



2024 US Benefits Open Enrollment

**May 6- 17**

Michael's<sup>®</sup>



# Agenda

1 Open Enrollment timeline and what's new

2 Medical, Catapult and Prescription

3 HSA & FSA

4 Dental & Vision

5 Financial Protection

6 Programs for your Well-Being

7 Open Enrollment Reminders





## What to consider during OE

- ✓ Insurance coverage you and your family will need over the next 12 months
- ✓ Update beneficiaries, home contact information, tobacco status and dependents



# 2024 US Open Enrollment Timeline

1

## OE Election Period

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**May 6- 17, 2024**

TM's will make their selections through Workday.

2

## OE Effective Date

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Changes you make during open enrollment will be effective **July 1, 2024.**

**Log into Workday on 7/1/2024 to view your current OE elections on your benefits profile.**

3

## Changing Elections After OE

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This will require a qualifying life event.



# What's New for 2024-2025?

- **Health care costs continue to rise.**

- Enhanced PPO and Choice HSA Plan: increases to deductibles, out-of-pocket maximums, coinsurance, and copays
- Premium increases on all medical plans.
- Michaels continues absorbing approximately 75-80% of the cost of coverage.



- **Wellness and tobacco surcharges will increase from \$25 per paycheck to \$30 per paycheck.**

- Make sure you and your covered spouse/domestic partner complete a preventive wellness exam between July 1, 2023, and June 30, 2024.
- You'll avoid a \$30 per paycheck surcharge per person on your medical premiums.
- If you're enrolled in a Michaels BCBSTX plan, you have the option to use VirtualCheckup through Catapult Health.

- **New split-fill program for select specialty drugs.**

- For new prescriptions, you can try a smaller quantity of the drug before the full month's supply is filled.

- **Pet Health Insurance**

- Enroll through Wishbone. Premiums can be paid with a credit card.

- **New voluntary hospital indemnity plan will be available.**

- Enroll in a plan that pays a direct cash benefit in the event of a hospital stay.

# Catapult- A Virtual Wellness Program

- ✓ ACCESSIBLE
- ✓ SAFE
- ✓ CONVENIENT

Catapult is only available to Team Members and their spouses/DPs enrolled in a BCBSTX medical plan

Catapult is not available to Team Members in New York

## VirtualCheckup By Request



## VirtualCheckup Onsite

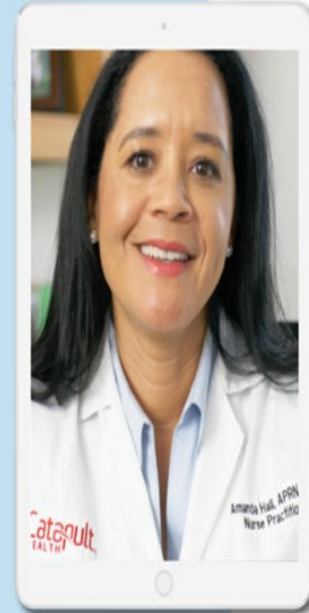


## Virtual Video Consult with a Board-Certified Nurse Practitioner

Testing results discussed & Personal Action Plan created

Referral into optimal health improvement programs

Results transmitted to participant's PCP, same day and at no charge



[Wellness Programs & Surcharges - Michaels Benefits \(mikbenefits.com\)](https://mikbenefits.com)



# Medical Plan Options- Blue Cross Administrators



- BCBSTX Choice HSA
- BCBSTX Basic PPO
- BCBSTX Enhanced PPO
- Kaiser HRA (California only)

	Choice HSA	Basic PPO	Enhanced PPO	Kaiser HRA (CA only)
<b>MONEY FROM MICHAELS</b> (amount deposited into HSA or HRA; you can use this money to pay for qualified expenses)				
Individual	\$500	N/A	N/A	\$425
Family	\$1000	N/A	N/A	\$950
<b>DEDUCTIBLE</b> (amount you pay before you and Michaels share the cost of care)				
Individual	\$2,000	\$2,500	\$1,000	\$1,500
TM+Spouse or children	\$4,500	\$5,000	\$2,000	\$3,000
Family	\$4,500	\$5,000	\$2,500	\$3,000
<b>OUT-OF-POCKET MAXIMUM</b> (the most you'll pay, including your deductible and copays, before Michaels pays 100% of remaining eligible expenses for the rest of the plan year)				
Individual	\$6,000	\$4,500	\$4,500	\$3,000
TM + Spouse or Children	\$12,000	\$10,600	\$9,000	\$6,000
Family	\$14,500	\$10,600	\$10,000	\$6,000

