**HOBBY LOBBY BENEFITS SUMMARY GUIDE**

Hobby Lobby offers many favorable benefits to its valued employees. These benefits are part of the valuable resources the Company allocates to help you save for your future, protect your family and build a productive, rewarding career. Eligible employees with Hobby Lobby and affiliate companies have a wide array of benefit options available. The chart below reflects the general eligibility for each employment classification, subject to other eligibility requirements. This Benefits Summary Guide provides summaries of all benefit options for review and consideration.

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<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Salaried</th>
<th>Full-Time Hourly</th>
<th>Part-Time Seasonal Temporary Salaried</th>
<th>Part-Time Seasonal Temporary Hourly</th>
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<tr>
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<tr>
<td>Basic/Optional Life Insurance*</td>
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*Requires enrollment in the Medical/Dental Plan

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<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Salaried</th>
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<tr>
<td>Long Term Disability Insurance</td>
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<tr>
<td>Flexible Spending Plan</td>
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**PAID TIME OFF**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Salaried</th>
<th>Full-Time Hourly</th>
<th>Part-Time Seasonal Temporary Salaried</th>
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<td>Vacation</td>
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<td>Secondary Personal/Sick Pay (Employees working for the Company in AZ, CA, CT, MD, MA, NJ, OR, RI, VT, WA and Deerfield, IL)</td>
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<tr>
<td>Primary Personal Paid Time Off (PPTO)</td>
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<tr>
<td>Secondary Personal Paid Time Off (PPTO) (Employees working for the Company in AZ, CA, CT, MD, MA, NJ, OR, RI, VT, WA and Deerfield, IL)</td>
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**401(k) Savings Plan**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Salaried</th>
<th>Full-Time Hourly</th>
<th>Part-Time Seasonal Temporary Salaried</th>
<th>Part-Time Seasonal Temporary Hourly</th>
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<td>✓</td>
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</table>

**GlobalFit**

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<thead>
<tr>
<th>Benefits</th>
<th>Full-Time Salaried</th>
<th>Full-Time Hourly</th>
<th>Part-Time Seasonal Temporary Salaried</th>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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*Eligibility requirements must be met in order to participate in any benefit listed, and for some benefits, enrollment procedures must be followed. Please refer to the Table of Contents in this guide for additional details on enrollment and eligibility.

This document does not replace or supersede the legal plan documents, which contain full details that govern each respective benefit plan. Summary Plan Descriptions for each of the benefit plans can be viewed and downloaded from the Benefits Forms and Documents section of Bentelligence, the online enrollment system. Refer to the Table of Contents in this guide to locate the online enrollment section for information on enrollment and how to access Bentelligence.

**Need Assistance? Contact a Benefits Representative**
(855) 452-3638 / benefits@hobbylobby.com
Follow these easy steps to take advantage of the benefits offered by Hobby Lobby:

**REVIEW** options available based upon your employment classification. Some benefits require enrollment and others do not.

**DECIDE** which benefit options you want to elect.

**ENROLL** via the online enrollment application *Bentelligence*. Please refer to the next page of this brochure for instructions on how to sign on to *Bentelligence*.

**CONFIRM** your elections. After the enrollment has been approved a Benefits Confirmation Statement will be mailed to the home mailing address on file. Review the statement carefully and notify the Benefits Department immediately if anything needs to be changed. **Changes to coverage elections must be submitted prior to the enrollment deadline.**
To successfully begin participation in the Medical/Dental, Life, LTD and Flexible Spending Benefit Plans, you must submit benefit elections on or before the first (1st) day of the month following sixty (60) calendar days of continuous full-time employment. Unfinished or incomplete enrollment elections cannot be accepted beyond your eligible enrollment period. Upon completion of your online enrollment you should print your enrollment document packet, which will provide instructions for required documentation to verify dependent(s) eligibility, if applicable, and confirm elections were submitted by the deadline.

**INFORMATION REQUIRED TO LOG IN**

In order to log in to the Employee Portal you must have your Employee ID number (found on your pay stub) and you must create a password. If visiting from a personal device, a system-delivered authentication code will be required (delivered to you via either a two factor authentication app on your smartphone, an SMS text message, or an automated phone call).

**FROM THE COMPANY KIOSK**

A computer kiosk is available at each store/work location to use as directed by the manager or supervisor. Please see your manager or supervisor if you have questions regarding the location and available times to use the computer kiosk.

