

Your Benefits Resources

Want details about the plans or want to use tools to help you compare and choose your plans?

Visit the AGBenefits website from imAGine (click AGBenefits) or from any computer at www.americangreetingsbenefits.com

Ready to enroll?

Go to www.americangreetingsbenefits.com to access the online enrollment system or call 1-877-213-6240. Representatives are available to assist you Monday through Friday during Open Enrollment from 7:30 a.m. to 9 p.m. EST.

Want to find information or access resources to manage and improve your health?

Go to the Wellness tab on the AGBenefits website

Want to manage your Retirement Profit Sharing and Savings account?

Go to www.vanguard.com, plan #091997

Want to manage your health savings account (HSA)?

Go to www.myuhc.com

Want to manage your flexible spending account (FSA)?

Go to www.flexdirect.adp.com

Need other benefit web addresses and phone numbers?

Go to www.americangreetingsbenefits.com



ABOUT THIS GUIDE

This information is a summary of the benefits available to eligible associates of American Greetings and its participating subsidiaries. In the event of a conflict between this and any other description of these benefit plans, the plan documents, service agreements and insurance contracts will control. As with all company-sponsored benefit plans, to the extent permitted by law, American Greetings reserves the right to amend, modify, revoke or terminate these plans in whole or in part at any time. Neither this document nor participation in the benefit plans described here constitutes a promise of continuing employment with American Greetings. Please review summary plan descriptions for more information.



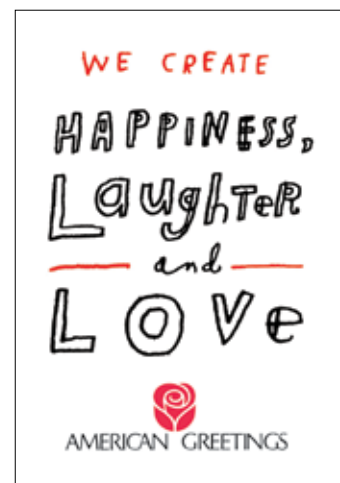
live well



Your 2012 Benefits & Enrollment Guide
for all non-union associates and Territory Leads

On the Path to **Live Well**

American Greetings understands the importance of providing associates with quality benefits at a good value. That's why we offer a variety of health, wellness, insurance, retirement and other savings programs designed to help you and your family live well. Review these materials, investigate your options and talk with your family so you can select the options that are right for you. It is worth investing time to find out how our programs can help you improve your health, save time and save money.



Eligibility

In general, you are eligible for certain company-sponsored health plans, insurance and other programs as described in this guide if you are a:

- » Regular full-time active associate working more than 35 hours a week on the regular payroll;
- » Regular part-time active associate working at least 20 hours a week on the regular payroll;
- » Territory Lead (excluding short-term disability, flexible spending accounts and retirement plans).

Your personalized enrollment worksheet explains the plans you are eligible to choose from and your costs for coverage.

You may also enroll your eligible dependents, including:

- » Your spouse or same-sex partner;
- » Your children or same-sex partner's children up to age 26* (*in medical only*);
- » Your otherwise-dependent children or same-sex partner's children to the age of 19, or 23 if a full time student (in other benefit programs);

You can find complete eligibility rules for associates and dependents for all American Greetings benefit plans on the AGBenefits website at

www.americangreetingsbenefits.com.

Annual Open Enrollment

October 31, 2011– November 11, 2011

You will need to make choices about which benefits you'd like to participate in during annual open enrollment or when you experience a qualifying life event such as marriage or the birth of a child.



* For Louisiana residents, you can enroll dependents up to age 26 in medical, dental, and AD&D

During annual open enrollment

Enroll in or make changes to your benefits during the annual open enrollment period, which is October 31 – November 11, 2011.

In general, your elections or changes become effective January 1, 2012, unless you are no longer eligible for benefits. Certain benefits such as life, accident and disability coverage require “actively at work” status and may require evidence of insurability for your coverage to become effective. This will be noted on your enrollment worksheet.

If you do not make changes or enroll in benefits during open enrollment, you will continue to receive your current year’s elections for yourself and your covered dependents as listed on your enrollment worksheet until December 31, 2012 unless you are no longer eligible or have a qualifying life event (QLE).

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) require you to re-enroll each year in order to contribute to these plans.

When life changes

- » You may make certain allowable changes to your benefits only if you experience a qualifying life event or HIPAA special enrollment event, such as a marriage or birth of a child. These changes must be made within 30 days (or 60 days under CHIPRA) of the event. If you wait longer, you will not be able to make changes until the next open enrollment period.

Understanding Your Benefits



American Greetings benefit programs help keep you healthy, protect you in case of serious illness or injury and help you save for the future. Get the most out of your benefits by being a good health care consumer and making smart choices—now and throughout

the year. Take advantage of company wellness programs and incentives designed to improve your health and save you money. After all, your good health is good for all of us.

Your Costs for Coverage

Some of the benefits offered to you are paid for by American Greetings, some require you to contribute and others require you to pay the full cost. Your actual costs for coverage depend on the plans you choose and the number of people you cover, such as your spouse, same-sex partner or child(ren). Use the plan cost calculator on the AGBenefits website to get a more complete picture of your health care costs.

Go to www.americangreetingsbenefits.com > Medical / RX / Dental / Vision > How to Choose.



