

J.CREW

*Benefits*



# OPEN ENROLLMENT

## 2018 | BENEFITS GUIDE

*Madewell*

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FACTORY

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We believe our J.Crew, crewcuts and Madewell associates are our greatest resources. That's why we continue to offer comprehensive, flexible and affordable benefit programs to you and your family members. These valuable benefits are affected by the choices each of us make and how we use the plans. We encourage you to evaluate your current benefit elections, coverage levels and costs to be sure they continue to meet your needs for 2018.

## WHAT'S NEW FOR 2018?

- **Increased J.Crew HSA Contributions** – If you enroll in the CCP medical plan, J.Crew will contribute \$500 to your HSA for individual coverage or \$1,000 for family coverage (up from \$400 individual/\$800 family in 2017).
- **New Telemedicine Program** – The Telemedicine program provides quick and easy medical consultations from a computer, tablet or smart phone with board certified doctors, 24/7 for associates enrolled in the PPO or CCP medical plan. Under the PPO plan, you only pay a \$10 copay for consultations. Under the CCP medical plan, you pay for the full cost of the visit until your plan deductible has been reached. The doctors you speak with can treat certain medical issues, and can even write prescriptions if needed. Examples of addressed conditions include: cold & flu, pink eye, sore throat, skin issues & rashes, sports injuries and more. If you are enrolled in an Aetna medical plan, your Telemedicine program is through Teladoc. If you are enrolled in an Anthem medical plan, your Telemedicine program is through LiveHealth Online.
- **New Elective Benefit** – Accident Insurance can help offset out-of-pocket expenses following an accident, including expenses that your medical insurance may not cover, such as deductibles and copays.
- **Annual Deductibles** – The PPO plan has a new annual In-Network Deductible of \$300 for individual coverage and \$600 for family coverage. (No change to the PPO Out-of-Network Deductible.) The CCP annual In-Network Deductible will be \$1,750 for individual coverage and \$3,500 for family coverage, and the CCP Out-of-Network Deductible will be \$3,500 for individual coverage and \$7,000 for family coverage.
- **New Emergency Room Copay** – Under the PPO plan, Emergency Room services will be covered at 100% after a \$200 copay (up from \$150 in 2017).

## OVERVIEW OF BENEFITS FOR REGULAR FULL-TIME ASSOCIATES

J.Crew benefit plans are compliant with Affordable Care Act (ACA) requirements where necessary.

AUTOMATIC BENEFITS	ELECTIVE BENEFITS	OTHER BENEFITS
You are automatically enrolled in the following benefits:	You must actively enroll to receive coverage for the following benefits:	J.Crew provides a variety of other benefits to assist you in managing health, work and family issues:
<ul style="list-style-type: none"> <li>• Basic Life Insurance</li> <li>• Basic Accidental Death and Dismemberment (AD&amp;D) Insurance</li> <li>• Short-Term Disability (STD) Insurance</li> <li>• Basic Long-Term Disability (LTD) Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Plan</li> <li>• Health Savings Account (HSA)</li> <li>• Dental Plan</li> <li>• Vision Plan</li> <li>• Critical Illness Insurance</li> <li>• Accident Insurance</li> <li>• Hospital Indemnity Insurance</li> <li>• Health Care and Dependent Care Flexible Spending Accounts (FSAs)</li> <li>• Supplemental LTD Insurance</li> <li>• Supplemental Life Insurance</li> <li>• Dependent Life Insurance (child/spouse)</li> <li>• MetLaw (Hyatt Legal Plan)</li> <li>• Auto and Home Insurance</li> <li>• Identity Theft Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Life Resources Program</li> <li>• Quit For Life® Tobacco Cessation</li> </ul>
These benefits are paid in full by J.Crew.	The cost of coverage for the benefits you choose will be paid through automatic payroll deductions.	These benefits are paid in full by J.Crew.

## PREPARING TO ENROLL

### OPEN ENROLLMENT TAKES PLACE NOVEMBER 7 - NOVEMBER 21, 2017

If you do not take action during Open Enrollment, your benefit choices currently in place for 2017, including any acknowledgements you have made (for example, a tobacco use affidavit, spousal coverage questionnaire, etc.) will automatically be applied (*except FSA and MetLaw, as you must elect these benefits annually*) for the 2018 plan year, and your Form 1095-C benefits statement will reflect these choices.

### VISIT [WWW.MYJCREWBENEFITS.COM](http://WWW.MYJCREWBENEFITS.COM) FOR DETAILS

(Use the password “benefits18” to log in.)

Beginning November 7, you can view your current elections and enroll in 2018 benefits at <https://uenroll.net/jcrew017>.

All elections made during this year's Open Enrollment period become effective January 1, 2018. (For Life and Supplemental Long-Term Disability Insurance, Evidence of Insurability is required if you were previously eligible, but electing coverage for the first time or if you are increasing coverage levels. EOI must be approved before the benefit can begin).

### WHO IS ELIGIBLE

Regular full-time associates of J.Crew Group, Inc. — which includes J.Crew, crewcuts and Madewell—are eligible for benefits. You can also cover eligible family members, including your:

- Spouse (same or opposite-sex)
- Child(ren) up until the last day of the month in which he/she reaches age 26

Marriage certificate, birth certificate and/or adoption paperwork must be provided to enroll a spouse or child(ren).

**Please note:** In general, associates are eligible for benefits if they are regularly scheduled to work at least 30 hours per week.

### LEVELS OF COVERAGE

You can choose from the following levels of coverage for your medical, prescription drug, dental and vision coverages:

- Associate Only
- Associate + Spouse
- Associate + Child(ren)
- Associate + Family

### MAKING CHANGES DURING THE YEAR

If you have a qualifying life event during the year — such as a birth, adoption, marriage or divorce, loss of coverage under another plan or if a dependent is no longer eligible — you must contact Human Resources and submit your benefit change(s) within 31 days of the event. This is the only time outside of the Open Enrollment period when you can change your benefits. If you do not enroll within 31 days, you must wait until the next Open Enrollment period to enroll.



## YOUR HEALTH PLANS

### TAKE A CLOSER LOOK AND REDUCE YOUR TOTAL COST OF HEALTH CARE

You have two plans to choose from, the **Preferred Provider Organization (PPO)** and the **Consumer Choice Plan (CCP)**.