**FROM THE OFFICE**

If you are signing on to the Employee Portal from your office computer at Hobby Lobby’s corporate campus, typing employee/ in the Internet URL address bar will automatically open the webpage.

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**FROM PERSONAL COMPUTER**

Two Factor Authentication is required to log in from a personal device and must be completed from work (Company Kiosk or Office Computer) first. To sign up for two-factor, access the Employee Portal from work and follow the instructions there. Use the Profile Management section to verify your information.

Once opted into two-factor, employees of Hobby Lobby, Mardel, Hemispheres or employees working for any other affiliated company can navigate to this website from your personal device:

✔ employee.hobbylobby.com

After logging in, click on the Bentelligence tile to access the Benefits enrollment.

**INFORMATION REQUIRED TO MAKE BENEFIT ELECTIONS**

You may need the following items to complete the enrollment process:

- Your spouse and children’s Social Security Numbers and Dates of Birth if enrolling dependents in coverage.
- Bank Account information if enrolling in Direct Deposit for Flexible Spending Reimbursement
- About 15 minutes to complete the process
PREMIUMS

The Medical/Dental Plan offers affordable coverage to full-time employees and their eligible dependents.

<table>
<thead>
<tr>
<th>MEDICAL/DENTAL PREMIUM SCHEDULE*</th>
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<tbody>
<tr>
<td>Classification</td>
</tr>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Employee/Dependent</td>
</tr>
<tr>
<td>Employee/Spouse</td>
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<tr>
<td>Employee/Family</td>
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</tbody>
</table>

*Premium costs and plan benefits are subject to change at any time, and may not be reflected herein.

When you enroll in the Medical/Dental Plan, the portion of the premium you pay is a tax-free deduction from your paycheck. Paying with pre-tax dollars means your payroll deductions for coverage are deducted from your paycheck before federal, and in most cases, state taxes are withheld. Medical/Dental Plan benefits are funded with pre-tax dollars; therefore the plans must comply with certain IRS regulations. IRS regulations allow participants to cancel or change participation in pre-tax funded benefits only at the end of a calendar year, unless there is a Change in Status Event. Review the Table of Contents in this guide for more information on Change in Status Events.

DEPENDENTS

Employees can enroll eligible dependents. Enrollment of eligible dependents will require documentation (i.e., marriage certificate, birth certificate, etc.) to verify eligibility before coverage can be approved. All dependent eligibility documentation must be postmarked or received by the Benefits Department no later than 60 calendar days after the coverage effective date.

EXAMPLE: If effective date of coverage is 1/1/2018 documents must be postmarked or received no later than 3/2/2018.

We recommend that you follow up with the Benefits Department via phone or email prior to your deadline to ensure your documentation was received.

DEPENDENT CHILDREN

- Your child(ren) can be covered until the end of the month in which he/she attains age 26, unless otherwise noted in the Summary Plan Description. Your child(ren) may be eligible for coverage past the age of 26 if they are enrolled in the plan before reaching age 26 and they are incapacitated and unable to be self-supporting by reason of mental or physical handicap.
- A photocopy of an official state-issued birth certificate is required for each dependent child enrolled. Legal guardianship or verification of incapacitation is required when applicable.

SPOUSE

- Your spouse, as defined by the plan, is eligible for coverage.
- A photocopy of an official recorded state-issued marriage certificate is required.
- Employees who choose to have their spouse covered under the Hobby Lobby Medical/Dental Plan will be subject to an additional charge (spouse surcharge fee) if their spouse has employer-sponsored medical coverage available through their employer. The bi-weekly $50 spouse surcharge fee will be deducted automatically from your paycheck if you have a spouse covered under your medical plan, unless you apply and are approved for a surcharge waiver. The Spouse Surcharge Waiver Form will be available during the enrollment process and must also be completed every year during Open Enrollment. You must complete and return the form to determine if the surcharge for your spouse is subject to the waiver. If you are approved for the waiver, any surcharge payments already deducted from your paycheck will be refunded up to 90 days.
For information regarding medical plan coverage and costs please refer to the Summary of Benefits and Coverage (SBC) or Summary Plan Description (SPD) located in the Benefit Forms and Documents section of Bentelligence, the online enrollment system. Be sure to review the two columns on the SBC representing your cost for using a Network and Out-of-Network Provider.

Hobby Lobby’s Medical/Dental Plan is administered by WebTPA. Visit www.WebTPA.com or call (877) 561-6400.

