

Open Enrollment Guide

US Team Members



Congratulations! It is Open Enrollment time (**May 6 - May 17, 2024**) and you are now eligible to change your benefit elections. This guide will walk you through completing your Open Enrollment in Workday. You can access Workday through the SharePoint Intranet, by visiting <https://wd5.myworkday.com/michaels>, or on a mobile device using the QR code above.

For detailed information about the different benefit options available to you as a Michaels Team Member, please visit www.MIKBenefits.com

Selecting Your Benefits

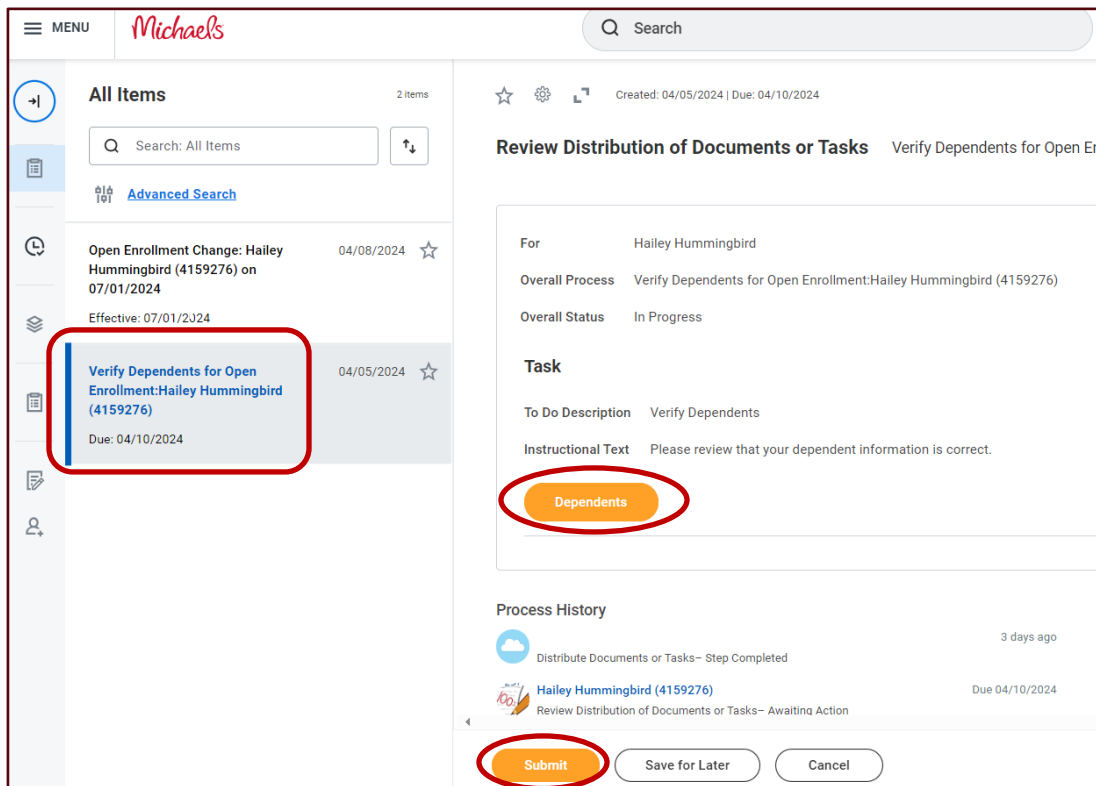
During Open Enrollment you will see an Announcement on the [Workday homepage](#) and two tasks for Open Enrollment in your Workday inbox. The first task will be “**Verify Dependents for Open Enrollment**” and the second will be “**Open Enrollment Change.**”

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Verify Dependents

1. Start with the “**Verify Dependents for Open Enrollment**” task. **Please Note: You cannot add dependents or beneficiaries within the Open Enrollment task. You will need to add or update your dependents with the “Verify Dependents” task first.**
2. If you **do not** have Dependents to add/edit, then click “**Submit**” for this task and skip to page 2.
3. If you **do** have Dependents to add/edit, click “**Dependents**” within the task in the inbox and you will be routed to the Add/Edit Dependent page. Once you are done updating your dependents, you will need to click “**Submit.**”



