use a plan attorney. There are no limits on the number of times you may use the plan, and there are no dollar limits on your use of a plan attorney for the following services:

### Consumer Protection

Consumer Protection Matters  
Small Claims Assistance  
Personal Property Protection

### Debt Matters

Debt Collection Defense  
Personal Bankruptcy  
Identity Theft Defense  
Tax Audits

### Defense of Civil Lawsuits

Civil Litigation Defense  
Administrative Hearings  
Incompetency Defense

### Document Preparation

Affidavits, Deeds  
Demand Letters  
Mortgages  
Promissory Notes  
Document Review  
Elder Law Matters

### Family Law

Prenuptial Agreement  
Protection from Domestic Violence  
Adoption and Legitimization  
Guardianship  
Name Change

### Real Estate Matters

Sale, Purchase or Refinancing  
of Your Primary, Second or  
Vacation Home  
Tenant Problems / Eviction  
Defense (where you are  
the Tenant)  
Home Equity Loans (for Your  
Primary Home, Second or  
Vacation Home)  
Boundary or Title Disputes  
Property Tax Assessment  
Zoning Applications  
Security Deposit Assistance  
(for Tenant)

### Traffic Matters / Criminal

Juvenile Court Defense  
Restoration of Driving Privileges  
Traffic Ticket Defense  
(Excludes DUI)

### Wills and Estate Planning

Wills and Codicils Living  
Wills  
Powers of Attorney  
Trusts

### Immigration

Immigration Assistance

Smart. Simple. Affordable.<sup>4</sup>

**Hyatt Legal Plans**  
A MetLife Company

# How Much Does The Hyatt Legal Plan Cost?

The Hyatt Legal Plan costs only \$15.75 per month. The plan covers you, your spouse, and dependent children. You pay the cost through convenient payroll deductions. Your enrollment will continue through the end of the plan year.

## Stop and Think About Your Future

You will have access to a wide array of frequently needed personal legal services, offering you and your family value and convenience. We cannot predict the future, but we can help you prepare for it.

### Consider the Following:

If you owe money, would you like harassing calls from bill collectors to be stopped? **Your plan attorney can help enforce your rights.**

Have you ever had problems with a landlord? **Having an attorney on your side will protect your rights.**

If you were in a coma, would your family or doctor know your wishes regarding medical care? **A living will allows your wishes to be known.**

Do you want the courts to decide who will be the guardian of your children? **If you do not have a will, the courts will choose a guardian for your children upon your passing.**

## Why Should I Choose the Hyatt Legal Plan?

The Hyatt Legal Plan gives you and your family access to professional legal representation at an affordable price. It's like having your own lawyer on retainer. The plan features:

### In-Network

- All attorney fees for covered services are paid in full
- Over 13,000 attorneys to choose from
- No deductibles or co-payments
- No claim forms

### Out-of-Network

- You may choose a non-plan attorney and be reimbursed for covered services according to a set fee schedule\*

## How Can I Enroll In the Plan?

Select the Legal Plan during your benefits enrollment period. Your cost for the plan will then be automatically deducted from your paycheck.

## How Do I Use the Plan?

Once you are enrolled, go to [www.legalplans.com](http://www.legalplans.com) or call Hyatt Legal Plans toll-free at 1-800-821-6400, Monday through Friday from 8 a.m. to 7 p.m. (Eastern Time). A Client Service Representative will confirm that you are eligible to use the plan, and will give you the address and telephone number of the attorney(s) located most conveniently to you, as well as a case number. Once you have this information, you may contact the attorney yourself to schedule an appointment.

## What If I Have More Questions?

Call 1-800-821-6400 Monday through Friday from 8 a.m. to 7 p.m. (Eastern Time). A Client Service Representative will help you understand coverage, find a plan attorney in the location most convenient to you, offer information about using an out-of-network attorney, and answer any other questions.

## Non-Covered Items

What Are the Exclusions? Excluded services are those legal services that are not provided under the plan. Please see your plan description for complete details and exclusions. Excluded services include the following: (1) employment-related matters, including company or statutory benefits; (2) matters involving the employer, MetLife® and affiliates, and plan attorneys; (3) matters in which there is a conflict of interest between the employee and spouse or dependents, in which case services are excluded for the spouse and dependents; (4) appeals and class actions; (5) farm and business matters, including rental issues when the participant is the landlord; (6) patent, trademark and copyright matters; (7) costs or fines; (8) frivolous or unethical matters; and (9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits.

