

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



THE MICHAELS COMPANIES

¡Felicitaciones! Es el momento de la inscripción abierta (**12 de mayo - 23 de mayo, 2025**) y ahora es elegible para cambiar sus elecciones de beneficios. Esta guía le encaminará para completar su inscripción abierta en Workday. Puede acceder a Workday a través de la Intranet de SharePoint en <https://wd5.myworkday.com/michaels>, o en un dispositivo móvil usando el código QR anterior.

Para obtener información detallada sobre las diferentes opciones de beneficios disponibles para usted como Miembro del Equipo Michaels, visite www.MIKBenefits.com

Seleccionar sus beneficios

Durante la inscripción abierta verá un anuncio en la [Página de inicio de Workday](#) y dos tareas de la inscripción abierta en su bandeja de entrada de Workday. La primera tarea será **“Verify Dependents for Open Enrollment** (Verificar dependientes para la inscripción abierta)” y la segunda será **“Open Enrollment Change** (Cambio de inscripción abierta).”

Índice de la guía de la inscripción abierta:

- [Verificar dependientes](#)
- [Consumo de tabaco](#)
- [Página de inicio de la inscripción abierta](#)
- [Médico y medicamentos recetados](#)
- [Dental y visión](#)
- [Cuentas de gastos](#)
- [Elecciones de seguro](#)
- [Revisar y enviar](#)



Verificar dependientes

1. Comenzar con la tarea “**Verify Dependents for Open Enrollment** (Verificar dependientes para la inscripción abierta)”. **Tener en cuenta: No puede agregar dependientes o beneficiarios dentro de la tarea de la inscripción abierta. Primero deberá agregar o actualizar a sus dependientes con la tarea “Verify Dependents” (Verificar dependientes).**
2. Si **no** tiene dependientes para agregar/editar, haga clic en “**Submit** (Enviar)” para esta tarea y salte a la página 2.
3. Si **tiene** dependientes para agregar/editar, haga clic en “**Dependents** (Dependientes)” dentro de la tarea en la bandeja de entrada y será dirigido a la página para Agregar/editar dependientes. Una vez que haya terminado de actualizar a sus dependientes, deberá hacer clic en “**Submit** (Enviar).”

The screenshot shows the Workday interface for a user named Michael. On the left, under 'All Items', there is a task titled 'Verify Dependents for Open Enrollment: Hailey Hummingbird (4159276)' with a due date of 04/10/2024. This task is highlighted with a red box. The main panel shows the task details for Hailey Hummingbird, including the 'Dependents' button which is circled in red. The 'Submit' button at the bottom is also circled in red.

4. Después de enviar la tarea “**Verify Dependents for Open Enrollment** (Verificar dependientes para la inscripción abierta)”, haga clic en la tarea “**Open Enrollment Change** (Cambio en la inscripción abierta)” en su bandeja de entrada de Workday y haga clic en “**Let’s Get Started** (Comencemos).”

The screenshot shows the Workday interface for a user named Michael. On the left, under 'All Items', there is a task titled 'Open Enrollment Change: Vu Nguyen (4077913) on 07/01/2025' with a due date of 05/09/2025. This task is highlighted with a red box. The main panel shows the task details for Vu Nguyen, including the 'Let's Get Started' button which is circled in blue.

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



Consumo de tabaco

5. Cuando comience su inscripción abierta, la pregunta sobre el **Consumo de tabaco** aparecerá primero. Todos los Miembros del Equipo elegibles a tiempo completo y su cónyuge/pareja de hecho inscrito deben responder esta pregunta. Si no tiene un cónyuge inscrito, sólo verá la pregunta del tabaco para sí mismo.

Update Your Information

Health Information

Tobacco Use

For Team Members enrolling in the Michaels Medical Plan:

If you use any tobacco products, including cigarettes, e-cigarettes, non-nicotine vaporizers, or similar products, whether currently or within the past six months, a tobacco fee of \$30 will be reflected on your medical plan premiums. The tobacco fee amount is \$780 annually.