# What you pay in- network

Choice  
HSA

Basic  
PPO

Enhanced  
PPO

Kaiser HRA  
(CA only)

## WHAT YOU PAY AFTER YOU MEET THE DEDUCTIBLE (Except as noted)

	Choice HSA	Basic PPO	Enhanced PPO	Kaiser HRA (CA only)
Preventive Care	\$0, no deductible	\$0, no deductible	\$0, no deductible	\$0, no deductible
Office Visits:				
• Primary Care	20%	\$25 copay, no deductible	<b>\$30</b> copay, no deductible	\$20 copay
• Specialist	20%	\$50 copay, no deductible	<b>\$50</b> copay, no deductible	\$20 copay
Urgent Care	20%	\$75 copay, no deductible	20%	\$20 copay
Retail Clinic	20%	\$25 copay, no deductible	20%	\$20 copay
Emergency Room <sup>5</sup>	20%	25%	\$250 copay + 20%	20%
Hospital Care and Mental Health <sup>6</sup>	20%	25%	20%	20%
Routine Prenatal Care	\$0, no deductible	\$0, no deductible	\$0, no deductible	\$0, no deductible
Delivery	20%	25%	20%	20%



Increase for  
Enhanced PPO  
primary care and  
specialist copays

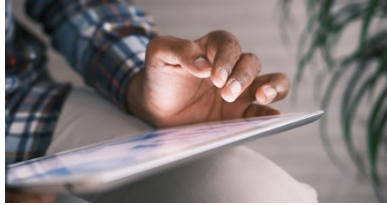


# Prescription Drugs- Prime Therapeutics: No Changes

	Choice HSA	Basic PPO	Enhanced PPO	Kaiser HRA (CA only)
<b>PREVENTIVE DRUG LIST</b>				
Retail & Mail Order	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>RETAIL</b>				
Generic	20% after deductible	\$14 copay	\$10 copay	\$10 copay
Preferred Brand	20% after deductible	25% of the cost (\$50 min, \$130 max)	\$35 copay	\$30 copay
Non-Preferred Brand	50% after deductible (\$100 min; \$250 max)	50% after deductible (\$100 min; \$250 max)	50% after deductible (\$100 min; \$250 max)	\$30 copay
<b>HOME DELIVERY</b>				
Generic	20% after deductible	\$35 copay	\$20 copay	\$20 copay
Preferred Brand	20% after deductible	\$125 copay	\$70 copay	\$60 copay
Non-Preferred Brand	50% after deductible (\$100 min; \$250 max)	50% after deductible (\$100 min; \$250 max)	50% after deductible (\$100 min; \$250 max)	\$60 copay
<b>SPECIALTY PHARMACY</b>				
Generic	20% after deductible (\$200 max)	\$14 copay	\$10 copay	\$30 copay for a 30-day supply in most cases
Preferred Brand	20% after deductible (\$250 max)	25% of the cost (\$50 min, \$130 max)	\$35 copay	
Non-Preferred Brand <sup>5</sup>	50% after deductible (\$350 max)	50% after deductible (\$350 max)	50% after deductible (\$350 max)	
<b>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)</b>				
Individual	Included in the medical out-of-pocket maximum	\$2,050	Included in the medical out-of-pocket maximum	Included in the medical out-of-pocket maximum
Team Member +1 or more		\$4,100		



# Your medical premiums (per pay period)



## Surcharges

Wellness Requirement  
\$30 per paycheck per person

Tobacco Use  
\$30 per paycheck per person



THE MICHAELS COMPANIES

	Choice HSA	Basic PPO	Enhanced PPO	Kaiser HRA (CA only)
<b>YOU</b>				
Biweekly	\$57.06	\$41.26	\$109.29	\$83.34
Annually	\$1,483.56	\$1,072.76	\$2,841.54	\$2,166.84
<b>YOU + SPOUSE/DOMESTIC PARTNER</b>				
Biweekly	\$153.10	\$111.29	\$274.74	\$199.26
Annually	\$3,980.60	\$2,893.54	\$7,143.24	\$5,180.76
<b>YOU + CHILD(REN)</b>				
Biweekly	\$112.74	\$75.03	\$209.47	\$199.26
Annually	\$2,931.24	\$1,950.78	\$5,446.22	\$5,180.76
<b>YOU + FAMILY</b>				
Biweekly	\$189.28	\$130.04	\$333.94	\$234.75
Annually	\$4,921.28	\$3,381.04	\$8,682.44	\$6,103.50