#### PPO

The PPO controls your out-of-pocket costs in exchange for a higher premium. There is an in-network deductible that you must reach. You pay a copay each time you use a provider. For an inpatient hospital stay and tests (X-rays, lab work, etc.), the plan pays 80% of the cost (in-network). If you use out-of-network providers, you are also subject to a deductible and 40% responsibility.

PPO	HIGHER PREMIUM	LOWER OUT-OF-POCKET	NO HSA
CCP	LOWER PREMIUM	HIGHER OUT-OF-POCKET	HSA WITH J.CREW CONTRIBUTION

You don't have the option to open a Health Savings Account with the PPO, so there is no company contribution.

#### CCP

The CCP is a consumer driven plan that gives you greater control of your health care and how much you spend on medical services.

The potential to lower your total cost of health care begins with the CCP's lower premiums, which saves you money from the beginning.

The cost advantage continues with J.Crew's contribution to your Health Savings Account. If you enroll in single coverage, the annual contribution is \$500. If you cover other family members, the annual contribution is \$1,000. J.Crew contributions are funded throughout the year based on pay frequency.

You can preserve these savings by staying healthy and being a wise health care consumer. The less you spend on medical services, the more of the premium savings and HSA contributions you keep.

### WHAT'S THE TOTAL COST OF HEALTH CARE

When considering the right medical plan for you and your family, it's important to look at the total cost of health care. This "total cost" is how much you pay in premiums (the contribution taken out of your earnings each pay period) and how much you pay out of pocket. The total cost also includes contributions to your Health Savings Account (if you enroll in the CCP).

The truth is that many people pay more than they need to for health care. By taking a little time to consider your choices and paying attention to your health, you could save money and possibly begin accumulating funds for future health care expenses.

#### YOUR SHARE OF THE PREMIUM

(THE MONEY DEDUCTED  
FROM YOUR PAYCHECK)

+

#### YOUR OUT-OF-POCKET COSTS

(COPAYS, COINSURANCE, DEDUCTIBLES, ETC.)

-

#### J.CREW HSA CONTRIBUTION

(IF YOU CHOOSE THE CONSUMER CHOICE PLAN)

#### YOUR TOTAL COST OF HEALTH CARE

## CONSUMER CHOICE PLAN (CCP) | HEALTH SAVINGS ACCOUNT (HSA)

### HOW DO THEY WORK TOGETHER?

Under the **Consumer Choice Plan** you will pay the full negotiated costs for all of your medical services. The plan will only begin to pay benefits after the plan deductible is met. The full family deductible must be met if family coverage is elected.

*Here's an example of how the plan would work if you were to visit your In-Network Primary Care Doctor.*

#### BEFORE YOU MEET YOUR DEDUCTIBLE:



Instead of paying a copay, you will pay the full plan allowance (negotiated cost) of your visit to the doctor.

#### AFTER YOU MEET YOUR DEDUCTIBLE:



You will be responsible for 20% of the plan allowance. The plan will pay the remaining 80% of the cost. Coinsurance will apply until the plan's out-of-pocket maximum is met.

### YOU CAN USE YOUR HEALTH SAVINGS ACCOUNT TO PAY YOUR MEDICAL BILL.

An HSA is a personal savings account used for qualified health care expenses with an impressive tax advantage. It is also worth noting that the account is yours to keep – even if you leave J.Crew. When you enroll in the Consumer Choice Plan, you must open your Health Savings Account (HSA), in order to receive J.Crew's contributions.

**To be an eligible individual and qualify for an HSA, you must meet the following requirements:**

- You must be covered under the J.Crew Consumer Choice Plan (CCP)
- You have no other health coverage
- You are not enrolled in Medicare
- You cannot be claimed as a dependent on someone else's tax return
- You cannot have a full scope Flexible Spending Account (FSA) and Health Savings Account (HSA)
- Your spouse can not have a full scope FSA

**Important Note:** If you are currently enrolled in a full scope Health Care FSA, and you will open an HSA for 2018, you must use any remaining Health Care FSA funds by December 31, 2017 in order to avoid tax consequences.

### HERE'S HOW IT WORKS:

- 1. J.Crew contributes to the account.** If you enroll in the CCP, J.Crew will contribute **\$500** to your HSA (**\$1,000** if you elect family coverage) to help you meet the plan's higher deductible.
- 2. Save on taxes.** If you would like to add more funds to the account, you can contribute money from your paycheck before taxes are taken out (up to the yearly IRS limits).

**3. Use your HSA.** You can use your HSA to pay for eligible health care expenses on a pre-tax basis.\*

**4. Examples include:** Coinsurance, deductibles, prescriptions, and dental & vision expenses. A full list of eligible expenses is available at [www.irs.gov](http://www.irs.gov).

**5. Grow your HSA.** If you don't spend all of the money in 2018, **all available funds roll over year after year**, and allow the account to grow over time.



HOW MUCH CAN YOU CONTRIBUTE?	2018 IRS CONTRIBUTION LIMIT	ANNUAL J.CREW CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Associate Coverage	\$3,450 <sup>+</sup>	\$500	\$2,950
Family Coverage	\$6,900 <sup>+</sup>	\$1,000	\$5,900

\* Any reference to taxes is at the federal level. State tax rules may vary.    + If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.



# HOW TO SAVE ON HEALTH CARE

## STAY IN-NETWORK FOR CARE

When you stay in-network, you pay less out-of-pocket without compromising the quality of care. Many physicians, hospitals and other health care providers participate in the national network. When you see in-network providers, you receive a higher level of coverage and you benefit from discounted fees for covered in-network services.

When you see out-of-network providers, you pay more out-of-pocket. First, you must meet a higher annual deductible. Then, eligible expenses are reimbursed at 60% of the Reasonable and Customary (R&C) allowance. In addition to your share of the cost, you must also pay any charges that exceed the R&C limits.

## BE A SMART HEALTH CARE CONSUMER

Being a smart health care consumer begins with staying healthy. After all, the best way to reduce your medical costs is to minimize doctor visits.

When you do need medical services, ask questions. For instance, are there less expensive treatment options? If you need out-patient surgery, are there surgical centers that will be less expensive than having the procedure done in a hospital? Is there a generic or preferred alternative to a high cost brand name drug prescribed by your physician? (see *Save on Prescription Drugs* box for more information)

## YOUR ANNUAL PHYSICALS AND ROUTINE MEDICAL SCREENINGS ARE FREE

Both health plans pay 100% (with no copay or deductible) for eligible in-network preventive care. So, schedule your family's annual physicals, immunizations and wellness screenings, such as annual gynecological exams, routine mammograms and prostate and other cancer screenings.

