

enrollment is here

get rolling! enroll in 2021 benefits.



THE MICHAELS COMPANIES

KAISER

benefit changes/enhancements

- * **Text Messaging** – We will now be communicating important Benefit messages through **texts** to your mobile device! Be sure to opt-in so you do not miss any important updates.
- * **ALEX** – Meet Alex! **ALEX** is an interactive tool that helps Team Members choose the best benefits for their needs and their wallets.
- * **New Basic PPO Plan** – We have added a **Basic PPO** plan that will offer primary care and specialist co-payments for office visits allowing predictability for your provider office visit costs.
- * **Cost-Saving Network** – We are moving to the **Aetna Premier Care Network (APCN)** where you can find specialists and hospitals with proven track records of lower re-admissions rates, fewer complications, and lower costs.
- * **Lower Teladoc Cost** – We have lowered our **Teladoc health visits** to \$25 no matter which Michaels medical plan you decide to enroll in. This will allow you to have a virtual visit 24/7 with a board-certified physician in your area.
- * **Virtual Dermatology** – We have added **Dermatological services** to the list of covered services with Teladoc. Standard fees will apply.
- * **SurgeryPlus™** – We have added a new supplemental benefit with SurgeryPlus™ offered to Team Members enrolled in a Michaels Aetna medical plan. This benefit is for **non-emergency surgeries** and provides a concierge experience and access to quality care. Michaels waives your coinsurance for these approved procedures.
- * **Kaiser HRA** – We are moving to an **integrated HRA account** within the Kaiser medical plan which will automatically process and pay for claims until the money is exhausted. After July 1, 2021, throw away your debit card as you will no longer be required to submit receipts!
- * **Dental DHMO** – We are now offering a **second dental plan option** with set copays based on eligible services for those Team Members who live in the DHMO available zip codes. You will select and see a primary care dentist who will direct your dental care. This plan has no out-of-network coverage or annual plan maximum.
- * **Retirement** – We moved our plan from Charles Schwab and are now a **Safe Harbor plan**. Our plan now has **immediate vesting** and Michaels will contribute \$1 for every \$1 you save in the plan (up to 3% of your pay) and then \$0.50 for every additional \$1 of the next 2% of your pay.
- * **EyeMed Frames** – We have enhanced the EyeMed Vision plan and you can now receive frames once **every 12 months** instead of having to wait 24 months!
- * **Flexible Spending Accounts (FSA)** – The Dependent Care FSA maximum has been increased to **\$10,500** per household for 2021. Also, any unused funds in both Health Care and Dependent Care FSA accounts left at plan years ending 6/30/2021 and 6/30/2022 will be **carried over** into the next plan year.
- * **Health Savings Account (HSA)** – If you are enrolled in the Choice HSA medical plan, the **contribution limits** for 2021 have increased slightly for both individual and family coverage types. You can now contribute \$3,225 Individual and \$6,450 Family for the new plan year.
- * **Voluntary Benefits** – We are moving our voluntary benefits to **Reliance Standard**. Team Members will be able to enroll in Reliance Standard products up to the Guarantee Issue amount (without having to complete Evidence of Insurability (EOI) even if you chose not to enroll when you were first eligible.
- * **Hourly Short-Term Disability (STD)** – We are improving our STD benefit for Hourly Store, Distribution Center and Artistree Team Members. This benefit is **increasing to 60%** up to a weekly maximum of **\$1,000**.
- * **Accident Plan** – We have added a **new accident plan** which will provide a fixed lump-sum benefit for injuries resulting from a covered accident. These payments are issued directly to you and can be used for anything.

Please take the time to review this guide to make sure you understand the benefits that are available to you and your family — then be sure to take action.

making changes to your benefits

choose your benefits wisely

Changes are only allowed outside of enrollment if you have a qualifying life event, such as:

- * Birth
- * Adoption
- * Marriage
- * Divorce/Legal Separation
- * A change in your spouse's eligibility status (for instance, if your spouse gains or loses coverage through his/her employer)
- * Adding or removing coverage for a domestic partner
- * Death of a family member
- * Change in employment status (such as part-time to full-time)
- * Gain/loss of other coverage for you or a dependent

Changes must be made within 60 days of the qualifying life event. If you do not enroll or make a change within 60 days of the qualifying life event, you must wait until the next Open Enrollment.

enrollment help when you need it

You don't have to make your enrollment choices alone. ALEX is here to help. Talk to ALEX at **MyAlex.com/Michaels/2021**. For questions about enrolling or making a change in Workday, call Team Member Services at **1-855-432-MIKE (1-855-432-6453)**, **Option 2**, or email hrteam@michaels.com.

your enrollment checklist

you **must** enroll if you want coverage



Know who's eligible.

Find out which family members you can cover at [MIKBenefits.com](https://mikbenefits.com).

Remember: Your spouse/domestic partner cannot be covered under a Michaels medical plan if he/she has access to full-time medical coverage through his/her employer.



Check out your choices.

Michaels offers you a variety of benefits. Read this guide to make sure you get what you need.



Get help.

Need help figuring out what the plans cover? Talk to ALEX at [MyAlex.com/Michaels/2021](https://myalex.com/Michaels/2021) — your free benefits counselor.



Avoid paying more.

Avoid the tobacco surcharge by **being tobacco-free**.¹ If you or your spouse/domestic partner use tobacco, including e-cigarettes and non-nicotine vaporizers, **\$25 per paycheck per person** (that is \$650 per person!) will be added to your medical premiums.



Enroll at wd5.myworkday.com/michaels.

Log on with your Workday user credentials. Click on the **Benefits Application**, then click **Change my Benefits** and follow the prompts through each step of the enrollment process. You **MUST** enroll in the Michaels Choice HSA medical plan to participate in a Michaels Health Savings Account (HSA). If you enroll, your coverage begins July 1, 2021.

If you're newly eligible, your coverage begins the first of the month after you have completed 60 days of service.