Smart Tip!

Whether you’re enrolling for the first time or making changes, your “to do” list should also include:

- » Updating your life insurance and Retirement Profit Sharing and Savings Plan, AD&D and health savings account beneficiaries, if needed.
- » Maximizing your retirement savings—are you contributing at least 6% of your eligible pay to make the most of the company contribution? Visit www.vanguard.com to review your account.



Medical

All of American Greetings high-quality medical plans provide you with the preventive care you need to live well and comprehensive coverage to protect you in case of a serious accident or illness. All plans include coverage for prescription drugs. Administrators for each of the plan options may vary, depending on your location (United Healthcare (UHC), Anthem or Medical Mutual (SuperMed)).

Things to Consider

The plans cover many of the same services, but they differ in cost, deductibles, co-pays or coinsurance and delivery of care. The right fit depends on your personal situation and your budget.

Here are some things to consider:

- » How many people do you need to cover? Only yourself, or you and your family?
- » Do you anticipate any major health care expenses?
- » Are you paying too much every month for insurance you're not using?
 - Insert your contribution from your worksheet into the medical comparison chart (pg. 4) to compare your costs to the benefits provided.
- » Do you want an option to save for future medical expenses?
 - Check out the Consumer Plans and Health Savings Accounts.
- » Are you ready to save on monthly premiums and take more control over how you use your health care with one of the Consumer Plans?



Key Terms

Annual deductible: The amount you must pay before the plan will begin paying for certain expenses.

Network: A defined group of providers that supply health care services, at a discounted rate.

Out-of-pocket maximum: The highest or total amount your plan requires you to pay toward the cost of your health care. Once you reach your out-of-pocket maximum, the plan pays 100% of eligible costs.

Over the Counter (OTC): Drugs that are sold without a doctor's prescription.

Preferred Drug List (PDL): A list of preferred drugs priced more favorably for members (as negotiated by insurance companies). The list is generally divided into tiers such as generic, formulary brand name and non-formulary brand name drugs.

Preventive care: Exams, screenings, immunizations, and lab work. See the AGBenefits website for a complete list of covered preventive care services.

Usual, Customary and Reasonable (UCR): Health plans determine the UCR rates for out-of-network services and do not pay charges that exceed the UCR level. Amounts over UCR are the member's responsibility in addition to co-insurance.

MEDICAL COMPARISON CHART						
Benefits Summary	Enhanced Consumer Plan		Consumer Plan		Traditional Plan	
	UHC – Options PPO Network Medical Mutual – SuperMed Plus Network (Ohio)		UHC – Options PPO Network Medical Mutual – SuperMed Plus Network (Ohio)		UHC, Anthem (Forest City, Greenville), or Medical Mutual (Ohio)	
Fees based on	In-Network (contracted amount)	Out-of-Network (UCR)	In-Network (contracted amount)	Out-of-Network (UCR)	In-Network (contracted amount)	Out-of-Network (UCR)
Associate Premium Contribution <i>(from enrollment worksheet)</i>	\$ _____		\$ _____		\$ _____	
Annual deductible <i>Applies unless noted otherwise</i>	\$1,200 single \$2,400 family (for coverage greater than single, full family deductible must be met before benefits pay)		\$2,000 single \$4,000 family (for coverage greater than single, full family deductible must be met before benefits pay)		\$500 individual \$1,500 family	\$800 individual \$2,400 family
AG contribution to health savings account (HSA) ¹	\$500 single \$1,000 family (may be used to offset deductible)		\$300 single \$600 family (may be used to offset deductible)		N/A	N/A
Medical out-of-pocket maximum	\$2,000 individual \$4,000 family (incl. deductible)	\$5,000 individual \$10,000 family (incl. deductible)	\$2,500 individual \$6,000 family (incl. deductible)	\$5,000 individual \$12,000 family (incl. deductible)	\$2,250 individual \$6,750 family (incl. deductible)	\$4,000 individual \$12,000 family (incl. deductible)
Rx out-of-pocket maximum	Included in medical out-of-pocket maximum		Included in medical out-of-pocket maximum		\$1,500 individual \$2,000 family	
Lifetime benefit maximum	Unlimited		Unlimited		Unlimited	
Emergency use of Emergency Room services	90%	90%	85%	85%	\$75 co-pay, (Waived if admitted) then 85%	\$75 co-pay, (Waived if admitted) then 85%
Urgent Care Center services	90%	90%	85%	85%	\$50 co-pay, no deductible	\$50 co-pay, no deductible
Inpatient services Semi-private room & board / services / supplies / ICU	90%	60%	85%	60%	85%	60%
Outpatient Hospital services Facility charges / surgery / X-ray / Lab / Diagnostic Procedures	90%	60%	85%	60%	85%	60%

¹ HSA funds can be used for any eligible health care expense, including deductible and coinsurance amounts. The company HSA funding can be used to reduce your in-network deductible to \$700 per individual and \$1,400 per family for the Enhanced Consumer Plan; \$1,700 per individual or \$3,400 per family for the Consumer Plan.