How to avoid the Fee:

If you have used tobacco products within the past six months but wish to avoid the fee, the tobacco fee can be removed by successfully completing a tobacco cessation program or other qualifying actions.

For more information on qualifying programs and steps, please visit: <https://mikbenefits.com/guide/health-wellness/tobacco-cessation/>

Need assistance?

You can contact Team Member Services at 1-855-432-MIKE (6453), option 2.

Question Have you used tobacco products in the last 6 months?

Answer * ☐ Yes
☒ No

Spouse/Domestic Partner Health Information

Tobacco Use

Spouse / Domestic Partner Tobacco Use Acknowledgment and Fee Information

For Team Members enrolling their spouse/ domestic partner in the Michaels Medical Plan:

If your spouse or domestic partner uses any tobacco products, including e-cigarettes, non-nicotine vaporizers, or similar products, whether currently or within the past six months, a tobacco fee of \$30 will be reflected on your medical plan premiums. The tobacco fee amount is \$780 annually.

Fee Details:

The tobacco fee amount is \$780 for your spouse or domestic partner annually or \$1,560 if both you and your spouse or domestic partner uses any of the item listed above.

How to Avoid the Fee:

If your spouse or domestic partner have used tobacco products within the past six months but wish to avoid the fee, you can do so by successfully completing a tobacco cessation program or other qualifying actions.

For more information on qualifying programs and steps, please visit: <https://mikbenefits.com/guide/health-wellness/tobacco-cessation/>

Need Assistance?

You can contact Team Member Services at 1-855-432-MIKE (6453), option 2.

Question Has your Spouse/Domestic Partner used tobacco products in the last 6 months?

Answer * ☐ Yes
☒ No

Continue

Página de inicio de la inscripción abierta

6. En la página de inicio de la inscripción abierta, verá todos los planes elegibles con la opción de **Enroll** (Inscribir) debajo de cada plan. Cuando esté listo para actualizar la cobertura, haga clic en **Enroll** (Inscribir) en el plan apropiado.

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



Médico y medicamentos recetados

Health Care and Accounts

Medical & Prescription Drug

Enroll

Dental

Enroll

Vision

Enroll

Accident

Enroll

Hospital Indemnity

Enroll

Health Savings Account (HSA)

Enroll

Health Care Flexible Spending Account (FSA)

View

Limited-Use Flexible Spending Account (FSA)

View

Dependent Care Flexible Spending Account (FSA)

View

Insurance

Basic Employee Life & Accidental Death & Dismemberment (Employee Only)

Coverage: \$75,000

Manage

Basic Spouse/Domestic Partner Life

Enroll

Basic Child Life

Enroll

Optional Employee Life

Enroll

Optional Spouse/Domestic Partner Life

Enroll

Optional Child Life

Enroll

Optional Employee Accidental Death & Dismemberment

Enroll

Optional Spouse/Domestic Partner Life

Enroll

Optional Child Accidental Death & Dismemberment

Enroll

Critical Illness Employee

Enroll

Critical Illness Spouse/Domestic Partner

Enroll

Critical Illness Child

Enroll

Short Term Disability (STD)

Cost per paycheck: \$100.00

Coverage: \$100.00

Manage

Long Term Disability (LTD)

Cost per paycheck: \$100.00

Coverage: \$100.00

Manage

- El primer plan que aparece es el de **Médico y medicamentos recetados**. Después de hacer clic en **Enroll** (Inscribir), podrá **Select** (Seleccionar) o **Waive** (Renunciar) la cobertura.
- Si decide inscribirse en una Cobertura específica, haga clic en la opción **Select** (Seleccionar) en la primera columna. En la parte inferior de la pantalla, haga clic en **Confirm and Continue** (Confirmar y continuar).