# How the Basic PPO and Enhanced PPO Medical Plans Work



## Basic PPO and Enhanced PPO

- Both plans have copays, deductibles and coinsurance
- The Basic PPO has a separate prescription drug out-of-pocket maximum
- Using a network provider there are no out-of-pocket costs for well visits and vaccinations

**Copays**  
Office Visits



When seeing your primary care physician or specialist for an office visit, you pay only the copay in-network. The new Enhanced PPO also has a separate \$250 copay for emergency care.

**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. Depending on the plan you enroll in, Michaels pays either 75% or 85% for additional health care expenses — as long as you stay in-network — and you pay either 25% or 20% up to the out-of-pocket maximum.

**Then**  
Michaels pays the rest



If you reach your annual out-of-pocket maximum, Michaels pays 100% of your eligible costs for the rest of the plan year. Important: The Basic PPO has a separate prescription drug out-of-pocket maximum.

# How the Choice HSA and Kaiser HRA Medical Plans Work



## Choice HSA (all states) and Kaiser HRA (CA only)

The biggest differences between the plans are:

- Amount Michaels puts into your account
- The deductible
- No out-of-network benefits with Kaiser HRA

**1. Michaels deposits money into your account to pay for care**



Unused amounts in your HSA roll over each year to use for future eligible expenses.

Unused amounts in your HRA roll over each year if you remain enrolled in the Michaels Kaiser HRA plan.

**2. Then you pay for care**



If you use all the money in your account, you pay for care out of your own pocket until you meet your deductible.

Unlike the other medical plans, the Choice HSA has no individual deductible if you enroll one or more dependents. You must meet the family deductible before the plan shares any medical/pharmacy expenses for any one covered individual.

**3. Coinsurance: you and Michaels share costs**



After you meet your deductible, Michaels-pays 80% for most additional health care expenses in-network and you pay 20% up to the out-of-pocket maximum.

**4. Out-of-Pocket Maximum Michaels pays the rest**



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

# How the Health Savings Account Works



For those switching into the Choice HSA Medical Plan effective 7/1/2024 you can start contributing to an HSA. For those opting out of Choice HSA medical they will be required to stop contributing to the HSA.

- **Eligibility** – Must be enrolled in the **Choice HSA** medical plan to have a Health Savings Account.
- **Company Contributions** – Michaels contributes \$500 for individual coverage and \$1,000 for family coverage into your HSA each year. Deposits are made each pay period.
- **Your Contributions** – You can contribute up to \$4,150 (individual) or \$8,300 (family) pretax in 2024. You may contribute an extra \$1,000 per year if you are age 55 or older.
- **Eligible Expenses** – Use the tax-free dollars to pay for eligible medical, prescription drugs, dental and vision expenses.
- **Claims** – Your account is automatically debited when you receive covered medical services. Submit a claim through HealthEquity for all other eligible expenses.
- **Ownership** – Your HSA balance is always yours, even if you leave Michaels.

# Flexible Spending Accounts (FSAs)



FSA and HSA elections are on a calendar year basis.

In October, you may enroll for all of 2025.

- You can enroll or make changes to your FSA contributions in October 2024 for the entire 2025 plan year.
- If you are currently enrolled in a Health Care FSA and switch to the Choice HSA medical during the May OE enrollment period, you will need to switch from the Health Care FSA to the Limited Purpose FSA.
- All other current enrollments in Health Care FSA, Limited Purpose and Dependent Care FSA will not be available for changing during the May enrollment period. You can change these elections throughout the year through qualifying life events or during the October Open Enrollment period.
- **Health Care FSA** - If you have medical coverage other than the Choice HSA plan, you can contribute up to \$3,200 in 2024 to use for medical care, prescriptions, and dental and vision expenses for yourself and your eligible dependents.
- **Limited Purpose FSA** - If you're enrolled in the Choice HSA, you can contribute up to \$3,200 in 2024 to use **only** for dental and vision expenses for yourself and your eligible dependents
- **Dependent Care FSA** - Contribute up to \$5,000 (\$2,500 if married but filing separately) tax-free to pay for eligible child or elder day care expenses.

