2022 Benefits Guide

Ruby Tuesday

FULL TIME EMPLOYEES

Welcome + Table of Contents

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.

As a Ruby Tuesday employee, you must enroll in benefits within 30 days of their eligibility date or qualifying event date. 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**.

You **MUST** confirm your enrollment for 2022! If you are not enrolled, now is your ***only opportunity outside of a qualifying event to enroll!***

Table of Contents

Ruby Tuesday

What's New for 2022?

Ruby Tuesday has **reduced the employee medical rates**.

Ruby Tuesday is contributing up to $500 match per employee enrolled in the High-D and Low-D HSA qualified plans. So whether you are an individual, EE+SP, EE+CH or Family, you get $500 per year deposited tax free into the HSA divided into two deposits - one in the first half of the year and one in the second half of the year. **PLEASE NOTE:** The match amount counts toward your total IRS limit for the year.

TO ENROLL IN BENEFITS

You can enroll by going to:
benefits.rubytuesday.com.

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

benefits.rubytuesday.com

- MEDICAL
- DENTAL
- VISION
- DISABILITY
- HSA
- TERM LIFE
- CRITICAL ILLNESS
- ACCIDENT COVERAGE

Ruby Tuesday

Core Benefits

Medical Insurance

Ruby Tuesday is pleased to partner with Blue Cross Blue Shield as our healthcare provider. You can 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. Use it to pay for medical expenses and save for retirement. Funds roll over from year-to-year! *Ruby Tuesday matches up to $500 per 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. Area Coaches receive 2x your covered salary to a maximum of $250,000. Managers, Support Center Team Members, Managers in Training and full - time hourly non-exempt employees receive $25,000.

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.

MetLife Legal

Whether it's a planned event, like buying a home or preparing a will, or an unexpected problem, most of us need legal counsel at some point. MetLife Legal can help with getting married, buying or renting a home, identity theft, caring for aging parents, and more.

Medical Plan Options

As a Ruby Tuesday employee, you have the choice of the following medical plans through 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.

Members using providers in Tennessee are restricted to Network S. Members using providers outside of Tennessee, will use the BlueCard PPO Network. All members may visit **bcbst.com** or call **1-800-565-9140** for a list of in-network providers.

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.

Health Savings Account (HSA)

ALL ABOUT HSAs

A health savings account (HSA) is a medical savings account. This account is used 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.
- You can't participate in an HSA if you enroll in the Premier Care Plan or Symetra MEC Plan.

2022 Individual Contribution Limit: **$3,600**

2022 Family Contribution Limit: **$7,200**

Ruby Tuesday HSA Contribution: **$500**

(split into two payments of $250) counts toward the IRS annual limit

ELIGIBILITY FOR AN HSA

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

Ruby Tuesday

Medical Plan Tools + Terms

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	TOOL
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	• Find doctors, dentists, hospitals, and other health care providers • Get 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.

Ruby Tuesday

PhysicianNow® 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. You'll also save time not traveling and avoiding waiting rooms!

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 CAN 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.

Ruby Tuesday

Medical 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 + Contributions

	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:** $3,550 **Family:** $7,000	**Employee:** $800 **Family:** $2,400	**Employee:** $1,600 **Family:** $4,800	**Preventive Care Only**	
Calendar Year Out-of-Pocket Maximum	**Employee:** $6,450 **Family:** $12,900		**Employee:** $3,500 **Family:** $7,000	**Employee:** $7,000 **Family:** $14,000	**Employee:** $3,200 **Family:** $9,600	**Employee:** $6,400 **Family:** $19,200		
Primary Care Physician	30% after deductible		20% after deductible	50% after allowable deductible	$25 office visit co-pay	40% of allowable after deductible		
PhysicianNow	$40 consultation co-pay		$40 consultation co-pay	N/A	$40 consultation co-pay	N/A		
Specialist	30% after deductible		20% after deductible	50% of allowable after deductible	$45 office visit co-pay	40% of allowable after deductible		
Urgent Care					$25 co-pay			
Emergency Room	30% of allowable after deductible			20% after deductible	$300 co-pay, 20% after deductible			
Laboratory & Radiology	30% of allowable after deductible	No Out-of-Network Coverage		50% of allowable after deductible	20% after deductible	40% of allowable after deductible		
Outpatient & Inpatient								
Preventative Care	No Cost		No Cost		No Cost			
Coinsurance	Variable		20%	50%	20%	40%		
HSA Employer Contribution Match	$500		$500		N/A			

