



COME ONE, COME ALL

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BENEFIT GUIDE

WELCOME TO YOUR 2021 BENEFITS!

You're working for more than a paycheck. Restaurant Growth Services, LLC recognizes that you have goals – both at work and for your personal life. We help take care of your needs today so that you can focus on your big dreams of tomorrow.

Our benefits offerings are designed to promote flexibility, choice, and protection for you and your family so you can live your best life possible.

We encourage you to carefully read this guide to learn about your benefit options, and use the many tools available to help guide your healthcare decisions, including the healthcare advocacy program, MyQHealth by Quantum Health, that assists you with all things benefits related – healthcare questions, explanation of benefits (EOB) or billing inquiries, locating a provider, and more.



Click a topic below to jump
directly to that page

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2021 ANNUAL ENROLLMENT: OCTOBER 19 - NOVEMBER 1

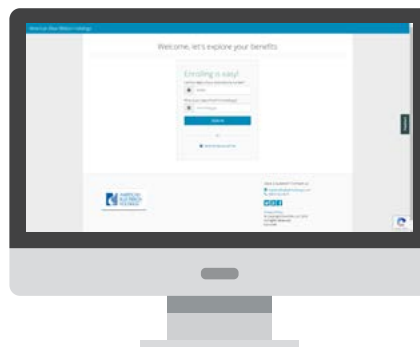
Annual Enrollment is the one time of year you can make changes to your existing benefit plans. Team Members are **REQUIRED TO LOGIN AND MAKE ELECTIONS** if you want benefits in 2021. (Your benefits will not roll over from 2020.) It is important you review what plans you are enrolled in and make sure they are meeting the needs of you and your family. If they aren't – then use this time to make changes! Even if you do not want to enroll in coverage, you are still required to go into the system and waive benefits.

ENROLLING IN DAYFORCE

- Log in to Dayforce at dayforcehcm.com.
- Select the Benefit icon and then click on "Start Enrollment."
- Follow the prompts to complete the enrollment process.
- Save a copy of your enrollment confirmation for your records.
- You may make changes to your completed submission through November 1.

PART-TIME TEAM MEMBERS

If you are a part-time Team Member, you are eligible for certain benefits. To learn more and to enroll, visit enrollvb.com/ABRH.



ENROLLMENT CHECKLIST

It's important you are prepared for enrollment! Follow this checklist:

- ✓ Read and review this Benefit Guide and other information available on Dayforce.
- ✓ If you are enrolling new dependents this year, have their Social Security numbers available when you enroll, as this is a required field in the system.
- ✓ To avoid the tobacco surcharge, be sure to indicate your tobacco status.
- ✓ If you cover your spouse, be sure to indicate if they have coverage available through their own employer.
- ✓ If you choose the Value HDHP Plan, decide how much you would like to contribute to the Health Savings Account (HSA). Check out learn.healthequity.com/sample/hsa/hsa-contribution-calculator to help you calculate how much you should set aside.
- ✓ Decide if a Healthcare or Dependent Care Flexible Spending Account (FSA) is right for you. Click [here](#) to help you determine how much you should set aside in the Healthcare FSA and [here](#) for the Dependent Care FSA.
- ✓ If you decide to waive healthcare coverage and you're eligible, the only benefits you will be enrolled in are the company-paid basic life, short-term disability, long-term disability, and the Employee Assistance Program (EAP).

BENEFIT BASICS

ELIGIBILITY

TEAM MEMBERS

- Legendary Baking, Restaurant Management, and Support Center Team Members are eligible the first of the month following date of hire.
- To be eligible, hourly Team Members must have completed one year of service and average 30 hours per week from 08/01/20 through 09/30/20.
- If you don't meet these full-time requirements, don't worry! You can still enroll in our part-time benefit programs. Check those out at enrollvb.com/ABRH.

DEPENDENTS

- Legally married spouse
- Children up to age 26 who are not on active military duty
- Children of any age who are physically or intellectually disabled and dependent on you