# FSA/HSA Changes Permitted During Open Enrollment

Scenario	Flexible Spending Account	HRA (part of Kaiser medical Plan)	Health Savings Account
Enrolled in the PPO Plan and switch to the HDHP Choice H.S.A 7/1/2024	Required to move from full FSA to Limited Purpose FSA if previously enrolled in full FSA (can't have H.S.A and full FSA)	Cannot enroll	Can start contributing to H.S.A
Enrolled in HDHP Choice H.S.A and switch to the PPO medical Plan 7/1/2024	If enrolled in Limited Purpose FSA, have the option to switch to the full FSA but not required	Cannot enroll	Required to stop contributing to H.S.A
Enrolled in PPO Plan and stay in this plan 7/1/2024	If enrolled in Full FSA, will not be able to make changes to this plan until October 2024 for a 1/1/2025 effective date. If enrolled in Limited Purpose FSA already, will need to keep current election. They can then make changes to this plan in October 2024 for a 1/1/2025 effective date.	Cannot enroll	Cannot enroll
Enrolled in HDHP Choice H.S.A. and stay in this plan 7/1/2024	Can keep current Limited Purpose FSA, will not be able to make changes to this plan until October 2024 for 1/1/2025 effective date	Cannot enroll	Can change election amount anytime throughout the year. ER H.S.A contribution should continue as long as they are enrolled in Choice HSA Medical
Enrolled in Kaiser and keep Kaiser medical plan 7/1/2024	Enrolled in FSA plan, keep current enrollment. Will need to wait until October 2024 to elect for 1/1/2025. If not currently enrolled in FSA, they will need to wait until October 2024 to elect for 1/1/2025.	HRA election will continue	Cannot enroll
Enrolled in Kaiser HRA medical and moves to PPO Plan 7/1/2024	Enrolled in FSA plan, keep current enrollment. Will need to wait until October 2024 to elect for 1/1/2025. If not currently enrolled in FSA, they will need to wait until October 2024 to elect it for 1/1/2025.	HRA election will stop	Cannot enroll
Enrolled in Kaiser HRA medical and moves to HDHP Choice H.S.A. 7/1/2024	Required to move from full FSA to Limited Purpose FSA if previously enrolled in full FSA (can't have H.S.A and full FSA)	HRA election will stop	May start contributing to H.S.A

# Dental Plan Options



- Cigna PPO
- Cigna DHMO

	DPPO	DHMO
<b>PREVENTIVE SERVICES</b>		
Oral Exams, Cleanings, X-rays	\$0 (in-network only)	\$0
<b>DEDUCTIBLE</b>		
Individual	\$50	None
Family	\$100	None
<b>BASIC SERVICES (separate \$1,800 lifetime oral surgery max/person)</b>		
Fillings, Oral Surgery, Simple Extractions, Endodontics, Periodontics	20% after deductible	You pay fixed copays according to the plan's schedule of benefits. Specialist referral required.
<b>MAJOR SERVICES</b>		
Bridges, Crowns, Dentures	50% after deductible	You pay fixed copays according to the plan's schedule of benefits. Specialist referral required.
<b>ORTHODONTIA (separate \$2,000 lifetime orthodontia max/covered child)</b>		
Children Through Age 18 Only	50%, no deductible	You pay fixed copays according to the plan's schedule of benefits. Specialist referral required.
<b>ANNUAL MAXIMUM BENEFIT</b>		
Per Person	\$1,800	None



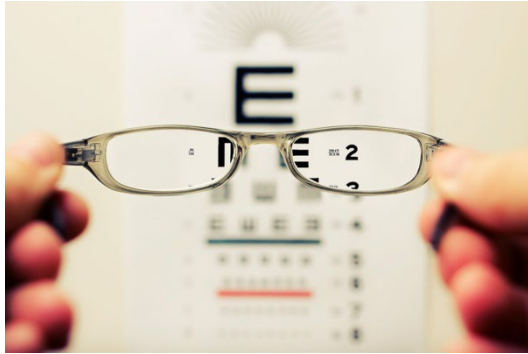
# Your Dental Premiums



- With the **DPPO**, you can see any dentist, but you'll save by using an in-network provider.
- With the **DHMO**, you must choose a primary care dentist in the DHMO network for all your dental care, and there are no out-of-network benefits.

