

EXPLORE YOUR BENEFITS

2020 BENEFITS ENROLLMENT GUIDE FULL TIME



Ruby
Tuesday

BENEFITS WEBSITE

benefits.rubytuesday.com

Check out your one-stop-shop for all things benefits.

MEDICAL INSURANCE



DENTAL INSURANCE



VISION INSURANCE



HSA & FSA



DISABILITY INSURANCE



TERM LIFE



CRITICAL ILLNESS



ACCIDENT COVERAGE



STEPS FOR ENROLLMENT

Step 1

Visit benefits.rubytuesday.com to review your benefit options and Summary of Benefits and Coverage (SBC).

Step 2

Click on the Enroll Now button.

Step 3

Enter your username and PIN. Username is Social Security # with no dashes. Your PIN is the last 4 digits of your Social Security # and the last 2 of your birth year.

Step 4

Follow the enrollment prompts to elect the coverages you want.

Step 5

Review your confirmation statement after you've completed enrollment.

YOUR BENEFITS

WELCOME TO RUBY TUESDAY! WE'RE GLAD YOU'RE HERE!

At Ruby Tuesday we believe in offering a variety of medical packages, as well as comprehensive supplemental products for you and your family. We strive to provide our employees with a diverse and comprehensive benefits package that will grow with you. Please use this guide to learn about the benefits we offer, and how you can make them work for you. As a knowledgeable consumer, you can help us manage costs by taking good care of yourself and your family and making smart decisions such as taking advantage of our health and wellness resources, choosing generic drugs over name brands, and using urgent care centers rather than emergency rooms.

We've included key employee resources in this guide to help make the decisions that best fit your particular situation.

If you still have questions, please ask your manager or email benefitsadministration@rubytuesday.com.

TABLE OF CONTENTS

Page 2. Core Benefits Overview

Page 3. Medical Plan Options

Page 4. New Medical Benefit Spotlights

Page 6. Medical Plan Options

Page 7. Medical Rates

Page 8. Dental Options & Rates

Page 9. Vision Plan Options & Rates

Page 10. Prescription Drug

Page 11. Other Core Highlights

Page 12. Supplemental Benefits Overview

Page 13. Dependent Care FSA

Page 14. Disability

Page 15. Life

Page 16. Accidental Death & Personal Loss

Page 17. Additional Supplemental Benefits



CORE BENEFITS



Medical Insurance

Ruby Tuesday is pleased to announce our partnership with Blue Cross Blue Shield as our healthcare provider, but your plan options will not change. You still get to choose between two Health Savings Account (HSA) plans, one PPO plan, or a Preventive Care Only plan.



Health Savings Account

Contribute up to \$3,550 tax-free annually as an individual or \$7,100 for a family. Ruby Tuesday will match up to \$150 per year. Use it to pay for medical expenses and save for retirement. Funds roll over from year-to-year!



Dental Insurance

Robust coverage including a \$2,000 annual benefit, no deductible, and free cleanings. Both adults and children are covered under our Orthodontia benefit!



Vision Insurance

If you wear glasses or contact lenses, you know vision expenses can add up. We offer you two Vision plans with a \$10 copay for vision exams, a \$25 copay for lenses and an allowance on frames.



Life & Accidental Death and Personal Loss

We provide these benefits at no cost to you. Directors of Operations receive 2x your covered salary to a maximum of \$250,000. Managers, Support Center Team Members and Managers in Training receive \$25,000.



401k Match

The plan offers a convenient, tax-deferred way to save. Take a look at what a difference enrolling in the Plan could make in achieving your retirement goals.



PhysicianNow[®]

Use PhysicianNow[®] Powered by MDLive when it's not an emergency, and you can't get to a doctor's office. And you'll typically pay less than you would for a visit to the office or urgent care clinic.



Employee Assistance Program

This program includes Aetna's Resources for Living -- a comprehensive well-being approach designed to empower members.

YOUR MEDICAL PLAN OPTIONS

As a Ruby Tuesday employee, you have the choice of the following medical plans through our new healthcare provider, **Blue Cross Blue Shield**. BCBS partners with more than 95% of hospitals, doctors, and specialists nationwide.