For a complete list of covered preventive care services for men, women and children, visit your health plan's website (see Important Contact Information).

## ADDITIONAL PREVENTIVE CARE BENEFITS FOR WOMEN

The following additional preventive care services are covered in-network at 100%:

- Contraceptive counseling and contraceptives, including generic birth control pills and brand-name birth control pills when generic equivalents are not available
- Breastfeeding support, supplies and counseling, including breast pumps
- Screening for gestational diabetes, HPV, sexually transmitted infections, HIV and domestic violence

## TELEMEDICINE PROGRAM

The Telemedicine program provides quick and easy medical consultations from a computer, tablet or smart phone with board certified doctors, 24/7 for associates enrolled in the PPO or CCP medical plan. Under the PPO plan, you only pay a \$10 copay for consultations. Under the CCP medical plan, you pay for the full cost of the visit until your plan deductible has been reached. The doctors you speak with can treat certain medical issues, and can even write prescriptions if needed. Examples of addressed conditions include: cold & flu, pink eye, sore throat, skin issues & rashes, sports injuries and more. If you are enrolled in an Aetna medical plan, your Telemedicine program is through Teladoc. If you are enrolled in an Anthem medical plan, your Telemedicine program is through LiveHealth Online.

## SAVE ON PRESCRIPTION DRUGS

### Request generics to save more.

Generics are equally effective and generally cost less than their brand-name counterparts.

**See whether your prescription drug is on the preferred list.** If your doctor prescribes a medication not available in generic form, look to see if it's a preferred drug listed under "Tier 2" of the formulary. If it isn't, work with your doctor to determine whether a "Tier 2" drug is available.

**Use network pharmacies.** Fill prescriptions at pharmacies in Express Scripts' large national network. If you go out-of-network, there is no coverage.

**Use Mail Order for maintenance medications.** Save money on a 90-day supply delivered to your home.

PLAN BENEFIT	PPO		CCP	
	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>	In-Network <sup>1</sup>	Out-of-Network <sup>2</sup>
<b>Annual Deductible</b> <sup>3,4,5</sup> (individual/family)	\$300/\$600	\$1,500/\$3000	\$1,750/\$3,500	\$3,500/\$7,000
<b>J.Crew HSA Contribution</b> (individual/family)	N/A	N/A	\$500/\$1,000	
<b>Coinsurance</b> (what J.Crew pays after you meet the deductible)	80%	60%	80%	60%
<b>Annual Out-of-Pocket Maximum</b> <sup>3,4,5</sup> (individual/family) (Includes deductible, office visit copays, coinsurance, and in-network prescription drug copays)	\$3,000/\$6,000	\$6,000/\$12,000	\$3,000/\$6,000	\$6,000/\$12,000
<b>Preventative Health Care</b> (annual checkups, immunizations, screenings)	100% No deductible	60%, after deductible	100%, no deductible	60%, after deductible
<b>Office Visits Primary Care Specialist</b>	\$25 copay \$40 copay	60% after deductible	80% after deductible	60% after deductible
<b>Emergency Room</b>	100% after \$200 copay (waived if admitted)		80% after deductible	
<b>Inpatient Hospitalization</b> (including maternity)	80% after deductible	60% after deductible	80% after deductible	60%, after deductible
<b>Routine Maternity Office Visits</b>	100%; tests paid at 80% after deductible	60% after deductible	100%, no deductible; tests paid at 80% after deductible	60% after deductible
<b>Outpatient/Same-Day Surgery</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Lab, X-ray</b> <sup>6</sup>	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Prescription Drugs</b> <sup>7</sup>				
<b>Retail (Up to 30 days)</b>	(tier1/tier2/tier3) \$10/\$35/\$60	Not covered	80% after deductible	Not covered
<b>Mail Order (Up to 90-day supply)</b>	\$25/\$87.50/\$150	Not covered	80% after deductible	Not covered

1. In-network benefits are based on negotiated rates. You will not be billed for any amount over the negotiated rate.

2. Out-of-network benefits are based on Reasonable & Customary (R&C) charges. You're responsible for any charges in excess of the amount J.Crew pays.

3. Each person must satisfy his or her annual deductible and individual out-of-pocket maximum (in-network prescription drug copays will apply toward the out-of-pocket maximum). For family coverage, the expenses of two or more family members may be combined to satisfy the family deductible and out-of-pocket maximum. However, no one person can satisfy more than his or her individual deductible or out-of-pocket maximum.

4. In Consumer Choice, if you cover family members, everyone's expenses contribute to the family deductible and out-of-pocket maximum. The family deductible must be met before the plan begins paying benefits for anyone.

5. Any money paid toward in-network deductibles and out-of-pocket maximums would also be applied to out-of-network deductibles and out-of-pocket maximums, and vice versa.

6. Under the PPO, a copay may apply if performed in the doctor's office.

7. Under the PPO, you are responsible for the copay or the Reasonable & Customary (R&C) price of a prescription drug, whichever is less. The mail-order program is recommended for maintenance medications. If you request a fourth fill of a maintenance prescription at a retail pharmacy, you will pay the full mail-order copay but receive only a 30-day supply.

## TRANSGENDER BENEFIT COVERAGE

Transgender services are covered under the PPO and CCP medical plans just like any other medical condition and based on the type of service received (for example, office visit, hospital/surgical services, pharmacy, etc.). Contact Aetna or Anthem for details.

## SAVE MONEY BY BEING TOBACCO-FREE

If you and your covered family members do not use tobacco (e.g., cigarettes, cigars, chewing tobacco, snuff), you receive a \$40 discount on your medical premiums each month.

To receive the discount, you will need to certify that you and your family members are tobacco-free and will remain tobacco-free for the remainder of the plan year. See the Tobacco Premium Policy for more information.

You must complete the Tobacco-Use Affidavit during your initial benefits enrollment and every year during the annual Open Enrollment period.

An associate who intentionally falsifies his/her non-tobacco use or that of an eligible covered dependent will be immediately subject to tobacco premiums and may be subject to termination of health plan coverage with responsibility for all claims incurred, as well as discipline up to and including termination of employment.

