



**JM Family**  
Enterprises

JM Family is required to share your personal information and that of any covered family members with the companies that administer our benefits. Anyone who receives your information for purposes of providing benefits to our associates is required to abide by the same confidentiality requirements. Your personal health information (PHI) will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law, or to carry out specific activities related to the Plan. Please review the Notice of Privacy Practices in HR NOW to learn more.



**2021**

**Open Enrollment**  
Guide

**October 19–30, 2020**

# WELCOME TO OPEN ENROLLMENT FOR 2021 BENEFITS!



Open Enrollment is your opportunity to change medical plans, update contribution amounts to your Health Savings or Flexible Spending Accounts, purchase supplement Life Insurance for you or your dependents, and enroll in voluntary benefits.

## WHAT YOU NEED TO KNOW

- **For the fifth year in a row, premium rates for our medical plans and other benefit programs will remain unchanged** (based on eligible earnings tier).
- The Wellness Incentive program will continue in 2021 so you can keep earning HRA or HSA rewards for making healthy lifestyle decisions.
- Through convenient paycheck deductions, you can contribute pre-tax dollars to a Healthcare Flexible Spending account and/or a Dependent Care Flexible Spending account. Remember, if you're participating in either plan this year and want to continue participating next year, **you must enroll again and elect your annual amounts for 2021**. *Elections will NOT carry over from one year to the next if you do not re-enroll.*
- Be mindful about seeking care from out-of-network service providers who may bill you for the difference between the total cost for the services they're charging and the maximum amount your health or dental plan will pay. We recommend you go to an in-network provider whenever possible to avoid a potential significant increase in your share of the cost.

# WHAT'S CHANGING

- We will be moving from OptumRx and partnering with Cigna as our new pharmacy carrier. While you may see a few changes, we worked hard to ensure you will continue receiving quality pharmacy benefits. With this additional Cigna partnership, all your medical, dental and pharmacy information will be found in one convenient place, [myCigna.com](https://mycigna.com).
- Some associates requested a change to company paid Basic Life Insurance and we listened. Beginning with the 2021 plan year, an associate may decline the Basic Life Insurance of 2.5x their eligible earnings (subject to benefit maximum of \$500,000). Although the cost of this coverage is completely paid by JM Family, we understand not everyone needs this benefit or wants the tax consequences that may come with it. Associates opting out of this automatic benefit will receive \$50,000 of Basic Life Insurance. Coverage up to this amount is generally not subject to any tax liability. No action is required by associates who wish to continue receiving the 2.5x coverage, which will be the default election.
- Cigna will also become the new service provider for the Associate Assistance Plan (AAP), replacing HealthAdvocate. This change was made in part so that mental health resources and treatment will be better integrated with your overall health coverage. Beginning January 2021, to access the AAP, you may contact Cigna at 800-244-6224 or at [myCigna.com](https://mycigna.com). To make the transition to Cigna a smooth one, associates currently receiving AAP benefits through HealthAdvocate may continue those services through March 2021.
- For participants switching from a Health Reimbursement Account (HRA) to a Health Savings Account (HSA), 2020 will be the final year in which any HRA account balance at year-end will transfer over to a Limited Purpose HRA. Starting with the 2021 plan year, HRA funds from current or previous accounts will be forfeited at year-end (Example: If you're in the HRA for 2021, and elect to move to the HSA in 2022, you will lose any funds remaining in your HRA as of December 31, 2021).
- After this year, Cigna will no longer be offering telemedicine services through Amwell. MDLIVE will become the only virtual care service provider for plan members starting in 2021. MDLIVE offers an affordable, mobile-enabled option for patients and has a rapidly growing network.

# TOOLS AND RESOURCES



## INFORMATION

Visit HR NOW, our convenient new Human Resources service portal.

HR NOW is a resource designed to provide you with all the information you need to select the plans that are right for you and your loved ones.

Access HR NOW by visiting **[HRNOW.JMFamily.com](http://HRNOW.JMFamily.com)**.

## ENROLL

Select your benefits in AIM.

Log in to **[aim.jmfamily.com](http://aim.jmfamily.com)** with your **[NetworkID@jmfamily.com](mailto:NetworkID@jmfamily.com)** and your current network password. Click on the Menu tab, then click Myself, Manage My Benefits and then Open Enrollment to make your benefit selections.

