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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 26 for more details.



# Fellow Taco Junkies,

Thank you for being an important part of our Torchy's family! At Torchy's, we understand that our people are the most important ingredient in our success. It has always been our highest priority to provide an environment for our people that embraces individuality, that provides a unique and fun culture, that offers opportunity for development and growth and that gives our Team Members options when it comes to benefits. We cannot execute our mission to be Damn Good without every Team Member doing their part to serve our guests and our communities, always led by our TORCH values of Tenacity, Originality, Respect, Community and Honor.

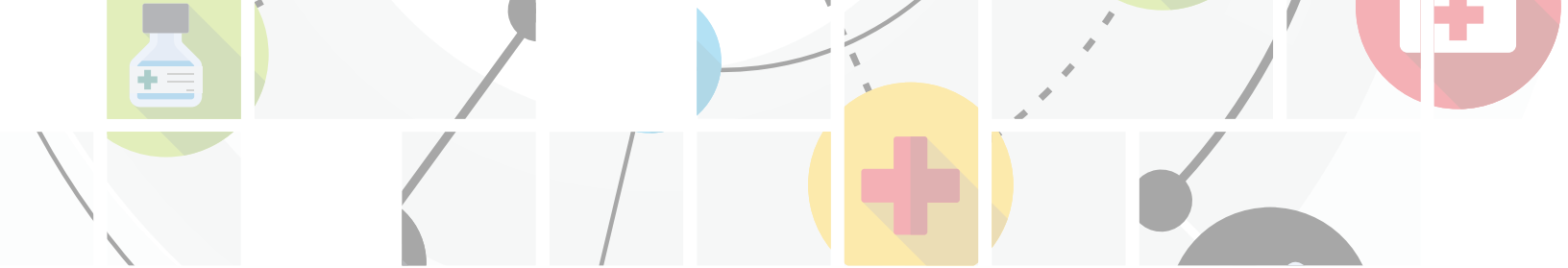
We know that benefits are a big part of your experience at Torchy's, and we will always strive to offer you the best benefits at the best value possible. This guide outlines all the comprehensive benefit options available to our Team Members across the country today, including complete details and choices for medical coverage (now available to ALL Team Members in 2022), dental and vision insurance, supplemental life insurance options, disability, pet insurance, 401(k) plans, available partner discounts, and much more.

We are continually evaluating our benefits to ensure they are best in class, with the health of our Team Members and your families at heart. Our entire Benefits Team is always working hard to enhance our available benefits options, listen to your feedback and take action to provide a better experience for our Team Members. We sincerely hope you will see that commitment reflected in this year's benefit options.

The Benefits Team is standing by to support you with any questions you may have about this year's plans, and I thank you once again for being such an important member of our team and our Torchy's family.

All the best,

GJ Hart  
CEO



# Eligibility

If you are a Tenured Team Member, Store Manager, or work at HQ and work at least an average of 30 hours per week, you are eligible for benefits. Most of your benefits are effective on the first day of the month following your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

## Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, Health Care Flexible Spending Account, or Dependent Care Flexible Spending Account unless you have a Qualified Life Event. You must contact the Benefits Department within 30 days of the Qualified Life Event, or you will have to wait until the next annual Open Enrollment period to make changes.

Qualified Life Event Examples		Documentation Needed
<b>Change in marital status</b>	<ul style="list-style-type: none"> <li>• Marriage</li> <li>• Divorce/Legal Separation</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of marriage certificate</li> <li>• Copy of divorce decree</li> <li>• Copy of death certificate</li> </ul>
<b>Change in number of dependents</b>	<ul style="list-style-type: none"> <li>• Birth or adoption</li> <li>• Step-child</li> <li>• Death</li> </ul>	<ul style="list-style-type: none"> <li>• Copy of birth certificate or copy of legal adoption papers</li> <li>• Copy of birth certificate plus a copy of the marriage certificate between employee and spouse</li> <li>• Copy of death certificate</li> </ul>
<b>Change in employment</b>	<ul style="list-style-type: none"> <li>• Change in your eligibility status (i.e., full-time to part-time)</li> <li>• Change in spouse's benefits or employment status</li> </ul>	<ul style="list-style-type: none"> <li>• Notification of increase or reduction of hours that changes coverage status</li> <li>• Notification of spouse's employment status that results in a loss or gain of coverage</li> </ul>