## QUIT FOR LIFE®

The Quit For Life Program is a tobacco cessation program available at no cost to all regular full-time associates and dependents age 18 or older enrolled in a J.Crew Health Plan. You can sign up anytime. Program features include:

- Phone-based coaching, text messaging and web-based information
- Unlimited calls with a Quit Coach
- A personalized plan to help you quit
- Nicotine patches and gum

Quit For Life is nine times more effective than quitting on your own. In addition, our health plans provide 100% coverage for the prescription drugs Chantix® and bupropion for the first six months after you enroll in the Quit For Life Program. Contact Quit For Life at 866-Quit-4-Life (866-784-8454) or [www.quitnow.net](http://www.quitnow.net) to sign up.



## RESOURCES TO HELP YOU BE HEALTHY

J.Crew provides a variety of services and resources to support your good health. What's more, your privacy is always protected—you are receiving services in the strictest of confidence.

**Anthem Personal Support** - As part of your benefits, you have access to a trained professional dedicated to your specific health needs.

**The Aetna Concierge Service** has all the answers about your health care plan. A concierge can assist you with doctor selection, diagnosis questions, coverage information and much more.

**The Personal Nurse Advocate Service** offers support for a wide variety of medical conditions, such as asthma, diabetes and depression. A registered nurse will work with you, helping you develop a personal action plan to better manage your condition, avoid unnecessary complications and improve your quality of life.

**The Behavioral Health Support Service Line** complements the Life Resources program. Professional counselors are available, 24 hours a day, 7 days a week, to provide private, confidential assistance—whether it's answering your questions, helping you locate the right network provider for outpatient counseling or arranging hospital admissions for you or a covered family member.

**The Diabetes Support Program** helps individuals with diabetes manage their condition. Through the Diabetes Support Program, you receive free diabetic supplies and prescription drugs.

**Log on to your health plan's website to find a wealth of health care information. You can complete an online health assessment to receive a snapshot of your health and register to participate in special programs that focus on your specific health needs.**



## PRESCRIPTION DRUG COVERAGE

Prescription drug coverage through Express Scripts is included when you enroll in either health plan.

### Your Cost for Prescription Drugs:

PREFERRED PROVIDER ORGANIZATION			CONSUMER CHOICE PLAN
	Network Retail Pharmacy (up to 30-day supply) In-Network Only	Mail Order (up to 90-day supply) In-Network Only	Network Retail Pharmacy and Mail Order
Tier 1*	\$10	\$25	You pay 20% after you meet your annual deductible
Tier 2*	\$35	\$87.50	
Tier 3*	\$60	\$150	

\*Drug tiers are based on the Express Scripts formulary, a list of covered medications approved by the U.S. Food and Drug Administration (FDA) as safe and effective. The formulary can be found at [www.express-scripts.com](http://www.express-scripts.com).

\*\*You are responsible for the lesser of the copay or the Reasonable & Customary (R&C) price of the drug.

## SAVE WITH MAIL ORDER

Do you take maintenance medications for conditions like asthma, high blood pressure or diabetes? If so, you'll want to fill your prescription through mail order. You can receive up to a 90-day supply of medication delivered to your home for added convenience.

If you use a retail pharmacy for your fourth fill of a maintenance prescription, you will pay 100% of the cost of your medication.

Ask your doctor to write your prescription for a 90-day supply (in generic form, where possible). Visit [www.express-scripts.com](http://www.express-scripts.com), download a mail-order form, complete and mail it to Express Scripts. You can order refills by phone or online.

## 100% COVERAGE FOR CONTRACEPTIVES

In-network counseling and contraceptives, including generic birth control pills, and brand-name birth control pills when generic equivalents are not available, are covered at 100% for women up to the age of 50.

## MANAGING PRESCRIPTION DRUG COSTS

**You may pay less for specialty prescriptions.** A small number of specialty drugs will not be filled for the full amount prescribed by your doctor if you are enrolled in the PPO or CCP. This is because the dosage on these drugs frequently changes for new patients until the right treatment level is reached. In these cases, since there is a chance you will need a new prescription before the month is over, Express Scripts will send you a smaller quantity and charge a prorated copay.

**Dispense as Written rule.** If you request to have your prescription filled with the brand name drug when a generic is available, the plan will only cover up to the cost of the generic. You will be responsible to pay the difference between the cost of the generic and the brand name.

## CRITICAL ILLNESS INSURANCE\*

A serious illness can strike at any time. Aside from the usual anxiety, you have to deal with the harsh financial impact. The fees for doctors, tests, hospital stays and other services add up quickly, draining your savings and driving up your credit card balances.

Critical Illness insurance helps provide financial protection in the event of a covered serious illness.

The policy pays the full benefit directly to you if you are diagnosed with a covered condition. You can use this benefit any way you choose – to pay deductibles and coinsurance, expenses your family incurs to be by your side, or simply to replace your lost earnings from being out of work.

### PLAN FEATURES

You choose the benefit amount when you enroll.

You can purchase between \$5,000 and \$30,000 of coverage without having to take a medical exam.

- You do not have to be terminally ill to receive benefits.
- Family coverage is available.
- A \$50 Wellness Benefit is included, which pays an annual benefit for one covered health screening test performed (blood tests, stress tests, colonoscopies, chest X-rays, etc.).
- Coverage is portable – you can take your policy with you if you change jobs or retire.

### COVERED ILLNESSES INCLUDE:

- Heart Attack
- Cancer
- Stroke
- End Stage Renal (Kidney) Failure
- Major Organ Transplant
- ALS (Amyotrophic Lateral Sclerosis)
- Alzheimer's Disease
- Advanced Parkinsons

*\*This plan is made available to J.Crew associates, but is not endorsed by J.Crew.*

**Major Illness costs** cause more than 60% of all bankruptcies, and 78% of those affected had health insurance.

Individual Premiums begin as low as **60 cents/week.**

Your premium will depend on age and tobacco status.



## ACCIDENT INSURANCE\*

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact.

Accident Insurance is designed to help cover the out-of-pocket medical expenses and extra bills you may incur as a result of an accident. The plan pays benefits directly to you — not a doctor or hospital — for injuries and accident-related expenses. You can use the money however you choose.

Benefit amounts are based on the type of injury and treatment needed.

### COVERED INJURIES AND ACCIDENT-RELATED EXPENSES INCLUDE:

- Fractures
- Dislocations
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation
- Lodging, and more!