¹ If you think you and/or your spouse/domestic partner might be unable to meet a standard for a program that results in a surcharge being added to your health plan premiums, you might qualify for an opportunity to avoid the surcharge by different means. Contact Team Member Services at **1-855-432-MIKE (6453) Option 2**, or email at hrteam@michaels.com and we will work with you (and if you wish, with your doctor) to find a reasonable alternative.

Meet alex[®]

ALEX[®] is an online tool that will help you select the best benefit plan for you and your family. When you talk to ALEX he'll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. And anything you tell ALEX remains anonymous, so don't be afraid to really let loose about that weird tooth thing.

How long will this take?

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

How should I prepare?

You don't need to do much of anything.

ALEX will ask you to estimate what type of medical care you might need this year (doctors visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.



How does ALEX know what is best for me?

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

Can I use ALEX on my phone?

Oh yeah. ALEX is optimized for any device you've got.

Can I trust ALEX with my secrets?

Yes! Your ALEX experience is totally private. He doesn't maintain personal info or submit it back to your employer (or anyone else), so it's completely confidential.

Meet ALEX at MyAlex.com/Michaels/2021

alex[®] BENEFITS
COUNSELOR

medical

four plan options

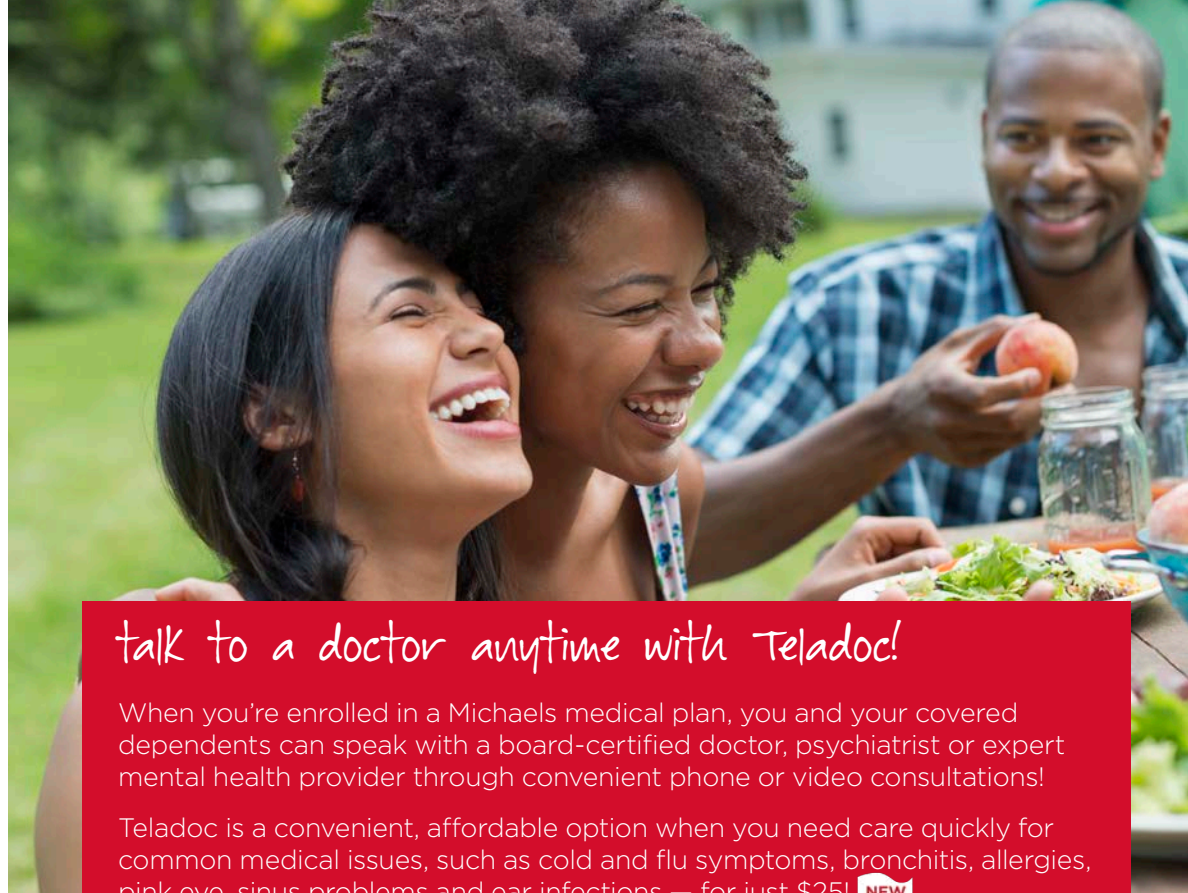
Michaels offers California Team Members four medical plan options. All plans include prescription drug coverage. All Aetna plans include access to the **Aetna Premier Care Network (APCN)** where you can find specialists and hospitals that have proven track records which means:

- (1) lower readmission rates
- (2) fewer complications and
- (3) lower costs.

Be sure to confirm your doctor and hospitals are part of this network by going to [AetnaPremierCare.com](https://www.aetnapremiercare.com) or contact Alight at 1-855-496-0070 or by email at michaels@alight.com.

The plans you can choose from:

- * Aetna Basic PPO **NEW**
- * Aetna Select HRA
- * Aetna Choice HSA
- * Kaiser HRA



talk to a doctor anytime with Teladoc!

When you're enrolled in a Michaels medical plan, you and your covered dependents can speak with a board-certified doctor, psychiatrist or expert mental health provider through convenient phone or video consultations!

Teladoc is a convenient, affordable option when you need care quickly for common medical issues, such as cold and flu symptoms, bronchitis, allergies, pink eye, sinus problems and ear infections — for just \$25! **NEW**

It's available 24 hours a day, 7 days a week. You can now use your Teladoc account for dermatological services for a fee of \$75 or less.