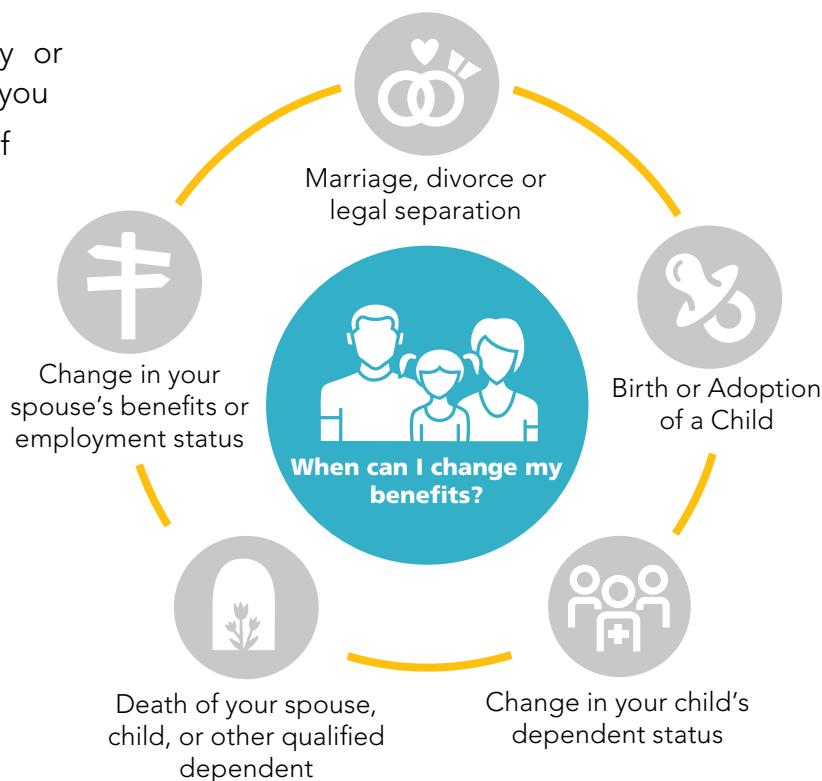
Log in to dayforcehcm.com for notification of enrollment eligibility.

CHANGING BENEFITS DURING THE YEAR

Changes can only be made during the year if you have a qualified life event. Examples include:

- Change in marital status
- Birth/adoption of a child
- Dependent reaches age 26 (dependent age out)
- Death of a dependent
- Dependent loses or gains other coverage

Changes **MUST** be made within 30 days of the event by logging in to Dayforce at dayforcehcm.com and submitting a Life Event enrollment form.





MYQHEALTH BY QUANTUM HEALTH

Restaurant Growth Services, LLC Traditional and Value HDHP Plans only

Your MyQHealth Care Coordinators are your one-stop-benefits-shop for all your healthcare needs. They are available to simplify your healthcare experience by replacing ID cards, finding in-network providers, and so much more.

From medical claims to check-ups and even pre-authorization, your Care Coordinators are with you every step of your healthcare journey—they organize and simplify your medical, dental, vision, and prescription benefits to provide you with a better experience when you need care. When necessary, their nurses, clinicians, and benefit specialists are ready to advocate for your healthcare needs.

CARE COORDINATORS: YOUR DEDICATED SUPPORT TEAM

Think of your coordinators as your personal healthcare guides. They are nurses, clinicians, and benefits specialists who take the time to get to know you and your family's unique health and wellness needs and then they work with your providers to ensure you get the best possible care.

Personalized guidance

From medical claims to check-ups to treatment plans, your Care Coordinators are here to help. Their mission is to provide you with a simpler, more affordable healthcare experience for all your medical, dental, vision, and prescription needs.

Benefits expertise

Figuring out what is or isn't covered by your plan can be confusing. Your Care Coordinators know your benefits from top to bottom. When you have questions, call them! You may not be aware of all of the benefits available to you.

Claims solutions

Care Coordinators break down even the most complex claim, so you always know exactly what has been paid and what is due. If you believe a claim has been unfairly denied, they'll do the research and either resolve it on your behalf or explain why it was denied.

The most common issues they solve for you:

- Receiving ID cards
- Answering claims, billing, and benefit questions
- Managing a health condition
- Saving money on out of pocket costs
- Understanding how to get the most out of your benefits
- Learning simple steps to improve your health
- Helping with medical needs – anything that can make the healthcare process easier for you

MyQHealth is available Monday – Friday from 8:30 a.m. - 10:00 p.m. EST by calling 877.498.4476 or by visiting RGSBenefits.com.*

*This website will not be available until January 1, 2021.



MEDICAL WITH MYQHEALTH

You have two medical plan options available through MyQHealth. MyQHealth is our administrator for the Traditional and Value HDHP Plan. (See pages 6–7 for information on the Essential Plan.)

Traditional	Value High Deductible Health Plan (HDHP)
Lower deductible Flat dollar copays for certain services. 20% coinsurance	Higher deductible You pay for services until the deductible is met. Once the deductible is met, you pay \$0. Health Savings Account eligible

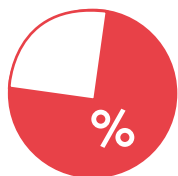
Questions on how the medical plans work should be directed to MyQHealth at 877.498.4476. They're here to help you navigate your healthcare benefits!