**NETWORK INFORMATION**

The Medical/Dental Plan offers a Participating Provider Organization (PPO) Network to covered employees. The network offers significant discounts for covered employees who utilize network physicians, labs and hospitals. **Please note that it is your responsibility to use physicians and hospitals in the PPO Network in order for your benefits to be paid at the Network Provider rate.**

**For Employees in Oklahoma**

- Employees residing in Oklahoma will use the Healthcare Highways Plus Network to locate in-network medical providers in the state of Oklahoma. To locate an in-network medical provider, call (844) 616-5388 or visit http://www.healthcarehighways.com
- Employees residing in Oklahoma who receive services outside the state of Oklahoma will use the PHCS Network for medical care received in all other states.

**Dental Summary of Benefits**

Dental benefits are included in the Summary Plan Description (SPD). Dental benefits are available for both Participating Providers and Non-Participating Providers. Utilizing Participating Providers can save you money because they charge discounted rates. If you utilize a Non-Participating Provider you will be responsible for any charges that may be in excess of usual and customary fees.

**For All Other Employees**

Employees residing in all other states will use the Cigna PPO Network. To locate an in-network provider visit www.mycigna.com or call (877) 561-6400.

**Prescription Drugs**

The prescription drug benefit is administered by Cerpass Rx. Additional information about Cerpass Rx and your prescription benefits can be found at www.cerpassrx.com or by calling (844) 636-7506.

**Mobile App** – Download the CerpassRx mobile app to access information and tools to help maximize your pharmacy benefit. These programs offer members convenience and easy access to information anytime from a mobile device.
CHANGE IN STATUS – LIFE EVENTS

Certain life events entitle you to add or drop yourself and/or your dependents to/from coverage. If you experience a Change in Status Event, such as marriage, birth of a child or loss of other coverage, you may be able to enroll in coverage for you or your dependents even though you previously had declined coverage. Enrollment due to a Change in Status Event must be timely - within 30 days after the event in most cases - under IRS regulations; late applications cannot be considered.

Due to the time sensitive nature of events and the different deadlines that may apply, if you experience a Change in Status Event you should immediately access Bentelligence to view the information and deadline that applies to your event. For most Change in Status Events, you have 30 days to enroll; for some, there is a 60-day timeframe. The following family status changes are some examples of Change in Status Events that may allow enrollment changes. Please refer to the Medical/Dental Summary Plan Description booklet found online in the Benefits Forms and Documents section of Bentelligence, the online enrollment system for a complete list of events.

To Elect/Add Dependents To Your Coverage:

✓ Marriage
✓ Birth, adoption or placement for adoption
✓ Involuntary loss of other coverage including Medicare
✓ Involuntary loss of Medicaid or State Children’s Health Insurance Plan (SCHIP)

To Remove/Decline Dependents From Your Current Coverage:

✓ Death of a spouse or dependent
✓ Dependent reaching age maximum limit of age 26, or 18 for legal guardian
✓ Divorce
✓ Gain of other coverage including Medicare
✓ Gain of Medicaid or State Children’s Health Insurance Plan (SCHIP)

All requests to change elections for a qualified family status change or special enrollment right must be submitted within 30 days after the event date. Exception: birth, adoption, placement for adoption, involuntary loss of Medicaid or a State Children’s Health Insurance Plan, and death of a spouse or dependent each allows for a 60-day enrollment/change period.

You are also required to provide proper documentation to support your Change in Status Event. All required supporting documentation must be postmarked or received by the Benefits Department no later than 60 calendar days after the Change in Status Event date. We recommend that you follow up with the Benefits Department via phone or email to ensure your documentation was received before your eligibility date expires.

CHANGING EMPLOYMENT STATUS

If an employee’s status changes from part-time to full-time, even if the employee’s status was previously full-time before changing to part-time, the employee will have a new full-time date of hire. Please see the Welcome page in this guide for benefits eligibility. Benefits eligibility will be based on the employee’s new full-time date of hire.

If an employee’s status change from full-time to part-time results in a loss of benefits, such benefits shall cease on the employee’s last day of full-time employment, unless otherwise required by law. Please see the Welcome page in this guide for benefits eligibility. If an employee loses eligibility for paid time off benefits, the employee may use any accrued but unused paid time off benefits subject to the paid time-off policies found in the Benefits Summary Guide and Employee Handbook.
The Flexible Spending Plans offer a tax-efficient way to pay for out-of-pocket health and dependent care expenses through the Health Care Spending Account benefit and the Dependent Care Spending Account benefit. All full-time employees are eligible to participate in the Flexible Spending Plans regardless of their participation in the Medical/Dental Plan.