HSA High Deductible

This plan has the lowest premium and a \$3,000 (Individual) annual deductible. Your network accessibility is limited to In-Network Providers and you pay the full cost of your Medical/Rx expenses until the deductible is met.

HSA Low Deductible

This is the average premium plan and your annual deductible is \$1,750 (Individual). Your network accessibility is not limited, so you are able to work with providers In-and-Out of Network. You pay the full cost of your Medical/Rx expenses until the deductible is met.

Premier Care Plan

This plan has the highest premium and your annual deductible is \$800 (Individual). Your network accessibility is not limited, so you are able to work with providers In-and-Out of Network, and you pay co-pays for doctor visits and Rx.

OR a Preventive-Only Plan through Symetra

Symetra MEC Plan

This plan covers preventive services only. There is no deductible and you are responsible for all non-preventive Medical/Rx expenses.

ALL ABOUT HSAs

A health savings account (HSA) is a medical savings account. This account is funded by Ruby Tuesday and you, if you elect to contribute, to help pay for your medical expenses. The funds contributed to an HSA account are not subject to federal income tax at the time of deposit.

- Your funds rollover from year-to-year. Earn tax-free deposits from your paychecks into your account automatically! You can pay for medical expenses, save for retirement, and more!
- Use your HSA as an option to pay for your medical expenses tax-free. A debit card is provided to you, to make paying for your services easier than ever before.
- 2019 HSA Annual Individual Contribution Limit: \$3,550
- 2019 HSA Annual Family Contribution Limit: \$7,100
- Ruby Tuesday will contribute to your HSA on the High Deductible and Low Deductible Medical Plans. You can't participate in an HSA if you enroll in the Premier Care Plan or Symetra MEC Plan.

ELIGIBILITY FOR AN HSA

1. You must be covered by a qualified health plan— either HSA High deductible OR HSA Low Deductible.
2. You cannot be covered by another health plan, including Medicare or your spouse's medical or prescription plan.
3. You cannot be claimed as a dependent on another individual's tax return.
4. You cannot be covered through a Health FSA.
5. You cannot have received Veterans Administration (VA) benefits within the past three months.
6. You cannot be receiving health benefits under TriCare.

NEW MEDICAL BENEFIT SPOTLIGHT: PhysicianNow®

PhysicianNow® POWERED BY MDLive

Use **PhysicianNow® Powered by MDLive** when it's not an emergency, and you can't get to a doctor's office. And you'll typically pay less than you would for a visit to the office or urgent care clinic.

Use PhysicianNow for things like:

- Allergies, cold, fever, and flu
- Sinus or respiratory issues
- Skin conditions (rashes or insect bites)
- Certain pediatric conditions
- Urinary tract infections
- Constipation or diarrhea
- Earaches
- Nausea and vomiting
- Pink eye

How do I use PhysicianNow?

You can talk with a doctor using your phone, online video chat, or the mobile app. **It's easy to get started.**

- 1** Register for PhysicianNow by logging in to your BlueAccessSM account at **bcbst.com/member** and clicking Talk With a Doctor Now. Or call **1-888-283-6691**.
- 2** Once you register, you can use it anytime. You can also download the app from the App Store® or Google Play®. Search for **PhysicianNow**, one word.

****Have your BlueCross Member ID card with you -- your doctor will need information from it.**

NEW MEDICAL BENEFIT SPOTLIGHT: Savings

Choosing Where to Get Care Saves You Money

We work with certain doctors, hospitals and specialists to give you the best discounts for care. We call this your provider network. When you choose to get care inside that network, you save money. Before you get care, ask your provider if they're in your network. Or, check for yourself using the **Find a Doctor** tool. You can find it under **Find Care & Estimate Costs** on **BlueAccess**.

Free Screenings Keep You Healthy

Keeping an eye on your health – even when you're feeling fine – could save you money in the long run. When health problems are found early (before they become more serious), they're often easier and less costly to treat.