HERE'S HOW THE TRADITIONAL PLAN WORKS:



You pay nothing for eligible preventive care. Preventive care doesn't apply toward the deductible.

For certain healthcare services you pay only a copay and that's it! The copay applies to your deductible.



For services that require coinsurance, once you hit the deductible, the plan will pay 80% for services.

If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.



100%

HERE'S HOW THE VALUE HDHP PLAN WORKS:

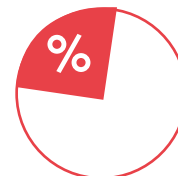


You pay nothing for eligible preventive care.

You pay your non-preventive medical and prescription expenses out-of-pocket until you reach your annual deductible. Preventive care doesn't apply toward the deductible.



Once the deductible is met, you pay coinsurance for non-preventive medical and prescription expenses.



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible expenses the remainder of the plan year.



100%



MEDICAL GRID

Employees enrolled in the Restaurant Growth Services, LLC Traditional or Value HDHP plans are free to seek care at any doctor, hospital, or medical facility they choose and are eligible for MyQHealth support. The Essential Plan has no out-of-network coverage.

Features	Traditional Plan	Value HDHP Plan	Essential Plan expenses with pretax money
Annual Deductible <i>Individual/Family</i>	\$1,750/\$3,000	\$6,350/\$12,700	None
Annual Out-of-Pocket Maximum <i>Individual/Family</i>	\$6,000/\$12,000 (includes the deductible)	\$6,350/\$12,700 (includes the deductible)	None
Preventive Care Services	Covered at 100%	Covered at 100%	Covered at 100%
Office Visits <i>Primary Care/Specialists</i>	Primary: \$35 copay Specialist: \$70 copay	\$0 after deductible	\$50 reimbursement per day, up to \$300 per person/per calendar year maximum
Urgent Care	\$50 copay	\$0 after deductible	Combined with Office Visits; \$50 per day; maximum of 6 visits per year
Telemedicine	\$45 copay	\$45 copay	Not covered
Routine Diagnostic Lab, X-ray, and Injections	No additional copay	\$0 after deductible	Reimbursement amount varies depending on type of service; refer to plan summary for details
Inpatient Services	20% after deductible	\$0 after deductible	For most services: \$200 reimbursement per day, 60 days per person/per calendar year
Outpatient Services	20% after deductible	\$0 after deductible	Reimbursement amount varies based on type of service
Emergency Care Services	\$500 copay per visit, then 20% after deductible	\$0 after deductible	\$100 reimbursement per day, up to \$300 per person/per calendar year
Medical Equipment	20% after deductible	\$0 after deductible	Not covered
Behavioral Health (Inpatient)	20% after deductible	\$0 after deductible	For most services: \$200 reimbursement per day, 60 days per person/per calendar year



MEDICAL GRID CONT.

Employees enrolled in the Restaurant Growth Services, LLC Traditional or Value HDHP plans are free to seek care at any doctor, hospital, or medical facility they choose and are eligible for MyQHealth support. The Essential Plan has no out-of-network coverage.

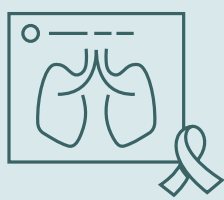
Features	Traditional Plan	Value HDHP Plan	Essential Plan expenses with pretax money
Prescription Drug Coverage	Administered by MagellanRX	Administered by MagellanRX	Administered by Loomis
Preventive Generic Preferred Non-preferred	\$10 copay \$40 copay \$80 copay	\$10 copay \$40 copay \$80 copay	Limited coverage with no cost sharing for certain preventive medications
Retail Generic Preferred Non-preferred	\$10 copay \$40 copay \$80 copay	\$0 after deductible	\$25 reimbursement per prescription per day, up to 7 scripts per year
Mail Order Generic Preferred Non-preferred	\$25 copay \$100 copay \$200 copay	\$0 after deductible	Not covered
Prescription Contraceptives	Covered at 100%	Covered at 100%	Limited coverage in compliance with Affordable Care Act
Self-Administered Specialty Drugs	\$150 copay (30-day supply) \$375 copay (mail order)	\$0 after deductible	Not covered

Take Care of Your Health with these preventive services



TESTS

Blood pressure,
Diabetes, Cholesterol



SCREENINGS

Mammograms and
Colonoscopies



REGULAR VISITS

Well-Woman, Well-Baby,
and Well-Child



CARE

For Healthy Pregnancies

MEDICAL CONT.

