

EMPLOYEE BENEFITS SUMMARY 2017



Jack Henry & Associates, Inc.® recognizes and appreciates our most valuable assets – our Associates. One way our organization clearly demonstrates its commitment to our Associates is through our outstanding benefit programs.

Benefits at a Glance

- Medical PPO & HDHP Plans
- Dental PPO Plan
- Vision Plan
- Flexible Spending Accounts
- Health Savings Account
- Life and Accidental Death and Dismemberment
- Short-Term Disability
- Long-Term Disability
- Accidental Injury
- Critical Illness Plan
- Business Travel Accident
- Group Legal Plan
- 401(k)
- Employee Stock Purchase Plan
- Paid Time Off and Holidays
- Educational Assistance

Many of the benefits listed here are available at no cost to you.

The Right Track to Wellness

JHA offers many initiatives to get you on The Right Track. These initiatives are held throughout the year and are aimed at encouraging each of us to become more aware of our life choices and equip us to make the best decisions for our health.

To protect and maintain a healthy work environment for our Associates, clients, vendors, and guests, all Jack Henry & Associates buildings and campuses, are entirely **tobacco-free**.

Medical Plans



In-Network Benefit Comparison	Blue Cross Blue Shield of Texas		Kaiser (HMO)	
	Consumer PPO	Value PPO	California Residents Only	
Calendar Year Deductible				
Individual	\$1,500	\$750	N/A	
Family	\$3,000	\$1,875		
Calendar Year Out-of-Pocket Maximum*				
Individual	\$3,000	\$3,000	\$1,500	
Family	\$6,000	\$6,000	\$3,000	
Office Visit				
Primary** and Urgent Care	80% after deductible	\$25 co-pay	\$25 co-pay	
Specialist		\$40 co-pay	\$35 co-pay	
Co-insurance (applies after deductible is met)				
Hospital Services	80%	80%	\$100 co-pay per admission	
Emergency Room Services	80%	80%	\$50 co-pay per visit (waived if admitted)	
Preventive Care				
Routine Well-Care Visit and Services	100%	100%	100%	
Immunizations and Vaccinations	100%	100%	100%	
Prescription Drug Plan (30-day supply)				
Generic (Tier I)	after calendar-year deductible is met***	\$10 co-pay	\$10 co-pay	
Preferred Brand (Tier II)		25%, up to \$60 max	25%, up to \$60 max	\$35 co-pay (100-day supply)
Non-Preferred Brand (Tier III)		40%, up to \$100 max	40%, up to \$100 max	N/A
Specialty		50% up to \$200 max	50% up to \$200 max	20% up to \$150

*Out-of-pocket maximum includes the deductible, medical co-pays, co-insurance, and prescription expenses.

**Primary care physicians (PCP) practice in the following areas of medicine – general practice, family practice, internal medicine, OB/GYN, pediatrics, and retail health clinics.

***Co-pays apply immediately for preventive drugs, instead of full-cost prior to meeting deductible.

Dental Plan



	In-Network	Out-of-Network
Calendar-Year Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Calendar-Year Maximum Benefit	\$2,500 per person	\$2,500 per person
Diagnostic and Preventive Care Benefits	100%	100%
Restorative, Endodontic, Periodontal, Oral Surgery, and Prosthodontic Services	80%	80%
Crowns, Inlays/Onlays Services, Implants/Implant Repairs	50%	50%
Orthodontic Services		
Orthodontic Diagnostic Procedures and Treatment (Adults and Children)	50% after deductible	50% after deductible
Lifetime Maximum Benefit	\$1,500 per participant	\$1,500 per participant

*All services are subject to MetLife reasonable and customary amounts. These amounts are established standards for dental fees in your area and may not equal the fees charged by your provider. Any amounts over reasonable and customary are your responsibility when using an out-of-network provider.

Vision Plan



	VSP Provider	Non-VSP Provider
WellVision Exam® focuses on your eye health and overall wellness	\$10 co-pay every calendar year	Up to \$45
AND		
Prescription Glasses		
Lenses: Single vision, lined bifocal, and lined trifocal. Scratch resistant coating, tints, dyes, and photochromic. Polycarbonate lenses for children	Every calendar year	Up to \$30 (single), \$50 (lined bifocal), and \$65 (lined trifocal)
Frame: \$150 allowance for frame of your choice. 20% off the amount over your allowance.	Every other calendar year	Up to \$70
OR		
Contact Lenses		
\$150 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses, you will be eligible for a frame one calendar year from the date the contact lenses were obtained.	No co-pay Every calendar year	Up to \$105

Consumer HDHP & Health Savings Account (HSA)



Count on more.®

The Consumer plan is JHA's High Deductible Health Plan (HDHP) and is designed to be coupled with a Health Savings Account (HSA). JHA partners with UMB Bank to provide HSAs to Consumer plan participants.

By electing an HSA, you will be eligible to receive quarterly JHA contributions to your HSA. You can use this money to help pay for your deductible and other qualified medical expenses.

HSAs are subject to IRS maximums.

Coverage Level	JHA Quarterly Contribution
Employee Only	\$187.50
Employee + Spouse/DP or Child(ren)	\$375.00
Employee + Spouse/DP + Child(ren)	\$425.00

Flexible Spending Accounts (FSAs)



JHA offers both Healthcare and Dependent/ Elder Day Care Flexible Spending Accounts (FSAs). JHA partners with PayFlex to provide FSAs to employees. Employees are allowed to carry over unused amounts (up to \$500) into the next plan year. If you select the Consumer plan, you are not eligible for a traditional Healthcare FSA, but you can participate in a Limited Purpose FSA (LFSA). An LFSA can be used for dental and vision expenses only. FSAs are subject to IRS maximums.