Most plans cover yearly checkups with an in-network doctor at no cost. This checkup may also include lab tests to check for common health problems and immunizations.

Member Discounts to Help You Live Better for Less

Your health plan does more than just pay your medical bills. Our **Blue365® discount program** helps you save on everyday health-related purchases like eyewear, nutrition programs and fitness gear. Find out more by logging in to **BlueAccess**, choosing **Managing Your Health** and select **Member Discounts & Fitness Your Way**.



MEDICAL PLAN OPTIONS AND CONTRIBUTIONS

BLUE CROSS BLUE SHIELD MEDICAL PLAN OPTIONS								
	High D Plan - EPO HSA		HSA Low D - PPO HSA		Premier Care Plan - PPO		Symetra MEC Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible (CYD)	Employee: \$3,000 Family: \$6,000	No Out-of-Network Coverage	Employee: \$1,750 Family: \$3,500	Employee: \$3,500 Family: \$7,000	Employee: \$800 Family: \$2,400	Employee: \$1,600 Family: \$4,800	Preventive Care Only	
Calendar Year Out-Of-Pocket Maximum	Medical: \$6,450 per individual / \$12,900 per family		Employee: \$3,500 Family: \$7,000	Employee: \$7,000 Family: \$14,000	Employee: \$3,200 Family: \$9,600	Employee: \$6,400 Family: \$19,200	Preventive Care Only	
Primary Care Physician	30% after deductible		20% after deductible	50% of allowable after deductible	\$25 office visit co-pay	40% of allowable after deductible	Preventive Care Only	
Teladoc	\$40 consultation co-pay		\$40 consultation co-pay	N/A	\$40 consultation co-pay	N/A	Preventive Care Only	
Specialist	30% after deductible		20% after deductible	50% of allowable after deductible	\$45 office visit co-pay	40% of allowable after deductible	Preventive Care Only	
Urgent Care					\$25 co-pay		Preventive Care Only	
Emergency Room	30% of allowable after deductible			20% after deductible	20% after deductible	\$300 co-pay, 20% after deductible		Preventive Care Only
Laboratory and Radiology	30% of allowable after deductible	No Out-of-Network Coverage	50% of allowable after deductible		20% after deductible 20% after deductible	40% of allowable after deductible	Preventive Care Only	
Outpatient & Inpatient					Preventive Care Only			
Preventative Care	No Cost				No Cost		Preventive Care Only	
Coinsurance	Variable		20%		50%	20%	40%	Preventive Care Only
HSA ER Contribution Match	\$150		\$150	\$150	N/A		Preventive Care Only	

YOUR MEDICAL WEEKLY RATES

	Non-Smoker	Smoker
High D		
Employee	\$21.50	\$58.58
Employee + Spouse	\$57.23	\$94.31
Employee + Child(ren)	\$49.09	\$86.17
Employee + Family	\$78.27	\$115.35
Low D		
Employee	\$40.69	\$108.99
Employee + Spouse	\$109.28	\$177.58
Employee + Child(ren)	\$99.62	\$167.93
Employee + Family	\$145.65	\$213.96
Premier		
Employee	\$79.91	\$125.39
Employee + Spouse	\$184.62	\$234.01
Employee + Child(ren)	\$170.11	\$219.30
Employee + Family	\$239.26	\$290.87
MEC Only		
Employee	\$7.08	\$7.08
Employee + Spouse	\$7.98	\$7.98
Employee + Child(ren)	\$7.61	\$7.61
Employee + Family	\$8.63	\$8.63

YOUR DENTAL PLAN OPTION & RATES

BLUE CROSS BLUE SHIELD DENTAL PPO	
	In-Network
Preventive Services Oral exams X-rays & diagnostic Teeth cleanings (1 every 6 months) Fluoride treatment Topical sealant Emergency treatment	100%
Minor Restorative Services Fillings, Space maintainers, Oral surgery, Extractions, Periodontics, Endodontics, stainless steel crowns Repairs to crowns & bridgework, Occlusion adjustment Local anesthesia	50%
Emergency Dental Services Minor treatment for pain relief, General anesthesia (3 occurrences in 12 months; general anesthesia and IV sedation are allowed with covered surgical impacted wisdom teeth only)	50%
Major Restorative Services Porcelain crowns Fixed & removable bridgework Full & partial dentures	50%
Deductible (waived for preventive services)	None
Annual Maximum per Individual	\$2,000 (preventative services are no longer subject to the calendar-year maximum)
Orthodontia Benefit	Adults & Children