4. After submitting the “**Verify Dependents for Open Enrollment**” task, click the “**Open Enrollment Change**” task in your Workday Inbox and click “**Let’s Get Started.**”

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MENU Michaels Search

All Items 2 items Created: 04/08/2024 | Effective: 07/01/2024

Search: All Items

Advanced Search

Open Enrollment Change: Hailey Hummingbird (4159276) on 07/01/2024

Effective: 07/01/2024

Change Benefits for Open Enrollment

Open Enrollment 04/08/2024-04/05/2024

Choose new plans or re-enroll in the plans you currently have.

Let's Get Started

Tobacco Use

- When you begin your open enrollment, the **Tobacco Use** question will appear first. All Full-Time eligible Team Members and their enrolled spouse/domestic partner must answer this question. If you do not have a spouse enrolled, you will only see the tobacco question for yourself.

Update Your Information

Health Information

Tobacco Use

Acknowledgement If Tobacco user (Team Member) – I acknowledge and understand that if I am a tobacco user of any kind (including e-cigarettes and non-nicotine vaporizers) or have been in the past 6 months, I will be charged a tobacco surcharge of \$30 per pay period per tobacco user in my premiums when enrolled in a Michaels Medical Plan, to be deducted from my regular paycheck.

If you do not satisfy the requirements to avoid the surcharge (i.e., you have used any tobacco products cited above within the last 6 months), you still have an opportunity to avoid the tobacco surcharge by a different means. Contact Team Member Services at 1-855-432-MIKE(6453), option 2, and we will assist you (and if you permit, with your physician) to develop another way to qualify and avoid the surcharge.

Question Please make the appropriate selection indicating your tobacco use:

Answer * Yes No

Continue

Open Enrollment Homepage

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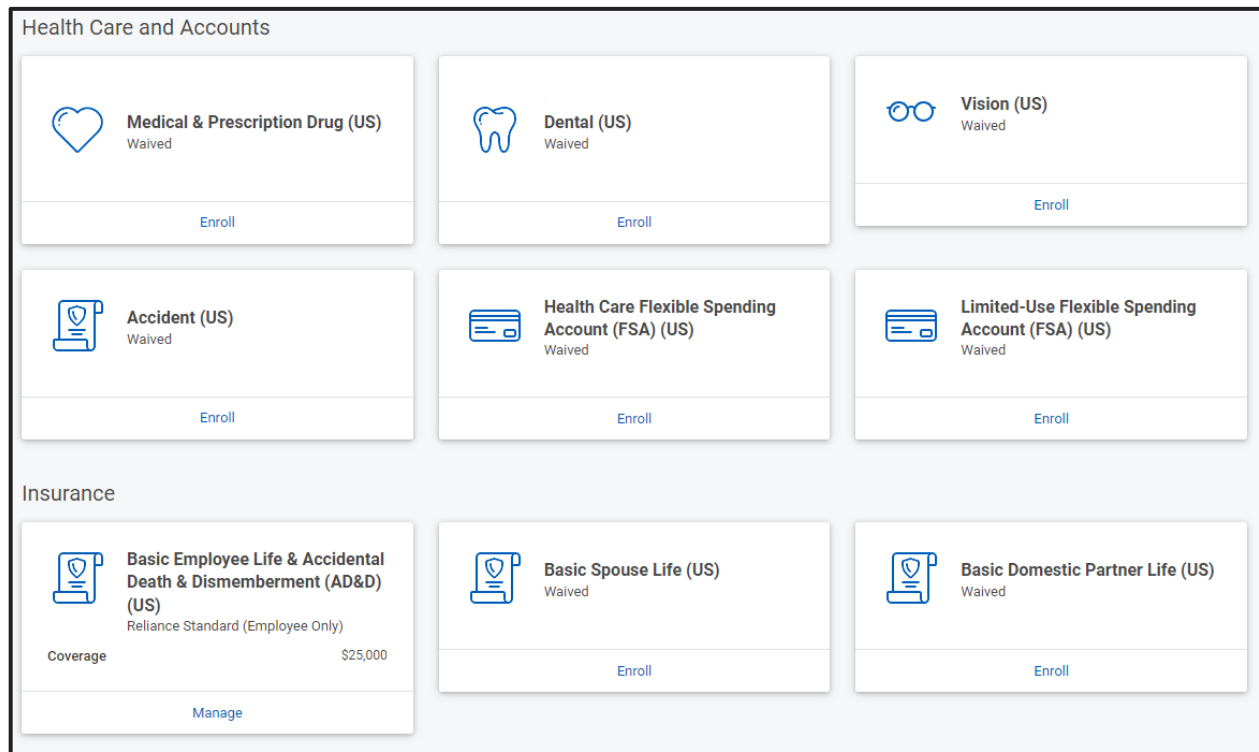
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- On the Open Enrollment Homepage, you will see all eligible plans with the option to **Enroll** beneath each plan. When you're ready to update the coverage, click on **Enroll** for the appropriate plan.