Medical & Prescription Drug

Projected Total Cost Per Paycheck
\$0.00

Plans Available

Select a plan or Waive to opt out of Medical & Prescription Drug. 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	☐ Select ☒ Waive	\$61.52	\$243.57
BCBS PPO - Basic PPO	☒ Select ☐ Waive	\$44.49	\$261.03
BCBS PPO - Enhanced PPO	☐ Select ☒ Waive	\$117.84	\$201.85

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



- Después de hacer clic en **Confirm and Continue**, será dirigido a la página donde podrá seleccionar dependientes en la cobertura. El nivel de cobertura y el costo quincenal se actualizarán después de seleccionar a sus dependientes con la casilla de verificación junto a su nombre.

Projected Total Cost Per Paycheck
\$165.06

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage ★ Employee + Domestic Partner

Plan cost per paycheck \$165.06

1 item

Select	Dependent	Relationship	Date of Birth
☒	[Redacted]	Domestic Partner	[Redacted]

You have dependents covered under your health care plan without a Social Security Number. Enter their Social Security Number (SSN) or Reason SSN is Not Available if you don't have access to their number at this time.

Una vez que haya seleccionado sus dependientes y haga clic en **Save** (Guardar) al final de la página.

- Después de hacer clic en **Save**, volverá a la página de inicio de la inscripción abierta, donde sus elecciones se actualizarán a medida que complete cada plan.

Health Care and Accounts

UPDATED

Medical & Prescription Drug (US)
BCBS PPO - Basic PPO

Cost per paycheck

Coverage Employee + Spouse

Dependents 1

Manage

Dental (US)
Cigna DPPO

Cost per paycheck

Coverage Employee Only

Manage

Vision (US)
Waived

Enroll

Accident (US)
Waived

Enroll

Health Savings Account (HSA) (US)
Waived

Enroll

REVIEWED

Health Care Flexible Spending Account (FSA) (US)
Waived

Enroll

Limited-Use Flexible Spending Account (FSA) (US)
Waived

Enroll

Dependent Care Flexible Spending Account (FSA) (US)
Waived

Enroll

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



11. Los siguientes dos planes disponibles son las secciones **Dental y visión**. Después de hacer clic en **Enroll** (Inscribir), podrá **Select** (Seleccionar) o **Waive** (Renunciar) la cobertura.

Plans Available

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

2 Items

*Selection	Benefit Plan	You Pay (Biweekly)
☐ Select ☒ Waive	Cigna DHMO	
☐ Select ☒ 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 Enroll.

1 Item

*Selection	Benefit Plan	You Pay (Biweekly)
☐ Select ☒ Waive	EyeMed VIS	

12. Después de hacer clic en Confirm and Continue (Confirmar y continuar), será dirigido a la siguiente página donde podrá seleccionar dependientes en la cobertura. El nivel de cobertura y el costo quincenal se actualizarán después de seleccionar a sus dependientes con la casilla de verificación junto a su nombre tal como lo hizo para **Medical & Prescription Drug (Médico y medicamentos recetados)**.

Cuentas de gastos

13. Hay cuatro opciones de cuentas de gastos disponibles: Cuenta de ahorros de salud (HSA), cuenta de gastos flexibles (FSA) de atención médica, FSA de uso limitado y FSA de cuidado de dependientes. **Tener en cuenta: Sólo puede inscribirse en la HSA si está inscrito en el plan médico Choice HDHP.**

Health Savings Account (HSA) (US) - HealthEquity

Health Savings Account (HSA) - HealthEquity

Projected Total Cost Per Paycheck:
\$61.52

Contribute

Per Paycheck: Annual: Remaining Paychecks: 13

Minimum Annual Amount: \$100.00

Maximum Annual Amount: \$4,200.00

Summary

Annual Company Contribution: \$249.99
Total Annual HSA Contribution: \$249.99

Health Savings Account Instructions

Provider Website: [HealthEquity](#)

General Instructions

A Health Savings Account (HSA) is a savings account for health care expenses. You can contribute pre-tax money to the HSA if you are enrolled in the Choice HSA medical plan. The HSA contributions are pre-tax, and you can use the funds for eligible health care costs. The money can roll over each year and earn interest. It's a great way to save for your health care, prescription, dental and vision expenses now and in the future. For a comprehensive list of eligible expenses, visit [HSA \(Health Savings Account - Qualified Medical Expenses\) \(OME1\) | HealthEquity.com](#)

You must be enrolled in the BCBS Choice HSA medical plan to be eligible for a Health Savings Account (HSA). If you are enrolled in the BCBS Choice HSA medical plan, you must enroll in the Health Savings Account (HSA) to receive the Michaels contribution.