	Cigna DPPO	Cigna DHMO
<b>YOU</b>		
Biweekly	\$15.00	\$5.77
Annually	\$390.00	\$150.02
<b>YOU + SPOUSE/DOMESTIC PARTNER</b>		
Biweekly	\$34.27	\$10.54
Annually	\$891.02	\$274.04
<b>YOU + CHILD(REN)</b>		
Biweekly	\$32.13	\$10.80
Annually	\$835.38	\$280.80
<b>YOU + FAMILY</b>		
Biweekly	\$54.62	\$16.86
Annually	\$1,420.12	\$438.36

# Vision Plan



EyeMed plan covers a vision exam and either lenses and frames OR contact lenses once every 12 months.

	In-network you pay	Out-of-network plan pays up to
<b>EXAMS</b>		
Vision exam	\$15 copay	\$40
<b>GLASSES</b>		
Lenses	most \$20 copay	\$25-\$65
Lens Options	most 20% off retail price	\$8-\$20
Frames	any amount over \$130 (plus 20% discount on amount over \$130)	\$65
<b>CONTACT LENSES</b>		
Conventional	up to \$130 (plus 15% discount on amount over \$130)	\$104
Disposable	up to \$130	\$104
Medically Necessary	\$0	\$200
<b>CONTACTS — FITTING</b>		
Standard	\$0	\$40
Premium	Any amount over \$55 (plus 10% discount on amount over \$55)	\$40

# Financial Protection Benefits

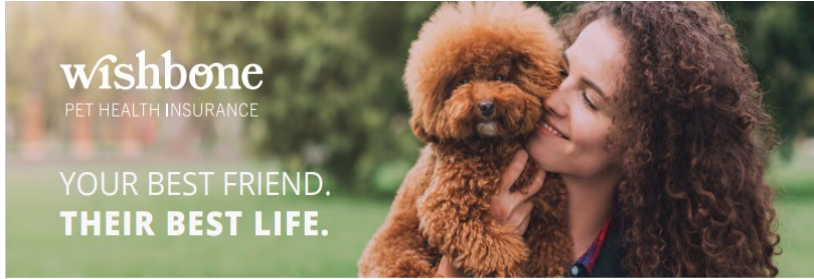


Benefits to help protect your income if you become injured, disabled or pass away.

See [MIKbenefits.com](https://mikbenefits.com) for coverage details and rates

- **Basic Life Insurance and Accidental Death and Dismemberment (AD&D)** - Michaels provides coverage of \$25,000 at no cost to you
- **Basic Dependent Life Insurance** - Michaels provides coverage of \$2,000 for spouse/domestic partner and \$1,000 per child at no cost to you
- **Optional Life Insurance** for yourself, your spouse/domestic partner and your children
- **Short-Term Disability (STD)** replaces part of your income if unable to work due to illness or injury (not available in CA, MA, NJ, NY, RI or WA)
- **Long-Term Disability (LTD)** provides income protection if disabled and unable to work due to illness or injury lasting more than 90 days
- **Voluntary Accident Insurance** pays a lump-sum benefits for injuries resulting from a covered accident
- **Voluntary Critical Illness Insurance** can help bridge the gap financially if diagnosed with a covered illness
- **Voluntary Hospital Indemnity Insurance** can help cover the costs of a hospital stay by providing a direct cash benefit
- **Pet Health Insurance** can help you prepare for the unexpected with your pet's health

# Pet Health Insurance



- Administered by Wishbone, you will receive 70% reimbursement on your pet's veterinary care after meeting the \$250 deductible.
- This benefit will not be set up as a payroll deduction but instead by credit card payment through Wishbone.
- Sign up anytime throughout the year!
- Wishbone Pet Insurance is accepted at any vet in the U.S., including emergency hospitals. Once you file a claim, you can expect a fast reimbursement via a mailed check.
- Get a quote and enroll at: <https://www.wishboneinsurance.com/michaels>

## POLICYHOLDERS ENJOY:



Optional Routine  
Care Plans



Fast Claims  
Processing



Easy-to-Use  
Member Account



Short Waiting  
Periods



Lost Pet  
Recovery Service  
from **ThePetTag**



24/7 Pet  
Telehealth  
from **AskVet**

# Hospital Indemnity Plan



- Provides a range of fixed, lump sum daily benefits to help cover costs associated with a hospital admission. This includes room and board costs.
- These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.
- Coverage is 100% employee paid.
- Guaranteed issue, no medical questions.
- No pre-existing condition exclusions and no deductibles.
- You can enroll even if you have refused the medical plan.
- You must be insured for your dependents to be covered.