# iNGAGED Mobile App

## With iNGAGED, You Can:

- ✓ View all company benefit plans, resources and documentation, 24/7.
- ✓ Access carrier policy information.
- ✓ Quickly contact a benefit carrier using the “tap to call” feature in the app.
- ✓ Keep up to date with important company benefits announcements via app push notifications.
- ✓ Store an image of your ID card in your app.

Enrolled dependents are invited to access iNGAGED as well.





# Cigna Medical

Torchy's believes that having DAMN GOOD choices are an important component in deciding what benefits are best suited to your needs in the coming year, which is why we are offering the option of three comprehensive medical plans through Cigna. Below is a high-level summary of the benefits offered.

	Elite OAP 1		Premium OAP 2		Saver HSA 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>HSA/FSA Eligibility</b>	FSA Eligible		FSA Eligible		HSA Eligible†	
<b>Calendar Year Deductible</b>						
<b>Individual</b>	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$5,400
<b>Family</b>	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$10,800
<b>Calendar Year Out-of-Pocket Maximum (Includes Deductible)</b>						
<b>Individual</b>	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$10,800
<b>Family</b>	\$6,000	\$12,000	\$8,000	\$16,000	\$12,000	\$21,600
	<b>YOU PAY</b>		<b>YOU PAY</b>		<b>YOU PAY</b>	
<b>Coinsurance</b>						
<b>Preventive Care</b>	\$0	40%*	\$0	40%*	\$0 after deductible	30%*
<b>Primary Care Physician</b>	\$30 copay/ \$0 Child copay to Age 19	40%*	\$40 copay/ \$0 Child copay to Age 19	40%*	\$0 after deductible	30%*
<b>Specialist</b>	\$30 copay	40%*	\$40 copay	40%*	\$0 after deductible	30%*
<b>Urgent Care</b>	\$45 copay	40%*	\$65 copay	40%**	\$0 after deductible	30%*
<b>Inpatient Services</b>	20%*	40%**	20%*	40%**	\$0 after deductible	30%**
<b>Outpatient Services</b>	20%*	40%**	20%*	40%**	\$0 after deductible	30%**
<b>Emergency Room</b>	\$175 copay then 20%		\$175 copay then 20%		\$0 after deductible	30%*
<b>Pharmacy</b>						
<b>Retail Rx (up to 30-day supply)</b>						
<b>Tier 1</b>	\$15	50%	\$15	50%	Deductible then \$15	Deductible then 50%
<b>Tier 2</b>	\$40	50%	\$40	50%	Deductible then \$40	Deductible then 50%
<b>Tier 3</b>	\$55	50%	\$55	50%	Deductible then \$55	Deductible then 50%
<b>Mail Order Rx (up to 90-day supply)</b>						
<b>Tier 1</b>	2.5 x retail copay	Not Covered	2.5 x retail copay	Not Covered	2.5 x retail copay*	Not Covered
<b>Tier 2</b>						
<b>Tier 3</b>						

\* After deductible

† Also eligible for the Limited Purpose FSA

\*\* Preauthorization required



# Cigna Virtual Care

As a Torchy's Team Member, you have access to free Virtual Care services as part of your Cigna medical plan. Virtual Care is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors through the convenience of a phone call or video chat. In addition, you have the ability to send your visit results to your primary care physician.