Medical & Prescription Drug

- The first plan listed is **Medical & Prescription Drug**. After clicking **Enroll**, you will be able to **Select** or **Waive** coverage.



- If you decide to enroll in a specific Coverage, click on the **Select** option in the first column. At the bottom of the screen, click **Confirm and Continue**.

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Plans Available

Select a plan or Waive to opt out of Medical & Prescription Drug (US). The displayed cost of waived plans assumes coverage for Employee Only.

3 items

Benefit Plan	*Selection	You Pay (Biweekly)	Company Contribution (Biweekly)
BCBS HDHP - Choice HSA	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$51.88	\$216.28
BCBS PPO - Basic PPO	<input checked="" type="radio"/> Select <input type="radio"/> Waive	\$38.93	\$216.71
BCBS PPO - Enhanced PPO	<input type="radio"/> Select <input checked="" type="radio"/> Waive	\$99.36	\$180.30

Confirm and Continue

Cancel

9. After clicking **Confirm and Continue**, you will be routed to a page where you will be able to select dependents in the coverage. Coverage Level and biweekly cost will be updated after selecting your dependents with the check box next to their name.

Select	Dependent	Relationship	Date of Birth
<input checked="" type="checkbox"/>	Test Spouse	Spouse	04/01/1990

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Once you have selected your dependents, click **Save** at the bottom of the page.

10. After clicking **Save**, you will be taken back to the Open Enrollment homepage where your elections will update as you complete each benefit selection.

The screenshot shows the 'Health Care and Accounts' section of the Open Enrollment homepage. It features several benefit selection cards. The 'Medical & Prescription Drug (US)' card is highlighted with a red circle around the 'UPDATED' status and has a 'Manage' button. Other cards include 'Dental (US)', 'Vision (US)', 'Accident (US)', 'Health Savings Account (HSA) (US)', 'Health Care Flexible Spending Account (FSA) (US)', 'Limited-Use Flexible Spending Account (FSA) (US)', and 'Dependent Care Flexible Spending Account (FSA) (US)'. Each card displays the benefit name, provider, cost per paycheck, coverage, and dependents, along with an 'Enroll' or 'Manage' button.

Dental and Vision

11. The next enrollment options available are the **Dental and Vision** sections. After clicking **Enroll**, you will be able to **Select** or **Waive** coverage.

Plans Available

Select a plan or Waive to opt out of Dental (US). The displayed cost of waived plans assumes coverage for Employee Only.

2 items

*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DHMO	
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Cigna DPPO	

Plans Available

Select a plan or Waive to opt out of Vision (US). The displayed cost of waived plans assumes coverage for Employee Only.

1 item

*Selection	Benefit Plan	You Pay (Biweekly)
<input type="radio"/> Select <input checked="" type="radio"/> Waive	EyeMed VIS	

12. After clicking Confirm and Continue, you will be routed to the next page where you can select dependents in the coverage. Coverage Level and biweekly cost will be updated after selecting your desired dependents with the check box next to their name just as it did for **Medical & Prescription Drug**.