Now with Teladoc, you can also connect with experts for behavioral health visits. Whether you need help with one issue or want to talk with someone on a regular basis, we've got you covered with help available from 7 a.m. to 9 p.m. local time. Visit fees are also less than traditional behavioral health visits — just \$85 to \$190, depending on the type of provider you choose and whether you choose multiple visits.



Call **1-855-Teladoc**
(1-855-835-2362)



Go online to
[Teladoc.com/Michaels](https://www.Teladoc.com/Michaels)



Check out the free
Teladoc app

Note: Operating restrictions may apply in some states.

your options at-a-glance

Basic PPO 

Select HRA

Choice HSA

Kaiser
HRA

	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network	Out-of-network ¹	In-network
MONEY FROM MICHAELS (Amount deposited into HRA or HSA. You can use this money to pay for health care expenses).							
Individual	N/A		\$525		\$375		\$425
Family	N/A		\$1,050		\$750		\$950
DEDUCTIBLE (the amount you pay before you and Michaels share the cost of care)							
Individual	\$2,500	\$5,000	\$1,500	\$5,000	\$1,750	\$5,000	\$1,500
Family	\$5,000	\$12,500	\$3,750	\$12,500	\$3,500 ⁷	\$12,500 ⁷	\$3,000
OUT-OF-POCKET MAXIMUM (the most you will pay — including your deductible and copays — before Michaels pays 100% of remaining eligible expenses for the rest of the plan year)							
Individual	\$4,500	\$10,000	\$3,350	\$10,000	\$5,000	\$10,000	\$3,000
Family	\$10,600	\$20,000	\$8,375	\$20,000	\$12,500	\$20,000	\$6,000
WHAT YOU PAY AFTER THE DEDUCTIBLE (except as noted)							
Preventive Care ²	\$0, no deductible	50%	\$0, no deductible	50%	\$0, no deductible	50%	\$0, no deductible
Office Visits: Primary Care Specialist	\$25 copay, no deductible \$50 copay, no deductible	50%	20%	50%	20%	50%	\$20 copay
Urgent Care ³	\$75 copay, no deductible	50%	20%	50%	20%	50%	\$20 copay
Retail Clinic ⁴	\$25 copay, no deductible	50%	20%	50%	20%	50%	\$20 copay
Emergency Room ⁵	25%	25%	20%	20%	20%	20%	20%
Hospital Care and Mental Health ⁶	25%	50%	20%	50%	20%	50%	20%
Routine Prenatal Care	\$0, no deductible	50%	\$0, no deductible	50%	\$0, no deductible	50%	\$0, no deductible
Delivery	25%	50%	20%	50%	20%	50%	20%

1 Out-of-network expenses are paid based on the allowed charge. You are responsible for any amount above the allowed charge, even after you reach your out-of-pocket maximum, if applicable.
2 Preventive care includes, but is not limited to, annual physical exams, annual gynecological exams, routine mammograms, colonoscopies and immunizations.
3 Must be an urgent care issue or you will pay 100% of the cost. Routine, preventive and diagnostic procedures are not covered at urgent care facilities. See your Summary Plan Description (SPD) for more details.
4 Aetna participants may only use clinics inside a pharmacy or retail store such as CVS MinuteClinic[®]. Kaiser participants may use approved Kaiser clinics at specified locations or inside certain Target stores.
5 Must be a true emergency or you will pay 100%.
6 Pre-certification is required for inpatient care except for delivery.
7 You must meet the family deductible before the plan shares expenses for any covered family member.

SurgeryPlus™ is a supplemental benefit offered to Michaels Team Members enrolled in an Aetna medical plan for planned, non-emergency surgeries that provides a personalized concierge experience through a dedicated Care Advocate as well as access to quality care through a network of credentialed health care providers. By using the SurgeryPlus™ benefit, you may be able to save money through reduced financial responsibility.

Surgeon Quality

You have access to Surgeons of Excellence Network

SurgeryPlus™ Surgeons are:

- ✓ **Licensed**
- ✓ **Screened for malpractice, sanctions & criminal records**
- ✓ **Board certified**
- ✓ **Fellowship trained**

Full-Service Concierge

You have access to a dedicated care advocate throughout your health care journey.

- * Locate best fitting Surgeon of Excellence
- * Schedule timely appointments
- * Coordinate transfer medical records
- * Schedule follow-up as necessary

Covered Surgical Procedures

- * Knee
- * Hip
- * Shoulder
- * Foot & Ankle
- * Wrist & Elbow
- * Spine
- * General Surgery
- * Gastroenterology
- * GYN
- * Bariatric
- * Cardiac
- * ENT

Financial Incentive

Michaels Waives your Coinsurance for your procedure, plus, travel is covered for you and a companion, as needed!

Call your Care Advocate for more information

For more information and for the full list of available surgeries offered under the SurgeryPlus™ benefit, visit [Michaels.SurgeryPlus.com](https://www.Michaels.SurgeryPlus.com) or **call 833-552-1694** to speak with a Care Advocate today.

medical

how does the Basic PPO plan work

The PPO plan has co-payments, deductibles, and coinsurance. Here's what you need to know:

COPAY Office Visits

If seeing your primary care physician or specialist for an office visit, you will pay the applicable co-payment as long as they are a network provider.

DEDUCTIBLE You pay for care.

For most other services, you pay out of your own pocket until you meet your deductible.

COINSURANCE You and Michaels share costs.

After you meet your deductible, you and Michaels share the cost for covered services. This is called coinsurance. Michaels pays 75% for additional health care expenses — as long as you stay in network — and you pay 25% up to the out-of-pocket maximum. If you go out of network, Michaels usually pays 50% of the allowed amount, and you pay 50% plus anything above the allowed amount.

FINALLY Michaels pays the rest.