MEDICAL COMPARISON CHART (Continued)

Benefits Summary	Enhanced Consumer Plan		Consumer Plan		Traditional Plan	
Fees based on	In-Network (contracted amount)	Out-of-Network (UCR)	In-Network (contracted amount)	Out-of-Network (UCR)	In-Network (contracted amount)	Out-of-Network (UCR)
Physician services Office visits for illness / injury, including Chiropractor	90%	60%	85%	60%	\$30/visit co-pay, no deductible	60%
Preventive care²	100%, no deductible	In-network only	100%, no deductible	In-network only	100%, no deductible	In-network only
Durable medical equipment (i.e., walker)	90%	60%	85%	60%	85%	85% (Anthem) 60% (Medical Mutual)
Mental health/ substance abuse	Covered at same benefit levels as other covered services					
Outpatient therapies (physical, occupational, speech); limitations apply	90%	60%	85%	60%	\$30/visit co-pay, no deductible	60%
Home health care, skilled nursing facility; limitations apply	90%	60%	85%	60%	85%	60%

² Well baby/child, well woman/man exams, eligible well screenings and immunizations. Routine physical exam and lab work, subject to recommended age and frequency.



Smart Tip!

Save money on prescription drugs when you ...

- » Go to an in-network pharmacy to get the best price. Find pharmacies through your plan's website or by calling Member Services.
- » Buy generic drugs when available—the co-pays for generic drugs are always lower.
- » Use the mail-order service for maintenance prescriptions.

Plan Provider	Phone	Website
UnitedHealthcare (UHC)	1-866-844-4869	www.myuhc.com
OptumHealthBank (HSA)	1-800-791-9361	www.myuhc.com
Medical Mutual of Ohio	1-800-628-6649	www.medmutual.com
Anthem	1-866-219-5509	www.anthem.com
CVS/Caremark	1-800-776-1355	www.caremark.com
AGBenefits Solution Center	1-877-213-6240	www.americangreetingsbenefits.com

MEDICAL COMPARISON CHART - PRESCRIPTION DRUGS

Prescription Drug Tier	Enhanced Consumer and Consumer Plans	Traditional Plan	
	Rx co-pays below apply after the plan deductible has been met (retail and mail order) <i>The deductible is waived for drugs included on the Preventive Drug List; see the AGBenefits website or contact Caremark for the Preventive Drug List.</i>	Retail (30-day supply)	Mail order (90-day supply)
Generic	You pay 20%	You pay 20% (minimum \$8)	You pay 20% (minimum \$20)
Brand Name on PDL	You pay 25%	You pay 25% (minimum \$15)	You pay 25% minimum \$35)
Brand Name without PDL equivalent	You pay 25%	You pay 25% (minimum \$20)	You pay 25% (minimum \$40)
Brand Name Non-PDL if Brand PDL available	You pay 50%	You pay 50% (minimum \$35)	You pay 45% (minimum \$50)
Brand Name w/Generic Substitute available	You pay 50% <i>plus</i> cost difference between Generic and Brand Name	You pay 50% (minimum \$35) <i>plus</i> cost difference between Generic and Brand Name	You pay 50% (minimum \$50) <i>plus</i> cost difference between Generic and Brand Name
Medications w/ OTC alternatives <i>See information below</i>	You pay 100%	You pay 100%	
Lifestyle drugs <i>Drugs in this category include, but are not limited to, Viagra, Levitra, and Retin A</i>	You pay 100%	You pay 100%	
Mail order requirements	To use the mail order program, ask your physician for two prescriptions—one for a 30-day supply plus one refill to be filled at a retail pharmacy and the second for a 90-day supply plus three refills to be sent to Caremark for the mail-order program. If you refill additional prescriptions beyond the first of the maintenance medicine at the retail pharmacy, you will be charged the difference between the retail and mail order price. Download mail order forms at www.caremark.com or www.americangreetingsbenefits.com . Request a paper copy from the AGBenefits Solution Center. You can fill refill maintenance prescriptions online from CVS/Caremark’s website. You can fill maintenance prescriptions at CVS retail pharmacies.		
Specialty drug management	Program implemented to support the safe, clinically appropriate and cost-effective use of specialty medications.		

Drugs in the "OTC Alternative" category include allergy, gastrointestinal, cough and cold, and anti-fungal medications. If you are taking a proton pump inhibitor (PPI) for certain gastrointestinal conditions the plan may cover more of the cost of your Rx if you meet the conditions of the PPI appeal process. In addition, children under the age of 11 can receive their allergy and PPI medications at the generic, PDL or brand coinsurance level (depending on the medication).

Drugs for the "OTC Alternative" and "Lifestyle" categories are not applied to your annual out-of-pocket maximum (unless covered under the PPI appeal process or the pediatric exception rule).

If you receive services from an out-of-network provider you may be obligated to pay charges exceeding the Plans' UCR fee limitations.

Please reference the SPD or Certificate of Coverage for a full description of covered services, benefit limitations and exclusions; Pre-admission certification may be required.

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Wellness Saves You Money Too! Spend Less Every Month by ...

Being tobacco free. Non-tobacco users pay 15% less for medical coverage. American Greetings associates who don't use tobacco or who successfully complete a tobacco-cessation program will pay less for medical plan coverage each year.

You are eligible for the tobacco-free discount if you are eligible for and participate in American Greetings Health Plans.