**24/7/365**



**Quality Doctors**



**No ER Wait**



**100% Covered**

## Virtual Health Care Can Treat Many Common Health Issues

Virtual Care doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

**Here is a small sample of things  
Virtual Care doctors have treated:**

<b>Abdominal Pain/Cramps</b>	<b>Bronchitis</b>
<b>Allergies</b>	<b>Cold and Flu Symptoms</b>
<b>Animal/Insect Bites</b>	<b>Dizziness</b>
<b>Asthma</b>	<b>Eye Infection/Irritation</b>
<b>Backache</b>	<b>Headaches/Migraines</b>
<b>Blood Pressure Issues</b>	<b>Laryngitis</b>
<b>Poison Ivy/Oak Rash</b>	<b>Sore Throat</b>
<b>Respiratory Infection</b>	<b>Sprains and Strains</b>
<b>Sinusitis</b>	<b>Strep</b>





# Flexible Spending Accounts





Flexible Spending Accounts (FSAs) allow you to pay for eligible health care and dependent care expenses using tax-free dollars. There are two types of FSAs – the Health Care FSA and the Dependent Care FSA:

- **Health Care FSA** – Used to pay for services not covered by your medical, dental, or vision plan such as copayments, coinsurance deductibles, prescription expenses, lab exams and tests, and contact lenses and eyeglasses.
- **Dependent Care FSA** – Used to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

## How Does It Work? Planning Your Election

Here are just a few strategies you can use to be sure that you are making every penny count!

- **Plan ahead.** Base your election on anticipated predictable expenses not covered by other insurance or benefit plans.
- **Look back to last year.** One way to estimate those expenses is to look back at the health care and dependent care expenses you paid during the past plan year. This can be the starting point for your annual contribution, adjusted for any past or future extraordinary expenses.
- **Look outside your health plan.** There are many FSA eligible expenses not covered by your health plan such as over-the-counter (OTC) medicines, laser eye surgery, orthodontics, etc.

How the Health Care FSA works	VS	How the Dependent Care FSA works
Contribute up to \$2,750 per year, pretax.		Contribute up to \$5,000 per year, pretax, or \$2,500 if married and filing separate tax returns.
Receive a debit card to pay for eligible medical expenses (funds must be available in your account).		You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided.
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, and over-the-counter medications prescribed by your doctor.		Can only be used to pay for eligible dependent care expenses including day care, after-school programs, and elder care programs.
Submit claims up to <b>March 31</b> of the following year for expenses from January 1 to December 31. Up to \$500 of unspent funds as of December 31 will be rolled into the following plan year. Amounts over \$500 will be forfeited per IRS regulations.		Submit claims up to <b>March 31</b> of the following year for expenses from January 1 to December 31. If you do not spend all the money in this FSA by December 31, unused dollars will be forfeited per IRS regulations for pretax contributions.





# Health Savings Account (HSA)

An HSA is a personal savings account you can use to pay for qualified out-of-pocket health care expenses with pretax dollars, now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the Saver Medical Plan 3.

## How a Health Savings Account (HSA) Works



### Eligibility

You must be enrolled in the Saver Medical Plan 3.



### Your Contributions

You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$3,650 if you enroll only yourself or \$7,300 if you enroll in family coverage. You can make an additional \$1,000 catch-up contribution if you are age 55+.



### Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

If you want to enroll in a Health Care FSA, you are eligible to enroll in a Limited Purpose FSA. Please note: Funds in a Limited Purpose FSA can only be used for dental and vision expenses.



### Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



### Your HSA is always yours — no matter what

One of the best features of an HSA is that any money left in your HSA at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave Torchy's or retire, your HSA goes with you and you can continue to pay and save for future eligible health care expenses.



# Dental Plan

Oral hygiene is important to your overall health and well-being, which is why Torchy's offers two comprehensive dental plans through Cigna. Preventive services are covered at no cost to you and include routine exams and cleanings.

