

MEDICAL PLANS

NON-TOBACCO PREMIUMS

	PPO		CCP	
	Weekly	Biweekly	Weekly	Biweekly
Associate Only	\$39.28	\$78.56	\$27.91	\$55.82
Associate + Spouse/Domestic Partner* ¹	\$86.42	\$172.83	\$61.40	\$122.80
Associate + Spouse/Domestic Partner* ¹ (with Spouse/Domestic Partner Surcharge)	\$109.49	\$218.99	\$84.47	\$168.95
Associate + Child(ren) ¹	\$70.70	\$141.41	\$50.23	\$100.47
Associate + Family* ¹	\$125.70	\$251.39	\$89.31	\$178.61
Associate + Family* ¹ (with Spouse/Domestic Partner Surcharge)	\$148.77	\$297.55	\$112.38	\$224.77

TOBACCO PREMIUMS

	PPO		CCP	
	Weekly	Biweekly	Weekly	Biweekly
Associate Only	\$48.51	\$97.02	\$37.14	\$74.28
Associate + Spouse/Domestic Partner* ¹	\$95.65	\$191.29	\$70.63	\$141.26
Associate + Spouse/Domestic Partner* ¹ (with Spouse/Domestic Partner Surcharge)	\$118.72	\$237.45	\$93.71	\$187.41
Associate + Child(ren) ¹	\$79.94	\$159.87	\$59.47	\$118.93
Associate + Family* ¹	\$134.93	\$269.85	\$98.54	\$197.07
Associate + Family* ¹ (with Spouse/Domestic Partner Surcharge)	\$158.00	\$316.01	\$121.61	\$243.23

*SPOUSE/DOMESTIC PARTNER SURCHARGE

If your spouse/domestic partner is eligible for medical coverage through his/her employer and you elect to cover him/her under a J.Crew medical plan, you will incur a \$100 monthly surcharge. An associate who intentionally falsifies his/her spouse/domestic partner as not having access to coverage through an employer will be immediately subject to the spouse/domestic partner surcharge and may be subjected to termination of the health plan with responsibility for all claims incurred, as well as discipline up to and including termination of employment.

¹ Due to IRS regulations, you must pay taxes on the value of the medical, dental and vision benefit you receive for your domestic partner and any children of your domestic partner that you cover. The payroll deductions throughout the year will be deducted on a pre-tax basis, but will be included in the imputed income calculation at year end to be reflected in your W-2.

DENTAL PLAN

	Weekly	Biweekly
Associate Only	\$2.97	\$5.94
Associate + Spouse/Domestic Partner ¹	\$6.53	\$13.06
Associate + Child(ren) ¹	\$5.34	\$10.68
Associate + Family ¹	\$9.50	\$18.99

VISION PLAN

	Weekly	Biweekly
Associate Only	\$1.24	\$2.47
Associate + Spouse/Domestic Partner ¹	\$2.72	\$5.44
Associate + Child(ren) ¹	\$2.23	\$4.45
Associate + Family ¹	\$3.96	\$7.92

¹ Due to IRS regulations, you must pay taxes on the value of the medical, dental and vision benefit you receive for your domestic partner and any children of your domestic partner that you cover. The payroll deductions throughout the year will be deducted on a pre-tax basis, but will be included in the imputed income calculation at year end to be reflected in your W-2.

CRITICAL ILLNESS

NON-TOBACCO PREMIUMS (PER \$1,000 OF COVERAGE)

AGE BAND	WEEKLY			BIWEEKLY		
	Associate	Spouse/Domestic Partner	Children (Up to age 26)	Associate	Spouse/Domestic Partner	Children (Up to age 26)
<25	\$0.12	\$0.12	\$0.07	\$0.23	\$0.24	\$0.13
25-29	\$0.12	\$0.12		\$0.23	\$0.24	
30-34	\$0.16	\$0.17		\$0.32	\$0.34	
35-39	\$0.23	\$0.24		\$0.45	\$0.49	
40-44	\$0.36	\$0.39		\$0.71	\$0.78	
45-49	\$0.51	\$0.57		\$1.01	\$1.14	
50-54	\$0.71	\$0.81		\$1.41	\$1.61	
55-59	\$0.96	\$1.10		\$1.91	\$2.19	
60-64	\$1.36	\$1.55		\$2.72	\$3.10	
65-69	\$1.88	\$2.13		\$3.77	\$4.25	
70+	\$2.62	\$2.88		\$5.24	\$5.75	

CRITICAL ILLNESS

TOBACCO PREMIUMS (PER \$1,000 OF COVERAGE)

AGE BAND	WEEKLY			BIWEEKLY		
	Associate	Spouse/Domestic Partner	Children (Up to age 26)	Associate	Spouse/Domestic Partner	Children (Up to age 26)
<25	\$0.18	\$0.18	\$0.07	\$0.35	\$0.36	\$0.13
25-29	\$0.18	\$0.18		\$0.35	\$0.36	
30-34	\$0.25	\$0.26		\$0.51	\$0.53	
35-39	\$0.36	\$0.39		\$0.73	\$0.77	
40-44	\$0.58	\$0.63		\$1.16	\$1.26	
45-49	\$0.84	\$0.93		\$1.67	\$1.86	
50-54	\$1.17	\$1.34		\$2.35	\$2.68	
55-59	\$1.60	\$1.84		\$3.19	\$3.68	
60-64	\$2.28	\$2.63		\$4.57	\$5.25	
65-69	\$3.21	\$3.65		\$6.42	\$7.29	
70+	\$4.53	\$5.00		\$9.06	\$9.99	

ACCIDENT

	WEEKLY	BIWEEKLY
Associate Only	\$3.76	\$7.52
Associate + Spouse/Domestic Partner	\$6.20	\$12.40
Associate + Child(ren)	\$6.79	\$13.58
Associate + Family	\$9.23	\$18.46

HOSPITAL INDEMNITY

	WEEKLY	BIWEEKLY
Associate Only	\$8.18	\$16.36
Associate + Spouse/Domestic Partner	\$15.84	\$31.68
Associate + Child(ren)	\$14.81	\$29.62
Associate + Family	\$25.19	\$50.38