If your health care expenses reach your out-of-pocket maximum, Michaels pays 100% of your eligible costs for the rest of the plan year.

medical

how do the Select HRA, Choice HSA and Kaiser HRA plans work

The biggest difference between the Select HRA and Choice HSA plans is the amount of money Michaels puts into your account, the cost of coverage and your deductible. Here's what you need to know.

FIRST

Michaels gives you money to pay for care.

Depending on which plan you enroll in and who you cover, Michaels sets up either an HRA or an HSA for you and funds it with **\$375-1,050** to help you pay for health care expenses. Use this money first to pay for covered services until the account balance reaches \$0. Any unused HRA amounts roll over from year to year if you stay enrolled in an HRA plan. Any unused amounts in an HSA remain with you forever, until they are used for qualified medical expenses.

THEN

You pay for care.

If you use up the money in your account and you need more care, you pay out of your own pocket until you meet your deductible.

NEXT

You and Michaels share costs.

After you meet your deductible, you and Michaels share the cost for covered services. This is called coinsurance. Michaels pays 80% of the cost for additional health care expenses — as long as you stay in network — and you pay 20% up to the out-of-pocket maximum. If you go out of network, Michaels usually pays 50% of the allowed amount, and you pay 50% plus anything above the allowed amount.

FINALLY

Michaels pays the rest.

If your health care expenses reach your out-of-pocket maximum, Michaels pays 100% of your eligible costs for the rest of the plan year.

The HRA and HSA plans work a little differently, too.

HRA

HSA


What is it?	An account with tax-free dollars that helps you pay for eligible out-of-pocket medical expenses.	An account, like a 401(k) plan for health care expenses. You can use the tax-free funds to pay for eligible health care expenses now and in the future.
Who contributes?	Michaels	You and Michaels
How much can I contribute?	You may not contribute to the account.	You and Michaels combined can contribute up to \$3,600 (individual) or \$7,200 (family) pre-tax in 2021.
What can I use it for?	<p>Medical expenses, like:</p> <ul style="list-style-type: none"> * Deductibles * Copays * Coinsurance <p>Cannot be used for dental, prescription drug or vision expenses.</p>	<p>Medical, dental and vision expenses, like:</p> <ul style="list-style-type: none"> * Deductibles * Office visits, in- and out-of-network * Prescription drugs
Does it roll over from year to year?	Yes, until you're no longer enrolled in a Michaels HRA plan.	Yes, even if you leave Michaels.
How do I access my account?	Your account is automatically debited when you receive covered medical services.	You must set up an account through HealthEquity (the HSA administrator) and receive a debit card to pay for eligible expenses. Or, you can submit a claim through HealthEquity
Is the company money deposited all at once?	Yes. You receive the full company contribution at the beginning of the plan year.	No. The company deposits money into your account each pay period.
Are there any fees associated with the account?	No. There are no fees if you participate in this account.	No. There are no fees if you participate in this account.

one more important difference!

The deductibles work differently for the plans. If you enroll in the HRA, the plan starts to share costs (coinsurance) when each individual meets the deductible. In the Choice HSA plan, there is no individual deductible if you enroll in family coverage. You must meet the family deductible before you and the plan begin to share expenses for any covered individual.

prescription drugs

Prescription drug benefits are included with all medical plans. Here's what you pay in-network.

	Basic PPO 	Select HRA	Choice HSA	Kaiser HRA
PREVENTIVE DRUG LIST¹				
	\$0 copay	\$0 copay	\$0 copay	\$0 copay ⁴
GENERIC				
Retail ²	\$14 copay	\$7 copay	20% after the deductible	\$10 copay
Mail Order ³	\$35 copay	\$18 copay	20% after the deductible	\$20 copay
PREFERRED BRAND				
Retail ²	25% of the cost (\$50 minimum, \$130 maximum)	25% of the cost (\$30 minimum, \$120 maximum)	20% after the deductible	\$30 copay
Mail Order ³	\$125 copay	\$75 copay	20% after the deductible	\$60 copay
NON-PREFERRED BRAND⁵				
Retail ² & Mail Order ³	80% of the cost	80% of the cost	80% after the deductible	N/A
SPECIALTY PHARMACY⁶				
Generic	\$14 copay	\$7 copay	20% after the deductible (\$200 maximum)	N/A
Preferred	25% of the cost (\$50 minimum; \$130 maximum)	25% of the cost (\$30 minimum; \$120 maximum)	20% of the cost (\$250 maximum)	N/A
Non-Preferred	50% of the cost (\$350 maximum)	50% of the cost (\$350 maximum)	50% after the deductible (\$350 maximum)	N/A
OUT-OF-POCKET MAXIMUM (the most you will pay before Michaels pays 100% of remaining eligible prescription drug expenses for the rest of the plan year)				
Individual	\$2,050	\$1,950	Included in the medical out-of-pocket maximum	Included in the medical out-of-pocket maximum
Family	\$4,100	\$3,900	Included in the medical out-of-pocket maximum	Included in the medical out-of-pocket maximum

¹ Generic drugs and insulin only. For more information on covered preventive drugs, contact Alight at 1-855-496-0070 or email michaels@alight.com.

² Up to a 30-day supply.

³ With the Basic PPO, Select HRA and Choice HSA, up to a 90-day supply; you can also get a 90-day supply at your local CVS pharmacy, the same as through mail order. The Kaiser HRA allows up to a 100-day supply.

⁴ Only preventive medications outlined by the Affordable Care Act (ACA) are covered.

⁵ Non-preferred brand drug costs don't apply to the out-of-pocket maximum.

⁶ Up to a 30-day supply. Specialty drug costs apply to out-of-pocket maximum.

MEDICAL

save money on prescriptions!