	Dental High Plan		Dental Low Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible (waived for diagnostic and preventive care)</b>				
<b>Individual</b>	\$50		\$50	
<b>Family</b>	\$150		\$150	
<b>Calendar Year Maximum Benefit</b>				
<b>Per Person (Non-orthodontia)</b>	\$1,500		\$1,000	
	<b>YOU PAY</b>		<b>YOU PAY</b>	
<b>Diagnostic and Preventive Services (two cleanings per calendar year)</b>				
<b>Exams, Cleanings, Fluoride Treatment, X-rays, Sealants</b>	0% (does not apply to calendar year maximum)		0% (does not apply to calendar year maximum)	
<b>Basic Services</b>				
<b>Fillings, Simple Extractions, Complex Extractions</b>	20%*		20%*	
<b>Endodontics &amp; Periodontics</b>	20%*		50%*	
<b>Major Services</b>				
<b>Crowns, Inlays, Onlays, Bridges, Dentures</b>	50%*		50%*	
<b>Orthodontia Services</b>				
The lifetime maximum benefit for orthodontia is a separate benefit from the calendar year maximum benefit as listed above.				
<b>Lifetime Maximum Benefit</b>	\$1,500		Not covered	
<b>Appliances &amp; Related Services</b>	50%		Not covered	
<b>Age Limitation</b>	Child to age 19		Not covered	
<b>UCR Percentile</b>				
<b>Out-of-network</b>	90th		MAC	

\* After deductible



# Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life.

You have the opportunity to enroll in the Cigna vision plan which utilizes the VSP Choice Network of providers.



	<b>Participating Provider</b>	<b>Non-Participating Provider</b>
	<b>YOU PAY</b>	<b>REIMBURSEMENT</b>
<b>Cost</b>		
<b>Exam</b>	\$10	Up to \$45 after \$10 copay
<b>Materials</b>	\$25	See below
<b>Covered Services - Lenses</b>		
<b>Standard</b>	\$25	Up to \$40 reimbursement after \$25 copay
<b>Bifocals</b>	\$25	Up to \$65 reimbursement after \$25 copay
<b>Trifocals</b>	\$25	Up to \$75 reimbursement after \$25 copay
<b>Frames</b>	\$130 allowance; then 20% discount	Up to \$71 reimbursement after \$25 copay
<b>Covered Services - Contacts in lieu of Frames/Lenses</b>		
<b>Contacts - Medically Necessary</b>	Covered at 100%	Up to \$210 reimbursement after \$25 copay
<b>Contacts - Elective</b>	Amount over \$130 allowance	Up to \$105 reimbursement after \$25 copay
<b>Benefit Frequency</b>		
<b>Exams</b>	Once every 12 months	Once every 12 months
<b>Lenses</b>	Once every 12 months	Once every 12 months
<b>Frames</b>	Once every 24 months	Once every 24 months
<b>Contacts</b>	Once every 12 months	Once every 12 months



# Team Member Contributions (Bi-Weekly)

## Medical

	Elite OAP 1	Premium OAP 2	Saver HSA 3
Team Member Only	\$95.08	\$84.98	\$41.80
Team Member + Spouse/DP	\$339.23	\$253.85	\$207.69
Team Member + Child(ren)	\$244.62	\$212.31	\$133.85
Team Member + Family	\$434.24	\$354.06	\$290.77

## Dental

Cigna Dental	High Plan	Low Plan
Team Member Only	\$13.08	\$6.95
Team Member + Spouse/DP	\$26.38	\$14.03
Team Member + Child(ren)	\$29.72	\$15.80
Team Member + Family	\$48.63	\$25.85

## Vision

Cigna (VSP Choice)	
Team Member Only	\$3.44
Team Member + Spouse/DP	\$5.50
Team Member + Child(ren)	\$5.60
Team Member + Family	\$9.04





# Life and Accidental Death & Dismemberment (AD&D) Insurance

Life insurance is an important part of ensuring the financial security of those who depend on you for support. Torchy's offers Basic Life and Accidental Death and Dismemberment (AD&D) insurance with Cigna for our Team Members at no cost to you. You also have the option of purchasing additional amounts of insurance (supplemental) on top of what is provided by Torchy's for both you and your dependents.

Life and AD&D Insurance - For You		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
<b>Life and AD&amp;D</b>	Tenured Team Member: \$20,000. Store Manager & HQ: 3x your basic annual earnings up to a maximum of \$500,000.	Guaranteed Issue: \$20,000 Full Guaranteed Issue.