2021 WEEKLY MEDICAL AND PRESCRIPTION COSTS (NO SURCHARGES)

Coverage Tier	Traditional Plan	Value HDHP Plan	Essential Plan
Team Member	\$51.69	\$24.12	\$11.20
Team Member + Spouse	\$111.13	\$86.45	\$18.36
Team Member + Child(ren)	\$87.87	\$68.36	\$15.71
Family	\$162.83	\$126.67	\$22.82

SURCHARGES

Tobacco Surcharge

If you've used tobacco in the last 60 days, you'll pay \$175 more per month for medical benefits in 2021. The higher premium rate will be reflected in your enrollment process. Tobacco use includes cigarettes, cigars, chewing tobacco, pipe tobacco, e-cigarettes, and vaping. You can quit, and we want to help! See page 4 to learn about MyQHealth's tobacco cessation program that costs you NOTHING!

Spousal Surcharge

If your spouse is employed and has access to medical coverage through his or her employer, encourage your spouse to take advantage of that coverage. If they choose to be on the Restaurant Growth Services, LLC medical plan instead, our working spouse surcharge adds \$250 to your monthly premium costs.

FREQUENTLY ASKED QUESTIONS ABOUT MYQHEALTH'S OPEN NETWORK

Who should I contact for questions about my plan benefits or my medical coverage?

You should call Quantum Health. There is a dedicated customer service team at MyQHealth that is ready to assist you with any questions regarding your medical coverage or plan options. Call **877.498.4476**.

What is an Open Network Plan?

You have access to most any provider or facility you choose. All payments to providers are based off of Medicare pricing, plus an incentive bonus over and above the Medicare allowable amounts.

Why is my employer offering this plan instead of a PPO?

This plan allows your employer to manage the ballooning cost of healthcare while still continuing to provide quality benefits to employees and their families.

Can I only go to a doctor or hospital that is in network?

No. There is no network. Employees enrolled in the Restaurant Growth Services, LLC plan have the freedom to seek care at most any doctor, hospital, or medical facility they choose.



MEDICAL CONT.

GETTING STARTED WITH TELADOC

Teladoc® gives individuals and families access 24 hours, 7 days a week to a U.S. board-certified doctor through the convenience of phone, video, or mobile app visits. We encourage account registration upon receipt of Welcome Kit so when care is needed, a Teladoc doctor is just a call or click away.



1

Online: Go to [Teladoc.com](https://www.teladoc.com) and click "set up account".

Mobile app: Download the app and click "Activate account". Visit [teladoc.com/mobile](https://www.teladoc.com/mobile) to download the app.

Call Teladoc: Member Support can help register an account over the phone.

Account Set Up is Simple

Set up account by phone (toll-free at **800.835.2362**), web, mobile app, or by texting "Get Started" to **469.844.5637**.



2

Provide Medical History

Medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.



3

Request a Consult

Once your account is set up, request a consult anytime night or day. Talk to a doctor by phone, web, or mobile app.

DOWNLOAD TELADOC TODAY!



TOBACCO CESSATION PROGRAM THROUGH QUANTUM

The company offers you a proven program to help you quit tobacco through MyQHealth. Enroll in this program to:

- Create a personalized plan to help them meet their goals
- Participate in five intensive coaching calls and a 6-month follow-up call Coaches use calls to move through stages of behavior change based on proven theories
- Build a relationship with a coach to create a personalized plan that support your efforts to quit
- Receive a free supply of nicotine replacement therapy (over-the-counter patch or gum), if indicated in your individual action plan

If you successfully complete the program, your 2021 medical rates will convert to the non-tobacco user rates. Contact MyQHealth at **877.498.4476** to learn more or enroll.



HEALTH SAVINGS ACCOUNT

If you enroll in the Value HDHP Plan, you can contribute pretax dollars into your Health Savings Account (HSA) to help pay for your insurance deductible and out-of-pocket medical expenses, as well as dental and vision expenses. The HSA can help cover your expenses and provides you with more control over how you spend your healthcare dollars. HealthEquity administers the HSA.

ELIGIBILITY

There are specific requirements to open and contribute to an HSA. It's important to identify your HSA eligibility status during your enrollment.

- You are enrolled in a High Deductible Health Plan (HDHP) and have no other health coverage.
- You or your covered spouse do not participate in a Health Care Flexible Spending Account.
- You are not enrolled in Medicare or TRICARE for Life.
- You are not claimed as a dependent on someone else's tax return.

ELIGIBLE EXPENSES

Some common eligible expenses may include:

- Deductibles, copays, and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Review the IRS Publication 502 for more details on what are considered eligible expenses. Visit irs.gov/pub/irs-pdf/p502.pdf to learn more!