DENTAL PREMIUM RATES (WEEKLY)

	ACTIVE
Employee	\$5.65
Employee + Spouse	\$10.75
Employee + Child(ren)	\$9.81
Employee + Family	\$13.75

YOUR VISION PLAN OPTION & RATES

	Blue Cross Blue Shield BASE PLAN - LOWER PREMIUM	Blue Cross Blue Shield PREMIER PLAN - HIGHER PREMIUM
Eye Exam	\$10 co-pay	\$10 co-pay
Lenses	\$25 co-pay (once every calendar year)	\$25 co-pay (once every calendar year)
Frames	\$150 allowance (every two calendar years)	\$200 allowance (every calendar year)
Contact Lenses	\$125 allowance (every calendar year)	\$175 allowance (every calendar year)

VISION PREMIUM RATES (WEEKLY)

	BASE PLAN	PREMIER PLAN
Employee	\$1.09	\$1.88
Employee + Spouse	\$2.07	\$3.56
Employee + Child(ren)	\$2.18	\$3.75
Employee + Family	\$3.20	\$5.51

PRESCRIPTION DRUG

	High D Plan - EPO HSA	HSA Low D - PPO HSA	Premier Care Plan - PPO	Symetra MEC Plan
Rx Generic	\$10 co-pay after deductible	\$10 co-pay after deductible	\$15 co-pay	**
Rx Preferred Brand	75% after deductible	75% after deductible	\$40 co-pay	**
Rx Non-Preferred Brand	Greater of 75% or \$400 deductible	Greater of 75% or \$400 deductible	\$75 co-pay	**
Rx Specialty	Greater of 75% or \$400 deductible	Greater of 75% or \$400 deductible	Greater of 75% or \$400 deductible	N/A
Rx Formulary	Optum Rx	Optum Rx	Optum Rx	N/A
Rx Mail Order	Mandatory	Mandatory	Mandatory	N/A

**Covers up to a 30-day supply (retail prescription) or 90-day supply (mail order). The following services are covered at 100% if FDA-approved and prescribed by a doctor:

- Contraceptive methods for women including OTC (such as contraceptive sponges and spermicides)
- Aspirin to prevent Cardiovascular Disease (OTC)
- Iron Supplementation (OTC) - for children at increased risk for iron deficiency anemia
- Folic Acid Supplementation - for women planning or capable of pregnancy
- Oral Fluoride Supplementation (where water source does not contain flouride)
- Smoking deterrents

OTHER CORE BENEFIT HIGHLIGHTS

BASIC LIFE AND ACCIDENTAL DEATH AND PERSONAL LOSS (AD&PL)

- Ruby Tuesday provides you with Basic Life and AD&PL coverage at no cost to you! For newly eligible employees, coverage is effective on the 1st of the month following the date of hire. Basic Life does not apply to full-time hourly employees.
- Directors of Operations receive two times your covered salary to a maximum of \$250,000 for both Basic Life and AD&PL. Managers, Support Center Team Members and Managers in Training receive \$25,000 for both Basic Life and AD&PL.
- No medical underwriting is required. You are automatically covered for this benefit, but be sure to designate a beneficiary during the enrollment process

EMPLOYEE ASSISTANCE PROGRAM (EAP)

- Some days it can be tough to take care of your job and your life. Whether you need a little extra support or you are going through a crisis, Aetna's Resource for Living program is here for you and your family.
- Members can call 24/7 for free emotional support and daily life assistance, including:
 - Stress and Anxiety
 - Self-Improvement
 - Emotional Wellbeing
 - Family Conflict
 - Legal and Financial Issues
 - Alcohol and Drug Misuse
 - Depression
 - Grief and Loss
- Contact Aetna's Resource for Living at 1-888-238-6232 or www.resourcesforliving.com (username: Ruby Tuesday, password: EAP)