Voluntary Life and AD&D Insurance		
COVERAGE LEVEL	COVERAGE AMOUNT	EVIDENCE OF INSURABILITY/ PROOF OF GOOD HEALTH
<b>Team Member Voluntary Life and AD&amp;D</b>	Increments of \$10,000 not to exceed 5 times your annual salary up to a maximum of \$300,000.	Guaranteed Issue: \$100,000
<b>Spouse</b>	Increments of \$5,000 up to \$250,000 – not to exceed 100% of Team Member coverage.	Guaranteed Issue: \$50,000
<b>Child(ren)</b>	Birth to 15 days: \$0 15 days to 6 months: \$100 6 months to 25 years: \$10,000	Guaranteed Issue: \$10,000

## Guaranteed Issue and Evidence of Insurability

Employees and spouses who elect coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than GI, you will need to provide EOI before the amount over GI becomes effective.

## Beneficiary Designation

Keeping your beneficiary designation current prevents issues for your beneficiary in the event of a claim. You may change your beneficiary designation at any time. Please contact the Benefits Department or update your beneficiary on MyTorchy's.



# Disability Insurance

Disability insurance can keep you financially stable should you become disabled and unable to work. It can help provide a sense of security, knowing that if the unexpected should happen, you'll still receive a monthly income.

## Short-Term Disability Benefits at a Glance

<b>Coverage</b>	60% of your weekly earnings for up to 12 weeks. After one year of service, week one is covered at 100% by Torchy's.
<b>When Benefits Begin</b>	Benefit begins after 7 consecutive days of disability.
<b>Election Required</b>	No

## Long-Term Disability Benefits at a Glance

<b>Coverage</b>	60% of your pre-disability earnings up to a maximum benefit of \$10,000 per month.
<b>When Benefits Begin</b>	Benefit begins after 90 days of disability.
<b>Election Required</b>	No

## How STD and LTD Work Together

PTO pays 100% of your pay until STD begins.

**After 7 days** of illness or injury, approved STD pays a portion of your income.

**After 90 days** LTD begins, if approved.

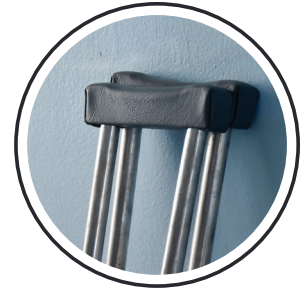
A qualifying disability is an illness or injury that causes you to be unable to perform any other work for which you are or could be qualified by education, training or experience.





# Accident Insurance

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury would include things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).



**Benefits are paid according to a fixed schedule and include the following:**

 <b>Emergency Room Visits</b>	 <b>Hospital Stays</b>
 <b>Medical Exams</b> - including major diagnostic exams	 <b>Physical Therapy</b>
 <b>Fractures and Dislocations</b>	 <b>Transportation and Lodging</b> - if you are away from home when the accident happens

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like including deductibles, child care, housecleaning, groceries, utilities, etc. — any purpose that can help you meet your personal, financial, or household needs.

Please refer to the benefit summary for details of the benefits.

## For Example:

- On his way to work, John was in a car accident.
- He was transported by ground ambulance to the emergency room and admitted to the hospital.
- He had a dislocated hip and spent five days in the hospital.
- He had several physical therapy sessions before returning to work.
- John's medical plan means he has to pay a deductible before the plan pays, plus coinsurance.
- John submitted his accident claim and received \$8,050 from his accident insurance coverage.
- He used it toward his deductible, copay and supplemental income for his missed work days.

Sample Reimbursements	
<b>Ground Ambulance</b>	\$400
<b>Emergency Room</b>	\$100
<b>X-ray</b>	\$50
<b>MRI</b>	\$150
<b>Hospital Stay - Admission + 5 days</b>	\$3,000
<b>Dislocated Hip</b>	\$4,000
<b>Appliances</b>	\$150
<b>Physical Therapy (4 sessions)</b>	\$200
<b>Total Benefit Paid</b>	<b>\$8,050</b>



# Hospital Indemnity Insurance

Hospital Indemnity insurance pays cash benefits directly to you if you are admitted to the hospital for a covered inpatient stay – no matter the reason. You can use the money to pay for everyday expenses or for health care expenses that aren't covered by your medical plan (for example, deductible, copayments and/or coinsurance).