Spending Accounts

13. There are four spending account options available: Health Savings Account (HSA), Healthcare FSA, Limited-Use FSA and Dependent Care FSA. **Please Note: You may only enroll in the HSA if you are enrolled in the Choice HDHP medical plan.**

Health Savings Account (HSA) (US) - HealthEquity

Contribute

Your estimated contributions made this year

Actual contributions from payroll \$0.00

Per Paycheck Annual

Remaining Paychecks 13

Use Paycheck Override

Minimum Annual Amount: \$100.00
Maximum Annual Amount: \$3,850.00

Summary

Annual Company Contribution	\$423.17
Total Annual HSA Contribution	\$423.17

14. With the Health Savings Account election, you can either choose to input a bi-weekly contribution amount or a total amount for the year and Workday will automatically calculate the annual or bi-weekly amount respectively. Click **Save** at the bottom of the page when done.
15. **Please note: Your HSA elections will passively rollover if you were previously enrolled in a Choice HDHP medical plan and contributing towards the HSA. If you are switching to the Choice HDHP medical plan and wish to contribute towards the HSA, you will need to submit your new elections before the Open Enrollment window closes on May 17, 2024.**
16. The Limited Use, Healthcare FSA and Dependent Care FSA plans will show as view only during this Open Enrollment window. You will not be able to enroll in these plans during this event. The Open Enrollment window for these plans will be held in October 2024 for a January 2024 effective date.

Insurance Elections

17. There are several Insurance options to choose from all offered through Reliance Standard.
18. Basic Life Insurance and Basic AD&D options for the Team Member will automatically be selected for all eligible Full-Time Team Members paid by Michaels.
19. You can elect Basic Insurance options for eligible spouses/domestic partners and eligible child(ren) paid for by Michaels.
20. Plan options for Accident, Hospital Indemnity, Optional Life, Optional Accidental Death & Dismemberment (AD&D), Critical Illness, STD and LTD will follow.

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Insurance

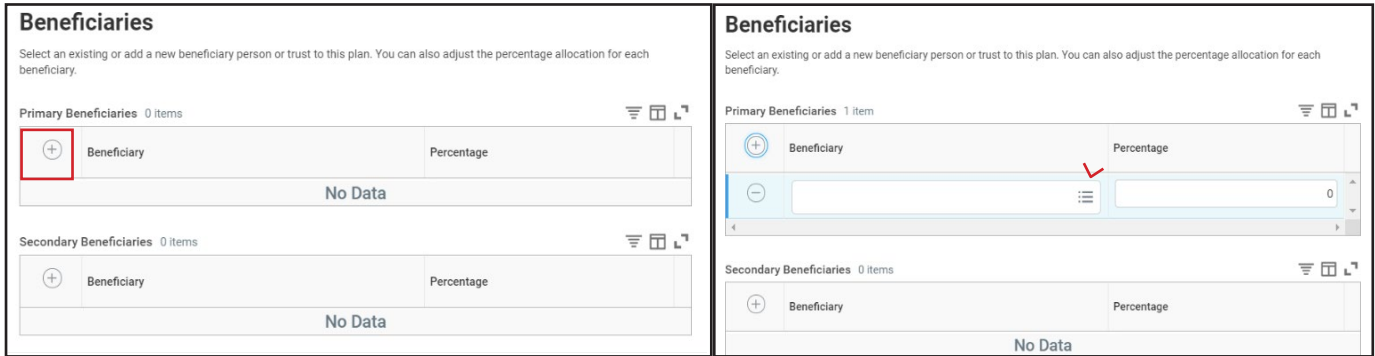
Basic Employee Life & Accidental Death & Dismemberment (AD&D) (US) Reliance Standard (Employee Only) Coverage: \$25,000 Manage	Basic Spouse Life (US) Waived Enroll	Basic Domestic Partner Life (US) Waived Enroll
Basic Child Life (US) Waived Enroll	Optional Employee Life (US) Waived UPDATED Enroll	Optional Spouse Life (US) Waived Enroll
Optional Domestic Partner Life (US) Waived Enroll	Optional Child Life (US) Waived Enroll	Optional Employee Accidental Death & Dismemberment (AD&D) Waived UPDATED Enroll
Optional Spouse Accidental Death & Dismemberment (AD&D) Waived Enroll	Optional Domestic Partner Accidental Death & Dismemberment (AD&D) Waived Enroll	Optional Child Accidental Death & Dismemberment (AD&D) Waived Enroll
Employee Critical Illness (US) Waived UPDATED Enroll	Spouse Critical Illness (US) Waived Enroll	Domestic Partner Critical Illness (US) Waived Enroll