During each annual enrollment period, you select the appropriate tobacco user status when enrolling through the online enrollment system. Your status applies to you and any covered dependents. For example:

- » **Non-tobacco user:** you and your covered dependents are tobacco-free.
- » **Tobacco user:** you are not tobacco-free, or you are tobacco-free but one or more of your dependents is not.

If you selected "tobacco user" during annual open enrollment and you meet any of the following criteria, you may change your tobacco user status—and receive the tobacco-free discount. You are considered tobacco-free if:

- » You or your dependents are tobacco-free for 90 days (to be considered tobacco-free, you must not have used tobacco more than once per week in the past 90 days);
- » You and/or your dependents have successfully completed a smoking cessation program within the current plan year (proof of program completion required); or
- » Your physician has determined that it is medically inadvisable or unreasonably difficult for you and/or your covered dependents to stop using tobacco products and has provided you with a note stating this within the current plan year (a copy of the physician's note will be required).

If you selected "non-tobacco user" during your annual open enrollment and you (or your covered dependents) start using tobacco more than once per week during the plan year, you must change your status to tobacco user, and your monthly medical plan premiums will change to the tobacco user

For more information about the tobacco-free discount, go to AGBenefits > Wellness > TobaccoFreeDiscount.

Completing the confidential online health risk assessment (HRA). When you do, you can earn up to a \$150 credit toward your monthly medical plan contributions. You can earn an additional \$60 credit when your enrolled spouse completes the HRA. The credit is divided equally between pay periods (24 for exempt associates and 52 for nonexempt associates). And, it is prorated based on when you or your enrolled spouse complete the HRA. Here's how it works:

- » Both you and your enrolled spouse completed the HRA by November 11, 2011. Your \$210 total credit will be divided equally among the number of pay periods during the year, so you receive approximately \$8.75 each pay period ($\$210 \div 24$ pay periods).
- » You were hired in May and you complete the HRA in June. Your credit will be prorated ($\$150 \times 6/12 = \75) and divided equally among the number of pay periods remaining during the year, so you receive approximately \$6.25 each pay period ($\$75 \div 12$ pay periods).

Ready to get started? Access the HRA from the AGBenefits website. Go to Wellness > Health Risk Assessment (HRA).



Five things you should know about the HRA

- 1 Your results are confidential.** American Greetings receives only summary data, never any reports that include individual data.
- 2 OptumHealth, our wellness/condition management vendor, receives your results** and may follow up with you to offer additional information or support. Results do not become part of your medical record and you can opt out of participation in third-party wellness programs.
- 3 Your results do not affect your plan choices or your premiums,** but participation does reduce your overall costs.
- 4 You don't have to answer every single question if you are uncomfortable.** Although your results will not be as complete, you have the option to leave some answers blank if you are uncomfortable providing certain details.
- 5 After you complete the HRA,** you will receive a personalized report that will help you understand your health and provide suggestions to help you improve it.

See how you can get more from your Health Care Benefits with American Greetings Consumer Plans

The Enhanced Consumer Plan and Consumer Plan work a lot like the Traditional Plan.

You have ...

- » **Flexibility** to see any doctor and receive benefits if you use in-network or out-of-network doctors or hospitals.
- » An annual deductible you must meet before you and the plan share costs. The AG contribution to your HSA helps to cover your annual deductible and preventive prescription drugs are not subject to the annual deductible.
- » **Discounted rates** for service that have been negotiated with the in-network providers—you're not paying retail.
- » **Limits** on the total amount you'll have to spend each year—your out-of-pocket maximum.

More Benefits of the Consumer Plans include...

- » **Lower monthly contributions.** The Consumer Plans cost you less per month—period. On the flip side, you'll assume a little more responsibility for out-of-pocket costs in the form of your annual deductible and coinsurance, up to the out-of-pocket maximum.
- » **Help building a nest egg for health care expenses.** When you choose one of the Consumer Plans, you can open a tax-advantaged health savings account (HSA), administered by OptumHealthBank. Use it to pay for eligible health care expenses that count toward meeting your deductible. Contribute to the account with pretax payroll contributions up to IRS limits: \$3,100 for single coverage and \$6,250 for family coverage (includes company contribution). If you are age 55 or older and not covered by Medicare, you may be eligible to make an additional catch-up contribution of up to \$1,000 for 2012.
- » **Free money from American Greetings.** The company contributes to the account, too. You receive between \$300 and \$1,000, depending on the plan you choose and whether you select single or family coverage. The company contribution is made after you open your account. The amount you receive depends on when you open your account.
- » **Help paying for preventive drugs.** Since preventive drugs are not subject to your annual deductible, the plan will share the cost of these drugs immediately. Preventive drugs include those for treating high blood pressure, high cholesterol, heart disease, diabetes and other conditions. Get the complete list on the AGBenefits website or contact Caremark.



Smart Tip!

To maximize your savings, work to save at least the amount of your annual deductible each year.

What's a health savings account?

Health savings accounts (HSAs) are like checking accounts that allow you to pay for health care expenses now or save for future health care expenses with pretax dollars. You own the account—you keep it even if you leave American Greetings.

Unlike a flexible spending account, your balance rolls over from year to year. It's also triple tax advantaged. Your contributions into the account are pretax and your payments out of the account are not taxed. Once your account reaches a certain balance, you can move to an account that earns interest (tax-free) or can be invested. You can pay for expenses with a convenient debit card or online bill pay. Be sure to keep your receipts—the IRS may request that you show proof of how you used your tax-free money.