2021 HSA LIMITS

The IRS limits how much you can contribute to your HSA on an annual basis.

2021 HSA Limits	
Individual	\$3,600
Family	\$7,200
55 and older	Additional \$1,000 per year for catch-up contributions

ELECTING YOUR HSA CONTRIBUTION

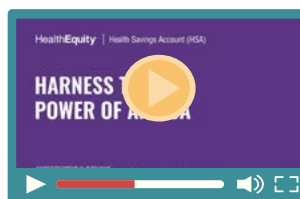
- During enrollment, you must specify how much you want to contribute to your HSA on an annual basis through payroll deduction.
- Your contributions must not exceed the IRS limits.
- You may change your contribution at any time during the year – call MyQHealth to help you with that process.

WATCH YOUR HSA BALANCE GROW

You decide how and when to use your HSA. For example, you delay reimbursement for qualified medical expenses and instead pay for them out of your own pocket, you can save toward a future financial goal. With an HSA, there is no time limit to reimburse yourself for qualified medical expenses that you pay out of pocket, which means you can accumulate the savings while building tax-free earnings.

THE ACCOUNT IS YOURS

Funds contributed to the HSA roll over from year to year, so you never lose any money you contribute. There are no penalties for withdrawing invested HSA dollars to pay for qualified medical expenses.



Watch this video to learn more about how the HSA works!

FLEXIBLE SPENDING ACCOUNT (FSA)

While an HSA is a savings account, an FSA is a spending account. An FSA is an easy way to save pretax money to pay for healthcare or dependent care expenses — but you lose the money you don't use. You decide the amount you'd like to save for the year, and the money is deducted (before taxes) from your paycheck each pay period. Plan your contributions carefully — this is a "use it or lose it" account. HealthEquity administers the FSA.

	Healthcare FSA	Dependent Care FSA
Maximum annual Team Member contribution amount	\$2,750	\$5,000 (\$2,500 if you're married/filing separately)
Eligibility	Can only be used with the Traditional medical plans and the Essential plan	Can be used when you and your spouse work full-time
What are some examples of what can I use the FSAs for?	<ul style="list-style-type: none">Healthcare expenses, such as deductibles, copays, and prescriptionsEyeglasses or contact lensesLasik surgeryOrthodontia	<ul style="list-style-type: none">Dependent care expenses for a child under 13Private day care providers and nanniesLicensed care for disabled dependentsCare for an elderly parent whom you claim as a dependent on your federal tax return <p><i>Note: Your dependent care provider must have a Federal Tax Identification or Social Security number in order for your expenses to be eligible for reimbursement.</i></p>
When are funds available?	Full annual election available upon the benefits effective date	You can be reimbursed up to the amount available in your account
Payment or Reimbursement	<ul style="list-style-type: none">Use the debit card at the time of serviceSubmit a claim form for out-of-pocket expenses	<ul style="list-style-type: none">Use the debit card at the time of serviceSubmit a claim form for out-of-pocket expenses
Does money roll over from one year to the next?	You can roll over up to \$550 into the next plan year's account. Any money left above \$550 will be forfeited.	No, your money does not roll over.

IMPORTANT DEADLINE

For both FSA accounts, you have until March 31, 2022, to submit claims for your 2021 account.

MARCH 31,
2022

SUPPLEMENTING YOUR MEDICAL BENEFITS

The medical plans provide great coverage for you and your family's general healthcare needs. Still, everyone's needs are slightly different. That's where our voluntary benefit options come in! You can choose these benefits to protect your family's finances in case of an unforeseen injury or illness.

CRITICAL ILLNESS

The onset of a critical illness is always unexpected, and the healthcare costs can be overwhelming. This coverage provides a cash benefit with no waiting period; however pre-existing conditions may apply. Benefits are paid directly to you.

Coverage

- Team Member: \$10,000; \$15,000; or \$20,000
- Spouse: 50% of your coverage amount
- Dependent children: 50% of your coverage amount

Examples of critical illness include:

- Heart attack/stroke
- Invasive cancer
- Renal (kidney) failure
- Major organ failure (heart, lung, liver, pancreas, or intestine)
- Additional childhood conditions
- Arterial/vascular disease
- Mitral or aortic valve disease
- Non-invasive cancer/Cancer in situ

Weekly Costs

Costs vary by how much coverage you choose and your age. Log in to dayforcehcm.com for your specific costs.

ACCIDENT INSURANCE

While major medical insurance may pay some doctor, lab, pharmacy and hospital bills, many people incur additional costs after an accident they hadn't anticipated. Accident insurance can ease the financial impact of the unexpected.