Accident (US) Waived Enroll	Hospital Indemnity (US) Waived Enroll
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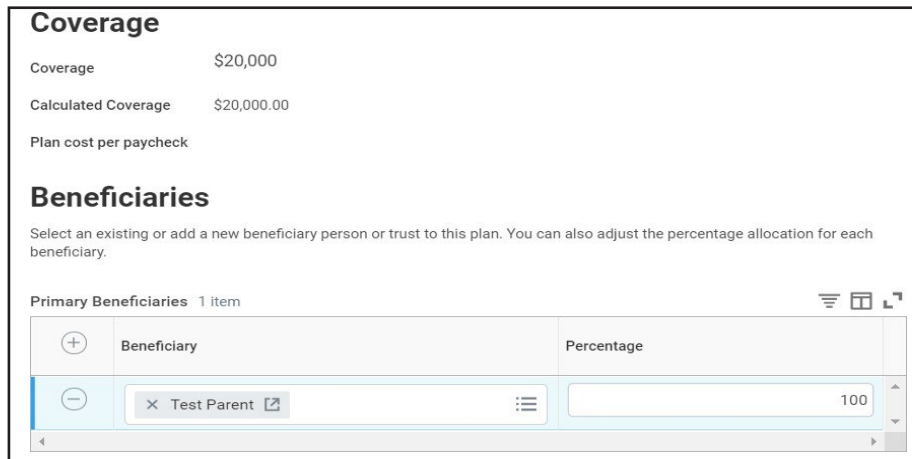
Please note: If you are newly eligible to enroll, you can elect coverage up to the Guarantee Issue amount without answering any health questions. Otherwise, you will be required to provide Evidence of Insurability (EOI) and your coverage request will need to be approved by Reliance Standard before coverage begins.

Designate a Beneficiary

- At the bottom of the screen, you will be able to designate beneficiaries for the plan you just selected. By clicking the plus icon, a new row appears. By clicking on the prompt icon, you will then be able to select a beneficiary (or a dependent marked as beneficiary within the add/edit page). **Please Note: You can add as many beneficiaries as you like, but the total percentage must equal 100%.**



22. A pop-up window will appear giving you the option to **Add an existing Beneficiary** or **Add an existing Trust**. Select the desired option. You can update beneficiaries during Open Enrollment and at any time during the plan year.



23. At this point you have made it to the end of the enrollment. You can either click **Review and Sign** or **Save for Later** at the bottom of the page. **Note: If you click Save for Later, you must submit your elections before the enrollment period ends May 17th for your benefits elections to be finalized and accepted.**

Review and Submit

24. The final screen will give you a breakdown of your chosen benefit elections, and the total bi-weekly cost.

View Summary

Projected Total Cost Per Paycheck

Please review your enrollments below. If you are satisfied with your choices, please select the "I Agree" checkbox at the bottom of the page and then click the "Submit" button to finalize your enrollment.

You may also select the "Go Back" button to make additional changes or the "Save for Later" button to return to this enrollment at a later time.