How do the Consumer Plans and the HSA work together when I need to pay for services?

Preventive Care

The plan pays 100% in-network, without having to satisfy a deductible. You pay nothing when you receive eligible preventive care services from in-network providers.

1 Deductible

You pay 100% (or use HSA money to pay) until eligible medical and prescription drug bills total the deductible amount.

Preventive Drugs are not subject to the deductible but co-pays do apply.

2 Cost Sharing

You pay 10–15% of your bills for eligible expenses (such as for doctors, surgeries, lab tests, X-rays, etc.). The plan picks up the rest.

3 Full Coverage

The plan pays 100% of your costs, once your portion of your eligible annual medical bills adds up to the out-of-pocket maximum.

Health Savings Account

You also get FREE money from American Greetings (up to \$1,000 depending on the plan you choose and whether you choose single or family coverage) deposited in full when you open your account for the first time. You can save tax-free and use the money toward your eligible expenses, including your deductible and cost sharing. Or let it grow for the future.

Important!

You must open the account yourself. If you don't, you'll miss out on the contribution from American Greetings. Go to the AGBenefits website for more details about opening your account. Instructions on opening your account will also be included in your confirmation statement packet, sent to your home after you enroll.

Don't wait to open your account. The company contribution is prorated based on when you opened your account.

Use your balance just for eligible expenses.

You can't take a loan from your HSA. If you use the money in your account to pay for non-eligible expenses, those funds will be subject to income tax and may also be subject to a 20% penalty tax. You can find the list of qualified expenses at www.irs.gov.

You must meet certain eligibility requirements to be eligible for an HSA.

- » You must be enrolled in the Enhanced Consumer Plan or Consumer Plan.
- » You cannot be:
 - o Covered by another health plan (for example, a spouse's plan) that is not a high-deductible health plan;
 - o Enrolled in Medicare, TRICARE or TRICARE for Life;
 - o Eligible to be claimed as a dependent on someone else's tax return;
 - o A recipient of Veterans Affairs benefits within the past three months.

Wellness Programs



American Greetings is partnering with you and your family to improve health and assist you in becoming better consumers of health care. Associates are benefiting by participating in free wellness programs, living tobacco-free and by utilizing the programs offered below.

Watch for more free wellness programs to be announced. These are in addition to the numerous current American Greetings resources—such as free Wellness Coaching through OptumHealth, free condition management, local health events and seminars. By getting healthier, you can improve your quality of life, lower your risk for some chronic conditions and lower your costs. Always make sure to check with your doctor before beginning any new diet or exercise program.

When you participate in free wellness coaching or condition management for the first time, you can earn a \$100 HSA deposit or a \$25 Visa gift card.

Confidential Health Risk Assessment (HRA). An online assessment administered by OptumHealth to help you understand the current state of your health and provide suggestions to help you improve it. Access it from the AGBenefits website.

Free Wellness Coaching. Wellness coaches will work with you to help you create a personalized plan to achieve your health goals. You can enroll in one or more of the seven programs offered:

- » Nutrition
- » Heart Health
- » Exercise
- » Weight Loss
- » Tobacco Cessation
- » Stress Management
- » Diabetes

Call 1-800-478-1027 to enroll. Administered by OptumHealth.

Diabetes Education. Receive up to \$750 (lifetime maximum) for participating in diabetes education classes or programs through your medical plan. Contact your plan provider for details.

Chronic Condition Management. Partners with your physician(s) to help you manage chronic and acute health situations such as diabetes, asthma, lower back pain, weight complications and heart disease. Administered by OptumHealth.

Online Tools and Resources. A wide variety of information, tools and resources to help you learn about and manage your health. Go to the Wellness tab on the AGBenefits website.

Employee Assistance Program (EAP) provides free assistance and information to all benefits-eligible associates, including referrals and short-term counseling for personal issues affecting work or personal life. Referrals are available for childcare services, legal consultations, older adult services and career management. Contact the EAP at 1-866-374-6061 or log on to www.liveandworkwell.com (access code = amgreetings). A Spanish-language version is available by clicking “Español” from the website.



The Forest City associates team up to Win at Wellness.

Dental

You have two dental options available to you that cover routine checkups and other types of dental care. Your rates for coverage are included in your personalized enrollment worksheet and you pay the full cost of this coverage.

Highlights

- » The dental two-year election requirements are changing to every even-numbered year, starting in 2012. This means all associates will get to make a dental election for 2012 and the elections you make or default to this year during open enrollment will be in place for 2012 and 2013 (unless you experience a qualifying life event).
- » The preferred provider organization (PPO) option through MetLife gives you the freedom to select any dentist and you can receive benefits in-network and out-of-network. You receive higher benefits when you choose in-network providers.
- » The dental maintenance organization (DMO) option through Aetna is designed for in-network coverage with only nominal out-of-network coverage on select services. If you choose to go to a dentist who is not in the network, you may not receive benefits from the plan and may be responsible for the full cost of the service.
- » To find network providers, call or go to the carrier websites listed below.

