

EMPLOYEE BENEFITS SUMMARY | 2022



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

- Medical PPO, HDHP and HMO (California only) Plans
- Preferred Dentist Program (PDP)
- 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
- Paid Parental Leave
- Educational Assistance
- Adoption Assistance
- Employee Assistance Program
- Caregiver Support



A strong company cannot exist without healthy employees, and the everyday choices we make can help us live healthier, happier, and more fulfilling lives – both at work and at home. The mission of Live.Thrive.365 is to promote a healthier lifestyle for our Associates and their families. We believe every Associate should have guided opportunities that lead to improved physical and mental well-being, financial security, and a better quality of life overall. We offer many initiatives throughout the year to help guide you to a healthier lifestyle.

Medical Plans

In-Network Benefit Comparison (you pay)	UMR, UnitedHealthcare		Kaiser (CA Residents Only)
	CONSUMER	VALUE	HMO
Calendar Year Deductible			
Associate Only	\$1,500	\$750	N/A
Family Coverage	\$3,000*	\$1,875	N/A
Calendar Year Out-of-Pocket Maximum ¹			
Associate Only	\$3,000	\$3,000	\$1,500
Family Coverage	\$6,000	\$6,000	\$3,000
Office Visits and Virtual Visits			
Primary ² and Urgent Care	20% after deductible	\$25 co-pay	\$25 co-pay
Specialist	20% after deductible	\$40 co-pay	\$35 co-pay
Teladoc/Telephonic Visits	\$49 per visit	\$49 per visit	\$25 co-pay
Co-insurance <i>(applies after deductible is met)</i>			
Hospital Services ³	20% after deductible	20% after deductible	\$250 co-pay per admission
Emergency Room Services	20% after deductible	20% after deductible	\$100 co-pay per visit (waived if admitted)
Preventive Care			
Routine Well-Care Visit and Services	Free	Free	Free
Immunization and Vaccinations	Free	Free	Free
Mental Health and Substance Abuse			
Office Visits	20% after deductible	\$25 co-pay	\$25 co-pay
Inpatient Facility ³	20% after deductible	20% after deductible	\$250 co-pay per admission
Prescription Drugs			
30-day supply			
Generic	\$10 co-pay	\$10 co-pay	\$15 co-pay
Preferred Brand	25% co-pay up to \$60 max	25% co-pay up to \$60 max	\$35 co-pay
Non-Preferred Brand	40% co-pay up to \$100 max	40% co-pay up to \$100 max	\$35 co-pay
Specialty ⁴	50% co-pay up to \$200 max	50% co-pay up to \$200 max	30% coinsurance up to \$150 max
90-day supply			
Generic	\$20 co-pay	\$20 co-pay	\$30 co-pay (100-day supply)
Preferred Brand	25% co-pay up to \$120 max	25% co-pay up to \$120 max	\$70 co-pay (100-day supply)
Non-Preferred Brand	50% co-pay up to \$200 max	50% co-pay up to \$200 max	\$70 co-pay (100-day supply)
Specialty ⁴	Not covered	Not covered	Not covered

* Aggregate deductible – the total family deductible must be paid out-of-pocket before health insurance starts paying for any member. There is no individual deductible.

1.) Out-of-pocket maximum includes the deductible, co-insurance, and prescription expenses. 2.) Primary Care Physicians (PCPs) practice in the following areas of medicine - general practice, family practice, internal medicine, OB/GYN, pediatrics, and retail health clinics. 3.) Services must be preauthorized. 4.) Vivio Specialty Pharmacy.

Dental Plan



Annual Contributions	In-Network	Non-Network*
Calendar Year Deductible	\$50 per individual \$150 per family	\$50 per individual \$150 per family
Calendar Year Maximum Benefit	\$2,500 per individual	\$2,500 per individual
Diagnostic and Preventive Care Benefits	100%	100%
Restorative, Endodontic, Periodontal, Oral Surgery, and Prosthodontic Services	80% <i>(after calendar year deductible)</i>	80% <i>(after calendar year deductible)</i>
Crowns, Inlays/Onlays Services, Implants/Implant Repairs	50% <i>(after calendar year deductible)</i>	50% <i>(after calendar year deductible)</i>
Orthodontic Services		
Ortho Diagnostic Procedures and Treatment (Adults and Children)	50% after deductible	50% after deductible
Lifetime Maximum Benefit	\$2,000 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.