401K MATCH

- The plan offers a convenient, tax-deferred way to save.
- Who Can Join? Any employee age 21 or older who has worked for Ruby Tuesday 6 months.
- How Can You Join? Call Wells Fargo at 1-800-728-3123 or via internet at www.wellsfargo.com.
- How Much Can You Contribute? On a pre-tax basis: 1% to 50% of your pay up to \$19,500 in 2020. This limit is adjusted annually each year by the IRS. You can also contribute on after-tax basis up to 10% of your gross pay or Roth after-tax basis.
- Does Ruby Tuesday Contribute? There is a quarterly match of 25% on the first 4% of contributions (on pre-tax or Roth contributions only).
- If you have any other questions, please ask your manager or email benefitsadministration@rubytuesday.com.

SUPPLEMENTAL BENEFITS



Dependent Care Flexible Spending Account

Contribute up to \$5,000 tax-free annually to pay for services in a daycare center or services for providing care for a qualified dependent. Use your Flexible Spending Account (FSA) funds by December 31, 2020 or lose them.



Short-Term Disability

Provides you with 60% of your weekly income if you can't work temporarily due to a covered illness, injury or a pregnancy-related condition. Not available in NY, NJ, HI, CA, RI.



Long-Term Disability

If you are unable to work for an extended period of time due to a covered disability, this benefit will replace a portion of your monthly income.



Supplemental Life Insurance

Helps provide financial protection in the event of your or a dependent's death, to help cover costs such as funeral expenses, daily expenses and college tuition.



Accidental Death & Personal Loss

You may purchase additional Accidental Death & Personal Loss coverage for you and your dependents.

YOU pay for your Supplemental benefits.

But, we negotiate the best premiums and terms available on your behalf each year.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

ALL ABOUT FLEXIBLE SPENDING ACCOUNTS (FSAs)

- A Dependent Care FSA enables you to set aside pre-tax dollars to pay for qualified dependent care expenses. Funds can be used to pay for day care, preschool, elderly care or other dependent care.
- Can be used for services provided by anyone other than your spouse or your dependent for the care of your children under the age of 13, services in a day care center, or services of a housekeeper whose duties include providing care for a qualified dependent.
- FSA Funds are NOT yours to keep. By law, whatever funds you do not use by the end of the year are forfeited!
- 2020 Dependent Care Annual FSA Contribution Limit: \$5,000
- 2020 Dependent Care Annual FSA Contribution Limit (if married and filing separately): \$2,700

YOUR DISABILITY OPTIONS

SHORT-TERM DISABILITY

- You may purchase short-term disability insurance to protect your income if you become disabled due to an off-the-job injury or illness. The benefit pays 60% of your weekly salary up to a period of 26 weeks, as long as you remain disabled. For newly eligible employees, coverage is effective on the 1st of the month following the date of hire.
- Employees who work in NY, NJ, CA, RI or HI are not eligible to purchase this coverage. NY employees are automatically covered by Ruby Tuesday for statutory benefits that cover 50% of your salary up to a maximum benefit amount of \$170 per week

COVERAGE FEATURES	MANAGERS, AREA COACHES, SUPPORT CENTER TEAM MEMBERS	FULL-TIME HOURLY RESTAURANT TEAM MEMBERS
Benefit Amount	<ul style="list-style-type: none">60% of your weekly salaryBenefit amount weekly maximum: \$2,000	<ul style="list-style-type: none">60% of your weekly salaryBenefit amount weekly maximum: \$2,000
When Benefits Begin if Disabled	Managers and Directors of Operations <ul style="list-style-type: none">Covered Injury/Illness: on the 30th day Support Center (Non-Exempt & Full-Time Hourly) Team Members <ul style="list-style-type: none">Covered Injury: on the 1st dayCovered Illness: on the 8th day	<ul style="list-style-type: none">Covered Injury: on the 1st dayCovered Illness: on the 8th day
Maximum Benefit Period	26 Weeks	26 Weeks

LONG-TERM DISABILITY

- You may purchase long-term disability insurance, which provides you with monthly income protection for covered disabilities that last longer than 26 weeks.