Medical Contribution Credits

You may qualify for any or all contribution credits toward your medical premium as shown below.

HRA PLUS Credit – As a new employee, you automatically qualify for a \$40 per month credit for 2017 benefits, but for 2018, you'll have the opportunity to complete certain wellness activities (such as a Health Risk Assessment) to qualify for this \$40 per month credit. Spouses/domestic partners may also qualify for a \$40 per month credit.

Tobacco-Free Credit – If you are a non-tobacco user, or you complete one of our approved tobacco cessation programs, you can qualify for a \$100 per month credit. Spouses/domestic partners may also qualify for a \$100 per month credit.

Spousal/Domestic Partner Credit – If you cover a spouse and your spouse is not eligible for other group coverage through his/her employer, you may qualify for a \$100 per month credit toward the premium for your spouse

Medical Plan Contributions

Covered Person(s)	Consumer	Value	Kaiser (CA)
Employee	\$166	\$202	\$185
Spouse/Domestic Partner	\$272	\$326	
Each Child	\$17	\$43	
Employee + Spouse/Domestic Partner	Full rate is the sum of per-person rates above.		\$491
Employee + Child(ren)			\$240
Family			\$546

Medical Plan Credits

Covered Person(s)	HRA PLUS (Wellness Incentive)	Tobacco-Free	Spouse/DP (Offsets Surcharge)
Employee	\$40	\$100	—
Spouse/Domestic Partner	\$40	\$100	\$100

Dental Contribution

Employee	\$10.00
Spouse/Domestic Partner*	\$17.00
Each Child	\$17.00

Vision Contribution

Employee	\$7.70
Employee + Spouse/Domestic Partner*	\$15.40
Employee + Children	\$16.46
Family	\$26.32

*Employee contributions for domestic partner coverage are deducted on an after-tax basis.



Additional Benefits

Life and Accidental Death & Dismemberment (AD&D) Insurance

- JHA provides at no premium cost to you:
 - Employee Life and AD&D coverage – two times your base salary (maximum of \$200,000).
 - Spouse/Domestic Partner – \$5,000.
 - Child – \$2,500.
- You may also purchase additional life and AD&D insurance for yourself and your dependents.

Disability

JHA provides at no premium cost to you:

- Short-term disability insurance of 50% of your base salary (increasing to 75% after one year) for up to 90 days per disability.
- Long-term disability insurance of 60% of your base salary.

Accidental Injury Plan

- Supplements major medical by paying you in the event of a covered injury, such as a dislocated knee or broken arm.
- Benefit varies based on type of injury and treatment.
- Guaranteed acceptance (no health questions).
- Coverage is portable.

Critical Illness Plan

- Supplements major medical by paying you in the event of a critical illness such as cancer, heart attack, or stroke.
- Choose a benefit level of \$10,000 or \$20,000.
- Wellness benefit pays you \$75 per year when you get your annual checkup.
- Guaranteed acceptance (no health questions) when you enroll as a new employee.
- Coverage is portable.

Group Legal Plan

- \$16.50 per month covers all dependents.
- Legal Consultations and Services, including:
 - Civil litigation defense and small claims assistance.
 - Personal bankruptcy, negotiations with creditors, and tax audit representation.
 - Foreclosure, sale or purchase of home, and property tax assessments.
 - Wills, trusts, and powers of attorney.

Business Travel Accident

JHA provides at no premium cost to you:

- Accident benefits while traveling for JHA – five times your base salary (maximum of \$1,500,000).

- Travel Assistance – Services include emergency medical, security evacuation, emergency travels, and travel information.

401(k) Retirement Savings Plan

- Full-time and part-time employees are eligible to make their own contributions after 30 days.
- JHA will begin matching your contributions after six months.
- JHA will match dollar for dollar up to the first 5% of your gross earnings (maximum of \$5,000 per year).
- Yours and JHA's matching contributions are immediately 100% vested.
- Traditional pre-tax and Roth contributions.
- Automatic enrollment after 45 days of eligibility.

Employee Stock Purchase Plan

- Full-time and part-time employees are eligible after 30 days.
- You may contribute up to 20% of your gross earnings (maximum of \$21,250 per year).
- Shares are purchased monthly at a 15% discount of the fair market value.
- No vesting requirements.

Paid Time Off (PTO)

- Accrual begins with your first paycheck, and PTO may be taken after 30 days of employment.
- Full-time employees accrue up to 19 calendar days of PTO each year for their first five years. (In compliance with state and local regulations, residents of certain areas have alternate PTO accrual arrangements that achieve the same total PTO as residents of other regions.)
- Part-time employees accrue up to 9.5 calendar days of PTO each year.
- Your PTO accrual rate increases after five and 10 years of service.

Educational Assistance

Full-time and part-time employees are eligible after six months:

- \$5,250 annually for undergraduate programs.
- \$5,250 annually for graduate programs.
- \$2,625 annually for part-time employees, regardless of program level.

Adoption Assistance

Full-time employees are eligible after 30 days for up to \$2,500 in reimbursement for expenses related to adoption.

This document is not a contract of employment. The information included here is intended as a brief summary of benefits, and does not replace the legal plan documents or underlying insurance contracts. In case of a discrepancy between this summary and the legal plan document or contract, the legal plan document or contract will govern in all cases.