Vision Plan



	In-Network	Non-Network
Vision Exam	\$10 co-pay per calendar year	Up to \$45 allowance
Prescription Glasses - Lenses	\$25 co-pay per calendar year	Up to \$65 allowance*
Prescription Glasses - Frames	\$150 allowance every calendar year	Up to \$70 allowance
Contact Lenses	\$60 exam co-pay; \$150 allowance every calendar year	Up to \$105 allowance

*Depends upon type of lenses.

Consumer Plan & Health Savings Account (HSA)



The Consumer plan is Jack Henry's High Deductible Health Plan (HDHP) and is designed to be coupled with an HSA. HSAs allow you to set aside money each paycheck – pre-tax – toward health expenses. Jack Henry partners with OptumBank to provide HSAs to Consumer plan participants, and makes quarterly contributions to participant accounts, tax-free.

Jack Henry contributes up to \$750 per year into your HSA (up to \$1,700 when you cover dependents).

Flexible Spending Accounts (FSAs)



FSAs provide another tax-advantaged way to use paycheck deductions toward health expenses. Jack Henry offers both Regular and Limited Purpose FSAs and permits participants to carry over up to \$550 into the next plan year. Jack Henry partners with UMR to offer these accounts as well as Dependent/Elder Day Care FSAs for day care expenses.

Employee Monthly Pre-Tax Contributions

Monthly Medical Plan Contributions

Covered Person(s)	Consumer PPO	Value PPO	Kaiser HMO (CA only)
Employee only	\$173	\$225	\$201
Employee + 1 child	\$196	\$281	N/A
Employee + 2 or more children	\$219	\$337	
Employee + spouse/DP*	\$455	\$578	\$529
Employee + spouse/DP* + 1 child	\$478	\$634	N/A
Employee + spouse/DP* + 2 children	\$501	\$690	N/A
Employee + Children	N/A	N/A	\$273
Employee + Family	N/A	N/A	\$601

2022 Monthly Pre-Tax Employee Contributions for Dental

Employee only	\$11
Employee + 1 child	\$28
Employee + 2 or more children	\$45
Employee + Spouse/Domestic Partner	\$29
Employee + Spouse/DP* + 1 child	\$46
Employee + Spouse/DP* + 2 or more children	\$63

2022 Monthly Pre-Tax Employee Contributions for Vision

Employee	\$7.98
Employee + Spouse/Domestic Partner	\$15.96
Employee + Children	\$17.06
Family	\$27.28

Medical Contribution Credits

You may qualify for some or all contribution credits toward your medical premium. Review the details below.

Wellness Credit – Associates and spouses/domestic partners will both be required to completed a biometric screening and a physical by October 31, 2022. This will qualify each of you for a \$100 per month credit.

Tobacco-Free Credit – If you are not a tobacco user, you can qualify for a \$40 per month credit. If you want to kick the habit, we offer cessation programs to employees and spouses/domestic partners. Your tobacco-free spouse/domestic partner can qualify for an additional \$40 per month credit.

Spousal/Domestic Partner Credit – If your spouse/domestic partner does not have access to other employer-provided group coverage, you may qualify for a \$100 per month credit to offset a portion of the premium.

Medical Plan Credits

Covered Person(s)	Live.Thrive.365 Wellness Credit	Tobacco-Free	Spouse/DP (Offsets Surcharge)
Employee	\$100	\$40	—
Spouse/DP	\$100	\$40	\$100

Medical Contribution and Credit Calculation Example

Rates for medical and dental coverage are shown per person, so in order to know your total premium, you'll have to do some simple math. Review the contribution and credit tables then use the worksheet below to calculate your monthly cost for coverage.