### PLAN FEATURES:

- Benefits are paid for accidents that occur on or off the job, so you have 24-hour coverage.
- You can elect coverage for your spouse and children.
- There are no health questions or physical exams required to enroll.
- If you change jobs or retire, you can take your policy with you.



*\*This plan is made available to J.Crew associates, but is not endorsed by J.Crew.*



## HOSPITAL INDEMNITY INSURANCE\*

A stay in the hospital doesn't have to be a financial nightmare. Hospital Indemnity Insurance provides financial protection if you or covered family member is admitted into a hospital.

Hospital Indemnity Insurance pays you directly if you're admitted into a hospital. You receive a **\$1,000 benefit** once you're admitted into the hospital and then an additional **benefit of \$200** for each day you stay there up to one year.

Additional benefits are paid for intensive care and for rehab facilities. You also receive a \$100 Wellness benefit.

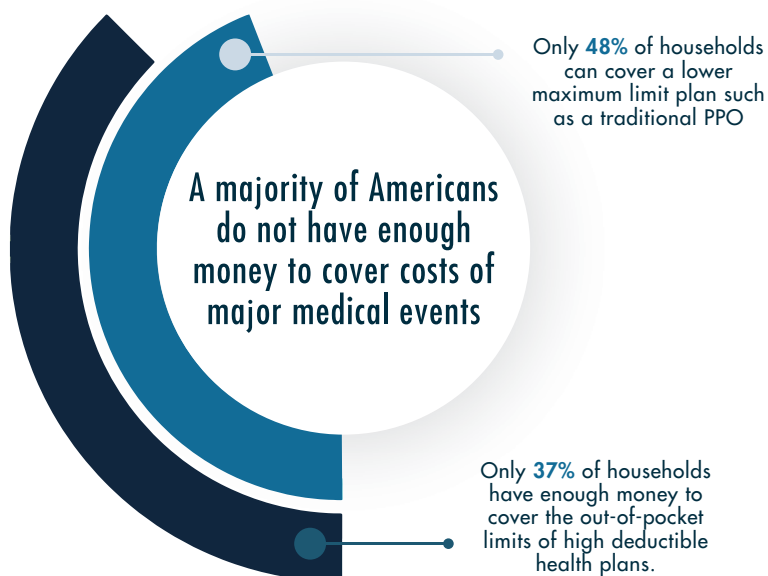
It's a great way to pay for medical plan deductibles and coinsurance until the out-of-pocket maximum kicks in. You may also have enough left over to pay for family-member lodging and food while they stay near the hospital.

Hospital Insurance is a smart way to protect yourself from expensive hospital costs. It's worth checking it out.

**Premiums begin at \$8.18 per week for individual coverage.**

**Your premium will depend on how many dependents are covered.**

**Please Note:** Benefit amounts will reduce by 25% at age 65 to 69 and by 50% at age 70.



*\* This plan is made available to J.Crew associates, but is not endorsed by J.Crew.*



## DENTAL BENEFITS

The Dental Plan gives you the option to use in-network or out-of-network providers—but you pay less when you see an in-network Anthem dentist.

**When you choose a network dentist**, the cost for services is based on a negotiated rate and the provider can't charge any more than this rate. Go to [www.anthem.com](http://www.anthem.com) to find a network dentist.

**If you see an out-of-network dentist**, the cost is based on the dentist's actual charge, and you're responsible for the difference between the dentist's charges and the amount the plan pays.

DENTAL PLAN COVERAGE		
Expense	In-Network Coverage	Out-of-Network Coverage
Annual Deductible for Major Restoration Services Only	\$50 Associate Only \$100 Associate + Spouse <sup>1</sup> \$100 Associate + Child(ren) <sup>1</sup> \$150 Associate + Family <sup>1</sup>	
Preventative Services and Diagnostic Care (oral exams, cleanings, X-rays) <sup>2</sup>	100%, no deductible	100% of R&C, no deductible
Basic Restoration Services (fillings, root canal therapy, simple extractions)	80%, no deductible	80% of R&C, no deductible
Major Restoration Services (crowns, bridges, dentures)	50%, deductible applies	50% of R&C, deductible applies
Orthodontia Services (dependent children to age 20 only)	50%, no deductible	50% of R&C, no deductible
Annual Maximum (does not apply to orthodontia)	\$2,000 per covered person <sup>3</sup>	
Orthodontia Lifetime Maximum	\$2,000 per covered person <sup>3</sup>	

1. No one family member will pay more than \$50 toward the annual family deductible.

2. Exams and cleanings are limited to twice per year. Frequency of X-rays varies based on type of X-ray.

3. Annual Maximum is \$2,200 per covered person if you received at least one cleaning in the last 12 months.

### PREVENTIVE DENTAL CARE TWICE A YEAR AT NO COST!

The Dental Plan covers preventive exams and cleanings twice each year at 100% with no deductible.

Take advantage of your preventive dental benefits to keep your smile bright and maintain your overall health. Plus, reduce your risk for gum disease—it's often linked to other medical conditions such as diabetes.

Not only are preventive visits free, but if you completed at least one cleaning in 2017, you will receive a \$200 increase in your annual benefit maximum for 2018. So, be sure to schedule your preventive dental care in 2018 to receive an additional benefit in 2019.



# VISION PLAN

Routine eye exams can help identify current or potential health problems before they become more serious conditions. In addition to examining for glaucoma and other eye diseases, your doctor can check for early signs of diabetes, high blood pressure, high cholesterol and other problems.

The Vision Plan covers eyeglass lenses and contacts every year. Plus, you can get new frames every two years. You may use in-network or out-of-network providers, but you pay less when you use an in-network VSP provider. Review the chart below to see how you can save money and maximize your vision benefits when you use VSP providers. Visit [www.vsp.com](http://www.vsp.com) to find a network provider.

VISION PLAN COVERAGE		
Eyewear or Service	In-Network Coverage	Out-of-Network Coverage/ Reimbursement
Exam copay (once every 12 months)	\$15 copay	Up to \$50
Lenses (once every 12 months)		
Single	100% after \$25 copay	Up to \$50
Bifocal (lined)	100% after \$25 copay	Up to \$75
Trifocal (lined)	100% after \$25 copay	Up to \$100
Contact Lenses	Up to \$130 reimbursement <sup>2</sup> (no copay)	Contact VSP
Eyeglass Frames (once every 24 months)	Up to \$150 reimbursement after \$25 copay <sup>3</sup>	Up to \$70

1. If frames and lenses are purchased together, one \$25 copay applies; if purchased separately, a \$25 copay applies to each.  
2. Allowance applies to the cost of lenses, plus an additional contact lens fitting and evaluation exam.  
3. Additional 20% off any out-of-pocket costs in excess of allowance.



