

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

(the "Company")

Amendment No. 1 to Group Policy No. G-18430

issued to

RUBY TUESDAY, INC.

(the "Policyholder")

It is hereby agreed that, effective January 1, 2016, the Group Policy is amended as follows:

- I. That part of the Policy Specifications page entitled OPTIONAL RIDERS is deleted and replaced with the parts attached hereto and made a part thereof.
- II. That part of the Policy Specifications page entitled INITIAL RATE is deleted and replaced with the parts attached hereto and made a part thereof.
- III. That part of the Policy entitled PAGE 3A is deleted and replaced with the parts attached hereto and made a part thereof.

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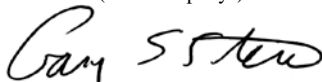
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This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless both the Company and the Policyholder have executed this Amendment.

Signed on January 1, 2016 Signed on _____
(Date) (Date)

**AMERICAN HERITAGE
LIFE INSURANCE COMPANY**
(the "Company")

RUBY TUESDAY, INC.
(the "Policyholder")



by _____ Secretary by _____
(Signature of Officer) (Title) (Authorized Representative) (Title)

GROUP HOSPITAL INDEMNITY POLICY SPECIFICATIONS

POLICYHOLDER: RUBY TUESDAY, INC.
 POLICY NUMBER: GROUP 18430
 POLICY EFFECTIVE DATE: As Revised January 1, 2016
 POLICY ANNIVERSARY DATE: January 1, 2017 and the first day of January each calendar year thereafter.
 GOVERNING JURISDICTION: the state of Tennessee and subject to the laws of that jurisdiction.

ELIGIBLE CLASS(ES): All active employees age 18 or older who are working under 30 hours per week, excluding employees who are insured under any individual hospital indemnity policy through American Heritage Life Insurance Company.

WAITING PERIOD: None

BENEFITS: See page 3A

OPTIONAL BENEFITS:

	ABLOW PLAN	ABHIGH PLAN
Prescription Drug Benefit	\$20 per day	\$20 per day

INITIAL RATE: Monthly rate per employee for:

	ABLOW	ABHIGH
Individual	\$ 79.00	\$108.39
Individual & Spouse	\$151.49	\$207.14
Individual & Children	\$137.81	\$184.93
Family	\$208.54	\$281.03
PPO Fee	\$ 4.34	\$ 4.34

RATE GUARANTEE DATE: 01/01/2017

PREMIUM DUE: 01/01/2016 and the first day of each calendar month thereafter.

The policyholder must send all premiums on or before the premium due date to us. The premium must be paid in United States dollars.

COST OF COVERAGE:

The employee pays the cost of coverage.

DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES:

These are the policyholder's divisions, subsidiaries, or affiliates listed below. The policyholder may act for and on behalf of any and all of these in all matters that pertain to this policy. Every act done by, agreement made with, or notice given to the policyholder will be binding on them.

Name	None	Location (City and State)
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HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 1</u>	
	ABLOW	ABHIGH
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,000 BENEFIT	\$1,500 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$400 PER DAY	\$600 PER DAY
C. HOSPITAL INTENSIVE CARE	\$400 PER DAY	\$600 PER DAY
D. SURGERY	\$225 PER DAY	\$300 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$75 PER DAY	\$100 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$750 PER DAY	\$1,000 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$75 PER DAY	\$100 PER DAY
I. AT HOME NURSING	\$150 PER DAY	\$200 PER DAY
J. AMBULANCE	\$450 PER DAY	\$600 PER DAY
K. NON-LOCAL TRANSPORTATION	\$450 PER DAY	\$600 PER DAY

HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 2</u>	
	ABLOW	ABHIGH
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,050 BENEFIT	\$1,575 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$420 PER DAY	\$630 PER DAY
C. HOSPITAL INTENSIVE CARE	\$420 PER DAY	\$630 PER DAY
D. SURGERY	\$236.25 PER DAY	\$315 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$78.75 PER DAY	\$105 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$787.50 PER DAY	\$1,050 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$78.75 PER DAY	\$105 PER DAY
I. AT HOME NURSING	\$157.50 PER DAY	\$210 PER DAY
J. AMBULANCE	\$472.50 PER DAY	\$630 PER DAY
K. NON-LOCAL TRANSPORTATION	\$472.50 PER DAY	\$630 PER DAY

HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 3</u>	
	<u>ABLOW</u>	<u>ABHIGH</u>
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,100 BENEFIT	\$1,650 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$440 PER DAY	\$660 PER DAY
C. HOSPITAL INTENSIVE CARE	\$440 PER DAY	\$660 PER DAY
D. SURGERY	\$247.50 PER DAY	\$330 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$82.50 PER DAY	\$110 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$825 PER DAY	\$1,100 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$82.50 PER DAY	\$110 PER DAY
I. AT HOME NURSING	\$165 PER DAY	\$220 PER DAY
J. AMBULANCE	\$495 PER DAY	\$660 PER DAY
K. NON-LOCAL TRANSPORTATION	\$495 PER DAY	\$660 PER DAY

HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 4</u>	
	ABLOW	ABHIGH
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,150 BENEFIT	\$1,725 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$460 PER DAY	\$690 PER DAY
C. HOSPITAL INTENSIVE CARE	\$460 PER DAY	\$690 PER DAY
D. SURGERY	\$258.75 PER DAY	\$345 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$86.25 PER DAY	\$115 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$862.50 PER DAY	\$1,150 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$86.25 PER DAY	\$115 PER DAY
I. AT HOME NURSING	\$172.50 PER DAY	\$230 PER DAY
J. AMBULANCE	\$517.50 PER DAY	\$690 PER DAY
K. NON-LOCAL TRANSPORTATION	\$517.50 PER DAY	\$690 PER DAY

HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 5</u>	
	ABLOW	ABHIGH
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,200 BENEFIT	\$1,800 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$480 PER DAY	\$720 PER DAY
C. HOSPITAL INTENSIVE CARE	\$480 PER DAY	\$720 PER DAY
D. SURGERY	\$270 PER DAY	\$360 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$90 PER DAY	\$120 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$900 PER DAY	\$1,200 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$90 PER DAY	\$120 PER DAY
I. AT HOME NURSING	\$180 PER DAY	\$240 PER DAY
J. AMBULANCE	\$540 PER DAY	\$720 PER DAY
K. NON-LOCAL TRANSPORTATION	\$540 PER DAY	\$720 PER DAY

HOSPITAL INDEMNITY POLICY- GVSP1TN
SEE BENEFIT INFORMATION PROVISION FOR DETAILS

<u>BENEFIT</u>	<u>AMOUNT - COVERAGE YEAR 6+</u>	
	ABLOW	ABHIGH
A. INITIAL HOSPITALIZATION CONFINEMENT	\$1,250 BENEFIT	\$1,875 BENEFIT
B. DAILY HOSPITAL CONFINEMENT	\$500 PER DAY	\$750 PER DAY
C. HOSPITAL INTENSIVE CARE	\$500 PER DAY	\$750 PER DAY
D. SURGERY	\$281.25 PER DAY	\$375 PER DAY
E. ANESTHESIA	25% OF SURGERY BENEFIT	25% OF SURGERY BENEFIT
F. INPATIENT PHYSICIAN'S TREATMENT	\$93.75 PER DAY	\$125 PER DAY
G. OUTPATIENT EMERGENCY ACCIDENT	\$937.50 PER DAY	\$1,250 PER DAY
H. OUTPATIENT PHYSICIAN'S TREATMENT	\$93.75 PER DAY	\$125 PER DAY
I. AT HOME NURSING	\$187.50 PER DAY	\$250 PER DAY
J. AMBULANCE	\$562.50 PER DAY	\$750 PER DAY
K. NON-LOCAL TRANSPORTATION	\$562.50 PER DAY	\$750 PER DAY