Sample of Covered Conditions	
	<b>Hospital Admission</b>
	<b>Hospital Confinement</b>
	<b>Hospital Intensive Care</b>
	<b>Surgical Care</b>
	<b>Medical Diagnostic and Imaging</b>
	<b>Transportation and Lodging</b>

## How the Plan Works



- In April, Sarah unexpectedly needed back surgery.
- Sarah was admitted to the hospital for surgery.
- After surgery, she began physical therapy to increase her strength and flexibility.
- Sarah submitted her claim and received a lump-sum payment of \$1,000.

<b>Benefit Amount</b>	<b>\$1,000 - \$15,000</b>
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## Team Member Contributions

Accident Insurance	
Team Member Only	\$3.23
Team Member + Spouse/DP	\$5.82
Team Member + Child(ren)	\$7.83
Team Member + Family	\$10.41

Hospital Indemnity Insurance	
Team Member Only	\$4.12
Team Member + Spouse/DP	\$10.86
Team Member + Child(ren)	\$8.31
Team Member + Family	\$15.04





# Planning for Retirement

What does retirement look like for you? Maybe you plan to travel the world. Or maybe you'd like to take up some hobbies closer to home. Whatever your goal, it's important to take responsibility for your own finances so you have the income you'll need in the future.

One of the best ways to ensure a secure retirement is to start saving as early as possible. Our 401(k) savings plan allows you to save for retirement on a pretax basis. You can begin contributing to the plan at any time once you become eligible and start making contributions to your account through convenient payroll deductions.

## Increase Your Retirement Savings With a 401(k)

- Contribute using convenient payroll deductions up to the IRS limit of \$19,500 per year.
- Change the amount of your contributions or stop your payroll contributions at any time.
- Decide how to invest your 401(k) or allow the plan to choose for you.
- Age 50 or older? Make an additional "catch-up" contribution of up to \$6,500 to save even more.

## Eligibility Guidelines\*

- 21 years of age or older
- An active employee with at least 6 months of service

## Profit-Sharing Contributions

Success Foods Management Group, LLC d/b/a Torchy's Tacos may make profit-sharing contributions at its discretion which would be allocated annually. The contributions benefit all participants who worked at least 1,000 hours and are employed on the last day of the plan year.

## Vesting Schedule

Any profit-sharing contributions made on your behalf are subject a three-year cliff vesting period. Once a Team Member has completed their third year of service, they are fully vested in all Torchy's Tacos contributions made in their account up to that point and afterward.

\* Highly Compensated Team Members are eligible for the 401(k) Mirror Plan



# Cancer Guardian

## Why You Should Enroll Now

Through affordable payroll deductions, enrollment in Cancer Guardian can help you prevent and fight cancer more effectively.

**The Cancer Guardian program includes these valuable benefits and features:**

### Cancer Support Specialists

1. The Cancer Information Line is available to you and your immediate family members (including parents) at any time.
2. If you are diagnosed with cancer, we assign dedicated Cancer Support Specialists to support you through your cancer journey.

Additionally, Cancer Guardian provides:

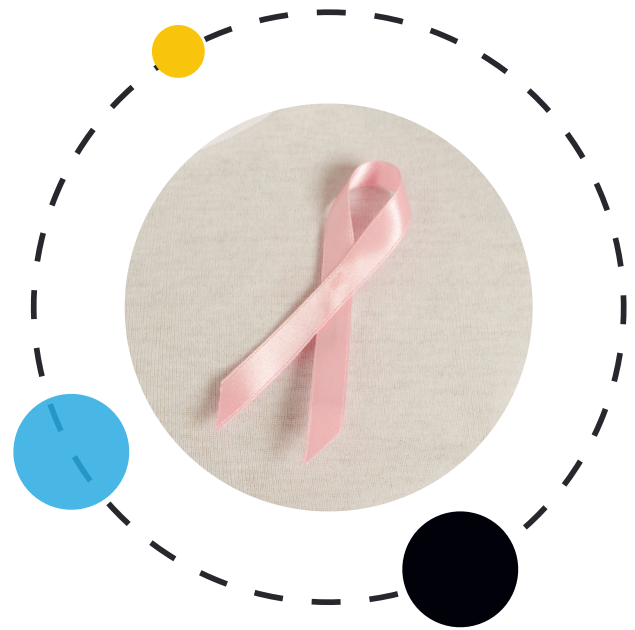
- Customized information and resources
- Second opinion pathology review
- On-site nurse navigator (one visit)