This brochure offers a brief summary of the Hyatt Legal Plan. If you have questions about coverage or use of the Legal Plan before you enroll, call Hyatt Legal Plans at 1-800-821-6400 Monday through Friday from 8 a.m. to 7 p.m. (Eastern Time).

\*You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. Group legal plans offered by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, the plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. 10312013JMFAMILY[exp122016]HLPGC

For more information, visit [info.legalplans.com](http://info.legalplans.com) and enter access code: **6090714**

Smart. Simple. Affordable.®

**Hyatt Legal Plans**

A MetLife Company

# JM Family Voluntary Benefits

# Welcome to JM Family Voluntary Benefits

Take advantage of special supplemental insurance available through convenient payroll deduction, and access discounted rates on valuable services and retail shopping.

**Learn more at [jmfamily.com/voluntarybenefits](http://jmfamily.com/voluntarybenefits)**



## ACCIDENT & CRITICAL ILLNESS INSURANCE

*New hires have 31 days from the benefit effective date of coverage to enroll*

Each Program Offers:

- Guaranteed Issue\*
- Portable coverage
- Coverage for yourself or your eligible family members



## PET HEALTH INSURANCE

Protect your pet's health and save up to 20% on ASPCA Pet Health Insurance. Cover your dog or cat for accidents, illnesses, wellness care and more. You can use any licensed vet in the US and Canada.



## GROUP AUTO AND HOME INSURANCE

Enjoy multi-policy discounts and special savings from top-quality carriers - **Liberty Mutual, MetLife and Travelers**. Compare auto insurance quotes in a clear, side-by-side format with the Auto Insurance Quote Comparison Tool built right into the JM Family Voluntary Benefits website.



## DISCOUNT SHOPPING

Explore an extensive network of retailers and service providers to help you find greater savings on apparel, computers, electronics, entertainment, travel and much more. Have a suggestion for a new vendor? Let us know.

**[jmfamily.com/voluntarybenefits](http://jmfamily.com/voluntarybenefits)**

Need assistance? Contact customer care at  
844-611-JMFE (5633) or [jmfamily@corestream.com](mailto:jmfamily@corestream.com)

\*There are no health questions asked during initial enrollment period. After the initial enrollment period, health questions are required.

# JM Family Retirement Plans

In this section you will learn about:

- ✓ **Profit Sharing and 401(k)**
- ✓ **Retirement (Pension) Plan**

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

- Profit Sharing Plan & 401(k) Plan
- Defined Benefit Pension Plan (Retirement Plan)

Fidelity Investments is the service provider for both plans, and participants can access their accounts by logging on to Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) or by calling Fidelity's Retirement Benefits Line at 800-827-3321. You will be prompted to create a login ID and password to access the site.

## **401(k)**

You are immediately eligible to make 401(k) contributions to the plan. You can enroll by logging on to Fidelity NetBenefits® or by calling the Fidelity Retirement Benefits Line.

If you do not enroll in the Plan within the first 30 days of employment, you will be automatically enrolled in the Plan at a contribution amount of 3% of your pretax, eligible earnings. Additionally, you'll be automatically enrolled in the Annual Increase Program which will boost your pre-tax contribution rate by 1% every March 1<sup>st</sup> until you reach 10%. You can request to opt out or change your contribution to any amount at any time. Any changes that you make to your contribution amount will be reflected within one to two pay periods. If you do not wish to contribute to the Plan, you must change your contribution amount to 0% within the first 30 calendar days of your employment.

On a pre-tax basis, you may contribute a percentage of your own pay up to the IRS annual limits. Participants age 50 and over may make an additional "catch-up" contribution each pay period.

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. You may roll over your accounts from a former employer's qualified retirement plan at any time.

Upon completing six months of service, your company will automatically contribute an amount equal to 3% of your compensation whether or not you contribute to the plan. This is subject to the annual IRS limits.