## QUESTIONS

For questions while reviewing the information in HR NOW, you can chat live with a member of the Associate Care team Monday through Friday from 9 a.m. to 3 p.m. EST.

If you prefer contacting Associate Care directly, you may do so via email at **[associatecare@jmfamily.com](mailto:associatecare@jmfamily.com)** or by calling **954-429-CARE (2273)**.

## CHECKLIST

- Sign into HR NOW at **[HRNOW.JMFamily.com](http://HRNOW.JMFamily.com)** to review the benefits offered and enrollment instructions. You can also visit JM Family's benefits website at **[jmfamily.com/benefits](http://jmfamily.com/benefits)**.
- Access our benefits provider sites for personalized information about plan usage, account balances, network of providers, and estimated costs for services and/or medications. Links to providers' participant websites can be found in HR NOW and at **[jmfamily.com/benefits](http://jmfamily.com/benefits)**.
- Validate your dependents to ensure they are eligible for coverage under our plans by checking the Eligible Dependents Guide in HR NOW. You may be required to provide documentation, such as a certified birth or marriage certificate, validating that your dependents meet JM Family's eligibility requirements.
- Review your Basic Life/AD&D beneficiaries to ensure they are current or if you need to make any updates.
- Contact Associate Care at **954-429-CARE (2273)** or **[associatecare@jmfamily.com](mailto:associatecare@jmfamily.com)** with any questions you may have about benefit options and enrollment.
- Enroll during the period of **Monday, October 19 - Friday, October 30** to record your plan elections for 2021. To do so, log in to AIM, then click Menu > Myself > Manage My Benefits > Benefits > Open Enrollment > Get Started. You will not be able to make any changes to your benefits for 2021 once the enrollment period is over, except in very limited circumstances.
- Print your confirmation statement at the end of your enrollment session.

# PLAN COMPARISON CHART

To help you decide which medical plan is the right fit for you, the following comparison chart highlights the differences between the Health Reimbursement Account (HRA) and Health Savings Account (HSA). Both plans provide affordable coverage and help you pay for out-of-pocket expenses.

## HRA

VS.

## HSA

FUNDING	
<p>Provided on a pre-tax basis by JM Family only and available on the first day of coverage. Any balance remaining after you leave JM Family will be forfeited.</p>	<p>Provided on a pre-tax basis by both you and JM Family. Contributions earn interest and the entire balance is yours to keep, even if you leave JM Family.</p>
ACCOUNT MAXIMUM AND ROLLOVER	
<p>Account maximum equals your out-of-pocket maximum. Any balance exceeding your out-of-pocket maximum will be forfeited at the end of the year.</p>	<p>No maximum. Funds roll over from year to year and can be invested with tax-free interest. Can be leveraged as a long-term savings account to meet your retirement goals.</p>
WHAT'S COVERED	
<p>Preventive care is covered at 100%. Pharmacy costs are not subject to the plan deductible and have a separate out-of-pocket max.</p>	<p>Preventive care is covered at 100%. Medical and pharmacy costs apply to the same deductible and out-of-pocket max.</p>
HEALTH & WELLNESS CENTER VISITS	
<p>Visits to a JM Family Health &amp; Wellness Center (H&amp;WC) are free of charge. However, you'll be directly billed for all coinsurance and deductibles for any imaging, non-preventive lab work or offsite physical therapy that may be prescribed during your visits to the H&amp;WC.</p>	<p>Annual wellness visits are free of charge. Most other visits to a JM Family Health &amp; Wellness Center cost \$30, including receiving treatment for an illness, injury or physical therapy. Also, you'll be directly billed for all coinsurance and deductibles for any imaging, non-preventive lab work or offsite physical therapy that may be prescribed during your H&amp;WC visits.</p>
HOW FUNDS MAY BE USED	
<p>Only to be used to pay covered medical expenses. Has no cash value until you or a covered dependent have a claim. May not be used to pay pharmacy, dental or vision expenses.</p>	<p>May be used to pay qualified medical, pharmacy, dental and vision expenses and long-term care and COBRA premiums. <b>Funds in this account also serve as long-term savings to help meet retirement medical expenses.</b></p>