### Medical Records Platform

This technology gives you and your family members access to a secure, cloud-based solution for storing and transmitting medical records for any condition, at any time.

Additional features of the Medical Record Platform include:

- Video Consultation
- Radiological Image Viewer
- Personal Medical Profile



### Advanced DNA Testing

1. **Preventative: Hereditary Cancer Screening Test**
2. **Post Diagnosis: Advanced DNA Testing of the Cancer**

This testing gives you insight into your genetic risk for cancer.

If you are diagnosed with cancer, we provide you access to Advanced DNA Testing of the cancer, which can help your doctor identify the most effective treatment options.


The program includes up to three Advanced DNA Tests of the cancer as long as you remain enrolled in the program.

**These services are not typically made available or covered by health insurance.**

Program Pricing			
EMPLOYEE (CHILDREN INCLUDED)		EMPLOYEE, SPOUSE & CHILDREN	
Under 50	\$7.85	Under 50	\$15.70
50 - 64	\$9.69	50 - 64	\$19.38
65+	\$11.54	65+	\$23.08

Dependent children are covered to age 26.

\* 12 month enrollment required.

Access to Guardian Services					
CANCER GUARDIAN - BASED ON EMPLOYEE & SPOUSE ENROLLMENT					
	YOU	YOUR PARTNER	YOUR CHILDREN	YOUR PARENTS	YOUR IN-LAWS
Heredity cancer risk test	●	●	●**	●	
Advanced DNA testing of the cancer	●	●	●	●	●
Cancer Guardian information line	●	●	●	●	●
Medical records platform	●	●	●	●	●
Cancer support specialists	●	●	●		
Personal support review, customized information & resources	●	●	●		
On-site nurse navigator	●	●	●	●	●
Second opinion pathology review	●	●	●	●	●

● Included ● Discounted ● Eligible for testing program

\*\* Applied to children age 18 and under

Cancer Guardian solves the problem of **awareness, access and affordability** to services that can help improve prevention and survival.

## Get in Touch With Cancer Guardian

To get your screening kit:



Email [support@cancerguardian.com](mailto:support@cancerguardian.com)



Call 833-248-2734

For additional information on the Cancer Guardian and Warberg Genomic Advisors privacy policy, please visit: [www.cancerguardian.com/privacy-policy](http://www.cancerguardian.com/privacy-policy).

Warberg Genomic Advisors is not an insurance company and Cancer Guardian Cancer Support Service is not an insurance policy. The Service does not provide payment or reimbursement of payment for treatment costs of any kind nor will it provide compensation for any financial losses suffered by members. Its sole obligation is to provide the services described in this document.



# Norton LifeLock

Torchy's knows how important identity theft protection is in today's world. That's why we are offering LifeLock Identity Theft Protection. LifeLock provides all-in-one protection for your identity and devices.

Once enrolled, you will receive an email from LifeLock with instructions on how to take full advantage of your membership.

**LifeLock Identity Theft Protection** looks for uses of your personal information, and with proprietary technology alerts<sup>†</sup> you to a wide range of potential threats to your identity.

**Norton Device Security** protects against existing and emerging threats, including ransomware, viruses, spyware, malware, and other online threats.

**Parental Control** helps keep your kids safer online. Help your kids explore the Web more safely by keeping you informed of sites they are visiting and blocking harmful or inappropriate ones.

**Privacy Monitor** scans common public people-search websites for your personal information and help you opt out, giving you peace of mind and greater control over your online privacy.

**Please Note:** Norton Parental Control features are not supported on Mac, and these features are not enabled upon enrollment. Member must take action to get their protection.

