

Definition of Eligible Dependents for Different Benefit Programs

| Benefit | Definition of Dependent | Child Age Limitation |
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| Health Savings Account (HSA) | <p>You can use the HSA funds for qualified medical expenses incurred by the following persons:</p> <ul style="list-style-type: none"> ➤ You and your spouse. ➤ All dependents you claim on your tax return. ➤ Any person you could have claimed as a dependent on your return except that: <ul style="list-style-type: none"> ▪ The person filed a joint return, ▪ The person had gross income of the reported IRS limit or more, or ▪ You or your spouse if filing jointly, could be claimed on someone else's tax return. <p>Note: spouse or dependent does not have to be covered on your AG healthcare plan. Visit www.irs.gov for more information on HSA eligibility rules.</p> | All Dependents on your tax return |
| Flexible Spending Account (FSA) —Health Care | <ol style="list-style-type: none"> 1) Your spouse 2) Your child, stepchild, legally adopted child (or a child placed with you for adoption or foster child who has not attained age 27 as of the close of the year {this rule applies for expenses incurred on or after January 1, 2011}), 3) a qualifying child, and 4) a qualifying relative. <p>A "qualifying child" is a child who meets the following requirements:</p> <ul style="list-style-type: none"> ➤ the child is your child, adopted child, stepchild, foster child, grandchild, brother, stepbrother, sister, stepsister, niece or nephew; ➤ the child lives with you for more than one-half of the year; ➤ the child has not attained age 19 as of the close of the year (has not attained age 24 as of the close of the year in the case of a child who was a full-time student for at least 5 months of the year {Note: These age limits do not apply in the case of a child who is permanently and totally disabled}), and ➤ the child does not provide over one-half of his or her own support for the year. <p>A "qualifying relative" is an individual who meets the following requirements:</p> <ul style="list-style-type: none"> ➤ the individual is your child, adopted child, stepchild, foster child, grandchild, parent, grandparent, brother, stepbrother, sister, stepsister, niece, nephew, aunt, uncle, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law or sister-in-law (Note: this requirement is also met if the individual does not have one of these specified relationships to you, but the individual lives with you and the relationship between you and that individual is not in violation of local law); ➤ you provide over one-half of the individual's support for the year; and ➤ the individual is not a qualifying child (as defined above) of you or any other taxpayer for the year. | Through age 26 |
| Flexible Spending Account (FSA) —Dependent Care | <ol style="list-style-type: none"> 1) Your child, grandchild, brother, or sister who is under age 13, who lives in your household for more than one-half of the year and who does not provide more than one-half of his or her own support for the year; 2) Your spouse who is physically or mentally incapable of caring for himself or herself and who lives in your household for more than one-half of the year a same sex partner is not a spouse for this purpose, even if you are legally married; and 3) A relative or household member who is physically or mentally incapable of caring for himself or herself, who is principally dependent on you for support, and who resides in your household for more than one-half of the year. | Under 13 |

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, American Greetings reserves the right to amend (subject to the provisions of collective bargaining agreements where applicable), modify, revoke or terminate these plans in whole or in part at any time. No person speaking on behalf of American Greetings or the plan can amend the plan through a verbal or written statement without a plan amendment. Neither this document nor participation in the benefit plans described here constitutes a promise of continuing employment with American Greetings. More information is available on AGBenefits.com or by calling the AGBenefits Service Center at 1-877-213-6240 for a copy of the summary plan description or plan document.

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| Medical | <p>1) Your spouse under a legally valid existing marriage, unless court ordered separation exists and same-sex or opposite-sex domestic partner.*</p> <p>2) Child means the associate and spouse's unmarried or married child(ren) (natural, foster, step, and adopted children; children placed with you for adoption; and any other children related by blood or marriage for whom you can provide proof of legal guardianship) who is either:</p> <ul style="list-style-type: none"> ➤ Adult children up to age 26 regardless of student or marital status. They do not need to be financially dependent on their parents or reside with their parents. ➤ Dependent on you for medical care in accordance with a Qualified Medical Child Support Order ("QMCSO"). ➤ Dependent child who is physically or mentally handicapped and incapable of earning a living at the time coverage would otherwise end (the Plan Administrator requires proof of continuing disability. See below for more details). ➤ The child(ren) of your unmarried dependent child under age 19 residing in your household in a normal parent/child relationship. <p>3) If you and your spouse are employed by the Company and both of you are benefit eligible, your children may be covered as dependents of either you or your spouse, but not both of you; either you or your spouse may elect to be covered as a dependent under the other's coverage.</p> <p>*For associates enrolled in CIGNA International and Kaiser Hawaii, see the insurance booklet for more information.</p> | End of the month child turns age 26. |
| Dental/Vision | <p>1) Your spouse under a legally valid existing marriage, unless court ordered separation exists or same-sex and opposite-sex domestic partner.</p> <p>2) The term "child" means the following:</p> <ul style="list-style-type: none"> ➤ The <i>associate's</i> natural or adopted child; stepchild who resides with the <i>associate</i>; foster child; a child who resides with and is fully supported by the <i>associate</i>; or any other child for whom the <i>associate</i> is the legally appointed guardian; and who, in each case, is: <ul style="list-style-type: none"> ○ under age 26; ○ unmarried; and ○ not employed on a full-time basis. ➤ The definition of Child includes newborns. ➤ An adopted child includes a child placed in the <i>associate's</i> physical custody for purpose of adoption. If prior to completion of the legal adoption the child is removed from the <i>associate's</i> custody, the child's status as an adopted child will end. <p>An eligible child shall also include any other child of an <i>associate</i> who is recognized in a Qualified Medical Child Support Order (QMCSO) or National Medical Support Notice (NMSN) as being entitled to enrollment for coverage under this <i>Plan</i>, even if the child is not residing in the <i>associate's</i> household. Such child shall be referred to as an <i>alternate recipient</i>. <i>Alternate recipients</i> are eligible for coverage only if the <i>associate</i> is also covered under this <i>Plan</i>.</p> <p>A child who is unmarried, incapable of self-sustaining employment, and dependent upon the <i>associate</i> for support due to a mental and/or physical disability, and who was covered under the <i>Plan</i> prior to reaching the maximum age limit or due to other loss of <i>dependent's</i> eligibility and who lives with the <i>associate</i>, will remain eligible for coverage under this <i>Plan</i> beyond the date coverage would otherwise be lost.</p> | End of the month child turns age 26. Unless: for dental only , you reside in a state where coverage is extended by state law. Please contact the insurance company for specific age limitations by state. |

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| Optional Dependent Life /AD&D | <p>1) The associate's lawful spouse and same-sex or opposite-sex domestic partner.</p> <p>2) The associate's natural child, adopted child (including a child from the date of placement with the adopting parents until the legal adoption) or stepchild who resides with the associate, who is:</p> <ul style="list-style-type: none"> ➤ under age 26 and who is: <ul style="list-style-type: none"> ○ unmarried; ○ supported by the associate; and ○ not employed on a full-time basis. <p>The term child does not include any person who:</p> <ul style="list-style-type: none"> ➤ is in the military of any country or subdivision of any country; or ➤ is insured under the plan as an associate. | <p>End of the month child turns age 26, if unmarried, supported by associate and not employed full-time.</p> <p>(Unless state laws specify otherwise.)</p> |
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