Medical Weekly Rates

	Smoker	Non-Smoker
HIGH D		
Employee	$56.38	$20.69
Employee + Spouse	$90.76	$55.08
Employee + Child(ren)	$82.93	$47.25
Employee + Family	$111.01	$75.33
LOW D		
Employee	$104.90	$39.16
Employee + Spouse	$170.91	$105.17
Employee + Child(ren)	$161.61	$95.88
Employee + Family	$205.91	$140.18
PREMIER		
Employee	$120.68	$76.90
Employee + Spouse	$225.22	$177.68
Employee + Child(ren)	$211.06	$163.72
Employee + Family	$279.93	$230.26

Smoker or Non-Smoker	
MEC ONLY	
Employee	$7.08
Employee + Spouse	$7.98
Employee + Child(ren)	$7.61
Employee + Family	$8.63

Ruby Tuesday

Dental Plan Options + 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 50%**

Weekly Dental Premium Rates	
ACTIVE	
Employee	$6.57
Employee + Spouse	$12.50
Employee + Child(ren)	$11.41
Employee + Family	$15.99

Ruby Tuesday

Vision Plan Options + 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)
	WEEKLY VISION PREMIUM RATES	
Employee	$1.09	$1.88
Employee + Spouse	$2.07	$3.56
Employee + Child(ren)	$2.18	$3.75
Employee + Family	$3.20	$5.51

Ruby Tuesday

Prescription Drug Plan

	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	N/A
Rx Formulary	Optum Rx	Optum Rx	Optum Rx	
Rx Mail Order	Mandatory	Mandatory	Mandatory	

**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 DISMEMBERMENT

- Ruby Tuesday provides you with Basic Life and AD&D coverage at no cost to you! For newly eligible employees, coverage is effective on the 1st of the month following the date of hire.
- Area Coaches, receive two times your covered annual salary up to $250,000. Managers and Managers in Training, Support Center Team Members and Fully Time Hourly Employees 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:

Contact Aetna's Resource for Living at **1-888-238-6232** or **www.resourcesforliving.com** **(username: Ruby Tuesday, password: EAP)**

401K RETIREMENT PROGRAM

- 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 and makes less than $130,000 per year.
- **How Can You Join?** Call Principal o at **1-800-547-7754** or via internet at **www.principal.com**.
- **Does Ruby Tuesday Contribute?** 50% match of contributions, up to 6% of salary. Total match, up to 3% of salary.
- **How Much Can You Contribute?** On a pre-tax basis: 1% to 50% of your pay up to $20,500 in 2022. 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.

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

Supplemental Benefits

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.

YOU pay for your Supplemental benefits. But, we negotiate the best premiums and terms available on your behalf each year.

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.

Supplemental Disability Coverage

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	• 60% of your weekly salary • Benefit amount weekly maximum: $2,000	• 60% of your weekly salary • Benefit amount weekly maximum: $2,000
When Benefits Begin if Disabled	Covered Injury / Illness on the first day	Covered Injury / Illness on the first 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	• 60% of your weekly salary • Benefit amount weekly maximum: $10,000	900 per month
When Benefits Begin if Disabled	After 180 days of disability or the end of short-term disability benefits, whichever occurs later	After 180 days of disability or the end of short-term disability benefits, whichever occurs later
Maximum Benefit Period	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+ when disability begins, up to 42 months depending on your age.

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
Supplemental Life Coverage for Yourself	• 1x, 2x, 3x, 4x, or 5x your salary, up to $500,000 (Full Time Hourly 1x, 2x, 3x,4x, or 5x you salary up to $250,000) • When first eligible to enroll, amounts above 3x your salary require medical underwriting.
Supplemental Dependent Life Coverage	• **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&D 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&D 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

Supplemental Accidental Death + Dismemberment

WHAT IS IT?

You may purchase additional Accidental Death & Dismemberment 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.

MetLife Legal

Whether it's a planned event, like buying a home or preparing a will, or an unexpected problem, most of us need legal counsel at some point. MetLife Legal can help with getting married, buying or renting a home, identity theft, caring for aging parents, and more.

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. Contact an enroller spcialist at 888-725-5515 for the available options.

Hospital Indemnity

There are two plans to choose from (High Plan and Low Plan). The Low Plan pays $850 for the first day of a hospital stay per 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.

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.

Identity Theft

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

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**.