2025 HSA Contribution Limits for:

Employee Only:
-Total Contribution Limit: Up to \$4,300*
-55 Years old or older: Up to \$5,300*

Employee + Dependent(s):
-Total Contribution Limit: Up to \$8,550*
-50 Years old or older: Up to \$9,500*

*The IRS limits include employee and employer contribution. The allowed maximum you can contribute towards your HSA differs based on your benefit start date.

Michaels Annual HSA Employer Contributions for 2025:

Employee Only: Up to \$500 (\$19.23 Bi-weekly) **
Employee + Dependents: Up to \$1000 (\$38.46 Bi-weekly) **

** The employer contributions are divided into 26 pay periods and deposited bi-weekly per paycheck. The employer contributions are prorated based on your benefit start date.

- To receive the Michaels contribution, you must enroll in the Health Savings Account (HSA) and enter at least \$0 in the election section.
- If you choose to contribute to your HSA through payroll deduction, you must contribute \$50 or more annually.
- You have the option to make changes to your HSA contribution at any time by submitting an HSA contribution benefit change.
- Your HSA will be set up through HealthEquity. Please respond promptly to any communication from them, as they may need information to open your account. **Remember, even if you do not make contributions, you still need to establish your HSA to receive Michaels' contributions.**
- This account is 100% employee-owned, so it is yours to keep even if you leave Michaels. Once set up, Health Equity will send you an HSA debit card to use for your expenses.
- Need help determining how much to contribute? Use the HSA Future Balance Calculator by HealthEquity: [Future balance calculator | Learn | HealthEquity](#)

For more details, visit [Home - Michaels Benefits \(mkbenefits.com\)](#) or [HSA - Health Savings Account | HealthEquity](#)

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



14. Con la elección de la cuenta de ahorros de salud, puede elegir ingresar un monto de contribución quincenal o un monto total para el año y Workday calculará automáticamente el monto anual o quincenal, respectivamente. Haga clic en **Save (Guardar)** en la parte inferior de la página cuando termine.
15. **Tener en cuenta: Sus elecciones de HSA se transferirán pasivamente si estaba inscrito previamente en un plan médico Choice HDHP y contribuía a la HSA. Si se cambia al plan médico Choice HDHP y desea contribuir a la HSA, deberá enviar sus nuevas elecciones antes de que se cierre la ventana de la inscripción abierta el 23 de mayo de 2025.**
16. Los planes de uso limitado, FSA de atención médica y FSA de cuidado de dependientes se mostrarán como solo lectura durante esta ventana de la inscripción abierta. No podrá inscribirse en estos planes durante este evento. La ventana de la inscripción abierta para estos planes se llevará a cabo en octubre de 2025 para una fecha de vigencia en enero de 2026.

Elecciones de seguro

17. Hay varias opciones de seguro para elegir, todas ofrecidas a través de Reliance Standard.
18. Las opciones de seguro de vida básico y de muerte y desmembramiento accidental (AD&D) básico para el Miembro del Equipo se seleccionarán automáticamente para todos los Miembros del Equipo elegibles de tiempo completo pagados por Michaels.
19. Puede elegir opciones de seguro básico para cónyuges/parejas domésticas elegibles e hijos elegibles pagados por Michaels.
20. Las opciones de planes para accidentes, indemnización hospitalaria, seguro de vida opcional, muerte accidental & desmembramiento (AD&D), enfermedad crítica, discapacidad a corto plazo (STD) y discapacidad a largo plazo (LTD) seguirán.