# WELLNESS INCENTIVES

## 2021 WELLNESS INCENTIVES

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

### THESE INCENTIVES ARE CREDITED AUTOMATICALLY ONCE COMPLETED

ACTIVITY	INCENTIVE	WHAT YOU MUST DO
<b>Complete Your Health Assessment</b>	\$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.)
<b>Obtain Your Biometric Health Screening</b>	\$100	Know your numbers. Complete blood pressure, cholesterol, blood sugar and body mass index (BMI) screenings.
<b>Get Connected! Earn Rewards with Apps &amp; Activities</b> (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.
<b>Improve Your Nutrition</b> (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.
<b>Benefits of Exercise</b> (up to four per year)	\$25	Good fitness is important for better focus, higher energy and overall happiness. Complete the Enjoy Exercise online program.
<b>Work Toward a Healthier Weight</b> (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.

### THESE INCENTIVES ARE CREDITED ONCE LOGGED

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

# 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
<b>USING IN-NETWORK PROVIDERS RESULT 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.</b>				
<b>DEDUCTIBLE</b>	\$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
<b>INDIVIDUAL OUT-OF-POCKET MAXIMUM</b>	\$3,000 per individual	Does not apply	Does not apply	Does not apply
<b>COINSURANCE</b>	90%/10%	60%/40%	80%/20%	50%/50%
<b>TOTAL OUT-OF-POCKET MAXIMUMS (INCLUDES PLAN DEDUCTIBLE)</b>	\$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
<b>JMFE CONTRIBUTION</b>	\$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	
<b>MAXIMUM WELLNESS INCENTIVES</b>	\$500/single \$1,000/all other coverage levels		\$500/single \$1,000/all other coverage levels	
<b>HEALTH &amp; WELLNESS CENTER VISITS</b>	No cost		No cost for annual wellness exams \$30 for most other services	
<b>ROUTINE PREVENTIVE CARE (FOR CHILDREN)</b>	Covered 100%	40%, no deductible	Covered 100%	50%, no deductible
<b>ROUTINE PREVENTIVE CARE (FOR ADULTS)</b>	Covered 100%	In-network coverage only	Covered 100%	In-network coverage only
<b>TELEMEDICINE</b>	Provided by MD Live 10% after plan deductible	In-network coverage only	Provided by MD Live 20% after plan deductible	In-network coverage only
<b>OFFICE VISITS, HOSPITAL, EMERGENCY AND URGENT CARE SERVICES</b>	10% after plan deductible	40% after plan deductible	20% after plan deductible	50% after plan deductible
<b>PHARMACY RETAIL PROGRAM (30-DAY SUPPLY)</b>	\$7 generic 20% preferred brand (\$75 max) 20% non-preferred brand (\$150 max)	40% of cost	20% after plan deductible*	50% after plan deductible*
<b>PHARMACY MAIL-ORDER PROGRAM (90-DAY SUPPLY)</b>	\$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
<b>PHARMACY OUT-OF-POCKET MAXIMUMS</b>	\$3,000/single \$6,000/associate and spouse or child(ren) \$9,000/family		Does not apply	
<b>SPECIALTY DRUGS</b>	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.*



# MEDICAL PREMIUMS

## 2021 MONTHLY MEDICAL PREMIUMS (FULL TIME)

			Associate	Associate and Spouse	Associate and Child(ren)	Family
<b>HRA Plan</b>	<b>Total Monthly Costs</b>		<b>\$627</b>	<b>\$1,441</b>	<b>\$1,129</b>	<b>\$1,943</b>
	<b>Eligible Earnings*</b>	<b>Tier</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>
	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
<b>HSA Plan</b>	<b>Total Monthly Costs</b>		<b>\$591</b>	<b>\$1,361</b>	<b>\$1,064</b>	<b>\$1,834</b>
	<b>Eligible Earnings*</b>	<b>Tier</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>
	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

## 2021 MONTHLY MEDICAL PREMIUMS (PART TIME)

			Associate	Associate and Spouse	Associate and Child(ren)	Family
<b>HRA Plan</b>	<b>Total Monthly Costs</b>		<b>\$627</b>	<b>\$1,441</b>	<b>\$1,129</b>	<b>\$1,943</b>
	<b>Eligible Earnings*</b>	<b>Tier</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>
	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
<b>HSA Plan</b>	<b>Total Monthly Costs</b>		<b>\$591</b>	<b>\$1,361</b>	<b>\$1,064</b>	<b>\$1,834</b>
	<b>Eligible Earnings*</b>	<b>Tier</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>	<b>Your Cost</b>
	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

\*For more detailed information and a definition of Eligible Earnings, search "Benefits Handbook" in HR NOW.