Benefit Contacts

BENEFIT	DESCRIPTION	CONTACT INFORMATION
Medical and Dental Plan	Blue Cross Blue Shield	Manage Your Account 24/7 at **www.BCBST.com/member** Talk to our Member Care Team 8am-6pm ET, M-F: **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** I Password: **EAP**
Legal	MetLife	**info.legalplans.com** and enter **6090862**
Qualified Life Events	Ruby Tuesday	**800-325-0755**, Opt. 4 **benefitsadministration@rubytuesday.com**
401(k) Retirement	Principal	**1-800-547-7754** or **principal.com**

Ruby Tuesday

Required Annual Notices

HIPAA

If you do not enroll yourself and your dependents in a group health plan after you become eligible or during annual enrollment, you may be able to enroll under the special enrollment rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") that apply when an individual declines coverage and later wishes to elect it. Generally, special enrollment is available if (i) you declined coverage because you had other health care coverage that you have now lost through no fault of your own (or employer contributions to your other health care coverage terminate); or (ii) you have acquired a new dependent (through marriage or the birth or adoption of a child) and wish to cover that person. When you have previously declined coverage, you must have given (in writing) the alternative coverage as your reason for waiving coverage under the group health plan when you declined to participate. In either case, as long as you meet the necessary requirements, you can enroll both yourself and all eligible dependents in the group health plan if you provide notice to the Plan Administrator within 30 days after you lose your alternative coverage (or employer contributions to your alternative coverage cease) or the date of your marriage or the birth, adoption, or placement for adoption of your child. See the Plan Administrator for details about special enrollment.

CHIP

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA(3272).

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires group health plans to offer continuation coverage to covered employees, former employees, spouses, former spouses, and dependent children when group health coverage would otherwise be lost due to certain specific events. Those events include the death of a covered employee, termination or reduction in the hours of a covered employee's employment for reasons other than gross misconduct, a covered employee's becoming entitled to Medicare, divorce or legal separation of a covered employee and spouse, and a child's loss of dependent status (and therefore coverage) under the plan. COBRA sets rules for how and when continuation coverage must be offered and provided, how employees and their families may elect continuation coverage, and what circumstances justify terminating continuation coverage.

GRANDFATHERED STATUS

The Plan believes that none of the group health plans available under the Plan are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the "Affordable Care Act").

SPECIAL RULE FOR WOMEN'S HEALTH COVERAGE

The Women's Health and Cancer Rights Act of 1998 ("WHCRA") requires group health plans, insurance issuers, and HMOs who already provide medical and surgical benefits for mastectomy procedures to provide insurance coverage for reconstructive surgery following mastectomies. This expanded coverage includes (i) reconstruction of the breast on which the mastectomy has been performed; (ii) surgery and reconstruction of the other breast to produce a symmetrical appearance; and (iii) prostheses and physical complications at all stages of mastectomy, including lymphedemas.

NOTICE REGARDING LIFETIME AND ANNUAL DOLLAR LIMITS

In accordance with applicable law, none of the lifetime dollar limits and annual dollar limits set forth in the Plan shall apply to "essential health benefits," as such term is defined under Section 1302(b) of the Affordable Care Act. The law defines "essential health benefits" to include, at minimum, items and services covered within certain categories including emergency services, hospitalization, prescription drugs, rehabilitative and habilitative services and devices, and laboratory services, but currently provides little further information. Accordingly, a determination as to whether a benefit constitutes an "essential health benefit" will be based on a good faith interpretation by the Plan Administrator of the guidance available as of the date on which the determination is made.

MICHELLE'S LAW

Michelle's Law provides continued health and dental insurance benefits under the Plan for dependent children who are covered under the Plan as a student but lose their student status in a post- secondary school or college because they take a medically necessary leave of absence from school. If your child is no longer a student because he or she is out of school because of a medically necessary leave of absence, your child may continue to be covered under the Plan for up to one year from the beginning of the leave of absence.

THE GENETIC INFORMATION NONDISCRIMINATION ACT ("GINA")

GINA prohibits the Plan from discriminating against individuals on the basis of genetic information in providing any benefits under the Plan. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history.

WELLNESS

If your Plan includes a Wellness program that provides rewards or surcharges based on your ability to complete an activity or satisfy an initial health standard, you have the right to request a reasonable alternative should it be determined that it is not medically advisable for you to either complete the activity or satisfy the initial health standard.

Ruby Tuesday

Required Annual Notices

MENTAL HEALTH PARITY AND ADDICTION EQUITY

The Medical Plan provides the same coverage for any mental health service as are provided for medical coverage. This means that stated medical deductibles, copays, coinsurance and out-of-pocket limits will also apply to mental health services.

SPECIAL RULE FOR MATERNITY AND INFANT COVERAGE

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the attending provider or physician, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable).

PATIENT PROTECTION DISCLOSURE

You have the right to designate any participating primary care provider who is available to accept you or your family members (for children, you may designate a pediatrician as the primary care provider). For information on how to select a primary care provider and for a list of participating primary care providers, contact the Plan Administrator. You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Plan Administrator.