Turn on the new tables view

Selected Benefits: 18 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical & Prescription Drug (US)			Employee + Spouse			
Aetna POS - Select HRA						
Dental (US)			Employee + Spouse			
Cigna DPPPO						
Vision (US)			Employee + Spouse			
EyeMed VIS						
Basic Employee Life (US)			\$25,000			Included
Reliance Standard (Employee Only)						
Basic Employee Accidental Death & Dismemberment (AD&D) (US)			\$25,000			Included

25. If you are satisfied with your enrollments, please read the Electronic Signature details and then select **I Agree** at the bottom of the screen. Then Click **Submit**.

Your elections will not be finalized until you read the legal notice, check I Agree located at the bottom of the screen, click Submit, and see the confirmation page.

Electronic Signature

LEGAL NOTICE: Please Read ➔ **1**

Your Name and Password are considered your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you check the "I AGREE" checkbox, you are certifying that:

Certification and Authorization to Deduct Premiums and Surcharges from the Paycheck

I hereby certify that I have provided truthful answers to the questions listed in the election process. I understand that, if I do not provide truthful or complete answers and information, I can be subject to disciplinary action, up to and including termination. Further, I authorize Michaels to take bi-weekly deductions from my paycheck for any premiums and any applicable surcharges associated with the benefits elections I have made during this enrollment per the amounts detailed in the election process.

In the event deductions are not made through my paycheck I understand that I will still be responsible for the premium payments and any applicable surcharges. If payments for premiums and applicable surcharges are not made within 31 days of the last payroll deduction, my benefit elections can be terminated.

Statement Regarding Michaels Stores Electronic Plan Disclosures

Individuals entitled to receive benefits under the Michaels Stores, Inc. Employee Benefits Plan and the Michaels Stores, Inc. Employees 401(k) Plan (the Plans), are also entitled to be furnished with certain documents required by ERISA. Michaels Stores, Inc. intends to provide the following documents to you by electronic delivery (as described below):

- Summary Plan Description (SPD),
- Required Summaries of Material Modifications (SMMs)
- Other Benefit Communications relating to wellness and/or the plans described above
- Summary Annual Report (SAR), and
- Any documents required to be furnished under ERISA § 104(b)(4) upon written request by a participant or beneficiary under the Plan (e.g., the latest SPD, SAR, bargaining agreement, contract, and documents under which the benefit plan is established).

These documents will be furnished to you via the benefits website. The documents will be available in Microsoft Word or Adobe Acrobat. To access the documents, you must have:

- A computer with internet access and;
- Software program(s) on your computer that allows you to open and read documents in the formats described above.

To keep a copy of the document for future reference, you must either:

- Be able to print a copy on a printer attached to the computer or
- Save a copy in electronic form.

If any of these requirements change in a way that creates a material risk that you will no longer be able to access and retain electronically transmitted documents, you will be furnished with the notice(s) and asked to provide another consent to receive documents electronically, by providing your email address and affirming your consent for electronic communications.

What You Must Do:

You must consent to receive documents electronically, described in the Statement above by electronic means via the benefits website on the screen below.

You may withdraw this consent at any time by notifying the Benefits Dept at Michaels Stores, Inc. in writing, using the following form of communication:

Send a letter with the subject line "Consent Withdrawn for Electronic Disclosure" and include in the body of your letter your full name, address, and phone number to the following address:

Michaels Stores Inc.
Attention: Benefits Department
3939 West John Carpenter Freeway
Irving, TX 75068

Your Right to a Paper Copy: You have a right to request and obtain a paper version of any electronically transmitted document at no charge. Contact Team Member Services at 855-432-MIKE (4453), option 2 to request a paper copy.

Dependent Enrollment Declaration

I hereby certify that I will provide the required dependent verification documentations to Consova.

Wellness Program Requirement

All Michaels medical plan rates are based on eligible Team Members and, if applicable, spouses and domestic partners completing the required activities in the wellness program. The medical rates are not based on the results of the wellness activities, only that participation is required. To avoid a \$30 per paycheck, per person, surcharge (\$790 annually), I acknowledge and understand that me and my spouse/domestic partner MUST complete the required 2023-2024 wellness requirement by June 30th prior to the effective date of coverage.