Examples of Coverage

Accident Treatment	Plan Pays
Emergency care	\$100
Fractures	Up to \$4,000
Dislocations	Up to \$2,000
Lacerations	\$25 – \$200
Major diagnostic exam	\$100
Initial care visit	\$50
Accidental Death & Dismemberment	
Team Member	\$25,000
Spouse	\$10,000
Dependent Children	\$5,000

This is just a sample of what is covered. Log in to dayforcehcm.com to see the entire listing of covered accidents.

Weekly Costs

Team Member	Team Member + Spouse	Team Member + Child(ren)	Family
\$2.32	\$3.89	\$4.37	\$5.90

\$50 Wellness Benefit If you enroll in the Critical Illness plan, you receive \$50 per year when a covered person receives a health screening test, such as a mammogram, pap test, PSA, and colonoscopy. If you are enrolled in both plans, that's a \$100 benefit!



DENTAL

New in 2021, we've partnered with Delta Dental to offer you and your family comprehensive dental coverage and a wide network of dentists from which to choose. They differ in the deductible you'll pay, the level of coverage for certain services, and the annual maximum amount for which you're responsible.



- **Basic Plan:** For Legendary Baking, Restaurant Management, and Support Center Team Members
- **Select Plan:** For Legendary Baking, Restaurant Management, and Support Center Team Members
- **Voluntary/Hourly Dental:** For Restaurant Hourly Team Members

Although you may select any dentist, it's important to use the **Delta Dental PPO** and **Delta Dental Premier** networks to receive the highest level of benefits. If you go outside these networks, those providers have not agreed to give you the negotiated rates, so you may end up paying more out of your pocket.

You can find a dentist by visiting deltadentaltn.com. Once on the site, scroll down to "Find a dentist," enter the fields (use either the Delta Dental PPO or Delta Dental Premier Network in Your Plan Type), and then click "Find a dentist."

Dental Plan	Basic Plan	Select Plan	Voluntary/Hourly Dental (Restaurant Hourly Team Members)
Calendar-Year Deductible <i>Individual/Family</i>	\$75/\$150	\$50/\$150	\$50/No family limit
Annual Maximum <i>(per person)</i>	\$1,000	\$1,500	\$500
Preventive Care <i>Exams and cleanings, sealants, x-rays</i>	100%	100%	100%
Basic Services <i>Fillings, simple extractions, and adjustments and repairs for bridges and dentures</i>	80% after deductible	80% after deductible	80% after deductible (3-month waiting period for new enrollees)
Major Services <i>Crowns and crown repair, root canals, gum disease treatment, dental surgery, prosthodontics, bridges and dentures</i> <i>TMJ coverage in the Basic and Buy-Up plans only</i>	50% after deductible	50% after deductible	50% after deductible (6-month waiting period for new enrollees)
Orthodontia <i>Orthodontic services</i> <i>Lifetime maximum per person</i>	Not covered	50% (no age limit) \$1,500	50% (children up to age 19) (12-month waiting period for new enrollees) \$500 (entire length of plan)

DENTAL CONT.

WEEKLY RATES

Coverage Tier	Basic	Select	Voluntary/Hourly Dental (Restaurant Hourly Team Members)
Team Member	\$1.90	\$3.33	\$3.55
Team Member + Spouse	\$5.92	\$10.17	\$7.00
Team Member + Child(ren)	\$7.27	\$13.71	\$10.28
Family	\$11.65	\$21.36	\$15.49

DOWNLOAD THE DELTA DENTAL MOBILE APP!

- Find a network dentist
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- Keep track of your claims





VISION

Restaurant Growth Services, LLC's Vision Plan through EyeMed provides a comprehensive plan that covers eye exams, frames, and lenses. EyeMed has an extensive nationwide network, but you'll receive more coverage if you stay within the EyeMed Select network.

Vision Plan	In-Network (EyeMed Select)	Out-of-Network Reimbursement
Eye Exam (once every 12 months)	\$15 copay	Up to \$35
Eyeglass Frames (once every 12 months)	\$15 copay, \$135 allowance, 20% off retail over \$135	Up to \$68
Eyeglass Lenses (once every 12 months)		
Single vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Standard progressive lens	\$80	Up to \$40
Premium progressive lens	\$80 copay, 80% of charge less \$120 allowance	Up to \$40
Lenticular	\$15 copay	Up to \$55
Contact Lenses		
Conventional	\$0 copay, \$120 allowance, 15% off retail price over \$120	Up to \$96
Disposable	\$0 copay, \$120 allowance, plus balance over \$120	Up to \$96
Medically necessary	\$0 copay, paid in full	Up to \$200
Laser Vision Correction		
LASIK or PRK from U.S. Laser network	15% off retail price or 5% off promotional price	N/A

WEEKLY RATES

Coverage Tier	Rate
Team Member	\$1.22
Team Member + Spouse	\$2.30
Team Member + Child(ren)	\$2.43
Family	\$3.58

DOWNLOAD THE EYEMED APP!