DENTAL COMPARISON CHART			
Benefits Summary	Dental PPO (MetLife)		Dental HMO* (Aetna)
	In-Network (based on Network Fee Schedule)	Out-of-Network (based on Usual and Customary Rate)	In-Network (no Out-of-Network Coverage)
Annual Deductible	\$20 single / \$60 family	\$50 single / \$150 family	None
Annual Benefit Maximum (for Type A, B and C services)	\$1,000 per individual	\$1,000 per individual	Unlimited
Requires selection of a Primary Care Dentist	No	No	Yes
Office Visit Co-pay	N/A	N/A	\$10 co-pay
Preventive Services (Type A) ¹ <ul style="list-style-type: none"> » Oral Exam / Cleanings / Fluoride » X-rays 	100%, no deductible	75% UCR, no deductible	100%
Basic Services (Type B) ¹ <ul style="list-style-type: none"> » Fillings » Space maintainers (MetLife only) » Sealants 	80% after deductible	65% UCR after deductible	80%
Major Services (Type C) ¹ <ul style="list-style-type: none"> » Crowns, dentures, bridges, inlays, onlays » Root canals » Space maintainers (Aetna only) 	50% after deductible (services no longer exclude missing teeth)	20% after deductible (services no longer exclude missing teeth)	50%
Orthodontic Services (to age 20; \$1,000 lifetime benefit max)	50%, no deductible		50%
Contact Information	1-800-474-7371 www.metlife.com/mybenefits		1-800-843-3661 www.aetna.com

* In areas where available

¹Please reference the SPD for a full description of covered services, benefit limitations and exclusions.

MetLife Dental PPO note: If you reside in the state of Mississippi, Montana, Texas, Massachusetts, Alabama, Georgia, Louisiana and Utah, the out-of-network/in-network coinsurance percentages are the same. Benefit levels for out-of-network and those in Choctaw, MS, are always based on the UCR.



Vision

American Greetings offers vision coverage through EyeMed Vision Care to help you save money on eye exams and eyewear like glasses and contact lenses. Your rates for coverage are included in your personalized enrollment worksheet and you pay the full cost of this coverage.

Did You Know?

To maintain good eye health and vision, it's important to see an eye health care provider at least once every couple of years if you are over 40 or immediately if you have any degree of sudden vision loss, eye pain, or irritation.

VISION COMPARISON CHART		
Benefits Summary	EyeMed Select Network— Member Pays	EyeMed Out-of-Network— Plan Pays
Exam with dilation as necessary	\$10 co-pay	\$35
Exam Options <ul style="list-style-type: none"> » Standard contact lens fit and follow up » Premium contact lens fit and follow up 	Up to \$40 90% of retail	Not covered
Lenses: Once/calendar year		
» Single, Bifocal, Trifocal vision	\$0 co-pay	Up to \$35 Single / \$45 Bifocal / \$60 Trifocal
» Standard progressives	\$0 co-pay	Up to \$45
» Premium progressives	80% of retail, less \$120 allowance	Up to \$45
Lens Options (add to price above) <ul style="list-style-type: none"> » Scratch resistant, ultraviolet, tint 	\$15	Not covered
Frames: Once every two years	\$150 allowance, 20% off any additional balance	Up to \$35
Contact Lenses: Once/calendar year in lieu of lenses	\$150 allowance, 15% off balance for conventional contact lenses	\$105
Laser Vision Correction: Lasik or PRM	15% off retail price or 5% off promotional price	Not covered
Additional Unlimited Eyeglasses and Contacts at Discounted Prices	Select Network Only 40% discount off complete pair eyeglass purchases and 15% discount off conventional contact lenses	Not covered
Contact Information	1-866-299-1358 (non-members); 1-866-723-0514 (members) www.eyemedvisioncare.com	

Flexible Spending Accounts

Save money tax free and use it to pay for health care and dependent care expenses by participating in either or both of the flexible spending accounts (FSAs), administered by ADP. You contribute money into these accounts on a pretax basis through convenient payroll deductions and your annual contributions are divided by the number of pay periods each year. You receive reimbursement from your account for eligible out-of-pocket costs.

If you are enrolled in a health savings account (HSA), you are eligible to enroll only in the “limited purpose” health FSA (that covers only dental and vision expenses). Opening an HSA does not affect your eligibility to open a dependent care FSA.

Highlights

- » Contribute up to \$3,500 each year to your health care FSA and use the balance to pay for eligible expenses that are not covered by another medical, dental or vision plan. You’ll receive a debit card from ADP to pay for eligible health care expenses at the point of service or you can submit a claim for reimbursement. **If you use the debit card, you must retain receipts and submit copies to ADP or the card will be frozen.**
- » Contribute up to \$5,000 each year to your dependent care FSA to pay for eligible daycare. You’ll pay for these services yourself and submit a claim for reimbursement.

More details

- » Get more information about how the FSAs work at www.americangreetingsbenefits.com.
- » Get a complete list of eligible expenses for the health care or dependent care FSA on the IRS website at www.irs.gov.
- » Manage your account online at www.flexdirect.adp.com.

Important FSA Rules

- » You must re-enroll each year to participate. Your FSA elections do not carry over.
- » Plan your contribution amount carefully! You may not change your elected amount after the enrollment period and the IRS requires that you forfeit any money left in your accounts after all eligible expenses have been reimbursed.
- » Over-the-counter drugs are not eligible for reimbursement from your health care FSA unless prescribed by a doctor. More details are available online at www.flexdirect.adp.com.
- » Expenses must be incurred between January 1, 2012 (or the date that you are first enrolled in the plan), and December 31, 2012, to be eligible. Claims for reimbursement from your 2012 account balance must be filed no later than March 31, 2013.