## CHOOSING A VISION CARE PROVIDER

You can see a VSP provider or retail chain affiliate. Visit [vsp.com](http://vsp.com) to find participants.

# FLEXIBLE SPENDING ACCOUNTS

## REDUCE YOUR OUT-OF-POCKET COSTS AND LOWER YOUR TAXABLE INCOME

Contribute to Health Care and Dependent Care FSAs and have before-tax deductions taken automatically from each paycheck. You can then use the money in your FSA to pay eligible expenses with tax-free dollars. The J.Crew FSAs (and HSA) are administered by WageWorks.

## THERE ARE THREE TYPES OF FSAS—HERE'S HOW THEY WORK

Due to IRS regulations, if you enroll in the Consumer Choice Plan, you will not be able to enroll in a general Health Care FSA. However, you can enroll in a Limited Purpose Health Care FSA for dental and vision expenses.

If you enroll in a J.Crew Health Plan and the Health Care FSA or the Limited Purpose Health Care FSA and do not use your debit card to pay for eligible expenses, you will automatically be reimbursed for any eligible out-of-pocket medical, prescription drug, dental and vision expenses that you incur without submitting a claim to WageWorks.

If you enroll in the Health Care FSA without being enrolled in a J.Crew Health Plan (you have medical coverage elsewhere), you will need to submit claims to WageWorks for your out-of-pocket expenses.

### WHAT EXPENSES ARE ELIGIBLE?

If you participate in the following, eligible expenses include:

#### HEALTH CARE FSA:

- Medical, prescription drug, dental and vision deductibles, coinsurance and copays
- Orthodontia and laser eye surgery
- Smoking cessation aids (nicotine patches and gum)
- Certain over-the-counter drugs if you have a doctor's prescription

#### LIMITED PURPOSE HEALTH CARE FSA:

- Dental and vision deductibles, coinsurance and copays
- Dental and vision prescriptions
- Certain over-the-counter drugs for dental and vision care, if you have a doctor's prescription

#### DEPENDENT CARE FSA:

- Qualified child care centers, private child care providers, nursery schools, summer day camps and after-school care provided for your eligible children up to age 13
- Day care for an aging or disabled dependent who lives with you and requires your financial support

For more information about eligible expenses, call 1-800-TAX-FORM or visit [www.irs.gov](http://www.irs.gov) and see Publication 502 (Health Care) and Publication 503 (Dependent Care).

## FLEXIBLE SPENDING ACCOUNTS

	Health Care FSA (PPO)	Limited Purpose Health Care FSA (CCP)	Dependent Care FSA
Eligible expenses	Medical, prescription drug, dental and vision expenses	Dental and vision expenses	Care for children under age 13 or disabled dependents while you work
Maximum annual contribution*	\$2,650	\$2,650	\$5,000** (\$2,500 if you are married and file separate tax returns)
How you pay expenses***	Up front/Debit card	Up front/Debit card	Up front
Reimbursement	Eligible expenses are automatically deducted from your account when you pay with the debit card; if you pay up front, WageWorks automatically reimburses you	Eligible expenses are automatically deducted from your account when you pay with the debit card; if you pay up front, WageWorks automatically reimburses you	You submit claims and receipts to WageWorks for reimbursement
Use it or lose it deadline	March 15, 2019	March 15, 2019	December 31, 2018
Submit claims by	June 30, 2019	June 30, 2019	March 31, 2019

\* Benefit limits are subject to IRS regulations.

\*\* Your Dependent Care FSA annual contribution maximum may be reduced by plan or IRS limitations.

\*\*\* Enrollees in the Health Care FSA and Limited Purpose FSA have two options to pay for out-of-pocket expenses: use the WageWorks debit card or pay up front. If up front, WageWorks will automatically reimburse you. Keep your receipts—you may be requested to substantiate your claims and provide proof. For the Dependent Care FSA, you will need to pay up front and submit your claims to WageWorks.

## WANT TO SEE EXACTLY HOW THE FSA WORKS?

Let's assume you're married with one child, you earn \$30,000 a year, and you enroll in the PPO medical plan. In 2018, you know that you'll have at least \$2,000 in out-of-pocket health care and dependent care expenses, including medical and dental deductibles and your child's day care expenses.

You can pay for your expenses and save yourself \$453 in taxes by contributing \$2,000—that's less than \$40 per week—to the FSAs! Here's how:

	Expenses Paid Through the FSAs	Expenses Not Paid Through the FSAs
Annual Pay	\$30,000	\$30,000
Health Care and Dependent Care FSA Contribution	\$2,000	\$0
Taxable Income	\$28,000	\$30,000
Estimated Federal Income and Social Security Taxes*	\$4,599	\$5,052
After-Tax Health Care and Dependent Care Expenses	\$0	\$2,000
Take-Home Pay (after medical expenses)	\$23,401	\$22,948
Tax Savings	\$453	\$0

This example is for illustrative purposes only. Your actual tax savings will vary depending on the amount you contribute and the tax rates in effect during the calendar year.

## KNOW THE “WHAT, WHEN, AND WHERE” FOR 2018 FSA CLAIMS

FSA Type	Incur Eligible Expenses	Submit Claims by	Submit Claims to
Health Care	Jan. 1, 2018 – Mar. 15, 2019	June 30, 2019	WageWorks
Limited Purpose Health Care	Jan. 1, 2018 – Mar. 15, 2019	June 30, 2019	WageWorks
Dependent Care	Jan. 1, 2018 – Dec. 31, 2018	Mar. 31, 2019	WageWorks

**Please note,** if you have FSA funds left in your 2017 account as of January 1, 2018, WageWorks will use that account first for any claims from 1/1/2018 – 3/15/2018, before drawing funds from your 2018 FSA.

### IMPORTANT IRS REGULATIONS

Your contributions cannot be changed during the year unless you have a qualified change in status. Also, since domestic partners are not considered eligible dependents by the IRS, you cannot submit expenses for your domestic partner and his/her children for reimbursement.