COVERAGE FEATURES	MANAGERS, AREA COACHES, SUPPORT CENTER TEAM MEMBERS	FULL-TIME HOURLY RESTAURANT TEAM MEMBERS
Benefit Amount	<ul style="list-style-type: none">60% of your monthly salaryBenefit amount monthly maximum: \$10,000	<ul style="list-style-type: none">\$900 per month
When Benefits Begin if Disabled	<ul style="list-style-type: none">After 180 days of disability or the end of short-term disability benefits, whichever occurs later	<ul style="list-style-type: none">After 180 days of disability or the end of short-term disability benefits, whichever occurs later
Maximum Benefit Period	<ul style="list-style-type: none">To social security normal retirement age, or, if age 62 or older when disability begins, up to 42 months depending on your age.	To social security normal retirement age, or, if age 62 or older when disability begins, up to 42 months depending on your age.

SUPPLEMENTAL LIFE INSURANCE

SUPPLEMENTAL LIFE INSURANCE

- You may purchase additional Life and AD&PL coverage for yourself and your dependents. For newly eligible employees, coverage is effective on the 1st of the month following the date of hire.
- If you do not enroll when you are first eligible to do so, you and your spouse will be subject to medical underwriting for any amount of coverage if you decide to enroll at a later date.

COVERAGE FEATURES	MANAGERS, AREA COACHES, SUPPORT CENTER TEAM MEMBERS, FULL-TIME HOURLY TEAM MEMBERS
Supplemental Life Coverage for Yourself	<ul style="list-style-type: none">• 1x, 2x, 3x, 4x, or 5x your salary, up to \$500,000• When first eligible to enroll, amounts above 3x your salary require medical underwriting.
Supplemental Dependent Life Coverage	<ul style="list-style-type: none">• Spouse: Choice of \$10,000 or \$25,000, then increments of \$25,000 thereafter up to a maximum of \$250,000 (not to exceed 100% of the employee's Supplemental Life benefit) Child: \$2,500 increments, up to \$10,000• When first eligible to enroll, amounts of spouse coverage above \$50,000 require medical underwriting. Medical underwriting is not required for children.
Supplemental AD&PL Coverage for Yourself	1x, 2x, 3x, 4x, or 5x your salary, up to \$250,000 for full-time hourly or \$500,000 for all others.
Supplemental AD&PL for Your Dependents	Spouse Only 50% of your amount Child(ren) Only -- Each child: 15% of your amount Spouse and Child(ren) Spouse: 40% of your amount; Each Child: 10% of your amount

ACCIDENTAL DEATH & PERSONAL LOSS

ALL ABOUT ACCIDENTAL DEATH & PERSONAL LOSS

You may purchase additional Accidental Death & Personal Loss coverage for you and your dependents. When unexpected events occur, our Accidental Death & Personal Loss plans can help provide much-needed financial support and stability. Covered events include accidental death, paralysis, third-degree burns, comas, and loss of speech, hearing, sight or limbs. We expedite claims processing. Employees also have access to emotional support through the MetLife Life EssentialsSM program. Plan options include:

- Child care benefit — to help pay for state-licensed child care centers
- Educational benefit — to help ensure higher education for dependent children & training for spouses or domestic partners
- Passenger restraint and airbag benefit — for proper use of restraint devices during an accident
- Repatriation of remains benefit — if a covered employee or dependent dies while at least 200 miles from home

ADDITIONAL SUPPLEMENTAL BENEFITS

Our robust voluntary benefits add value to your daily life and enhance our Core and Supplemental benefit programs.



CRITICAL ILLNESS

Critical illness pays a tax-free lump sum if you're diagnosed with a defined critical illness, as long as you make premium payments. Offers a \$100 benefit for certain preventive screenings.



