

2023

employee benefits summary

With a people-first approach, Jack Henry takes care of associates and their families by providing a total rewards package which includes much more than compensation. We've designed our total rewards package to support our associates' physical, mental, and financial health – wherever they are in their journey.

> Benefits at a Glance

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



- Medical PPO, HDHP and HMO (California and Hawaii 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
- Hospital Care Plan
- Business Travel Accident
- Group Legal Plan
- 401(k)
- Employee Stock Purchase Plan
- Paid Time Off and Holidays
- Paid Parental Leave
- Paid Military 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. Wellness is an active process through which people become aware of, and make choices toward, a more successful lifestyle. We value our associates and much of our company's strength and success depends on their well being.

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Medical Plan Comparison

Jack Henry offers you the option to choose from the Consumer HDHP (high deductible PPO) or Value (traditional PPO) plans, as well as an HMO plan (available in CA and HI only). The table below shows in-network benefits. Different deductibles, maximums, copays and coinsurance applies to out-of-network services.

In-Network Benefit Comparison (You pay)	UMR, UnitedHealthcare		Kaiser (California Residents Only)
	Consumer HDHP - PPO	Value PPO	HMO
Calendar Year Deductible			
Associate Only	\$1,500 ¹	\$750	N/A
Family Coverage	\$3,000 ²	\$1,875	
Calendar Year Out-of-Pocket Maximum³			
Associate Only	\$3,000 ¹	\$3,000	\$1,500
Family Coverage	\$6,000 ²	\$6,000	\$3,000
Office Visit			
Primary ⁴ and Urgent Care	20% after deductible	\$25 co-pay	\$25 co-pay
Specialist		\$40 co-pay	\$35 co-pay
Teladoc	\$49 per visit ⁵	\$45 per visit	\$25 co-pay
Co-insurance			
Hospital Services ⁶	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
Immunizations and Vaccinations	Free	Free	Free
Mental Health and Substance Abuse			
Office Visits	20% after deductible	\$25 co-pay	\$25 co-pay
Inpatient Facility	20% after deductible	20% after deductible	\$250 co-pay per admission
Prescription Drugs: 30-Day Supply			
Generic (Tier 1)	(after calendar-year deductible is met) ⁷	\$10 co-pay ⁷	\$15 co-pay
Preferred Brand (Tier 2)		25% co-pay up to \$60 max	\$35 co-pay
Non-Preferred Brand (Tier 3)		40% co-pay up to \$100 max	\$35 co-pay
Specialty/VIVIO (Tier 4) ⁸		50% co-pay up to \$200 max	30% co-pay up to \$150 max
Prescription Drugs: 90-Day Supply			
Generic (Tier 1)	(after calendar-year deductible is met) ⁷	\$20 co-pay	\$30 co-pay (100-day supply)
Preferred Brand (Tier 2)	(after calendar-year deductible is met) ⁷	25% co-pay up to \$120 max	\$70 co-pay (100-day supply)
Non-Preferred Brand (Tier 3)	(after calendar-year deductible is met) ⁷	40% co-pay up to \$200 max	\$70 co-pay (100-day supply)

(1) When enrolled in Associate Only coverage. (2) When any additional person is covered, the total family amount must be paid out-of-pocket before the plan starts paying. (3) Out-of-pocket maximum includes the deductible, medical co-pays, co-insurance, and prescription expenses. (4) Primary Care Physicians (PCP) practice in the following areas of medicine – general practice, family practice, internal medicine, OB/GYN, pediatrics, and retail health clinics. (5) Additional costs for behavioral health visits. (6) Services must be preauthorized. (7) Meeting the deductible is not required for certain preventive drugs. Co-pays apply immediately. (8) Not all prescription specialty drugs are covered. To determine if a specific specialty drug is covered contact VIVIO at 800-470-4034. See the Benefits SharePoint site on [JHDaily](#) for important details on how manufacturer assistance programs work with the specialty pharmacy.



Dental Plan

Type of Service	Frequency Limitation	In-Network	Out-of-Network ¹
General Provisions			
Calendar Year Deductible	N/A	\$50 Individual / \$150 Family	\$50 Individual / \$150 Family
Calendar Year Maximum		\$2,500 per person	\$2,500 per person
Diagnostic and Preventive Care Benefits (Deductible does not apply)			
Oral Examinations, Cleanings	2 per year	100%	100% ²
Fluoride Treatment	1 per year		
Full Mouth and Bite-Wing X-rays	1 every 3 years		
Periodontal Maintenance	4 per year		
Miscellaneous Services			
Sealants	Up to age 14, permanent molars, 1 per tooth every 3 years	100%	100% ²
Space Maintainers, Lab Tests, Palliative Care	Unlimited		
Restorative Services			
Fillings	1 per year per tooth surface	80% after calendar year deductible	80% after calendar year deductible
Pin Retention	1 per tooth every 5 years		
Prefabricated Crown	Replacement every 5 years		
General Services			
General Anesthesia/Intravenous Sedation ³	N/A	80% after calendar year deductible	80% after calendar year deductible
Endodontic & Periodontal Services			
Periodontal Scaling and Root Planing	1 per quadrant/area every 2 years	80% after calendar year deductible	80% after calendar year deductible
Periodontal Surgery	1 per quadrant/area every 3 years		
Endodontics/Root Canal	Unlimited		
Oral Surgery Services			
Simple Extractions, Surgical Tooth Extractions	Unlimited	80% after calendar year deductible	80% after calendar year deductible
Prosthodontic Services			
Repair of Bridges, Dentures, and Crowns	Varies (Consult SPD for detail)	80% after calendar year deductible	80% after calendar year deductible
Implants	1 every 5 years	50% after calendar year deductible	50% after calendar year deductible
Cone Beam Imaging	1 every 5 years		
Implant Repairs	1 every 12 months		
Inlays/Onlays Services			
Bridges, Dentures, and Crowns	1 every 5 years	50% after calendar year deductible	50% after calendar year deductible
Immediate/Complete Denture Replacement	Covered if done in 12 months		
Orthodontic Benefits			
Orthodontic Diagnostic Procedures and Treatment Adults/Children	N/A	50% after deductible	50% after deductible
Lifetime Maximum	N/A	\$2,000 per person	\$2,000 per person