Insurance

 Basic Employee Life & Accidental Death & Dismemberment Reliance Standard (Employee Only) Coverage Manage	 Basic Spouse/Domestic Partner Life Waived Enroll	 Basic Child Life Waived Enroll	 Optional Employee Life Waived Enroll	 Optional Spouse/Domestic Partner Life Waived Enroll	 Optional Child Life Waived Enroll	 Optional Employee Accidental Death & Dismemberment Waived Enroll
 Optional Spouse/Domestic Partner Life Waived Enroll	 Optional Child Accidental Death & Dismemberment Waived Enroll	 Critical Illness Employee Waived Enroll	 Critical Illness Spouse/Domestic Partner Waived Enroll	 Critical Illness Child Waived Enroll	 Short Term Disability (STD) Reliance Standard - Salary T/Ms (Class 2) (Employee Only) Cost per paycheck Coverage Manage	 Long Term Disability (LTD) Reliance Standard - Salaried & ASM (Employee Only) Cost per paycheck Coverage Manage

Tener en cuenta: Si es recién elegible para inscribirse, puede elegir la cobertura hasta el monto de la emisión de garantía sin responder ninguna pregunta de salud. De lo contrario, se le solicitará que proporcione la evidencia de asegurabilidad (EOI) y su solicitud de cobertura tendrá que ser aprobada por Reliance Standard antes de que comience la cobertura.



Designar un beneficiario

21. En la parte inferior de la pantalla, podrá designar beneficiarios para el plane que acaba de seleccionar. Al hacer clic en el ícono más, aparece una nueva fila. Al hacer clic en el ícono de solicitud, podrá seleccionar un beneficiario (o un dependiente marcado como beneficiario dentro de la página agregar/editar). **Tener en cuenta: Puede agregar tantos beneficiarios como desee, pero el porcentaje total debe ser igual al 100%.**

Beneficiaries
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

Beneficiaries
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
Test Parent	100

Secondary Beneficiaries 0 items

Beneficiary	Percentage
No Data	

22. Aparecerá una ventana emergente que le dará la opción de **Add an existing Beneficiary** (Agregar un nuevo beneficiario) o **Add an existing Trust** (Agregar un fideicomiso existente). Seleccione la opción deseada. Puede actualizar a los beneficiarios durante la inscripción abierta y en cualquier momento durante el año del plan.

Coverage

Coverage \$20,000

Calculated Coverage \$20,000.00

Plan cost per paycheck

Beneficiaries
Select an existing or add a new beneficiary person or trust to this plan. You can also adjust the percentage allocation for each beneficiary.

Primary Beneficiaries 1 item

Beneficiary	Percentage
Test Parent	100

23. En este punto, ha llegado al final de la inscripción. Puede hacer clic en **Review and Sign** (Revisar y Firmar) o **Save for Later** (Guardar para más tarde) al final de la página. **Nota: Si hace clic en Save for Later, debe enviar sus elecciones antes de que finalice el período de inscripción el 23 de mayo para que sus elecciones de beneficios se finalicen y se acepten.**

Revisar y enviar

24. La pantalla final le dará un desglose de sus elecciones de beneficios elegidos y el costo total quincenal.

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



View Summary

Projected Total Cost Per Paycheck
\$175.56

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 later.

Selected Benefits: 6 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical & Prescription Drug	07/01/2025	07/01/2025	Employee + Domestic Partner			
BCBS HSA IP - Choice HSA						
Health Savings Account (HSA)	07/01/2025	07/01/2025	\$150.00 Annual			
Health/Equity						
Basic Employee Life & Accidental Death & Dismemberment (AD&D)	02/01/2022	02/01/2022	\$25,000			Included
Reliance (Standard) - (Employee Only)						
Basic Spouse/Domestic Partner Life	06/01/2025	06/01/2025	\$3,000			Included
Reliance (Standard) - (Domestic Partner)						
Short Term Disability (STD)	07/01/2025	06/25/2025	100% of Salary			Included
Reliance (Standard) - Salary TMs (Class 2) (Employee Only)						
Long Term Disability (LTD)	02/01/2022	02/01/2022	60% of Salary			Included
Reliance (Standard) - Salaried & ASM (Employee Only)						