*You must enroll in the FSAs each year to participate.*

## LIFE INSURANCE

You automatically receive Basic Life and Accidental Death & Dismemberment (AD&D) coverage at no cost to you. This coverage is administered by The Hartford. Eligibility begins the first of the month after 30 days of active employment.

### BASIC LIFE INSURANCE

You receive Basic Life Insurance equal to two times your base annual salary, up to \$500,000.

### BASIC ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

You receive a benefit equal to two times your base annual salary, up to \$500,000. If your accident results in a loss of hearing, speech or eyesight, or a hand, foot or limb, your benefit is a percentage of the Basic Life Insurance amount.

### SUPPLEMENTAL LIFE INSURANCE

You can add to the company-paid basic term life coverage by purchasing supplemental life insurance. You can choose a benefit amount of one to five times your annual base salary up to \$500,000 (coverage is guaranteed for up to \$300,000, which means a medical exam is not required on a benefit up to that amount).

AGE	MONTHLY PREMIUM PER \$1,000 BENEFIT AMOUNT
<25	\$0.05
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.23
55-59	\$0.43
60-64	\$0.66
65-69	\$1.27
70-74	\$2.06
75+	\$5.40

#### Example:

A 34 year-old earning \$45,000, choosing to purchase an additional two times their annual salary:

$$2 \times \$45,000 = \$90,000$$

$$\$90,000 / 1,000 = 90$$

$$\$0.08 \times 90 = \$7.20 \text{ monthly}$$

$$\$7.20 \times 12 = \$86.40 \text{ annually}$$

$$\$86.40 / 52 \text{ weeks} = \$1.66 \text{ per pay period (weekly)}$$

$$\$86.40 / 26 \text{ weeks} = \$3.32 \text{ per pay period (biweekly)}$$

The premium for an additional \$90,000 in life insurance coverage is **\$86.40 per year**.

## TAKE YOUR LIFE INSURANCE AND AD&D WITH YOU

If you leave J.Crew or if you have a status change and are no longer eligible for coverage, you have the option of continuing coverage for you and your dependents through an individual policy. You must apply within 31 days of the date coverage ends.

Contact Human Resources (see Important Contact Information) or The Hartford for more information.

## DEPENDENT LIFE INSURANCE FOR YOUR FAMILY

You may purchase life insurance on an after-tax basis for your spouse, and your child(ren) up to age 26. Life insurance for your family pays you—the beneficiary—upon their death.

You can purchase coverage on your spouse up to \$20,000.

The same age-banded rates apply to spouse coverage. (Rate is based on the associate's age.)

You can purchase coverage for your child(ren) in the amount of \$2,000 or \$4,000 per child.



# DISABILITY INSURANCE

You automatically receive Short-Term Disability (STD) and Basic Long-Term Disability (LTD) coverage. These plans are administered by Prudential. Eligibility begins the first of the month after 90 days of active employment.



## SHORT-TERM DISABILITY (STD)

The STD Plan replaces 70% of your weekly pay for up to 26 weeks if you are unable to work because of a non-work-related injury, illness or pregnancy. STD benefits begin on the first day you are unable to work due to an injury and on the eighth day if your disability is due to illness.

## LONG-TERM DISABILITY (LTD)

Basic LTD coverage replaces 60% of your base annual salary, up to \$1,000 per month. LTD benefits begin after you have been disabled for 180 days. For additional coverage, you can buy Supplemental LTD on an after-tax basis and receive 60% of your salary, up to a maximum monthly benefit of \$15,000.

For example, if your salary is \$50,000 per year and you enroll in Supplemental LTD, here’s how your per-pay-period cost is calculated:

Salaried Associate	Hourly Associate
$\$50,000 \div 100 = 500$	$\$50,000 \div 100 = 500$
$\$0.23 \times 500 = \$115$ annually	$\$0.31 \times 500 = \$155$ annually
$\$115 \div 26 = \$4.42$ per pay period	$\$155 \div 52 = \$2.98$ per pay period

## EVIDENCE OF INSURABILITY

You will need to complete an Evidence of Insurability (EOI) form if you are enrolling for Long-Term Disability coverage for the first time (except for newly eligible associates). Human Resources will provide you with an EOI form, if required. Your coverage will not begin until your application is approved by Prudential.



## OTHER BENEFITS

J.Crew provides a variety of other benefits for you and your family:

### LIFE RESOURCES PROGRAM ADMINISTERED BY COMPSYCH

Personal concerns, planning for life events or simply managing daily life can affect your work, health and family. That is why J.Crew offers Life Resources, to make your life easier and help you deal with the everyday challenges.

This program provides confidential help with a wide variety of personal and work concerns—such as stress, parenting, substance abuse, relationship, family and financial issues—through services that include:

- Phone conversations with a Life Resources counselor
- Six face-to-face sessions on a specific issue
- Healthy coaching (5 sessions)
- Estate guidance for will
- Referrals to resources, services and support in your community

Life Resources is available 24 hours a day, 7 days a week, 365 days a year. For more information, call **844-729-5168 (TDD 800-697-0353)** or visit [www.guidanceresources.com](http://www.guidanceresources.com) (WebID: JCrew).

### VOLUNTARY BENEFITS

Voluntary benefits offer you and your eligible dependents additional savings and protection. Because J.Crew makes these products available to you, you get the benefit of a group discount.

**MetLaw (administered by Hyatt Legal)** provides personal legal services for eligible associates, their spouses and dependent children. Examples of covered services include wills, the sale or purchase of a home and counsel regarding traffic tickets. For more information, call **800-821-6400**.

**Auto/Homeowners Insurance (administered by MetLife)** offers discounted coverage for your auto, home, condo, boat, recreational vehicle and other possessions. Rates are based on your personal history. For more information, call **800-438-6388**.

**Identity Theft Protection (administered by InfoArmor)** offers a comprehensive, proactive identity theft defense. It can help limit your chances of experiencing fraud and restore your identity if it does become compromised. It includes credit monitoring, an expert to help restore your identity, a \$25,000 identity theft insurance policy and more. For more information, call **800-789-2720**.

**Critical Illness Insurance (administered by MetLife)** helps provide financial protection in the event of a covered serious illness. For more information, see page 10 of this guide, or contact MetLife at **800-GET-MET8 (800-438-6388)**.