IDENTITY THEFT

Every 2 seconds there is a new victim of identity fraud and 1 in 4 people have already experienced identity theft. InfoArmor offers the best protection available today.



HOSPITAL INDEMNITY

There are two plans to choose from -- the High Plan and the Low Plan. The Low Plan pays \$850 for the first day of a hospital stay per plan year and \$300 per day for days 2-4.

The High Plan pays \$1,500 for the first day of a hospital stay per plan year and \$500 per day for days 2-4.



COMMUTER BENEFIT

New York Employees Only -- This benefit makes it easy to order transit and parking passes, vouchers or a Commuter Check online through PayFlexDirect.com



GROUP ACCIDENT

On-or-off-the-job protection. The High Plan includes \$100 for an urgent care visit, up to \$1,500 hospital admission and additional benefits if the accident is sports related.

YOUR BENEFIT CONTACTS

BENEFIT	VENDOR	CONTACT INFORMATION
Medical and Dental	Blue Cross Blue Shield	Manage Your Account 24/7 at www.BCBST.com/member Talk to our Member Care Team 8am-6pm ET, Monday - Friday: 800-565-9140
Pharmacy	Optum Rx	800-807-5996 or optumrx.com
Vision Plan	Blue Cross Blue Shield	877-342-0737 or BCBST.com
Life and AD&PL	MetLife	800-GET-MET8
Life, Critical Illness, Group Accident, and Hospital Indemnity	Chubb	866-445-8874 or chubb.com
Short and Long-Term Disability	MetLife	800-GET-MET8
Employee Assistance Program	Aetna	Resources for Living: 888-238-6232 or resourcesforliving.com Username: RubyTuesday Password: EAP
Identity Theft	InfoArmor	888-537-9068
Qualified Life Events	Ruby Tuesday	800-325-0755, Opt. 4 benefitsadministration@rubytuesday.com

YOUR MEDICAL PLAN TOOLS

When you enroll in an Blue Cross Blue Shield medical plan, you have access to several handy planning tools and resources that can help you make the most of your medical coverage.

TOOL	DESCRIPTION	HOW TO ACCESS
Blue Cross Blue Shield Member Portal	Member website for detailed plan information, claims history, and access to other useful tools	bcbst.com/member
Find a Doctor Tool	<ul style="list-style-type: none">Find doctors, dentists, hospitals, and other health care providersGet cost estimates for over 1,600 common medical procedures	bcbst.com/get-care/find-care
Blue Cross Blue Shield Health Concierge	Your Blue Cross Blue Shield Concierge is ready to speak with you at our toll-free number from 8 a.m. to 6 p.m., Monday through Friday. Simply call the number on your Blue Cross Blue Shield member ID card.	800-565-9140

TERMS TO KNOW

COINSURANCE: The percentage of a covered expense you must pay after you meet your deductible, but before you reach the annual out-of-pocket maximum. The remaining percentage is paid by the health plan.

CO-PAYMENT: The per-service fixed fee you pay for certain covered medical expenses.

DEDUCTIBLE: The amount you must pay each year for medical expenses before the medical plan begins to pay benefits.

DOMESTIC PARTNERSHIP: Two people of the same or opposite sex whose relationship has been recognized as legally binding by a state or local government.

EVIDENCE OF INSURABILITY (EOI): Proof of good health that is required to purchase certain types and/or levels of insurance.

EXPLANATION OF BENEFITS (EOB): Statement sent by the medical carrier to explain the medical services that were covered on your behalf.

HEALTH SAVINGS ACCOUNT (HSA): A tax-free account you can use to pay for current and future medical expenses.

OUT-OF-POCKET MAXIMUM: The limit the medical plan puts on the amount of money you have to pay each year out of your pocket for eligible medical expenses. Once you reach the limit, the plan will pay 100% of your eligible expenses for the rest of the year.

PREVENTIVE CARE: Services available to you, such as screenings, vaccinations, and counseling, that can help you avoid illness and improve your health, at no cost to you.

For more information about
your benefits and to enroll, visit:

benefits.rubytuesday.com