There's no need to spend more than you need to on prescriptions! Contact Alight at **1-855-496-0070** or email michaels@alight.com to get help finding lower-cost alternatives for drugs you take. Here are more ways to save.

check the formulary

All the plans use OptumRx®'s Value Formulary, a list of preferred drugs. You pay less for drugs that are on the formulary. If your doctor writes you a prescription, make sure it's on the formulary. If not, ask your doctor whether another drug on the formulary will work for you.

use home delivery

If you take maintenance medications (prescriptions you need on a regular basis for an ongoing condition), using home delivery is required. You are allowed two 30-day fills at a pharmacy or retail location. After that, you must get a 90-day supply through mail order. You can also get a 90-day supply, the same as through home delivery at your local CVS pharmacy.

use discounts

Compare prices and check out your drug manufacturer's resource site to help you keep more dollars in your pocket. The cost of a prescription may differ by more than \$100 between pharmacies across the street from each other!

how to access the formulary

Not sure if your prescription is on the formulary? Log in to your OptumRx account to verify, or give Alight a call at **1-855-496-0070** or email michaels@alight.com. If your prescription isn't on the formulary, Alight can help you find an alternative.

MEDICAL

your premium cost

Your medical paycheck contributions are based on the plan you choose and who you cover. These rates do not include any surcharges that apply to you and/or your spouse/domestic partner.

Basic PPO Select HRA Choice HSA Kaiser HRA

YOU				
Bi-Weekly	\$36.38	\$87.12	\$48.48	\$62.37
Annually	\$945.88	\$2,265.12	\$1,260.48	\$1,621.62
YOU + SPOUSE/DOMESTIC PARTNER ¹				
Bi-Weekly	\$98.12	\$219.01	130.08	\$148.99
Annually	\$2,551.12	\$5,694.26	\$3,382.08	\$3,873.74
YOU + CHILD(REN)				
Bi-Weekly	\$66.15	\$166.98	\$95.78	\$117.81
Annually	\$1,719.90	\$4,341.48	\$2,490.28	\$3,063.06
YOU + FAMILY				
Bi-Weekly	\$114.66	\$266.20	\$160.82	\$175.56
Annually	\$2,981.16	\$6,921.20	\$4,181.32	\$4,564.56

¹ By law, if a domestic partner does not qualify as a tax dependent, the cost for his/her benefits cannot be paid pre-tax, and the "value" of Team Member and employer-provided domestic partner contributions is taxable.



For help choosing which plan is best for you, Talk to ALEX at MyAlex.com/Michaels/2021



Cariloop

caregiver support for you



cariloop®

- * Get more information about Cariloop and other benefits at [MIKBenefits.com](https://mikbenefits.com).
- * To learn more about how they can help you, take their 90-second assessment at cariloop.com/michaels.
- * To get started, call Cariloop at 844-402-7722 or email helpme@cariloop.com.

Caregiver support is available to all full-time Michaels employees at no cost. When you're stressed or anxious about taking care of a loved one, Cariloop's Care Coaches support you with research, questions and next steps it takes to feel confident in your loved one's care.

Whether you're managing a loved one's finances, coordinating his or her medical care, offering long-distance support or are simply worried about your loved one's future well-being, a Cariloop Care Coach will walk with you through the whole process and make sure you don't face the challenges of caregiving alone.

All Coaches are licensed/certified healthcare professionals and are equipped to support you as you care for a loved one of any age—from pediatrics to elder care. The Cariloop coaches are available to speak with you about challenges like:

- * Finding appropriate care providers (Assisted Living, Skilled Nursing, Rehab, Home Health, etc.)
- * Understanding how to pay for a loved one's care
- * Filling out important legal caregiving documents (wills, POAs, DNRs)
- * Understanding a loved one's Medicare, Medicaid, or VA benefits

dental

Michaels offers dental coverage through Cigna.

The **Cigna PPO** plan allows you to see any dentist in or out of network, but there is a limit to how much the dental insurance will pay which includes services such as cleanings and X-rays. On the **Cigna DHMO** plan, you choose a primary-care dentist who will direct your care and all services are paid on a copay basis and there is no coverage out of network on the DHMO plan.

Cigna PPO

Cigna DHMO

PREVENTIVE SERVICES		
Oral Exams, Cleanings, X-rays	\$0 (in network only)	\$0
DEDUCTIBLE		
Individual	\$50	None
Family	\$100	None
BASIC SERVICES		
Fillings, Oral Surgery ¹ , Simple Extractions, Endodontics, Periodontics	20% after deductible	You pay fixed co-payments according to the plan's schedule of benefits. Specialist's referral is required under this plan.
MAJOR SERVICES		
Bridges, Crowns, Dentures	50% after deductible	You pay fixed co-payments according to the plan's schedule of benefits. Specialist's referral is required under this plan.
ORTHODONTIA ²		
Children Through Age 18 Only	50%, no deductible	You pay fixed co-payments according to the plan's schedule of benefits. Specialist's referral is required under this plan.
ANNUAL MAXIMUM		
Per Person	\$1,800	None

¹ Separate \$1,800 lifetime oral surgery maximum per person.

² Separate \$2,000 lifetime orthodontia maximum per covered child.

DENTAL

your bi-weekly dental plan contribution

Your dental plan paycheck contributions are based on who you cover.

Cigna Dental

DHMO

YOU		
Bi-Weekly	\$14.00	\$5.77
Annually	\$364.00	\$150.02
YOU + SPOUSE/DOMESTIC PARTNER ¹		
Bi-Weekly	\$32.00	\$10.54
Annually	\$832.00	\$274.04
YOU + CHILD(REN)		
Bi-Weekly	\$30.00	\$10.80
Annually	\$780.00	\$280.80
YOU + FAMILY		
Bi-Weekly	\$51.00	\$16.86
Annually	\$1,326.00	\$438.36

¹ By law, the cost for domestic partner benefits cannot be paid pre-tax, and the "value" of Team Member and employer-provided domestic partner contributions is taxable.

get answers — fast!

Need help finding a dentist? Contact Alight at **1-855-496-0070** or email **michaels@alight.com**.



vision

Michaels offers vision coverage through EyeMed Vision Care. If you stay in network, you pay less. If you go out of network, the plan pays a set amount and you pay the rest; you must pay the full cost upfront and file a claim for reimbursement.