**Hospital Indemnity Insurance (administered by MetLife)** provides financial protection if you or covered family member is admitted into a hospital. For more information, see page 12 of this guide or contact MetLife at **800-GET-MET8 (800-438-6388)**.

**NEW Accident Insurance (administered by MetLife)** provides financial protection to help with costs you or a covered family member may incur as a result of an accident. For more information, see page 11 of this guide, or contact MetLife at **800-GET-MET8 (800-438-6388)**.



## TERMS TO KNOW

**BENEFICIARY** is a person or organization you designate to receive your life insurance and AD&D benefits if you die. You may change your beneficiary at any time.

**COINSURANCE** is the percentage of costs you pay after you meet your deductible.

**COPAY** is a flat dollar amount you pay for certain services, such as in-network doctors' office visits or prescriptions in the PPO medical plan.

**DEDUCTIBLE** is the amount you pay each year before J.Crew begins paying for some health care services. Once you meet your deductible, J.Crew covers the majority of the cost of most services.

**OUT-OF-POCKET MAXIMUM** is the most you will pay for covered services including your deductible, office visit copays and coinsurance, including prescription drugs. Once you pay this amount, J.Crew pays 100% for the rest of the year.

**PREMIUM** is the amount that is deducted from your paycheck to pay for your benefits.

**PRIMARY CARE PHYSICIAN (PCP)** is a doctor, such as an internal medicine doctor or pediatrician, who provides regular care such as routine physicals and treatment of minor illnesses or injuries.

**REASONABLE & CUSTOMARY (R&C)** is a charge set by the claims administrator that is used to calculate your benefits when you see out-of-network providers. Generally, it is an average amount doctors and other health care providers in your area charge for the service you received. If you see an out-of-network provider, the amount paid by J.Crew will be based on the R&C amount, and you must pay all amounts above the amount paid by J.Crew.

## NOTICES

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

In accordance with federal law, the J.Crew Health Plan provides the following services to any person receiving benefits in connection with a mastectomy: reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

If you receive benefits from the Health Plan for a mastectomy, and you then elect to have reconstructive surgery, the Health Plan must provide coverage in a manner determined in consultation with the attending physician and the patient. The plan's benefits for breast reconstruction and related services will be the same as other services covered by the plan.

### NEWBORNS AND MOTHERS HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefit for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery; or 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### SUMMARY OF BENEFITS AND COVERAGE (SBC)

SBCs provide health plan information in a standard format. You may find the SBCs helpful if you are comparing J.Crew's coverage with plans offered by your spouse's employer.

### IMPORTANT NOTE ABOUT PRIVACY

We understand your protected health information (PHI) is personal and must be protected. We are committed

to protecting your PHI and will use it to the minimum necessary to accomplish the intended purpose.

### INFORMATION ABOUT THE HEALTH INSURANCE MARKETPLACE

As part of Health Care Reform, you will need to enroll in a J.Crew Health Plan for 2018 or obtain coverage elsewhere. Coverage from another employer as well as coverage purchased through the Health Insurance Marketplace meets this requirement. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

### HIPAA SPECIAL ENROLLMENT

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your local HR (see page 22).

### FOR MORE INFORMATION

For details regarding any of the plans or programs included in this overview, refer to the official plan documents, which govern in the case of disputes or conflicts. Not all J.Crew associates are eligible for all the plans discussed in this overview. This overview does not create a contract between J.Crew and any associate. J.Crew, at its discretion, reserves the right to change, interpret, modify or terminate any plan or the statements in this overview at any time. Changes are effective on the date J.Crew specifies.

The Marketplace Notice, Prescription Drug Notice, HIPAA Privacy Policy and COBRA Notice are available on [www.myjcrewbenefits.com](http://www.myjcrewbenefits.com).

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820



<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS - Medicaid</b>	<b>WEST VIRGINIA - Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH - Medicaid and CHIP</b>	<b>WISCONSIN - Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT- Medicaid</b>	<b>WYOMING - Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA - Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## IMPORTANT CONTACT INFORMATION

FOR INFORMATION ABOUT...	CONTACT BY PHONE OR ONLINE AT...		
Medical Benefits			
770/30-30 and Field Associates Health Plan Personal Nurse Advocate Service Behavioral Health Support Service	Aetna (plan #479184)	888-277-1057 888-277-1057 800-424-4047	www.aetna.com
Distribution/Call Center Associates Health Plan 24/7 Nurse Line Future Mom’s Service Line Personal Nurse Advocate Service Behavioral Health Support Service	Anthem (plan #WJE270019)	800-875-9214 866-623-3807 866-623-3807 866-623-3807 888-392-5730	www.anthem.com/jcrew
Health Savings Account	WageWorks	877-WAGeworks (877-924-3967)	www.wageworks.com
Other J.Crew Benefit Plans			
Prescription Drugs	Express Scripts (plan #JCREWRX)	800-711-0917	www.express-scripts.com
Dental	Anthem Blue Cross Blue Shield (plan #270019)	1-844-852-1559	www.anthem.com/jcrew
Vision	Vision Service Plan (VSP) (plan #12157669)	800-877-7195	www.vsp.com
Critical Illness Insurance*	MetLife	800-GET-MET8 (800-438-6388)	
Accident Insurance*	MetLife	800-GET-MET8 (800-438-6388)	
Hospital Indemnity Insurance*	MetLife	800-GET-MET8 (800-438-6388)	
Life Resources Program	ComPsych	844-729-5168 (TDD 800-697-0353)	www.guidanceresources.com (WebID: JCrew)
Flexible Spending Accounts	WageWorks	877-WAGeworks (877-924-3967)	www.wageworks.com
Life Insurance	The Hartford (policy # 681001)	877-778-1383	
Disability Insurance	Prudential (plan #50251)	877-367-7781	
Overall Benefits Program and Enrollment - Contact Your Local Human Resources at:			
Benefits Enrollment Call Center & Online Benefits Enrollment System (Available November 7 - 21, 2017)		855-874-0297 (M - F, 9am - 7pm ET)	https://unenroll.net/jcrew0e17
770/30-30 and Field Associates	J.Crew Benefits Hotline	212-209-8622 800-435-4609	benefits@jcrew.com
Distribution/Call Center Associates	Asheville Lynchburg San Antonio	828-687-6441 434-316-5864 210-730-9109	dcbenefits@jcrew.com

\* These plans are made available to J.Crew associates, but are not endorsed by J.Crew.

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