You can enroll in the Flexible Spending Plan(s) on or before the first day of the month following sixty (60) calendar days of continuous full-time employment. In addition, the Flexible Spending Plan(s) require an annual enrollment period to participate each year. Please refer to the Flexible Spending Plan Summary Plan Description in the Benefits Forms and Documents section of Bentelligence, the online enrollment system for complete plan provisions and exclusions.

Before deciding how much to contribute in each account, look carefully at your expected healthcare and/or dependent care expenses for the upcoming year and contribute only the amount of money you expect to use by the end of the calendar year. Any unused funds not timely submitted for reimbursement will be forfeited, so it is critical to accurately estimate your expenses.

Health Care Spending Account

You can realize significant tax savings by contributing to a health care expense reimbursement account up to the IRS annual maximum ($2,600 per year for 2018). You can use these funds to reimburse yourself for eligible healthcare expenses incurred by you and your dependents. Participants have until March 15 of each plan year to incur expenses for the prior year’s account balance. Reimbursement requests must be submitted by April 30 of each plan year for the prior year’s account balance. PLEASE NOTE: Any unused funds not submitted for reimbursement by the deadline will be forfeited.

Eligible Healthcare expenses include but are not limited to:

- Deductibles, co-payments and your share of eligible covered medical expenses.
- Vision care, glasses, contacts, and laser-eye surgery.
- Prescription drug co-pays.
- Unreimbursed dental or orthodontic care.

Dependent Care Spending Account

Childcare expenses can add up quickly. Contributing to a dependent care account allows you to use tax-free dollars up to the IRS annual maximum ($5,000 per year for 2018) to reimburse yourself for work-related dependent care expenses for dependent children up to age 13 or children physically or mentally incapable of self-support. This benefit is available only if it is necessary for you to pay for dependent care to be able to work. Participants have until March 15 of each plan year to incur expenses for the prior year’s account balance. Reimbursement requests must be submitted by April 30 of each plan year for the prior year’s account balance. PLEASE NOTE: Any unused funds not submitted for reimbursement by the deadline will be forfeited.

Eligible Dependent Care expenses include but are not limited to:

- Fees of a licensed dependent care center that cares for your dependent child.
- Before- or after-school care expenses.
- Day care in your home.
- Pre-school or nursery school tuition.

Spending Account Reimbursement

Reimbursements for your spending account(s) are sent by check or can be directly deposited into your bank account. As you incur health care and/or dependent care expenses, you can submit a claim for reimbursement by submitting a paper reimbursement request form or choosing the Auto-Reimbursement option during the enrollment process. The Auto-Reimbursement feature automatically reimburses you for qualified expenses. This feature is only available for medical, dental, and prescription claims for participants of the Hobby Lobby Medical/Dental Plan. A claim must be submitted for any other eligible expenses.

If you terminate employment with Hobby Lobby during the year, only charges incurred while you are an active employee are eligible for reimbursement and all claims must be submitted within 120 days after you cease to participate in the plan.
LIFE INSURANCE

Hobby Lobby provides $50,000 Basic Group Life Insurance and Personal Accidental Death & Dismemberment Insurance to full-time employees who enroll in the Medical/Dental Plan. Your spouse and/or dependents are not eligible for Basic Life.

Optional Life Insurance benefits are also available to full-time employees, their spouses, and their dependent child(ren) enrolled in the Medical/Dental Plan. Your spouse and/or dependents are not eligible for Optional Life if you do not elect Employee Optional Life insurance. Please refer to the Sun Life Assurance Company of Canada (U.S.) group policy certificate booklet online in the Benefits Forms and Documents section of Bentelligence, the online enrollment system for complete plan provisions and exclusions.

To be eligible for the Life Insurance coverage, you must be actively at work on the effective date. For additional information of “Actively at Work”, refer to the Sun Life Assurance Company of Canada Summary Plan Description.

Employee Optional Life

You may enroll in life coverage of 1, 2 or 3 times your basic annual earnings to a maximum benefit of $500,000 in Employee Optional Life insurance on or before the first day of the month following sixty (60) calendar days of continuous full-time employment. You also have the option to elect 4 times your basic annual earnings for a maximum benefit of coverage between $500,000 to $1,000,000 however you must submit an evidence of insurability questionnaire for approval through Sun Life. Sun Life will also require an evidence of insurability questionnaire for any late enrollments or increases to coverage elections made after the initial eligibility. This form can be found in your enrollment document packet or in the Benefits Forms and Documents section of Bentelligence, the online enrollment system.