AFFORDABLE CARE ACT CONSUMER PROTECTIONS

(a.) Coverage for Children Up to Age of 26. The Affordable Care Act of 2010 requires that the Plan must make dependent coverage available to adult children until they turn 26 regardless if they are married, a dependent, or a student.

(b.) Prohibition of Lifetime Dollar Value of Benefits. The Affordable Care Act of 2010 prohibits the Plan from imposing a lifetime limit on the dollar value of benefits.

(c.) Your Health Insurance Cannot Be Rescinded. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, from rescinding your health insurance coverage under the Plan for misrepresentation.

(d.) Prohibition of Pre-existing Conditions. Effective January 1, 2014, the Affordable Care Act of 2010 prohibits the Plan, or any insurer, from denying any health insurance claim for any person because of a pre-existing condition.

(e.) Prohibition of Restrictions on Annual Limits on Essential Benefits. The Affordable Care Act of 2010 prohibits the Plan, or any insurer, effective January 1, 2014, from placing annual limits on the value of essential health benefits.

(f.) Notice of Marketplace/Exchange. If this health insurance is unaffordable (your cost of the premium exceeds 9.5% of your income) as defined under the Affordable Care Act , you may have the right to subsidized health insurance purchased through an exchange/marketplace created pursuant to the Affordable Care Act.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. COMPANY has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Plan coverage will be affected. As an eligible participant, you can keep your current coverage if you elect Medicare Part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage: Contact Human Resources for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the Plan changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Ruby Tuesday

Required Annual Notices

PRESCRIPTION DRUG COVERAGE AND MEDICARE (continued)

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

When key parts of health care law took effect in 2014, it created another way to buy healthcare: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Ruby Tuesday

Notice of Privacy Practices

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITY.

This notice describes how health information about you, including your payment for health insurance, may be used and disclosed by our health plan under the Health Insurance Portability and Accountability Act (HIPAA) and how you can get access to this information. Please review it carefully.

YOUR RIGHTS	**When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.**
Get a copy of your health and claims records	You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
Request confidential communications	You can ask us to contact you in a specific way (for example: home or office phone) or to send mail to a different address. We will consider all reasonable requests, and you must say "yes" if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
Get a list of those with whom we've shared information	You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action,
File a complaint if you feel your rights are violated	You can complain if you feel we have violated your rights by contacting us using the information on the back page. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

Ruby Tuesday

Notice of Privacy Practices

YOUR CHOICES	**For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**
In these cases, you have both the right and choice to tell us to:	Share information with your family, close friends, or others involved in payment for your care. Share information in a disaster relief situation. If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
In these cases we never share your information unless you give us written permission:	• Marketing Purposes • Sale of your information
	How do we typically use or share your health information? We generally do not use your health information for purposes other than administering the company's health plan. HIPAA does allow us, however, if we were to choose to do so, to use or share your health information in our possession the following ways.
Health manage the health care treatment you receive.	We can use your health information and share it with professionals who are treating you. **Example:** We use health information about you to develop better services for you.
Run our organization.	We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. That does not apply to long term care plans. **Example:** We use health information about you to develop better services for you.
Pay for your health services.	We can use and disclose your health information as we pay for your health services. **Example:** We share information about you with your dental plan to coordinate payment for your dental work.

Ruby Tuesday

Notice of Privacy Practices

OUR USES AND DISCLOSURES CONTINUED	
Administer Your Plan	We may disclose your health information to your health plan sponsor for plan administration. **Example:** Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.
Health with public health and safety issues	We can share health information about you for certain situations such as: • Preventing disease • Helping with product recalls • Reporting adverse reactions to medications • Reporting suspected abuse, neglect, or domestic violence • Preventing or reducing a serious threat to anyone's health or safety
Do Research	We can use or share your information for health research.
Comply with the law	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director.	We can share health information about you with organ procurement organizations. We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
Address workers' compensation, law enforcement, and other government requests.	We can use or share health information about you: • For workers' compensation claims • For law enforcement purposes or with a law enforcement official • With health oversight agencies for activities authorized by law • For special government functions such as military, national security, and presidential protective service
Respond to lawsuits and legal actions.	We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Ruby Tuesday

Notice of Privacy Practices

HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: **hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: **hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**

CHANGES TO THE TERMS OF THIS NOTICES

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

- The Effective Date of this Notice is January 1, 2022
- This Notice will serve as Notice for the following health insurance benefit eligible employees.

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For more information about your benefits and to enroll, visit: **benefits.rubytuesday.com**.