Spouse Enrollment Declaration

A spouse/domestic partner of an eligible Team Member is [not eligible](#) to enroll in the Blue Cross Blue Shield Basic PPO, Blue Cross Blue Shield Choice HSA and Kaiser HRA plans if they have access health coverage offered through their employer. A spouse/domestic partner of an eligible Team Member [may](#) enroll in the Blue Cross Blue Shield Enhanced PPO if they have access to employer sponsored health coverage. I hereby certify that my spouse/domestic partner does not have access to medical coverage through their employer. I further certify that should my spouse/domestic partner become eligible for such coverage, as referenced in this section, then I will notify Team Member Services at 1-855-432-MIKE(1-855-432-6453), selecting option 2, or submit a ticket through Knowledge Zone within 30 days of the date my spouse/domestic partner becomes eligible for coverage with their employer.

HSA/FSA

In addition, with respect to the Health Savings, Health Care Flexible Spending, Limited Purpose Health Care Flexible Savings and Dependent Care Savings Accounts, I understand that I will be responsible for repaying any unsubstantiated claims, and in the event, I fail to repay such claims, I authorize Michaels to deduct the amounts owed from my paycheck.

2

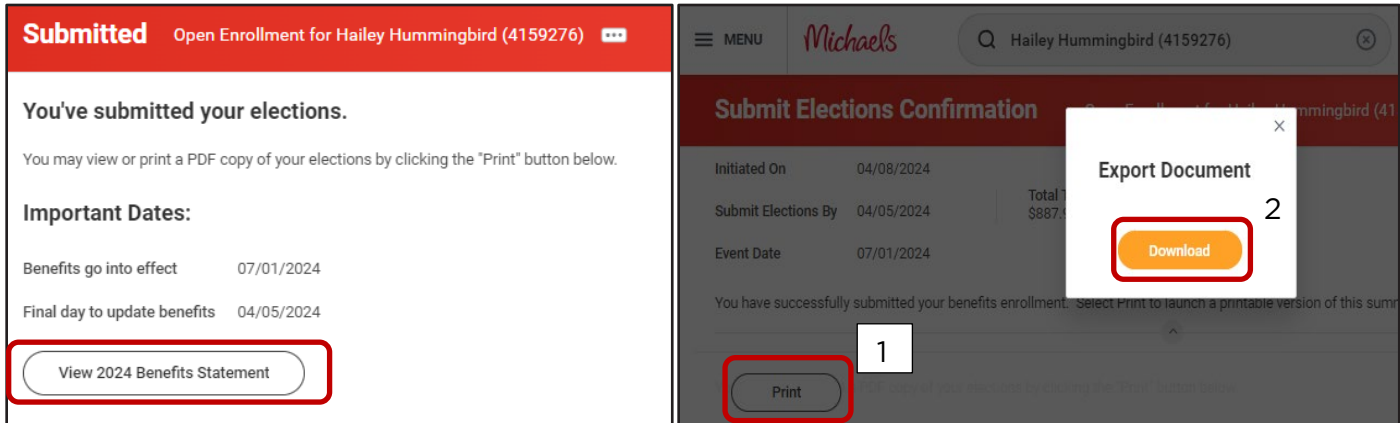
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26. Once submitted, click View 2024 Benefits Statement and your benefits statement will appear. To save a copy of your statement, click on print on the bottom left hand of the screen and click Download.



Please Note: You can continue to make changes to your enrollment, even after you've submitted your elections, until Open Enrollment closes on May 17, 2024. To return to your Open Enrollment, click on the Announcement on the Workday homepage.

Once the Open Enrollment window closes, you will not be able to add, drop, or change elections until next year's Open Enrollment or you experience a Qualifying Life Event. For more information about Qualifying Life Event, please visit: [Change in Status - Michaels Benefits \(mikbenefits.com\)](https://mikbenefits.com)

Open Enrollment elections will be effective at the beginning of the new Plan Year beginning on July 1st of each year. The first payroll deduction will begin in July of 2024.

For questions about enrolling or need to make a change call Team Member Services at 1-855-432-MIKE (6453), option 2, or open a ticket through [Knowledge Zone](#).