# DENTAL AND VISION PREMIUMS

## 2021 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					
<b>Preventive</b>	\$500	\$0	\$0	100%	50%	Not covered	Not covered	Not covered
<b>Comprehensive</b>	\$2,000	\$100	\$200	100%	80%	80%	50%	50%

## 2021 MONTHLY DENTAL PREMIUMS (FULL TIME)

	Associate	Associate and Spouse	Associate and Child(ren)	Family
<b>Preventive Plan</b>	\$0	\$6.58	\$7.77	\$11.23
<b>Comprehensive Plan</b>	\$8.83	\$21.67	\$24.58	\$32.17

## 2021 MONTHLY DENTAL PREMIUMS (PART TIME)

	Associate	Associate and Spouse	Associate and Child(ren)	Family
<b>Preventive Plan</b>	\$6.37	\$22.24	\$25.78	\$38.32
<b>Comprehensive Plan</b>	\$21.20	\$44.42	\$50.37	\$70.90

## 2021 VISION PLAN

Annual Eye Exam	Lenses, Frames, Contacts every 12 months	Contact Lens Fitting	Annual Combined Benefit Maximum
\$10 copay	\$20 copay (on select frames)	\$37	\$150

## 2021 MONTHLY VISION PREMIUMS (FULL TIME)

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

## 2021 MONTHLY VISION PREMIUMS (PART TIME)

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

# OTHER PLANS AT-A-GLANCE

BENEFIT	PLAN OFFERINGS/CHOICES
<b>Health Savings Account</b> <i>You Must Enroll Each Year</i>	Pre-tax contributions up to IRS limits. (single coverage - \$3,600; family coverage - \$7,200)
<b>Health Care Flexible Spending Account</b> <i>You Must Enroll Each Year</i>	Pre-tax contributions for expected medical, pharmacy, dental and vision expenses. • Maximum contribution: \$2,750
<b>Limited Purpose Flexible Spending Account</b> <i>You Must Enroll Each Year</i>	<b>For associates enrolling in the HSA plan.</b> Pre-tax contributions for expected dental and vision expenses. • Maximum contribution: \$2,750
<b>Dependent Care Flexible Spending Account</b> <i>You Must Enroll Each Year</i>	Pre-tax contributions for expected day care and/or elder care expenses. • Maximum contribution: \$5,000
<b>Associate Life Insurance</b>	JM Family pays for life insurance in the amount of 2.5x eligible earnings, up to \$500,000 of coverage. The value of this coverage in excess of \$50,000, if any, is called "imputed income" and will be reflected on your paycheck statement as Group Term Life. NOTE: You may opt out of this automatic coverage for lesser coverage in the flat amount of \$50,000.
<b>Associate Supplemental Life Insurance</b>	You may elect 1x, 2x, 3x, 4x or 5x annual earnings (not to exceed \$1,500,000).
<b>Associate Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	2.5x eligible earnings up to \$500,000
<b>Spouse Life Insurance</b>	<ul style="list-style-type: none"> <li>• Option 1: \$10,000 • Option 4: \$50,000</li> <li>• Option 2: \$20,000 • Option 5: \$75,000</li> <li>• Option 3: \$25,000 • Option 6: \$100,000</li> </ul>
<b>Spouse AD&amp;D Insurance</b>	<ul style="list-style-type: none"> <li>• Option 1: \$10,000 • Option 4: \$50,000</li> <li>• Option 2: \$20,000 • Option 5: \$75,000</li> <li>• Option 3: \$25,000 • Option 6: \$100,000</li> </ul>
<b>Child(ren) Dependent Life Insurance</b>	\$10,000
<b>Child(ren) Dependent AD&amp;D Insurance</b>	\$10,000
<b>Short-term Disability</b>	75% of eligible earnings
<b>Long-term Disability (LTD)</b>	Option 1: 60% of monthly earnings Option 2: 66.7% of monthly earnings Maximum benefit is \$10,000 per month
<b>Group Legal Plan</b>	Provides various legal services such as wills and trusts, real estate transactions, adoptions, etc.
<b>Voluntary Benefits</b>	<ul style="list-style-type: none"> <li>• Accident and critical illness insurance</li> <li>• Pet health insurance</li> <li>• Group auto and home insurance</li> <li>• Discount shopping</li> </ul>