Waived Benefits: 17 items

Dental	Waived
Vision	Waived
Accident	Waived
Hospital Indemnity	Waived
Health Care Flexible Spending Account (FSA)	Waived
Unlimited Use Flexible Spending Account (FSA)	Waived

Submit Cancel

25. Si está satisfecho con sus inscripciones, lea los detalles de la firma electrónica y luego seleccione **I Agree (Acepto)** en la parte inferior de la pantalla. Luego haga clic en **Submit (Enviar)**.

Sus elecciones no se finalizarán hasta que lea el aviso legal, marque **I Agree (Acepto)** ubicado en la parte inferior de la pantalla, haga clic en **Submit (Enviar)** y vea la página de confirmación.

Electronic Signature

LEGAL NOTICE: Please Read

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:

1. A computer with internet access, and
2. 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:

1. Be able to print on a printer attached to the computer; or
2. 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 must 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
2939 West John Carpenter Freeway
Irving, TX 75063

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 (8453), 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 (\$780 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.

I Accept

Submit

Save for Later

Cancel

26. Una vez enviado, haga clic en View 2025 Benefits Statement (Ver declaración de beneficios 2025) y aparecerá su declaración de beneficios. Para guardar una copia de su declaración, haga clic en Print (Imprimir) en la parte inferior izquierda de la pantalla y haga clic en Download (Descargar).

THE MICHAELS COMPANIES

Página 9

Guía de la inscripción abierta

Miembros del Equipo de los EE. UU.



Submitted

You've submitted your elections.

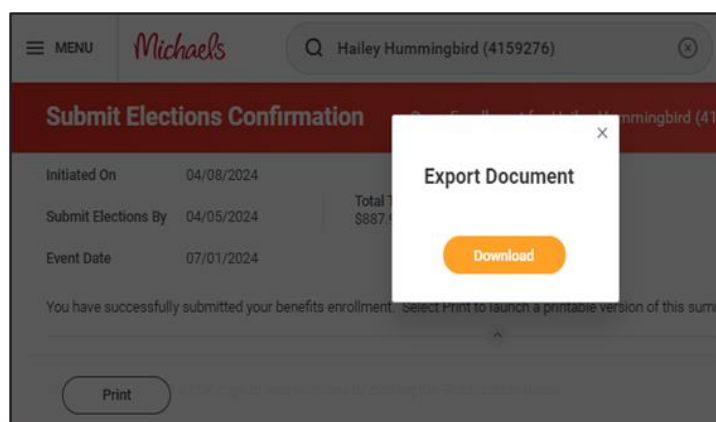
You may view or print a PDF copy of your elections by clicking the "Print" button below.

Important Dates:

Benefits go into effect 07/01/2025

Final day to update benefits 05/23/2025

[View 2025 Benefits Statement](#)



Tener en cuenta: Puede continuar haciendo cambios en su inscripción, incluso después de haber enviado sus elecciones, hasta que se cierre la inscripción abierta el 23 de mayo de 2025. Para volver a su inscripción abierta, haga clic en el Anuncio en la página de inicio de Workday.

Una vez que se cierra la ventana de la inscripción abierta, no podrá agregar, cancelar o cambiar las elecciones hasta la inscripción abierta del año siguiente o si experimenta un evento de vida calificativo. Para obtener más información sobre un evento de vida calificativo, visite: [Cambio de estado - Beneficios de Michaels \(mikbenefits.com\)](https://mikbenefits.com)

Las elecciones de la inscripción abierta serán efectivas al comienzo del nuevo año del plan que comienza el 1 de julio de cada año. La primera deducción de nómina comenzará en julio del 2025.

Si tiene preguntas sobre cómo inscribirse o hacer un cambio, llame a Servicios para Miembros del Equipo al 1-855-432-MIKE (6453), opción 2, o abra una solicitud a través de [New Incident | Michaels](#)