Other Programs

You can participate in any of these valuable programs at any time during the year.

Group Legal. Low-cost insurance plan through MetLife Group Legal that provides access to experienced attorneys for help with a wide range of services such as preparation of wills, living wills, living trusts, the sale or purchase of your primary residence, civil litigation defense, debt collection defense and identity theft defense. Contact Hyatt Legal at 1-800-821-6400 or www.legalplans.com.

Group Discount Auto and Homeowners. Insurance coverage for your home, auto, rental properties, boat and more at discounted group rates, along with a choice of payment options to suit your needs. Contact MetLife Auto & Home for more information at 1-800-438-6388 or www.metlife.com/mybenefits.





Life, Accidental Death and Dismemberment (AD&D) and Disability

Life and AD&D Insurance

Eligible full-time associates are automatically covered in basic life and AD&D for \$25,000 (part-time for \$8,500). American Greetings pays the full cost. Life insurance and AD&D insurance provide financial protection for you and your family. You may purchase optional life and accident insurance of up to five times your eligible pay. The maximum combined basic life and optional life coverage is \$1 million. The maximum combined basic and optional AD&D coverage is \$1 million.

When you purchase optional life insurance coverage, you will be required to provide evidence of insurability (EOI), sometimes called proof of good health, for:

- Newly Eligible the lessor of
 - » Coverage in excess of \$500,000;
 - » Coverage greater than three times your eligible pay;
- During open enrollment or upon a qualified life event
 - » Increases of more than one level (for example, from one times salary to three times salary).

The online enrollment system will prompt you to complete the EOI form when applying. Coverage becomes effective after approval by the carrier and you are actively at work.

You may also purchase dependent coverage:

- » Dependent life for your spouse up to \$25,000 and children up to \$10,000;
- » Optional accident coverage for your spouse and children.

Disability

Short-Term Disability

Short-term disability (STD) is provided for eligible full-time and part-time associates. Short-term disability provides a percentage of your eligible pay depending on your years of service and length of disability. STD ranges from three weeks to 26 weeks.

Long-Term Disability

- » Full-time exempt associates receive company-paid long-term disability coverage of 50% of your eligible pay, up to \$7,500. You have the option to purchase, at your own expense, additional long-term disability coverage for yourself up to 66.6% of your eligible pay up to \$10,000 monthly maximum benefit.
- » Nonexempt associates, part-time exempt associates and Territory Leads can purchase long-term disability coverage of 50% or 60% of your eligible pay (up to \$3,000 monthly maximum benefit). You pay the full cost of this coverage.

An evidence of insurability (EOI) form is required when you enroll or if you request optional coverage outside your initial eligibility. The online enrollment system will prompt you to complete the EOI when applying. Coverage becomes effective after approval by the carrier and you are actively at work.

Retirement Profit Sharing and Savings Plan

Participating in the American Greetings Retirement Profit Sharing and Savings Plan, administered by Vanguard, is one of the best things eligible associates can do to save for the future.

(Note: Merchandisers, Territory Leads, leased associates, independent contractors and certain union associates are ineligible.)

Highlights

- » **You choose how much to contribute.** You can contribute from 1% to 50% of your pay on a pretax or Roth after tax basis up to the IRS limits.
- » **Don't miss out on company contributions!** American Greetings matches 40% of your contribution up to 6% of your eligible earnings and makes a profit sharing contribution to your account if the organization meets certain financial goals.
- » **You are immediately eligible and 100% vested** in your contribution and the company match and profit sharing contribution. The match and profit sharing are contributed to your account annually during the second quarter of the following plan year. You must have worked 1,000 hours during the year and you must be employed by American Greetings on the last day of the plan year (December 31) to qualify for the company matching and profit sharing contributions, if made.
- » **Lower taxes.** Your pretax contributions come out of your paycheck before federal and state taxes are taken out. This reduces your taxable income so you pay less in taxes.
- » **Convenient payroll deductions.** You decide how much of your pay you want to contribute to the plan, and the deduction is taken out automatically each pay period.
- » **Broad investment choices.** The plan offers a variety of professionally managed funds and you choose how your contributions are invested. Log on to Vanguard's

website or call Vanguard to speak with a representative for more details.

- » **Portable benefit.** Your balance from another company-sponsored plan can be rolled over into the American Greetings plan when you become an associate. And if you leave American Greetings, you can roll over your balance into another company-sponsored retirement savings or tax-qualified retirement plan.

More details

- » See plan highlights and more detailed information about the plan on the AGBenefits website.
- » Manage your account, make changes to how your money is invested and update your beneficiaries by contacting Vanguard at www.vanguard.com or 1-800-523-1188.

Did You Know?

To replace 75% to 85% of your current salary in retirement, you'll need to save 10% to 20% of your income annually.