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

## **Profit Sharing**

You will become eligible for the profit sharing contribution on the first of the month coincident with or following completion of one year of service. Annual profit sharing contributions are made entirely by JM Family and are allocated to eligible participants' accounts usually by the end of the first quarter of the year following the applicable plan year (calendar year). Profit sharing contributions are invested

in the Profit Sharing Fund. The Profit Sharing Fund does not permit participants to direct their own investments but instead is managed by professional asset managers; however, associates age 59½ and older will have the option to direct investments out of the Profit Sharing Fund into any of the Core Investment Funds and Custom Allocation Funds within the plan. The Profit Sharing Fund is not a mutual fund and is administered by Fidelity Management Trust Company as directed by the JM Family Enterprises, Inc. Retirement Investment Committee.

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

Profit sharing contributions are subject to a graded vesting schedule, with full vesting achieved after six years of service.

## **Retirement (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 used to supplement retirement income. It is funded exclusively by JM Family contributions that are invested in a plan trust. The plan provides a monthly lifetime benefit generally payable at age 65 (normal retirement) and is determined using pay, years of service and estimated Social Security offset. Benefits are subject to a graded vesting schedule with full vesting attained after six years of service. Vested participants who terminate before retirement age may commence their pension upon reaching retirement age.

## Designating Your Beneficiary

Single associates are able to designate any beneficiary and change them at any time. Married associates must designate their spouse as primary beneficiary of their vested account balance. If you are married and would like to designate anyone other than your spouse, you will need a signed notarized authorization from your spouse indicating he or she agrees to the change.

If there is no beneficiary designated at associate's death and there is a balance, the spouse is the surviving beneficiary. If the associate is not married, the monies are placed in an estate.

To designate beneficiaries for the Retirement plan, please call Fidelity at 800-827-3321 to request a beneficiary form. Instructions to complete and return the form to Fidelity are included on the form. You can also call this number to request a form to designate beneficiaries for the Profit Sharing & 401(k) Plan if you do not have computer access.

To electronically designate beneficiaries for the Profit Sharing & 401(k) plan, log on to NetBenefits at [www.401k.com](http://www.401k.com) and click on "Your Profile" in the top right section of the screen.

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**JM FAMILY PS & 401K**  
401(K): 29105  
**Enroll**

**JM FAMILY ENTERPRISES, INC. RETIREMENT PLAN**  
PENSION  
**View Details**  
Quick Links ▼

**Make the most of your benefits**

Only available to participant

Featured Resources Financial News Life Events

## Your Profile

### About You

- [Personal Information](#)  
Access your Personal Information such as Name and Date of Birth.
- [Address](#)  
Access your contact information.
- [Phone Number](#)  
Update your phone numbers
- [Beneficiaries](#)  
Update your beneficiaries across your benefits.

### Preferences

- [Mail Preferences](#)  
Specify your delivery preference for your statements, prospectuses and other benefit information.
- [Login Preferences](#)  
Manage your username, password and security question and answer.

Click “Beneficiaries.” You will be directed to select JM Family Enterprises, Inc. if you have outside accounts with Fidelity.

On the Beneficiaries – Summary screen, it will show no designation of beneficiaries selected or will name your beneficiaries for the Profit Sharing & 401(k) plan.

Click “Update” and the Review your Beneficiaries Screen will appear. You can update, add or delete your beneficiaries on this screen.

Once you are finished, click “Next” to assign benefits.

The Assign Benefits screen allows you to designate what percentage of your Profit Sharing & 401(k) Plan will go to your designated beneficiaries. If you are married, by law, your spouse is automatically 100% primary beneficiary on any retirement plan(s) you have.

If you want to designate someone other than your spouse as 100% primary beneficiary, please contact Fidelity at 800-827-3321 for assistance. In this case, you will need to complete a hard copy designation of beneficiary form and return to Fidelity by mail.

## Questions and Answers

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

**Answer:** Learn more about each plan in this handbook, use JM Family's decision support tool called [ALEX](#) or call the Associate Care department at 954-429-CARE (2273).

**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.

**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?

**Answer:** No, you are not able to change your plan until Open Enrollment. You can, however, change coverage levels during a qualifying life status change mid-year.