Calculate Your Cost:

Monthly Medical Contribution for Coverage (see chart on left)	\$ _____
Monthly Contribution for Dental Coverage (see chart on left)	\$ _____
Monthly Contribution for Vision Coverage (see chart on left)	\$ _____
Total Premium	\$ _____

Subtract Credits:

Credit Toward Employee Coverage	— \$ _____
Credit Toward Cost for Spouse or Domestic Partner	— \$ _____
Total Credits	— \$ _____

Total Premium - Total Credits:

Net Monthly Cost for Medical	\$ _____
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Jack Henry-Provided Benefits

Paid Parental Leave – Jack Henry provides up to two weeks of paid leave for you to bond with your child when you become a parent through childbirth, surrogacy, or adoption. To qualify, you must have 30 calendar days of employment.

Paid Short-Term Disability Leave – For Childbirth

If you are on an approved Short-Term Disability leave for giving birth, this leave will be paid at 100% for six weeks in addition to the two weeks of Paid Parental leave paid at 100%. To qualify, you must have 30 calendar days of employment.

Paid Short-Term Disability Leave – For Illness or Injury

Through this coverage, Jack Henry provides you with income continuation in the event you are unable to work due to your own personal illness or injury. Short-Term Disability benefits are paid at 50% of your base salary in your first year, increasing to 75% after one year of employment. This can also be supplemented with your paid time off (PTO).

Paid Long-Term Disability Leave – If your disability extends past 90 days, Long-Term Disability benefits are paid at 60% of your base salary.

Paid Time Off (PTO) – Whether full-time or part-time, you will accrue PTO beginning with your first paycheck. You may take PTO after 30 days of employment. You will accrue up to 19 days of PTO (full-time) or 9.5 days of PTO (part-time) annually. In compliance with state and local regulations, residents of certain areas have alternate arrangements to achieve the same level of PTO accrual as other regions.

Adoption Assistance – If you are a full-time Associate, you are eligible for up to \$2,500 in reimbursement for qualified expenses related to the adoption of a child.

Employee Assistance Program (EAP) – Jack Henry provides every Associate and their family members a free, confidential counseling and referral service that can help you deal with life's challenges. If referred for face-to-face sessions, you will receive six free visits.

Business Travel Accident – This policy protects you in the event of an accident or injury that occurs specifically while traveling on behalf of the company. Jack Henry pays for the full cost of this coverage.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance – Jack Henry provides you with basic term life and AD&D insurance. You are automatically covered for two times your annual base salary, up to a maximum of \$200,000. Basic Life insurance coverage is also provided for your eligible spouse (\$5,000) and children (\$2,500).

Voluntary Benefits

Supplemental Life and AD&D Insurance – Jack Henry offers additional life and AD&D insurance you may purchase. The benefit is in multiples of your salary up to five times or \$500,000. Evidence of insurability is required for supplemental life insurance over three times your salary or \$300,000. You may also purchase additional insurance for your dependents.

Accidental Injury Plan – This coverage provides a lump-sum payment if you have a covered injury that is a result of an accident. You can purchase coverage for you and your dependents.

Critical Illness Plan – This coverage provides a lump-sum payment if you are diagnosed with a covered illness or condition, such as heart attack, stroke, major organ failure, or cancer. You can choose a benefit of either \$10,000 or \$20,000. Coverage is also available for your dependents.

Group Legal Plan – This coverage provides you and your dependents with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, creditor issues, and more. One monthly premium covers your whole family.

Financial Benefits

401(k) Retirement Savings Plan – Whether full-time or part-time, you may contribute to the Jack Henry & Associates, Inc. 401(k) Retirement Savings Plan after 30 days of employment, and are auto-enrolled after 45 days of eligibility. You may make pre-tax or Roth contributions, and Jack Henry matches dollar for dollar up to 5%. This match begins after six months of employment, and both matching and employee contributions are immediately 100% vested.

Employee Stock Purchase Plan – All full-time or part-time associates are eligible after 30 days of employment to purchase JKHY stock through payroll deduction. Shares are purchased monthly at a 15% discount of the fair market value.

Educational Assistance – After six months of employment, all full-time or part-time associates are eligible for reimbursement or reimbursement of qualified expenses related to pursuit of a degree. Jack Henry reimburses up to \$5,250 for full-time Associates and up to \$2,625 for part-time Associates.

Unless otherwise stated, benefits listed here apply to full-time employees only and will be effective on the 31st day of employment. 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.