Spouse Optional Life

You may apply for up to 50% of your elected Employee Optional Life insurance coverage for your spouse, to the maximum benefit of $100,000. Approval is guaranteed for coverage to $40,000 during the initial eligibility period. Sun Life will require evidence of insurability for enrollment elections more than $40,000, late applications, or applications to increase the coverage amount.

Dependent Optional Life

You may apply for up to 50% of your elected Employee Optional Life insurance coverage for your child(ren), to the maximum benefit of $25,000. The premium is the same regardless of the number of child(ren) covered. Sun Life will require evidence of insurability for late applications or applications to increase the coverage amount.

When your spouse and/or dependent is also a Hobby Lobby Employee

A spouse or dependent child covered under your Medical/Dental Plan who also works as a full-time employee at Hobby Lobby or one of its affiliates will be eligible for the Company provided Basic and voluntary Optional Life Insurance Plan.

A full-time employee cannot be covered under another employee’s Spouse Optional Life or Dependent Optional Life policy. Each employee must elect their own Employee Optional Life policy.

Only one employee can cover their child(ren) on the Dependent Optional Life policy.
It is the EMPLOYEE'S responsibility to enroll in the Long Term Disability (LTD) plan on or before the first day of the month following sixty (60) calendar days of continuous full-time employment in order to eliminate the need for Evidence of Insurability questionnaire. All full-time employees are eligible to participate. You are not required to participate in the Medical/Dental Plan to participate in the LTD Plan. Please refer to the Sun Life Assurance Company of Canada (U.S.) group policy certificate booklet online in the Benefits Forms and Documents section of Bentelligence, the online enrollment system, for complete plan provisions and exclusions.

### Hourly Employees
- Employee paid
- Benefit is 60% of pre-disability monthly salary
- $5,000 maximum monthly benefit (Non-taxable)
- Waiting Period: 180 calendar days of continuous disability

### Salaried Employees

**Core LTD Benefit (default):**
- Employer or Employee paid (see below)
- Benefit is 40% of pre-disability monthly salary
- $7,500 maximum monthly benefit (Taxable)
- Waiting Period: 90 calendar days of continuous disability

All salaried employees will automatically be enrolled in the Employer paid Core LTD Benefit. The premiums for the Core LTD Benefit are paid by Hobby Lobby and if a claim is filed at a later date the benefit will be taxable. However, employees have the option to pay the premiums through payroll deduction. Choosing this option will result in the benefit being non-taxable if a claim is filed at a later date.

**Buy-Up LTD Benefit (optional election):**
- Employee paid
- Benefit is 67% of pre-disability monthly salary
- $7,500 maximum monthly benefit (Non-Taxable)
- Waiting Period: 90 calendar days of continuous disability

Salaried employees have the option to purchase the Buy-Up LTD Benefit. The Buy-Up LTD Benefit has a higher benefit and the premiums are paid by the employee so if a claim is filed at a later date the benefit will not be taxable.

To be eligible for the LTD coverage, you must be actively at work on the effective date. For additional information of “Actively at Work”, refer to the Sun Life Assurance Company of Canada Summary Plan Description.
The Company offers paid time-off benefits to eligible employees. If an employee has questions regarding the paid time-off benefits policy they should refer to the Employee Handbook or contact the Benefits Department at (855) 452-3638.

Employees on any unpaid leave are not eligible to earn paid time off during the unpaid leave. The amount of paid time off earned will be reduced in an amount proportionate to the amount of unpaid time/hours off work when applicable. Employees will resume earning paid time off again after returning to a paid status.

**Holiday Pay**

All Full-Time Employees are eligible to receive the below paid holidays after completing 30 days of full-time employment.*

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

*Full-Time Employees on an unpaid leave of absence will not receive Holiday Pay during the unpaid leave of absence. Such employees will resume earning Holiday Pay again after returning to work or in some circumstances, returning to a paid status.

**Vacation Pay**

Full-Time employees become eligible and will earn Vacation Pay based on a 40-hour work week, and upon the completion of the time schedule listed below. All full-time employees will accrue vacation pay based upon paid hours. Annual accruals each anniversary year are based upon the prior 12 months of full-time employment, and the first six (6) months is based upon 182 days of full-time employment. **Anniversary is defined as your annual full-time hire date.**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Weekly Accrual</th>
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<tbody>
<tr>
<td>6 months</td>
<td>1 week</td>
</tr>
<tr>
<td>1 year</td>
<td>2 weeks</td>
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<tr>
<td>4 years</td>
<td>3 weeks</td>
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<tr>
<td>10 years</td>
<td>4 weeks</td>
</tr>
<tr>
<td>20 years</td>
<td>5 weeks</td>
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Any unused Vacation Pay will be forfeited upon the next full-time anniversary date unless prohibited by law.