- Find your savings for an exam, frames, contacts, and lenses.
- Check your claim status.
- Download the ID card right to your phone.
- Secure access. Your personal information is only viewable by you.



When you buy more, you can save more! Get 40% off a complete second pair of glasses or 15% off contacts after the benefit is used! Visit [eyemed.com](https://www.eyemed.com) for more information.



LIFE INSURANCE

COMPANY-PAID BASIC LIFE INSURANCE

Eligible: Legendary Baking, Restaurant Management, and Support Centers Team Members

Life insurance can protect your survivors from financial difficulty in the event of your death. The company pays the full cost of this coverage. You automatically receive coverage equal to one times your annual salary (or annual salary equivalent), plus your target bonus, if applicable, up to specific coverage maximums.

SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

If you need further financial protection, you can purchase supplemental life insurance for you, your spouse, and your dependent children. You must first purchase coverage for yourself before electing cover for your spouse and/or dependent children. You pay the full cost of this coverage.

Certain amounts of coverage may require you to answer health questions, called evidence of insurability (EOI).

Supplemental Coverage	
For you	1x, 2x, 3x, or 4x annual earnings, up to \$500,000
For your spouse	\$15,000, \$25,000, or \$50,000
For your dependent children (up to age 26)	\$10,000

Weekly Costs

Age Band	Team Member Per \$1,000	Spouse \$15,000	Spouse \$25,000	Spouse \$50,000	Child \$10,000
< 25	\$0.019	\$0.29	\$0.48	\$0.95	\$0.44
25-29	\$0.021	\$0.32	\$0.53	\$1.05	
30-34	\$0.026	\$0.39	\$0.65	\$1.30	
35-39	\$0.031	\$0.47	\$0.78	\$1.55	
40-44	\$0.042	\$0.63	\$1.05	\$2.10	
45-49	\$0.068	\$1.02	\$1.70	\$3.40	
50-54	\$0.104	\$1.56	\$2.60	\$5.20	
55-59	\$0.190	\$2.85	\$4.75	\$9.50	
60-64	\$0.211	\$3.17	\$5.28		
65-69	\$0.338	\$5.07	\$8.45		
70-74	\$0.513	\$7.70	\$12.83		
75-79	\$0.996	\$14.94	\$24.90		

VOLUNTARY LIFE – FULL-TIME RESTAURANT HOURLY TEAM MEMBERS

If you purchase voluntary life insurance for yourself, you may also purchase life insurance for your spouse and dependent children. Purchase \$20,000 in coverage for you, \$10,000 for your spouse, or \$10,000 for your dependent children.

Weekly Costs	
Team Member	\$1.50
Spouse	\$0.60
Child	\$0.48



It's important to keep your beneficiaries updated! You may change your beneficiaries anytime by logging in to dayforcehcm.com.



DISABILITY

COMPANY-PAID SHORT-TERM AND LONG-TERM DISABILITY

Chances are you do not see yourself as becoming disabled when you think about your life five or ten years from now. Surprisingly, many people find themselves hurt or sick and unable to work each year due to a non-work-related illness or injury. Restaurant Growth Services, LLC recognizes the importance of your financial well-being in the event of a disability. For this reason, we provide both short-term and long-term disability coverage at no cost to you.

	Short-Term Disability Insurance	Long-Term Disability Insurance
Elimination period: time period between the injury or illness and receiving benefit payments.	5 days	180 days
Benefit amount	60% of your weekly salary (or base salary equivalent) rounded to the nearest dollar	50% of your monthly salary (or base salary equivalent) rounded to the nearest dollar
Maximum benefit duration	26 weeks (including elimination period)	Contingent upon your age at the time of disability

LONG-TERM DISABILITY BUY-UP

If you would like to purchase additional financial protection, you may purchase up to 10% of additional long-term coverage to increase your total long-term disability amount to 60% of your monthly salary (or base salary equivalent).

Weekly Cost

- \$0.035 per \$100 of coverage

VOLUNTARY SHORT-TERM DISABILITY – FULL-TIME RESTAURANT HOURLY TEAM MEMBERS

You may purchase short-term disability coverage to help if you become unable to work for an extended period.