**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 (full 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.

**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, please allow up to 10 days from eligibility date for cards to be mailed to your home. You can also print a temporary insurance card from [www.myCigna.com](http://www.myCigna.com) or [www.bcbsal.org](http://www.bcbsal.org).

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

**Answer:** You have the opportunity to add a new spouse or baby 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 need to submit an Associate Status Change form to Associate Care. The form can be found on the Benefits page on the Hub.

**Question:** What benefits is my same-sex domestic partner eligible for?

**Answer:** Same-sex domestic partners who meet defined eligibility requirements may enroll in the same benefits offered to spouses of associates, as legally permissible. Eligibility criteria can be found on the Benefits page on the Hub.

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

**Answer:** Dependent child(ren) can remain on your coverage through age 25 (*children are removed from the plans at the end of the month in which they turn 26*). This includes, but is not limited to, biological children, step-child(ren), legally adopted child(ren) and same-sex domestic partner's children. Once they reach 26, they will become COBRA eligible. Any child(ren) who is deemed by Social Security Disability Administration as mentally and physically disabled can remain on the plan without age restrictions.

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

**Answer:** No, it is your sole discretion to carry coverage under both plans. However, you cannot have a secondary plan if enrolled on the HSA unless that plan is also a qualified high-deductible plan.

**Question:** What happens to the remaining in your HRA when you switch to the HSA plan?

**Answer:** Your HRA account will remain in the HRA until March 31 of the following plan year. This will

ensure that any pending claims from the prior year are paid using your HRA dollars. On April 1, any unused balance will move to a new Limited Purpose HRA account. At which time, the balance may be used for dental and vision expenses only.

**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 savings is a priority for you.

**Question:** I am close to Medicare eligibility. Can I make contributions to the HSA?

**Answer:** If you do not take Medicare when you first qualify, you must take special precautions if and when you do decide to collect Social Security benefits (either while working or when you retire). You will need to be sure to stop all contributions to your HSA up to six months before you collect Social Security. This is because when you apply for Social Security, Medicare Part A will be retroactive for up to six months (as long as you were eligible for Medicare during those six months). If you do not stop contributing the six months before you apply for Social Security, you may have a tax penalty. The penalty is because you were not supposed to put money into your HSA while having Medicare.

**Question:** How can I confirm my new elections?

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

**Question:** Can family be added to coverage if they live in a different country?

**Answer:** No, family members cannot be added if they live outside the United States.

**Question:** Can I change my medical plan election when I have a life event?

**Answer:** No, you cannot change your medical plan once you have enrolled for the year. However, you can change the coverage level by adding or removing dependents.

**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 would receive documentation from the Associate Care department and have the opportunity to continue coverage at your expense.

**Question:** When do I or my spouse have to complete an EOI form?

**Answer:** You will need to complete an EOI form to add or increase life insurance if you haven't enrolled yourself and/or your dependents during new hire enrollment. You will not need to complete an EOI for child life or AD&D or future increases of no more than 1x.

**Question:** What happens to my premium deduction if I go on leave?

**Answer:** If you are on short-term disability and are eligible for income replacement, you will continue to have deductions withdrawn from your disability pay. If you are on a personal leave of absence or long-term disability, you may pay premiums via check, payable to JM Family.

**Question:** Can I take money out of my Profit Sharing & 401(k) Plan while I am still employed?

**Answer:** Yes, you may be able to take out a loan or hardship withdrawal. Contact Fidelity at 800-727-3321 for rules and eligibility requirements associated with these types of transactions.

**Question:** If I am retiree with medical coverage, am I able to keep my HRA account balance?

**Answer:** Yes. If you are retirement eligible as defined by the company and eligible for retiree medical coverage any balance remaining in your HRA account can be used to offset premiums for the retiree medical plan or cover medical expenses.

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

**Answer:** Call 954-429-CARE (2273) or email [associatecare@jmfamily.com](mailto:associatecare@jmfamily.com) for eligibility, status changes and benefits questions.

## 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 and the Health Reimbursement Arrangement.

**Appeal** - A request for your health insurer or plan to review a decision or 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 \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.