EyeMed Vision

	In-network you pay	Out-of-network plan pays up to
EXAMS		
Exams Once Every 12 Months	\$15 copay	\$40
GLASSES¹		
Single Vision Lenses	\$20 copay	\$25
Bifocal Lenses	\$20 copay	\$40
Trifocal Lenses	\$20 copay	\$65
Standard Progressive Lenses	\$20 copay	\$55
Premium Progressive Lenses	\$20 copay, then any amount over \$120 (you receive a 20% discount on amount over \$120)	\$55
Lens Options:		
UV Treatment	\$0	\$8
Tint (Solid and Gradient)	\$0	\$8
Standard Plastic Scratch Coating	\$0	\$8
Standard Polycarbonate — Adults	\$0	\$20
Standard Polycarbonate — Kids under 19	\$0	\$20
Standard Anti-Reflective Coating	\$45 copay	N/A
Polarized	20% off retail price	N/A
Other Add-Ons	20% off retail price	N/A
Frames	Any amount over \$130 (you receive a 20% discount on amount over \$130)	\$65

CONTACTS — LENSES¹

¹ Lenses or contacts once every 12 months. Frames once every 12 months. 

EyeMed Vision

	In-network you pay	Out-of-network plan pays up to
Conventional	Up to \$130 (you receive a 15% discount on amount over \$130)	\$104
Disposable	Any amount up to \$130	\$104
Medically Necessary	\$0	\$200
CONTACTS — FITTING		
Standard	\$0	\$40
Premium	Any amount over \$55 (you receive a 10% discount on amount over \$55)	\$40
SURGICAL VISION CORRECTION		
LASIK/PRK Procedures	You receive a 15% discount on usual and customary fees at LCA-Vision locations or a 5% discount on promotional pricing, whichever is greater.	

1 Lenses or contacts once every 12 months. Frames once every 12 months.



VISION

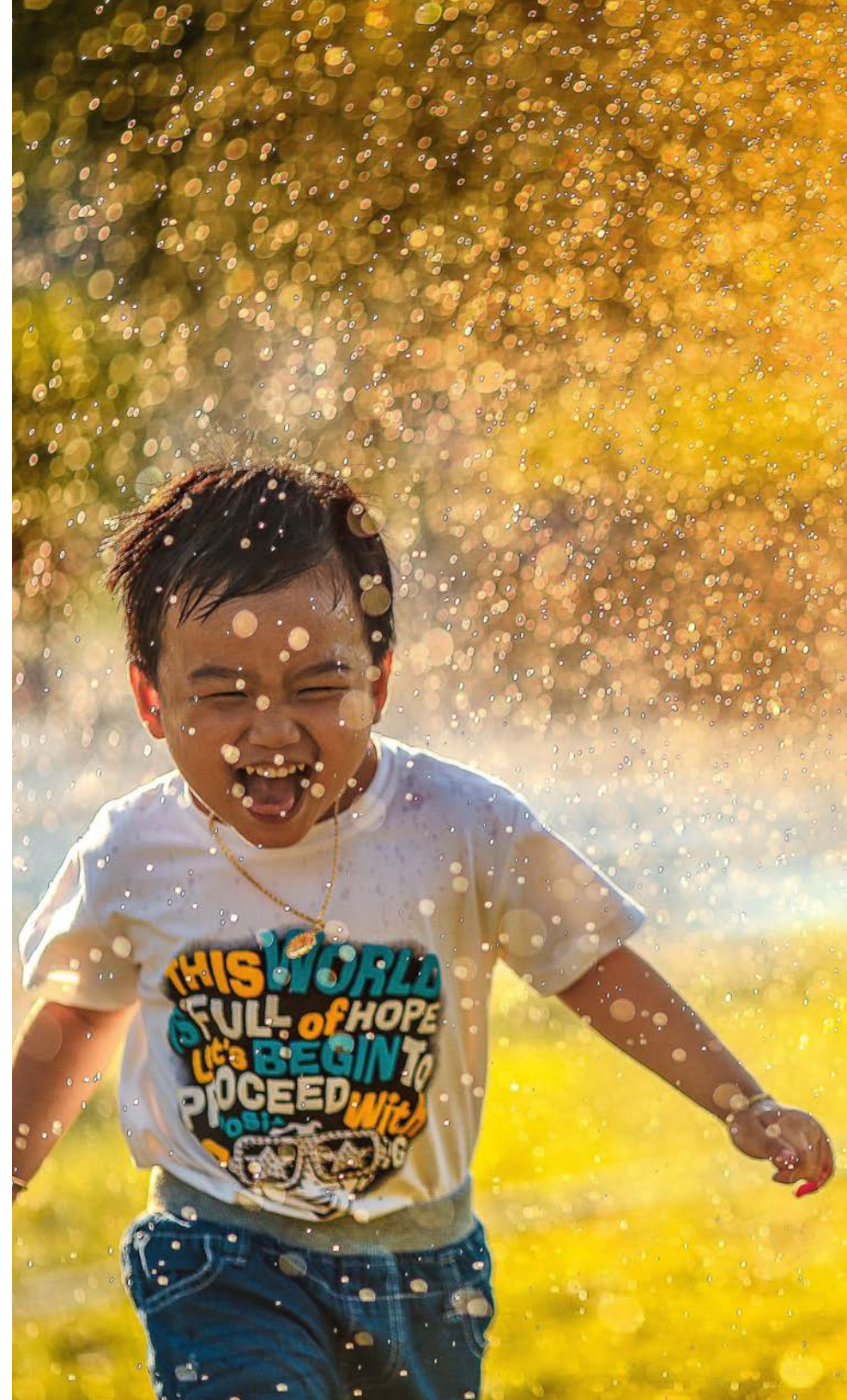
your bi-weekly vision plan contribution

Your vision plan paycheck contributions are based on who you cover.