Elimination Period: time period between the injury or illness and receiving benefit payments.	7 days
Benefit Amount	\$150 (not to exceed 100% of your basic weekly earnings)
Maximum Benefit Duration	13 weeks

Weekly Cost

- \$1.77

ADDITIONAL BENEFITS



EMPLOYEE ASSISTANCE PROGRAM

The EAP offers you access to experienced counselors who can provide confidential services to Salaried Team Members and their families.

At no cost to you, a licensed professional can help you with work-life concerns such as:

- **Emotional wellness:** addiction, depression, anxiety, and assistance with other emotional wellness issues
- **Resiliency:** overcoming stress and crisis at home and at work
- **Workplace success:** career goals, team conflict, and crisis management
- **Wellness and balance:** stress, relaxation, personal well-being, and work-life balance
- **Personal and family goals:** relationships, children and teens, aging loved ones, changes in finances, or personal situations

The EAP is available 24/7/365. Call Magellan Healthcare at **800.523.5668** or visit MagellanAscend.com.

Phone consultations are available to you and your family members.



EC PURCHASING

Our partnership with EC Purchasing gives you access to great discounts on products and services you use all year long. Save on your favorite brands through our discount portal — hotels, wireless plans, phones, travel, and more. Explore at ecpurchasing.com.

To register, call EC Purchasing at **888.387.0223**.



401(K) RETIREMENT SAVINGS ACCOUNT

We're committed to helping you take care of your financial health. A 401(k) savings account is a great way to set aside money for retirement, no matter where you are on that journey.

- You can participate if you are 21 years of age and **have completed one year of service**.
- You choose how much to contribute. Through convenient payroll deductions, you can contribute up to 60% of your pay on a pretax basis, up to IRS limits, and make changes to that contribution level any time.
- Less taxable income, more savings for you. Your pretax contributions come out of your paycheck before federal and state taxes, reducing your taxable income. So you pay less in taxes!
- **We contribute, too.** The company contributes a matching amount to your account, up to a percentage voted upon annually by the Board of Directors.
- You decide how to invest. Merrill Lynch offers a variety of professionally-managed funds, and you choose how your contributions are invested.



PAYLOGIX

(Third party administrator for missed payments)

If your paycheck doesn't cover the costs of your healthcare premium, you can still maintain insurance coverage by making payments through Paylogix.

Click on the link in the email and follow the online steps if you receive an email from Paylogix alerting you to a missed payment.

Questions about paying a missed healthcare premium should be directed to your HR Department at **800.432.4275** (option 1).

2021 BENEFIT CONTACTS

Benefit/Resource	Provider	Contact Information
Speak to a Care Coordinator about healthcare questions	MyQHealth	rgsbenefits.com 877.498.4476
Traditional Plan and Value HDHP Plan (with optional HSA)	MyQHealth	rgsbenefits.com 877.498.4476
Essential Plan	Loomis	loomisco.com 866.218.6020
Prescription Drugs (Essential Plan not included) Value price locator	MyQHealth GoodRx	rgsbenefits.com goodrx.com 877.498.4476
Dental Plans	Delta Dental	deltadentaltn.com 800.223.3104
Vision Plan	EyeMed	eyemed.com 866.299.1358
Health Savings Account, Flexible Spending Accounts	HealthEquity	healthequity.com/learn 866.735.8195
Life and AD&D Insurance, Disability Insurance	Lincoln Financial Group	mylincolnportal.com 800.713.7384
Voluntary Accident and Critical Illness Insurance	Lincoln Financial Group	mylincolnportal.com 800.423.2765 (ID: ABRH)
Employee Assistance Program	Magellan Healthcare	magellanascend.com 800.523.5668
401(k)	Merrill Lynch	benefits.ml.com 877.820.2489
Group Discount Program for Goods and Services	EC Purchasing	ecpurchasing.com 888.387.0223

The company reserves the right, in its sole discretion, to terminate, suspend, withdraw, amend, or modify the plans in whole or in part at any time, including, without limitation, the right to amend the plans to require participant contributions or to increase the amount of contributions that participants must make to the plans. If there is a disagreement between this summary and the plan documents, the plan documents always govern.

This Employee Benefits Guide is intended to only provide a high-level overview of the benefits program that is available to you. It is important that you not only read this entire Guide but also the Summary Plan Description, or SPD, for the Restaurant Growth Services LLC's Group Health and Welfare Plan (the "Plan"). You may find the SPD at dayforcehcm.com. The SPD describes the material terms and conditions of the Plan. If there is a conflict between this Guide, the SPD, and the Plan, the terms and conditions described in the Plan document will govern in all cases.

You also have available to you a Summary of Benefits and Coverage (SBC), which is a tool provided through the Affordable Care Act (ACA) that was designed to outline your medical plan options in plain language and with examples.