**Personal Paid Time Off (“PPTO”)**

**Hourly Employees**

The Company provides two separate PPTO policies. The policy that applies is determined by the employee’s work location at the time the PPTO is accrued. Only PPTO hours available for use will apply in the event of a store/location transfer or PPTO Buy-Back as outlined below. The Primary PPTO policy applies to all hourly Full-Time Employees that work for the company in all other locations not listed in the Secondary PPTO Policy.

**Primary PPTO Policy**

Eligible employees will earn PPTO based upon paid hours at the rate of up to 4.5 hours maximum per month, with a maximum annual accrual of 48 hours, based upon a calendar year. Eligible employees will begin earning PPTO on the first day of the month following the first 90 days of continuous, full-time employment.

**Secondary PPTO Policy**

The Secondary PPTO Policy applies to all hourly, Part-time and Seasonal/Temporary employees working for the company in Arizona, California, Connecticut, Maryland, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont, Washington and Deerfield, IL, and other locations as determined by law. Eligible employees will earn PPTO based upon worked hours at the rate of one (1) hour per 30 hours worked, with a maximum annual use of 80 hours*, based upon a calendar year. Employees will be eligible to begin earning PPTO on the first day of employment but will not be eligible to use the earned time until the 90th day of employment.

*Maximum annual use amount will not apply to employees in the State of Washington, as required by law.

**PPTO Buy-Back**

Each January, the Company will automatically buy back up to 48 hours of earned PPTO in excess of 80 hours. Employees will receive compensation for the PPTO buy-back at the employee’s then-current hourly rate of pay. PPTO hours may not be “cashed in” for any reason prior to the Company’s January buy-back date, which will be determined at the Company’s sole discretion. A maximum of 80 hours of PPTO can be carried over to the following calendar year. All earned PPTO is forfeited upon termination of employment (voluntary or involuntary), unless prohibited by law.
The Company provides two separate Personal/Sick Pay (i.e., paid time off) policies. The policy that applies is determined by the employee’s work location at the time the Personal/Sick Pay is accrued. Only Personal/Sick Pay hours available for use will apply in the event of a store/location transfer. The Primary Personal/Sick Pay policy applies to all Salaried Full-Time Employees that work for the Company in all other locations not listed in the Secondary Personal/Sick Policy.

Primary Personal/Sick Pay Policy
Eligible employees will earn Personal/Sick Pay based upon paid hours at the rate of up to 4.5 hours maximum per month, with a maximum annual accrual of 48 hours, based upon a calendar year. Eligible employees will begin earning Personal/Sick Pay on the first day of the month following the first 90 days of continuous, full-time employment. Eligible employees may earn up to a maximum of 80 hours of Personal/Sick Pay.

Secondary Personal/Sick Pay Policy
The secondary Personal/Sick Pay Policy applies to all salaried employees working for the Company in Arizona, California, Connecticut, Maryland, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont, Washington and Deerfield, IL, and other locations as determined by law. Eligible employees will earn Personal/Sick Pay based upon worked hours at the rate of (1) hour per 30 hours worked, with an assumption that salaried employees work 40 hours per week, with a maximum annual use of 80 hours*, based upon a calendar year. Employees will be eligible to begin earning Personal/Sick Pay on the first day of employment, but will not be eligible to use the earned time until the 90th day of employment. A maximum of 80 hours of Secondary Personal/Sick Pay can be carried over to the following calendar year.

*Maximum annual use amount will not apply to employees in the State of Washington, as required by law.

Paid Maternity Leave Policy
The Company provides Paid Maternity Leave to Salaried Female Employees only who have completed one (1) year of Full-Time employment. Hourly Full-Time Employees taking a leave of absence for maternity will be compensated through any accrued but unused PPTO and Vacation Pay.

Paid Maternity Leave will be provided for a total of six (6) weeks following the natural birth of a baby. Paid Maternity Leave will be provided for a total of eight (8) weeks following the cesarean birth of a baby. The six (6) or eight (8) weeks of Paid Maternity Leave will include the employee’s current accrued but unused paid time off benefits (i.e., Vacation Pay, Personal/Sick Pay).