EyeMed Vision

YOU	
Bi-Weekly	\$3.30
Annually	\$85.80
YOU + SPOUSE/DOMESTIC PARTNER ¹	
Bi-Weekly	\$6.24
Annually	\$162.24
YOU + CHILD(REN)	
Bi-Weekly	\$6.60
Annually	\$171.60
YOU + FAMILY	
Bi-Weekly	\$8.62
Annually	\$224.12

¹ By law, the cost for domestic partner benefits cannot be paid pre-tax, and the "value" of Team Member and employer-provided domestic partner contributions is taxable.



additional benefits

Michaels offers benefits to help you save for both health care and life's unexpected events.

flexible spending accounts (FSAs)

Michaels offers FSAs to help you save tax-free money to pay for eligible expenses. For a list of qualifying expenses visit <https://learn.healthequity.com/qme/>.


Health Care FSA

If you have medical coverage, you can contribute up to \$2,750 to a Health Care FSA. You can use this account for medical care, prescriptions, and dental and vision expenses for yourself and your eligible dependents. A Health Care FSA can also help bridge the gap until you meet your plan deductible.

Limited-Use FSA

Per the IRS, if you're enrolled in the Choice HSA, you cannot enroll in a Health Care FSA that covers medical and prescription drug expenses. Instead, you can have a Limited-Use FSA. You can contribute up to \$2,750 and use the funds for non-medical expenses, like dental and vision costs, until you reach your medical deductible. Once you meet your medical deductible, you can convert to a regular Health Care FSA and use the remaining funds for medical and prescription drug costs.

Dependent Day Care FSA

You can contribute up to \$10,500  (\$5,250 if married but filing separately from your spouse) tax-free to pay for eligible child or elder day care expenses throughout the year.

estimate your expenses carefully

It's important to budget how much money you need in each account!

- * If you participate in one of the health care FSAs and have a balance left as of June 30, 2022, you can carry over all unused funds to your FSA for the next year.
- * If you participate in the Dependent Day Care FSA, you can carry over all unused funds to your FSA for the next year.

When deciding how much to contribute, remember you can't change your contribution amount during the year unless you experience a qualifying life event.

Don't forget! You can also use an HSA or HRA (depending on the medical plan you are enrolled in) to pay for eligible health care expenses!

commuter benefits

Set aside pre-tax dollars to pay for your daily commute to work. All Team Members are eligible for commuter benefits.

How it Works

- * You are able to contribute to the plan to pay for transit and eligible vanpools. Passes can be mailed to your home, loaded on your smart card or purchased with the HealthEquity Commuter Card.
- * You are able to contribute a maximum to pay for qualified parking. You can use the HealthEquity Commuter Card to pay the parking provider directly or get reimbursed for eligible parking expenses paid out of pocket.

Benefit	Monthly Max
Transit	\$270

How to Enroll

- * For transit and parking enrollment, go to HealthEquity at www.healthequity.com or call 844-351-6849.
- * Click the **Log In/Register** link on the homepage and select **Employee Registration**. (ID code: last four digits of your social security number).
- * Once you've completed your HealthEquity profile, click **Enroll in Commuter**.
- * Go through the process to place your order.
- * An order confirmation email will be sent after the order is placed.

Benefit	Monthly Max
Parking	\$270

Please Note: Deductions for transit/parking will be deducted on the second paycheck of each month.

ADDITIONAL BENEFITS

Income protection and voluntary benefits

Michaels offers additional benefits to help protect your income if you become injured or disabled. You don't have to be enrolled in a Michaels medical plan to enroll in the Critical Illness, Accident Plan, STD, LTD, Optional Life or Optional AD&D insurance plans — but you will have to enroll and provide Evidence of Insurability for most of these benefits if you don't sign up when first eligible.

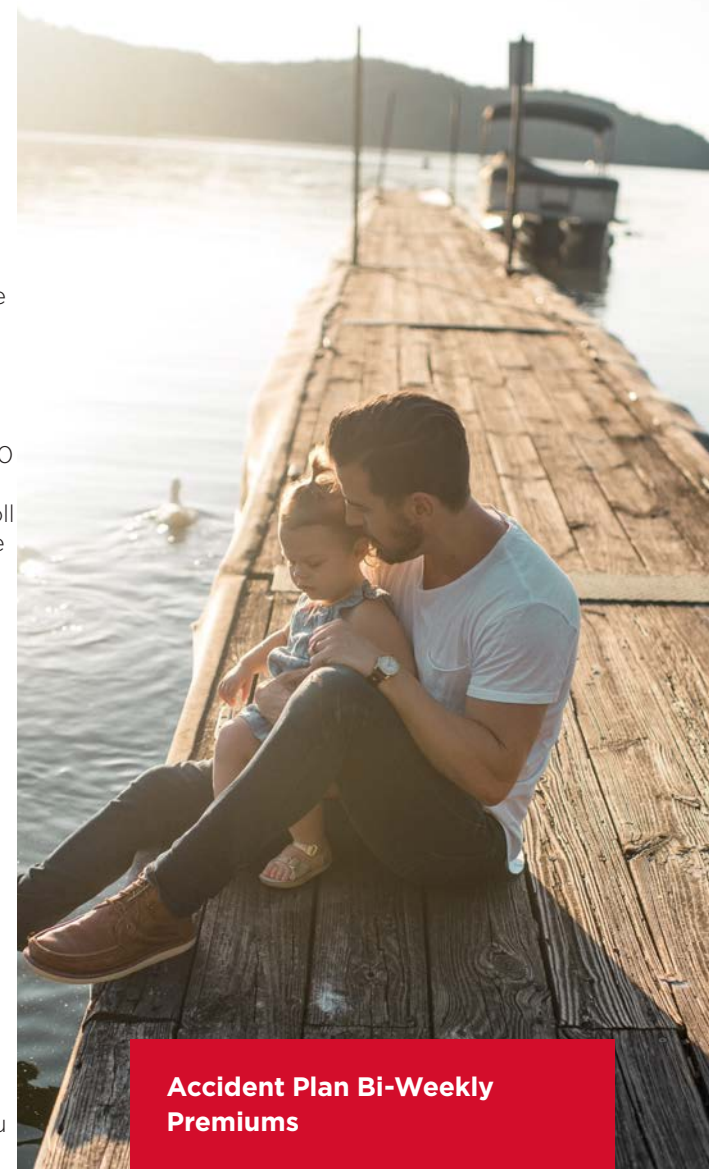
- * **Basic Life Insurance and Accidental Death and Dismemberment (AD&D)** provides coverage of \$25,000, at no cost to you, if you are a Full-Time Team Member with Michaels.
- * **Basic Dependent Life Insurance** (\$2,000 for spouse and \$1,000 per child) is provided at no cost to you if you enroll your dependents in a Michaels medical or dental plan.
- * **Short-Term Disability (STD)** replaces part of your income if you are unable to work due to illness or injury (not available in California, Massachusetts, New Jersey, New York, Rhode Island or Washington). STD coverage is provided at no cost for salaried Team Members, Store Managers and Assistant Store Managers. Hourly Team Members can purchase STD coverage. If you have a pre-existing condition,¹ you may still be eligible for a reduced disability benefit.
- * **Long-Term Disability (LTD)** provides income protection if you become disabled and cannot work due to an illness or injury that lasts more than 90 days. LTD coverage is provided at no cost for salaried Team Members, Store Managers and Assistant Store Managers. Hourly Team Members can purchase LTD coverage. If you don't enroll when first eligible, you will be required to provide Evidence of Insurability (EOI) and be approved by Reliance Standard before coverage begins. Pre-existing conditions¹ are not covered under the LTD plan.
- * **Optional Life Insurance** for yourself, your spouse/domestic partner and your children can be purchased. The benefit for you is 1x–5x your