POINTS TO REMEMBER	YOUR ACTION
Total contributions cannot exceed IRS limits, INCLUDING the company match (up to \$300 single coverage and \$600 for all other coverage levels) and any incentives earned. If you are 55 or older you may contribute up to an additional \$1,000 in 2021.	For first time HSA enrollees, your account will be automatically opened by HSABANK and you will receive a debit card in the mail.
It is important to plan your deposit carefully. You have until April 30, 2022, to submit claims for expenses incurred from January 1, 2021 to March 15, 2022. Note: Any expenses paid by the HRA account are not reimbursable under the HCFSA.	When enrolling, you can enter an annual maximum that will be equally divided by the number of pay periods in the year and the resulting amount will be deducted from your paycheck each pay period.
It is important to plan your deposit carefully. You have until April 30, 2022, to submit claims for expenses incurred from January 1, 2021 to March 15, 2022.	When enrolling, you can enter an annual maximum that will be equally divided by the number of pay periods in the year and the resulting amount will be deducted from your paycheck each pay period.
It is important to plan your deposit carefully. You have until April 30, 2022, to submit claims for expenses incurred from January 1, 2021 to March 15, 2022.	When enrolling, you can enter an annual maximum that will be equally divided by the number of pay periods in the year and the resulting amount will be deducted from your paycheck each pay period.
Although 100% of the coverage cost is paid by JM Family, the IRS requires you to pay tax on the value of policies over \$50,000.	If you want to review and update your beneficiaries, you can do so during Open Enrollment.
If you are currently enrolled in Supplemental Life Insurance and would like to change your coverage, you may do so. However, you may only increase your coverage by one level without providing evidence of insurability (EOI), provided your coverage is less than \$350,000. If you are not currently enrolled in Supplemental Life Insurance and wish to enroll, you may purchase coverage in the amount of 1x your eligible earnings without meeting the EOI requirement.	
This benefit is provided by JM Family at no cost to you.	If you want to review and update your beneficiaries, you can do so during Open Enrollment.
You may elect up to \$50,000 in life insurance for your spouse without evidence of insurability (EOI). However, if you have not made an election in the past and wish to make one for 2021, or if you would like to increase your current election, you may only choose Option 1 or move up one level from your 2020 coverage without having to provide EOI.	If evidence of insurability is required, you must complete the Lincoln Life Assurance evidence of insurability online application by December 31, 2020. You will be notified if EOI applies to you.
No EOI required.	
All children will receive the same level of coverage for one premium. You cannot purchase this coverage for your child if he/she is a benefits eligible JM Family associate.	
All children will receive the same level of coverage for one premium. You cannot purchase this coverage for your child if he/she is a benefits eligible JM Family associate.	
This benefit is provided by JM Family at no cost for full-time associates only.	
The company provides associates with at least one year of service with LTD coverage for 60% of your monthly earnings at no cost to you if you get ill or injured and are unable to work. You have the option to purchase an additional 6.7% to supplement your coverage. Associates with eligible earnings exceeding \$180,000 cannot benefit from purchasing Option 2.	
Premiums for this benefit are paid with after-tax dollars.	
Premiums for these benefits are paid with after-tax dollars. You may enroll in pet, auto and home insurance, and access discount shopping at any time during the year.	<b>Enrollment for accident and critical illness coverage is open through October 30, 2020. Visit <a href="http://jmfamily.com/voluntarybenefits">jmfamily.com/voluntarybenefits</a> to enroll in these benefits.</b>