In order to be eligible for Paid Maternity Leave a Salaried employee must certify that she is medically unable to work as a result of the birth of a baby. Paid Maternity Leave will run concurrent with the Family Medical Leave Act (FMLA) and any applicable state family leave laws. The length of Paid Maternity Leave does not prevent an eligible employee from taking the remainder of her certified FMLA entitlement unpaid.
All employees regardless of job classification are eligible to participate in the 401(k) plan subject to meeting the eligibility requirements stated below. The Hobby Lobby 401(k) plan provides an opportunity for you to build a financial reserve to use when you retire. You receive company contributions and tax advantages when you participate, and you have choices about how much to contribute and how you invest. Rollovers are accepted from previous employer plans at time of hire, or thereafter. Once you meet the Eligibility Requirements, you may enroll on quarterly entry dates of January 1, April 1, July 1 and October 1. The 401(k) Savings Plan’s Third Party Administrator is Allen, Gibbs and Houlik, L.C. (“AGH”). For more information, please contact AGH directly by calling (877) 638-2203.

Eligibility Requirements
Employees must meet all of the following requirements:
- Complete 1 year of service
- Complete 1,000 hours of service
- Be 21 years of age and older

Employee Contributions
Participants have the option to contribute from 1% to 80% of pre-tax compensation

Employee deferral elections may be changed each month.

Matching Contributions
Hobby Lobby will make Safe Harbor matching contributions at 100% of the first 3% of participant contributions and 50% of participant contributions greater than 3%, but not to exceed 5%.

The Corporate Board of Directors may choose to increase matching contributions at their discretion.

You choose how to invest your contributions among several investment options described in the materials provided by the company’s 401(k) Savings Plan administrator, AGH.

Allen Staples, Certified Financial Planner, and his team at LPL Financial Services are available at no cost to answer your questions about investment and retirement options. Please contact them directly at (877) 794-1010.
GlobalFit is a fitness benefit that allows all Hobby Lobby and affiliate company employees and their families to join the area's top-rated health clubs at substantially discounted rates. **Please Note: GlobalFit fitness benefit is subject to facility availability and participation.**

**GlobalFit Program Highlights**

- Up to 60% off of regular membership dues
- Month-to-month memberships, no long term contracts
- Over 1,100 fitness centers to choose from nationwide
- Guest passes available to check out any participating club
- Ability to freeze your membership - up to 6 months per year
- Capability to transfer your membership to any other participating club nationwide
- Additional discounts for family members

**GlobalFit Enrollment Procedures**

1. Log on to [www.globalfit.com/clients360](http://www.globalfit.com/clients360) or call (800) 294-1500 to speak with one of GlobalFit's representatives.
2. Choose the health club that is best for you. GlobalFit can help you with information about club locations, amenities and hours.
3. Arrange your convenient monthly billing plan through your checking, savings, MasterCard, Visa, American Express or Discover account.
4. A one-time affiliation fee is broken into two easy payments and is added to your first two monthly bills.

You may obtain a Fitness Club Directory from [www.globalfit.com/clients360](http://www.globalfit.com/clients360).
A federal law, The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) includes a continuation provision which, under certain circumstances, may enable you and your enrolled dependents to continue coverage under the Medical/Dental Plan and the Health Care Flexible Spending Plan beyond the time coverage would have ordinarily ended. You may elect continuation of coverage for yourself and your dependents if you lose coverage under the plan due to one of the following qualifying events:

- Your employment ends (for reasons other than gross misconduct)
- Your hours of employment are reduced (Full-Time to Part-Time)

In addition, continuation of coverage may be available to your eligible dependents if:

- You are deceased
- You and your spouse divorce or separate
- A covered child ceases to be an eligible dependent (reaches max age of 26)
- You become entitled to Medicare

When a COBRA event occurs an information/enrollment election packet will be mailed to your home address with additional details regarding COBRA.

A federal law, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), requires health plans (medical and dental) to protect the confidentiality of your private health information. More detailed information is given in the health plan’s Notice of Privacy Practices that is mailed to your home address upon enrollment in the benefit plan(s). You may request a copy of the notice by contacting the Benefits Department at (855) 452-3638.

Hobby Lobby’s Medical/Dental Plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Call the Benefits Department at (855) 452-3638 for additional information.