**Are you saving enough for retirement?
It's time to review your contributions.**



Enrollment: What You Need to Do

Getting Ready to Enroll

Each of us must become smart shoppers when we “buy” health care coverage, other benefits and services. That means doing our homework, comparing options and buying based on quality and price. It also means thinking ahead to the future and making sure personal information is up to date. As you get ready to make important benefit decisions, be sure you:

- 1 Use available tools to help you understand and compare your options:
 - » The personalized enrollment worksheet included in this packet—see your costs for coverage and the benefit options you are eligible for.
 - » The AGBenefits website—learn more about flexible spending accounts, health savings accounts and all the other plans and programs available to you and access resources to help you choose:
 - i. See how the plans compare
 - ii. Use the plan costs calculator
 - iii. See what people with situations that could be similar to yours choose and why
 - iv. Get answers to frequently asked questions about American Greetings benefit programs
 - » Plan provider websites—find a doctor in your medical plan and access other tools and resources.
- 2 Verify and update your personal information. Make any necessary corrections to your home address, phone number or emergency contacts via the employee self-service website. From imAGine click ESS - Employee Self Service site or log on to <https://portal.adp.com> from any computer.
- 3 Take the confidential online health risk assessment (HRA) and earn credit toward your monthly medical plan contributions. Your enrolled spouse can also earn a credit for completing the HRA. You'll receive a personalized health results profile immediately after you complete the HRA. Use this profile to plan your next steps toward a healthier lifestyle.
- 4 Review your retirement savings plan contribution and designate beneficiaries. You'll want to designate beneficiaries for your account and maximize the company match by contributing at least 6% of your eligible pay. You can make changes to your contribution and how your money is invested at any time at www.vanguard.com.



Tools to Help You Live Well

- » AGBenefits website
- » Health risk assessment
- » Free preventive care exams
- » Wellness coaching
- » imAGine articles
- » Informational brochures

How Do I Enroll?

To enroll online

Go to the AGBenefits website, accessible from imAGine (click AGBenefits) or from any computer at www.americangreetingsbenefits.com and click the 2012 Open Enrollment icon.



2012
Open
Enrollment

1 Log in with your user name and password:

- » Your user name is “e00” followed by your five-digit associate ID number (example: e0012345). You’ll find your associate ID number on your offer letter, your pay stub, and your ID badge. Can’t find your employee number? Call the AGBenefits Solution Center.
- » When logging on for the first time, your password is your two-digit birth month and the last two digits of your birth year. For example, if your birth date is December 16, 1972, your password will be 1272. Passwords are also reset each year prior to open enrollment to your two-digit birth month and the last two digits of your birth year. You may change your password at any time during the year.

2 Follow the instructions on the left side of the screen for details on how to enroll in benefits:

- » Choose your medical plan
 - o Select spousal surcharge if needed
- » Choose or make changes to ...
 - o Dental
 - o Vision
 - o Optional programs—life, accident and disability
- » Decide what to contribute to the health savings account (HSA) or flexible spending accounts (FSAs)
- » Verify and update your dependents for medical, dental and vision plans
- » Designate or update beneficiaries for your life and AD&D coverage
- » Confirm your elections



And remember...

Contact the AGBenefits Solution Center at 1-877-213-6240 Monday through Friday from 7:30 a.m. to 9:00 p.m. EST during open enrollment (10/31/2011–11/11/2011) if you need assistance.

When enrolling in benefits during the annual open enrollment period, you may re-enter the online enrollment system as often as you wish to make changes until the enrollment period ends.

- 3 **Print a copy of your confirmation statement for your records.**
- 4 **Open your OptumHealthBank health savings account (HSA)** if you selected one of the Consumer Plans, and you do not already have an OptumHealthBank HSA. Remember, you must open the account by 12/31/2011 to make sure you receive the full contribution and have your pretax contributions deposited. The actual amount you receive is prorated based on when you opened the account, so don't wait to take this important step.
- 5 **Review your retirement savings plan contribution and designate beneficiaries.** You'll want to designate beneficiaries for your account and maximize the company match by contributing at least 6% of your eligible pay. You can make changes to your contribution and how your money is invested at any time at www.vanguard.com.

Want to enroll by phone?

Call the AGBenefits Solution Center at 1-877-213-6240. Representatives are available to assist you Monday through Friday from 7:30 a.m. to 9 p.m. EST during open enrollment.

Enrolling dependents?

If you're enrolling dependents in medical, dental and/or vision benefit plans, be sure to have their names, birth dates and Social Security numbers handy before you start the process. During enrollment, print the dependent eligibility verification form, complete it and submit to show proof of eligible dependent status. If you don't submit adequate documentation within the required time frame, coverage for the associated dependents will not become effective.

Did You Know?

You can put a free personal wellness coach on your team to help you reach your health and wellness goals. See page 10 for details about the Wellness Coaching program (administered by OptumHealth). American Greetings covers five sessions at no cost to you!

What to Expect after Enrollment

- » **Review your confirmation statement.** Print a copy from the enrollment system. A paper copy will also be mailed to your home the week of November 21. If any information is incorrect or you have questions, contact the AGBenefits Solution Center. Keep your confirmation statement in case you need to use it as proof of coverage.
- » **Watch for ID cards.** You'll receive medical ID cards and prescription (Caremark) ID cards if you are enrolling for the first time in medical coverage, you change plans, or add dependents during open enrollment. If you don't receive your ID cards as expected, call your medical plan or prescription provider directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage. You may also be able to print a copy of your ID card from your plan's website. You will not receive an ID card for dental coverage.