## Bi-weekly premiums

You	\$11.44
You+ Spouse/DP	\$22.67
You + Children	\$19.30
You + Family	\$31.50

## Hospital Room & Board

Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)	\$100
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## Hospital Critical Care Unit

Unit Benefits per Day (15 daily Benefits per Coverage year)	\$200
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## Hospital Admission & Observation

Two Daily Benefit per Coverage Year	\$1,000
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## Hospital Critical Care Admission

One Daily Benefit per Coverage Year	\$2,000
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## Wellness Care

One Daily Benefit per Coverage Year	\$50
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# Programs for your well-being



Take advantage of these programs — most available at no cost to you

See [MIKbenefits.com](https://www.mikbenefits.com) for details

## For all Team Members whether covered by Michaels Medical Plans or not

- **Employee Assistance Program (EAP)** – Free and confidential 24/7 resource for all Team Members
- **Supportiv (EAP)** – Free and confidential 24/7 online peer-to-peer chat for all Team Members

## For Team Members covered by Michaels Medical Plans

- **MDLive** – If enrolled in a Michaels medical plan, speak with a board-certified doctor by phone or video, day or night, for common medical issues; copays count toward your medical out-of-pocket maximum
- **2nd.MD** – Medical plan participants have access to expert medical review and second opinions
- **SurgeryPlus** – Participants can save money and get advice on planned, non-emergency surgeries
- **Hinge Health** – Participants age 18 and older who have chronic back and joint pain

# Mercer Health Advantage



- For Team Members covered on a Michaels medical plan, Mercer provides a holistic approach to guide you and your family through a difficult journey.
- No cost to TMs or their families.
- Provides Personal Health Clinician to help manage care. Integrates with behavioral health specialists and social workers.
- Ensure member understands their treatment plan and options.
- Guide members to help manage symptoms, minimize complications and decrease avoidable ER visits & hospitalizations.

**Call the BCBS Customer Service number on the back of your member ID card and ask for a Personal Health Clinician.**

## Financial Trigger

\$50k in 12 months or single \$25k

## Prior Authorization & Precertification

- Acute and scheduled hospitalizations (pre/post outreach, inpatient calls, if needed; includes BH admissions)
- Outpatient (pre/post utilization)
- Specialty (imaging, therapies)
- Specialty Rx

## Disease States & Conditions

- New Cancer diagnosis
- End Stage Renal
- High-risk pregnancy and NICU
- Comorbidities with gaps in care and/or multiple ER utilization
- Behavioral Health-related ER visits
- Members Being Evaluated for Transplants

## System Based Processes

- Gaps in Care – Diabetes, COPD, Asthma, CAD, and CHF



# Let's Enroll!



For questions about enrolling, call Team Member Services at 1-855-432-MIKE (6453), option 2, or email [hrteam@Michaels.com](mailto:hrteam@Michaels.com)

- You'll see an Announcement on the Workday homepage on May 6 and an Open Enrollment task in your Workday inbox
- Click on it to get started, and then follow the prompts to enroll online
- Once you are satisfied with your enrollment choices, read the Electronic Signature details and then select **I Agree** at the bottom of the screen and click **Submit** (don't forget the Submit button)
- You can make changes to your enrollment choices, even after you've submitted your elections. Once Open Enrollment closes on May 17, the last submitted election is kept
- After Open Enrollment ends, you can't add, drop or change elections until next year's Open Enrollment or if you experience a Qualifying Life Event



# Open Enrollment Reminders



**By June 30, 2024:**

Complete an annual physical to avoid surcharge beginning on the July 26<sup>th</sup>, 2024 paycheck.

- If you don't enroll online May 6-17, your current benefit elections will continue at the new 2024-2025 rates.
- Review benefits information on [MiKBenefits.com](https://mikbenefits.com).
- **Who Must take action during open enrollment:**
  - If you are thinking about making changes to your current elections or enrolling for the first time
  - If you would like to opt out of any of your current elections
  - If you switch to the Choice HSA Medical and want to enroll in the Health Savings Account (HSA)
  - If you switch from the Choice HSA Medical plan to the PPO or Kaiser Medical plans and need to stop contributing to the HSA
  - Or if you need to add or remove dependents
  - **The US Open Enrollment webpage is live on [MiKBenefits.com](https://mikbenefits.com).**
    - Visit: [Open Enrollment Resources - Michaels Benefits \(mikbenefits.com\)](https://mikbenefits.com)



Thanks for joining and  
happy Open  
Enrollment!

Michael's<sup>®</sup>