

**Summary Plan Description
and
Plan Document
for the**

MEIJER

EMPLOYEE ASSISTANCE PROGRAM (“EAP”)

(As of May 1, 2019)

INTRODUCTION

Meijer, Inc. (the “Plan Sponsor”) has adopted the Meijer Employee Assistance Program (“EAP”) (formerly, the Meijer Assistance Program) for the benefit of team members of the Company and their immediate family members. This document serves as the Plan document and Summary Plan Description (the “SPD”) and is intended to explain the EAP. Participants should read this document carefully and acquaint their families with its provisions. For questions, Participants should contact the Meijer HR Contact Center at tie-line 8-982-5750, in Grand Rapids at (616) 791-5750, or toll-free at 1-800-346-8281.

ELIGIBILITY AND PARTICIPATION

When Does Coverage Begin?

All team members are eligible to participate in the Plan. Enrollment in the EAP is automatic and is effective upon the team member’s date of hire. An enrolled team member’s immediate family members are also eligible for the EAP.

When Does Coverage Terminate?

A team member’s participation ends upon termination of employment. An immediate family member’s participation will cease when the team member’s participation ends or earlier, if no longer an immediate family member (e.g., divorce in the case of a spouse).

COBRA Continuation Coverage

Upon termination, the Participant will be eligible for COBRA continuation coverage. Continuation coverage is required under the federal law known as COBRA. COBRA continuation coverage allows the team member and/or his/her dependents to temporarily extend EAP coverage in certain instances where coverage would otherwise end (e.g., upon the team member’s termination of employment or death, dependent loss of eligibility due to age, or the spouse’s loss of coverage due to divorce).

COBRA shall be available for the maximum continuation period prescribed by law which is 18 months in the event of the team member’s termination of employment, or 36 months in the case of other qualifying events. The individuals enrolled in COBRA are known as qualified beneficiaries.

If the qualified beneficiary is eligible for Meijer-provided group health coverage under the Meijer Health Benefits Plan and elects COBRA continuation coverage with respect to that coverage, that coverage will automatically include the EAP at no additional charge. If the qualified beneficiary does not elect COBRA under the Meijer Health Benefits Plan (e.g., because he or she is not eligible or is eligible but declines coverage), the qualified beneficiary will receive continued EAP coverage for the period described above at no additional charge.

The other rules concerning COBRA continuation coverage are set forth in the Meijer Health Benefits Plan and are incorporated by reference into this Plan.

PLAN FUNDING

A trust fund has been established into which contributions are made to pay benefits under the EAP. The EAP and the Trust Agreement which established the trust fund are intended to qualify as a Voluntary Employees' Beneficiary Association ("VEBA") within the meaning of Section 501(c)(9) of the Code. The Company will contribute to the trust fund the amount required to fund the benefits under the EAP. Participants are not required to contribute to the cost of coverage under the EAP.

MELJER ASSISTANCE PROGRAM

The EAP offers confidential assistance and counseling sessions to team members and immediate family members whose personal problems are affecting quality of life and/or ability to perform job functions including personal problems of an emotional, family, substance abuse, financial or medical nature. Services include a telephonic assessment with a service provider intake staff person. The intake assessment will determine if the participant is best served with a referral to a local agency in their community, or a telephonic counseling session with a service provider counselor. If telephonic counseling is determined to be appropriate, the service provider counselor will initiate the call of the pre-scheduled telephonic counseling session. The service provider counselor will determine if a follow-up session for an issue is warranted. Otherwise, the participant may be referred to a local agency in their community for assistance. The EAP also provides educational and awareness materials.

CLAIMS

There are no claim forms to be completed with respect to the EAP. The benefits are provided automatically upon enrollment. If, however, you believe you are being denied a benefit under the EAP, in whole or in part, you can submit an appeal to the plan administrator. The claim must be submitted in writing within 180 days following any adverse benefit determination. You may submit written comments, documents, records and other information relating to the claim. The information will be considered without regard to whether it was submitted or considered in the initial review. In filing the appeal, you will be provided, upon request and free of charge, reasonable access to and copies of all documents, records or other information relevant to your claim for benefits.

