

OTHIS IS A SUMMARY OF BENEFITS FOR THE MICHAELS STORES, INC. SHORT TERM DISABILITY PLAN. THE PROVISIONS OF THIS SUMMARY APPLY TO DISABILITIES BEGINNING ON OR AFTER DECEMBER 1, 2024.



INTRODUCTION

The purpose of the Michaels Stores, Inc. Short Term Disability (STD) Plan is to assist you in meeting your reasonable income needs in the event you suffer a short-term disability and are unable to work.

What follows is a Summary Plan Description that is required by the Employee Retirement Income Security Act (ERISA). (Read your ERISA rights at the end of this Summary.) Because this summary has been written to conform to Department of Labor (DOL) regulations, it does not contain a complete explanation of each and every provision and term contained in the more comprehensive Plan Document. If your particular circumstances are not described within this summary or if you do not understand something described in this summary, a copy of the entire Plan Document is available for your review at the Human Resources Department.

TABLE OF CONTENTS	
<i>Introduction</i>	1
<i>Participation</i>	1
<i>Disability</i>	1
<i>Benefits</i>	2
<i>Exclusions</i>	2
<i>Claims</i>	3
<i>ERISA Information</i>	3
<i>Plan Information</i>	4

Michaels Stores, Inc. (the Company) in its capacity as Plan Administrator, has delegated the claims administration and operation of the Plan to Matrix Absence Management, Inc. Matrix will determine, at its discretion, whether or not you are entitled to Plan benefits.

The Company intends to continue the Plan indefinitely but reserves the right to change or terminate the Plan at any time. If the Plan is terminated, benefits will continue to be payable for any covered disability which began before the termination date.

PARTICIPATION

Who may participate? You, provided you are a full-time hourly Operations Store Manager or a full-time hourly Assistant Store Manager of Michaels Stores, Inc. who is working 30 hours or more per week during a regularly scheduled workweek.

How do I enroll? You don't have to. You will automatically be enrolled in the Plan on the first day of the month following your completion of 30 day of continuous employment with the Company. You must be at work on the day your participation in the Plan begins. If you are not at work on that day, your participation will be delayed until you are back at work.

When does my participation in the Plan end? When any of the following occurs:

- you cease to be an eligible employee. For example, if your scheduled work week is reduced to fewer than 30 hours per week or you are no longer employed by Michaels Stores;
- you take an unpaid leave of absence except for a leave taken pursuant to the guidelines of the Family and Medical Leave Act (FMLA) of 1993 or a similar state medical leave law; or
- the Plan terminates.

What is it going to cost me? Michaels Stores, Inc. pays the entire cost of your Plan coverage.

DISABILITY

What is a disability? For the purposes of the Plan, any of the following:

- you suffer a non-occupational injury or illness (physical, mental) which prevents you from performing the primary duties of your job (or any reasonably related job);
- your pregnancy prevents you from working in your regular job;
- you contract or are exposed to a communicable disease (e.g., TB, chickenpox), and your doctor (or a bonafide health official) states, in writing, that you must stay away from work; or
- you are under treatment for alcohol or drug abuse. You must participate in an accredited residential or outpatient program to qualify for benefits.

You will not be considered disabled if you are doing work of any kind for pay or profit without first obtaining approval from the Plan Administrator. You will not be considered disabled if you turn down alternative employment offered by the Company that is within your capabilities and is comparable in status and pay to your regular job.

Who says when I am disabled? The claims administrator, based on objective medical evidence and any other information that may be relevant.

BENEFITS

When will my benefits begin? If you are disabled, you will become eligible to receive benefits on your eighth day of disability. You may choose to use your available PTO days during your 7-day elimination period.

Generally, benefits for periods of maternity will be 6 weeks for natural deliveries or 8 weeks for C-Sections.

A disability is deemed to be continuous if you return or are able to return to work for fewer than thirty days and become disabled again due to the same or related cause or condition.

How much will I receive? You will be eligible to receive 60% of your earnings up to \$1,000 per week. Partial benefits are paid at a daily rate that is 1/7th of your weekly benefit.

Will I still be eligible for benefits if I return to work on a part-time basis? If you return to work on a part-time or modified schedule basis while eligible for disability benefits, you will receive your regular income for any hours that you work and your STD benefits for hours not worked. In no event will your combined income and benefits exceed 100% of your weekly earnings prior to becoming disabled.

How are benefits determined? Benefits are based on your earnings. Earnings means your base weekly salary or wages on the date immediately preceding the onset of disability. Earnings do not include bonuses, commissions, overtime pay or any other additional forms of compensation.

What is deducted from my benefit? Any of the following for which you are eligible: (i) disability or retirement benefits under any plan, fund or other arrangement, by whatever name called, providing benefits pursuant to any compulsory benefit act or law of any government; (ii) any loss of time benefits that you receive or are entitled to receive under any salary continuation or accumulated sick leave, including any other group disability benefits that exceed 100% of your pre-disability earnings; (iii) any amount that you receive or are entitled to receive under any unemployment act or law due to the end of your employment with the Company; and (iv) benefits under any work loss provision in mandatory no-fault motor vehicle law. If you don't apply for these benefits, your benefit will be reduced by the amount you would have received had you applied.

Can benefits be suspended? Yes. The claims administrator may request that a doctor examine you at the Company's expense. Your benefits will be suspended as of the date of the examination (however, if the examination establishes that you are still disabled, your benefits will resume retroactive to the examination date). If you fail to furnish information about your disability within 20 days following a written request by the claims administrator, your benefits will be suspended. Finally, if you leave your doctor's care, or you reject the treatment plan recommended by your doctor, your benefits will be suspended. Benefits will resume once you comply with these requirements. In no event will you be paid benefits for the period when you were out of compliance with the Plan.