If you are declining enrollment in the Hobby Lobby Medical/Dental Plan 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 the other coverage. However, you must request enrollment within 30 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 eligible dependents. However, you must request enrollment within 30 days after the marriage or 60 days after the birth, adoption or placement for adoption.

If coverage is lost under the state Medicaid or Child Health Insurance Plan (CHIP) or you become eligible for premium assistance under the state Medicaid or CHIP plan, you may be able to enroll yourself and your eligible dependents. You must request enrollment within 60 days of the date of the event.

For more information please contact the Benefits Department at (855) 452-3638.

Group health plans and health insurance insurers offering group insurance coverage generally may not, under federal law, restrict benefits 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 less than 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 insurers may not, under federal law, require that a provider obtain authorization from the plan or the insurance carrier for prescribing a length of stay not in excess of the above periods.

Need Assistance? Contact a Benefits Representative
(855) 452-3638 / benefits@hobbylobby.com
BENEFIT CONTACTS

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<th>IF YOU HAVE QUESTIONS ABOUT</th>
<th>CONTACT</th>
<th>TELEPHONE</th>
<th>WEBSITE/EMAIL</th>
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<tr>
<td>General Benefits questions:</td>
<td>Benefits representatives are available Monday through Friday, 8 a.m. to 5 p.m., Central time</td>
<td>(855) 452-3638</td>
<td>Employees: <a href="mailto:benefits@hobbylobby.com">benefits@hobbylobby.com</a></td>
</tr>
<tr>
<td>• When you’re eligible for benefits</td>
<td></td>
<td></td>
<td>From a Store: <a href="mailto:StoreScan-Benefits@hobbylobby.com">StoreScan-Benefits@hobbylobby.com</a></td>
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<td>• How and when to enroll</td>
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<td>• Paid Time Off benefits</td>
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<tr>
<td>Medical &amp; Dental Claims</td>
<td>WebTPA</td>
<td>(877) 561-6400</td>
<td><a href="http://www.webtpa.com">www.webtpa.com</a></td>
</tr>
<tr>
<td>Finding a network provider</td>
<td>WebTPA</td>
<td>(877) 561-6400</td>
<td><a href="http://www.webtpa.com">www.webtpa.com</a></td>
</tr>
<tr>
<td>Prescription Drug benefits</td>
<td>CerpassRx</td>
<td>(844) 636-7506</td>
<td><a href="http://www.cerpassrx.com">www.cerpassrx.com</a></td>
</tr>
<tr>
<td>Flexible Spending Plans</td>
<td>Diversified Benefit Services</td>
<td>(800) 234-1229</td>
<td><a href="http://www.webtpa.com">www.webtpa.com</a></td>
</tr>
<tr>
<td>Life or Long Term Disability Insurance</td>
<td>Sun Life</td>
<td>(800) 247-6875</td>
<td><a href="http://www.sunlife.com/us">http://www.sunlife.com/us</a></td>
</tr>
<tr>
<td>401(k) Savings Plan</td>
<td>AGH</td>
<td>(877) 638-2203</td>
<td><a href="http://www.benefitwebaccess.net/AGH">www.benefitwebaccess.net/AGH</a></td>
</tr>
<tr>
<td>GlobalFit Fitness Program</td>
<td>GlobalFit</td>
<td>(800) 294-1500</td>
<td><a href="http://www.globalfit.com/clients360">www.globalfit.com/clients360</a></td>
</tr>
</tbody>
</table>

ABOUT THIS INFORMATION

The information in this brochure offers only a general overview of benefit plan options. Some important details (including definitions, limitations and exceptions) are not included. Do not use this Benefits Summary Guide as your only source of information while making enrollment decisions, obtaining services or claiming benefits.
For more details, visit the Benefits Forms and Documents section of Bentelligence, the online enrollment system to see your Summary Plan Description (SPD) for the Medical/Dental and Flexible Spending Plans, as well as other benefits documents. The official plan documents are used to determine how the plans work, what benefits are paid and who is eligible to receive them.
Because you voluntarily choose to participate in the Hobby Lobby 401(k) plan, the Company does not guarantee the performance of any investments or make up any losses should they occur. Because these account options offer some tax advantages, you may wish to contact the IRS or a tax professional for advice. Hobby Lobby cannot advise you on tax issues.
The Company reserves the right to change or end all or any part of the overall program at any time subject to required notification.
The plans in this brochure are not an employment contract and do not guarantee continued employment.

Need Assistance? Contact a Benefits Representative
(855) 452-3638 / benefits@hobbylobby.com