The appeal procedure will provide for a review that does not defer to the initial benefit determination. The appeal will be conducted by an appropriate named fiduciary of the Plan who is neither the individual who made the initial determination nor a subordinate of that individual.

The plan administrator will notify you of the Plan's determination on review within 60 days after the Plan's receipt of your request for a review of the benefit determination. If adverse, the notice will set forth the specific reason or reasons for the determination, referred to the specific Plan provisions on which the determination is based and describe any additional material information for you to perfect the claim. The notice will also include a statement of your right to bring a civil action under Section 502(c) of ERISA. If the determination was based upon an internal rule, guideline, protocol or similar criteria, a copy will be provided to you free of charge upon request. No legal action may be brought to recover benefits under the EAP until you have exhausted this appeal procedure. Further, no legal action may be brought after the expiration of one year after you have been provided with a written notice denying the Plan's appeal concerning the EAP claim.

HIPAA PRIVACY AND SECURITY RULES

The EAP is subject to the HIPAA privacy and security rules. The EAP is considered part of the Meijer Health Benefits Plan for this purpose and shall follow the privacy and security procedures established in connection with that Plan and the amendment to that Plan shall be hereby incorporated by reference into this document.

ADMINISTRATION

Meijer, Inc. is the plan administrator. The plan administrator is the designated named fiduciary and is charged with the administration of the Plan and has certain discretionary authority with respect to the administration of the Plan. Meijer, Inc., as the plan administrator, has the ultimate discretion and authority to determine all questions of eligibility for participation and eligibility for payment of benefits, to determine the amount and manner of the payment of benefits and to otherwise construe and interpret the terms of the Plan.

AMENDMENT AND TERMINATION OF PLAN

Plan Sponsor will have the right to amend the Plan in whole or in part at any time. Plan Sponsor may terminate the Plan at any time by action of its Executive Committee.

YOUR RIGHTS AS A PLAN PARTICIPANT

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants are entitled to:

Receive Information About the Plan and its Benefits

- Examine, without charge, at the Plan Administrator's office, and at other specified locations, such as worksites, all documents governing the Plan, including any insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series). The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate the Plan, called “fiduciaries” of the Plan, have a duty to do so prudently in the interest of you and other Plan participants and beneficiaries. No one, including your Employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Participant’s Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. In addition, if you disagree with the Plan’s decision or lack thereof concerning the qualified status of a medical child support order, you may file suit in federal court. If it should happen that Plan fiduciaries misuse the Plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds the participant’s claim is frivolous.

Assistance With Questions

If you have any questions about the Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in the telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Ave., N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

OTHER BASIC INFORMATION ABOUT THE PLAN

Name of Plan:	Meijer Employee Assistance Program*
Name, Address, Telephone Number and Taxpayer Identification Number of Company/Plan Sponsor:	Meijer, Inc. 2929 Walker Ave., N.W. Grand Rapids, MI 49544-9428 (616) 453-6711 38-1274536
Name and Address of Participating Related Company:	Meijer Stores Limited Partnership 2929 Walker Ave., N.W. Grand Rapids, MI 49544-9428 Meijer Great Lakes Limited Partnership 2929 Walker Ave., N.W. Grand Rapids, MI 49544-9428
Plan Number:	501
Type of Plan:	Welfare Benefit Plan
Type of Administration:	Self-funded benefits administered by Plan Administrator and Third Party Claims Administrator
Plan Administrator:	Plan Sponsor
Name, Address and Telephone Number of Third Party Claims Administrator:	Magellan Healthcare, Inc. 14100 Magellan Plaza Drive Maryland Heights, MO 63043 (800) 327-5480 www.magellanascend.com
Agent for Service of Legal Service:	Office of the General Counsel Meijer, Inc. 2929 Walker Ave., N.W. Grand Rapids, MI 49544-9428 Service of legal process may also be made on a Plan trustee or the Plan Administrator.

* The Meijer Employee Assistance Program is part of the Meijer Health Benefits Plan for purposes of the annual Form 5500 filing requirement.

Name and Address of Plan Trustees:

Michael Rotelle III
Daniel Webb
Jeffrey Powers
Keith Morrison
Meijer, Inc.
2929 Walker Ave., N.W.
Grand Rapids, MI 49544-9428

Plan Fiscal Year End:

The Saturday closest to January 31