annual base pay, up to \$700,000 (in \$10,000 increments). The benefit for your spouse/domestic partner is \$5,000–\$100,000 (in \$5,000 increments) and for your children is \$1,000–\$10,000 (in \$1,000 increments). If you don't enroll when first eligible, you will be required to provide EOI and be approved by Reliance Standard before coverage begins.

- * **Critical Illness Insurance** can be purchased to help bridge the gap financially if you are diagnosed with a covered illness (payments can be used for any related expenses you have). For a list of covered illnesses, go to **mikbenefits.com**. If you don't enroll when first eligible, you will be required to provide EOI and be approved by Reliance Standard before coverage begins.
- * **Optional AD&D Insurance** can be purchased for yourself, your spouse/domestic partner and your children. Enroll for additional financial protection in the event of an accidental death or dismemberment. You can enroll for Optional AD&D coverage of 1x–8x your annual earnings, and you can enroll your spouse and child(ren) for coverage, too! EOI is not required, even if you don't sign up when first eligible.



Accident Plan Voluntary accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare. For a list of covered illnesses, go to **mikbenefits.com**.



Accident Plan Bi-Weekly Premiums

Coverage	Premiums
Team Member	\$4.64
Team Member & Spouse	\$8.50
Team Member & Children	\$12.72
Team Member & Family	\$16.53

¹ You have a pre-existing condition if both 1 and 2 are true: 1. a. You received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the three months just prior to your effective date of coverage or the date an increase in benefits would otherwise be available; or b. You had symptoms for which an ordinarily prudent person would have consulted a health care provider in the three months just prior to your effective date of coverage or the date an increase in benefits would otherwise be available. 2. Your disability begins within 12 months of the date your coverage under the plan becomes effective.



You work hard

Eligibility

1. You are 21 or over
2. Full-Time Team Members: You've completed three or more months of service.
3. Part-Time Team Members: You've completed 1,000 hours of service in one year.

Give yourself the best chance to afford the retirement of your dreams

We know that savings and retirement are important to you. Plan for retirement with the Michaels Safe-Harbor 401(k) Plan with Vanguard. 

- * **Company Contributions** - Michaels will contribute \$1 for every \$1 you save in the plan (up to 3% of your pay) and then \$0.50 for every additional \$1 of the next 2% of your pay.
- * **Vesting** - Refers to ownership of accrued contributions and earnings in the plan. Your contributions are always your own. Team Members will be immediately vested and will not experience a vesting schedule.
- * **Loans** - Your plan allows for you to have one outstanding loan at a time. You may borrow up to 50% of your vested account balance or up to \$50,000, whichever is less. The minimum loan amount is \$1,000. You must repay each

loan within 5 years unless the loan is used to purchase your principal residence, in which case the loan must be repaid within 10 years. The interest rate is the prime rate at the time the loan is taken, plus 1%. Loan repayments are made each pay cycle through payroll deduction.

- * **Loan Fees** - Annual Maintenance: \$25.00. Web/Voice initiated: \$50.00. Participant Services initiated: \$100.00

Team Members can enroll in the 401(k) Plan and make changes at any time throughout the year once eligible. Visit vanguard.com/retirementplans

let's enroll!



To enroll, go to
wd5.myworkday.com/michaels



For info on your options, go to
MIKBenefits.com

No Action = No Michaels Benefits

Need help deciding?

Talk to ALEX at
MyAlex.com/Michaels/2021

Need help enrolling?

Contact Team Member Services
at **1-855-432-MIKE**
(1-855-432-6453), Option 2.

2021

THE MICHAELS COMPANIES

This Guide highlights the main features of many of the benefit plans sponsored by Michaels. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Michaels reserves the right to modify, amend or terminate any benefit plan or practice described in this Guide. Nothing in this Guide guarantees that any new plan provisions will continue in effect for any period of time. This Guide serves as a Summary of Material Modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.