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

**Drug Quantity Management and Prior Authorization** - Our prescription benefits are designed to make your medications more affordable and the use of them safer. For certain medications, the Drug Quantity Management program ensures you receive the right amount and daily dosage considered safe and effective by the U.S. Food and Drug Administration. 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.

**Eligible Earnings (For 2016 Plan Year)** - For associates hired on or before July 1, 2015, eligible earnings are defined by the 401(k) eligible earnings\* paid to an associate by the company from July 1, 2015, through June 30, 2016. For associates hired after July 1, 2015, but before June 30, 2016, eligible earnings will be their annualized rate as of June 30, 2016, plus non-base earnings paid through June 30, 2016. Newly hired commission associates' earnings will be their annual pay plan target. Earnings for associates hired on or after July 1, 2016, will be their annualized rate at time of hire.

*\*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, 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, if all claims are not incurred by March 15 of following year and submitted for reimbursement by April 30 of the next calendar year, unused dollars are forfeited by the account holder.

**Individual Out-of-Pocket Maximum** (*Related to HRA*) - 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** (*Related to 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. This includes but is not limited to: Acid controllers, allergy and sinus relief, antibiotics, anti-itch and insect bite treatments, baby rash ointments/creams, laxatives and pain medicine unless purchased with a prescription. For a complete list, please visit [www.irs.gov](http://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 to use an out-of-network provider.

**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 the allowed amount. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. 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, our HRA and HSA plans do.

**Preauthorization** - A decision by your plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Examples of services requiring preauthorization are in/out-patient admissions, hi-tech imaging (MRI, CAT), speech therapy, etc.

**Premium** - The amount paid through payroll deductions for your health care plans.

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

**Wellness Incentives** - An opportunity for an associate and spouse enrolled in an account-based plan to earn additional company-provided funds by participating in qualified health and wellness activities.

# Eligibility and Vendor Contact Information

## Eligibility and Vendor Contact Information

PLAN	VENDOR	COVERAGE BEGIN DATE
Medical Plans HSA, HRA	<b>Cigna</b> <a href="http://www.mycigna.com">www.mycigna.com</a> 800-244-6224  <b>BCBS of Alabama</b> <a href="http://www.bcbsal.org">www.bcbsal.org</a>  800-782-1811	Associates are eligible the first day of the month following their date of hire.
Dental	<b>Cigna</b> <a href="http://www.mycigna.com">www.mycigna.com</a> 800-244-6224	Associates are eligible the first day of the month following their date of hire.
Vision	<b>Superior Vision</b> <a href="http://www.superiorvision.com">www.superiorvision.com</a> 800-507-3800	Associates are eligible the first day of the month following their date of hire.
Pharmacy	<b>OptumRx</b> <a href="http://www.optumrx.com">www.optumrx.com</a> 877-235-2016	Associates are eligible the first day of the month following their date of hire.
Health Care and Dependent Care Flexible Spending Accounts	<b>PayFlex</b> <a href="http://www.payflex.com">www.payflex.com</a> 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	<b>Liberty Mutual Insurance</b> 888-787-2129	Associates are eligible the first day of the month following their date of hire.
Short-term Disability	<b>Human Resources</b>	Associates are eligible after 12 months of service from the date of hire.
Long-term Disability	<b>Liberty Mutual Insurance</b> 888-437-7611	Associates are eligible after 12 months of service from the date of hire (subject to 180-day elimination period).
Legal Plan	<b>Hyatt Legal</b> <a href="http://www.legalplans.com">www.legalplans.com</a> 800-821-6400, password 6090714	Associates are eligible the first day of the month following their date of hire.
Voluntary Benefits	<b>Corestream</b> <a href="http://www.jmfamily.com/voluntarybenefits">www.jmfamily.com/voluntarybenefits</a> 844-611-JMFE (5633)	Associates may enroll on the first day of the month following their date of hire.
Profit Sharing & 401(k) Plan	<b>Fidelity Investments</b> <a href="http://www.401k.com">www.401k.com</a> 800-827-3321	Associates are immediately eligible to make contributions to the plan.
Retirement (Pension) Plan	<b>Fidelity Investments</b> <a href="http://www.401k.com">www.401k.com</a> 800-827-3321	Eligible the first day of the month coincident with or following their date of hire or age 21 if later.