When do benefits end? On the date immediately following 13 weeks of disability. The 13 weeks includes 12 weeks of benefits and your 7-day elimination period during which you may choose to use any available PTO time. However, if your disability ends before then, your employment ends, (or if you die), your benefits will end as of that day.

EXCLUSIONS

You will not receive benefits if:

- your illness or injury was self-inflicted;
- you became disabled because of your commission or your attempted commission of a felony or other illegal occupation;
- you are injured in a war (as a civilian or soldier), riot, insurrection, or rebellion;
- your disability is work related or you would be eligible to receive Workers' compensation benefits as a result of your disability;
- your disability is due to a cosmetic or elective surgery or procedure, unless such surgery or procedure is deemed medically necessary by a physician due to your original injury or illness;
- your disability results from the loss of your professional or occupational license or certification unless your disability is due to an illness or injury that is otherwise covered by the Plan;

- you are no longer under the care of a doctor, unless the claims administrator determines that your disability does not warrant such attention;
- you are incarcerated or imprisoned (in jail or any other facility);
- you were not a Plan participant when your disability began.

CLAIMS

How do I file a claim? You must notify Matrix Absence Management, Inc., the Claims Administrator, of your claim as soon as is reasonably possible. Contact the Matrix Intake Center at 1-888-288-1354 or online at www.matrixabsence.com. Matrix will send you an information packet which may include forms that you or your doctor need to complete. Fill out any required forms and return them to Matrix. You must return the required medical certification within 20 days after your first compensable day of disability; otherwise, you may lose some or all of the benefits. In order to qualify for benefits, you may also be required to submit information from your doctor regarding your condition and the expected day you will return to work and any records on file in a hospital or from another company that may be relevant to your claim. In no event will an application for benefits be accepted if filed more than 6 months after your first compensable day of disability.

When will I receive my benefit check? After you have submitted all the necessary information, your claim will be evaluated. If it is approved, the amount of your benefit will be calculated, and a check will be sent to you according to your regular payroll schedule. Subsequent benefit payments will be made biweekly.

What do I do if my claim is denied? If the Claims Administrator denies your initial claim for benefits, you will receive a notice from the Claims Administrator which will include a copy of the Plan's claim review and appeal procedure, your right to receive a copy of the Plan Document as well as a detailed explanation of the section(s) of the Plan on which the denial was based and any other information required by ERISA or its regulations then in effect. You will have 180 days from the date of the denial to file a written request for a review. You may submit any documentation you feel will support your claim. You are entitled to a copy of the Plan Document and a detailed explanation of the section(s) of the Plan on which the denial of your claim was based. Send your written request to: Matrix Absence Management Quality Assurance Review, c/o RSLI, PO Box 13498, Philadelphia, PA 19101.

The Claims Administrator will render a written decision within 45 days of receipt of your request. If a decision cannot be reached within 45 days, you will be notified. In no event will the decision process take more than 90 days unless specific conditions require additional time for review and determination.

What do I do if my first appeal is denied? If your initial appeal is denied, you will have the right to request a second review of your claim. You will have 180 days from the date of the denial of your first appeal to file a written request for a second review of your claim. You may submit any additional documentation that you feel will support your claim. Submit your written request for a second review to: Matrix Absence Management Quality Assurance Review, c/o RSLI, PO Box 13498, Philadelphia, PA 19101.

The Claims Administrator will render a written decision within 45 days of receipt of your request. If a decision cannot be reached within 45 days, you will be notified. In no event will the decision process take more than 90 days unless specific conditions require additional time for review and determination.

ERISA INFORMATION

Do I have rights as an employee? Your ERISA rights As a Plan participant, you are entitled to the following:

- You may examine the Plan Document. You may also examine copies of documents filed by the Plan with the Department of Labor, such as detailed annual reports. If you wish to examine any of these documents, contact the Human Resources Department. There is no charge for this examination.
- You may receive a copy of any of the Plan documents, for a reasonable charge, by making written request to the Plan Administrator. If you don't receive copies as requested within 30 days (except for reasons beyond the Administrator's control), you have the right to file suit in a federal court. The court may require that you be paid up to \$110 for each day of delay.
- If you so request, you will receive, without charge, a summary of the Plan's annual financial report.
- You are entitled to have the persons responsible for the operation of the Plan (these people are called "fiduciaries") act prudently and in the best interest of the Plan participants. If a fiduciary violates any requirements of ERISA, he or she may be removed and required to make good any loss caused the Plan. If a fiduciary misuses the Plan's money, you may file suit in a federal court or seek help from the Department of Labor.

- If your claim for benefits is denied, in whole or in part, you must receive a written explanation of the reason. You have the right to have your claim reviewed and reconsidered. If your claim is improperly denied or ignored, you have the right to file suit in a federal or state court.
- You can't be fired or discriminated against to prevent you from obtaining benefits or exercising your rights under ERISA.
- If you receive this document through electronic means, you have the right to request, free of charge, a paper copy of this document.

If you have any questions about the Plan, contact the Plan Administrator. If you have any questions about this statement or your rights under ERISA, contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

PLAN INFORMATION

Type of Plan

Welfare benefit plan providing disability benefits.

Funding

All Plan benefits and costs are paid out of the Company's general assets.

Plan Administrator and Agent for Service of Legal Process

Michaels Stores, Inc.
3939 John Carpenter Freeway
Irving, TX 75063

Plan Number

501

Plan Fiscal Year End

June 30th

Employer ID Number

75-1943604

Claims Administrator

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