(1) 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. (2) Using an in-network provider means MetLife can control the cost; out-of-network providers may bill you for any balance that exceeds what MetLife pays. (3) Only when administered in conjunction with oral or dental surgery, extractions, or other covered services, or when the claim administrator determines such anesthesia is necessary in accordance with generally accepted dental standards.



MetLife Vision Plan

Group Policy #149230-1-G



With MetLife, there is access to 95,000 network vision providers, so you can choose from a large network of ophthalmologists, optometrists, and opticians, from private practices to retailers like Costco, Sam’s Club, Wal-Mart, Visionworks, and more.

	In-Network	Out-of-Network
Eye Exam (Eye health, dilation, prescription, and refraction for glasses)	\$10 co-pay once per calendar year	Up to \$45
Retinal Imaging (Routine retinal screening when performed by a private practice)	\$39 co-pay once per calendar year	N/A
AND		
Prescription Glasses		
Lenses: <ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal, and standard progressive • Ultraviolet coating, scratch resistant coating, tints, and photochromic • Polycarbonate lenses for children 	\$25 co-pay once per calendar year	<ul style="list-style-type: none"> • Single Up to \$30 • Lined Bifocal Up to \$50 • Lined Trifocal Up to \$65
Frame: <ul style="list-style-type: none"> • \$150 allowance for frame of your choice; limited to \$85 at Costco, Wal-Mart, and Sam’s Club • 20% off the amount over your allowance 	Once per calendar year	Up to \$70
OR		
Contact Lenses		
Contact fitting and evaluation	\$60 co-pay once per calendar year	N/A
\$150 allowance for contacts If you choose contact lenses, you will be eligible for a frame one calendar year from the date the contact lenses were obtained.	Once per calendar year	Up to \$105

Note: You can choose glasses OR contacts, not both.



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 Optum Bank 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 FSA and permits participants to carry over up to \$610 into the 2024 plan year. Jack Henry partners with UMR to offer these accounts as well as Dependent/Elder Day Care FSAs for day care expenses.

Monthly Medical Plan Contributions

Covered Person(s)	Consumer HDHP - PPO	Value PPO	Kaiser HMO (CA only)
Employee only	\$176	\$234	\$207
Employee + 1 child	\$202	\$295	N/A
Employee + 2 or more children	\$227	\$357	N/A
Employee + spouse/DP*	\$463	\$598	\$544
Employee + spouse/DP* + 1 child	\$488	\$659	N/A
Employee + spouse/DP* + 2 or more children	\$513	\$721	N/A
Employee + Children	N/A	N/A	\$286
Employee + Family	N/A	N/A	\$623

**Rates and credits for domestic partners are deducted on an after-tax basis.*



2023 Monthly Pre-Tax Employee Contributions for Dental

Employee only	\$12
Employee + 1 child	\$29
Employee + 2 or more children	\$47
Employee + Spouse/Domestic Partner (DP)*	\$30
Employee + Spouse/DP* + 1 child	\$48
Employee + Spouse/DP* + 2 or more children	\$66

2023 Monthly Pre-Tax Employee Contributions for Vision

Employee only	\$7.98
Employee + Spouse/Domestic Partner (DP)*	\$15.96
Employee + Children	\$17.06
Family	\$27.28

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





Medical Contribution Credits

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

Wellness Credit

Associates and their enrolled spouse/domestic partner, can complete an annual wellness exam and biometric screening to qualify for a \$100 per month credit, each.

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 also offer a cessation program to employees and their spouse/domestic partner. 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.

Monthly Medical Plan Contribution Credits

Covered Person(s)	Wellness Incentive	Tobacco-Free	Spouse/DP*
Employee	\$100	\$40	N/A
Spouse/DP*	\$100	\$40	\$100



Medical Contribution and Credit Calculation Example

Review the contribution and credit tables then use the worksheet (to the right) to calculate your monthly cost for coverage.

Calculate Your Cost:

Monthly Medical Contribution for Coverage	\$ _____
Monthly Contribution for Dental Coverage	\$ _____
Monthly Contribution for Vision Coverage	\$ _____
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

Childbearing parents who give birth are eligible for up to 8 weeks of pregnancy related disability benefits paid at 100%. Associates are eligible for these maternity leave benefits after 30 days of employment.

If you are on an approved Short-Term Disability leave for giving birth, this leave will be paid at 100% for eight 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

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 Military Leave

Paid at 100% for up to 15 calendar days per year for those on approved leave.

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 7 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 per calendar year.

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.

Hospital Care Plan

This coverage provides payment directly to you when you experience a covered hospital stay for events such as an in-patient procedure or the birth of a child.

Group Legal Plan

This coverage provides you and your dependents with 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 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.

Paid Holidays

Jack Henry observes the following paid holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day, Independence Day
- Labor Day
- Veterans Day,
- Thanksgiving Day
- Christmas Day
- Floating Holiday

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.