## Enroll Online:

<http://torchys.excelsiorenroll.com>

Take advantage of the special benefit plans and pricing by signing up through your benefit program and providing your name, Social Security number, date of birth, address, phone number and email address for yourself and any dependents you wish to enroll.

## Have an Existing LifeLock Membership?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling 800-607-9174.

Monthly Rates	Essentials	Premier
Team Member Only	\$6.99	\$9.99
Team Member + Family	\$13.98	\$18.98





# Pet Insurance

## Why Choose Pets Best Insurance?

Great coverage? Fast claims? Excellent Service? Yes. We've got your tail covered.

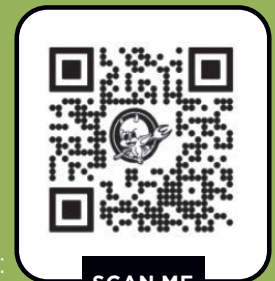
Pet insurance reimburses you for vet bills when your pet is sick or injured, to help take the financial worry out of vet visits.

- Fast claims processing and payment
- Optional direct deposit and direct vet pay options
- Use any veterinarian in the U.S. — including specialty and emergency clinics
- Exclusive employee discount on a BestBenefit plan\*
- Optional coverage for routine care
- Access to a 24/7 pet helpline powered by whiskerDocs

### Torchy's Tacos Team Members

To begin, enroll at [petsbest.com/tacopets](https://petsbest.com/tacopets) or call 888-984-8700.

Reference discount code:  
**TACOPETS**



SCAN ME

## HOW PET INSURANCE WORKS



### Get Treatment

When your pet becomes ill or injured, get treatment from any licensed veterinarian in the U.S. or Canada.



### File a Claim

Use your mobile app or file a claim online, there is no need to send us medical records unless we request them.



### Get Paid Fast

Fast claims processing and payment, and we can reimburse you directly into your bank account.

Pet Insurance is underwritten by American Pet Insurance Company. Please visit [www.americanpetinsurance.com](https://www.americanpetinsurance.com) to review all available pet health insurance products. The brokers or agents present during open enrollment may not be licensed property/casualty brokers or agents and therefore cannot confer with or advise employees about pet insurance, sell or attempt to sell pet insurance to them. Please contact a Pets Best representative for more information. Terms and conditions apply. See policy for details.

\* Discount available in most states

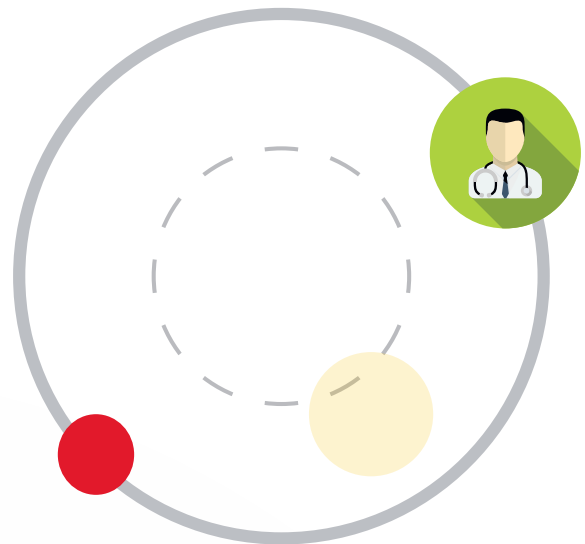


# Employee Assistance Program

You automatically have access to the Employee Assistance Program (EAP) through SupportLinc. This program provides professional, confidential telephonic or face-to-face counseling services (five issues per person per plan year) to you and your household members at no cost. The EAP can help you resolve personal issues and problems before they affect your health, relationships and work performance.

This program is available 24 hours a day, 365 days a year for confidential counseling, referral and follow-up services such as:

- Stress
- Marital or family problems
- Anxiety and depression
- Substance abuse (alcohol and/or drugs)
- Financial issues
- Child care issues — including identifying schools, daycare, tutors, and more
- Aging parents
- Pet care
- Maintenance and repair providers
- Community volunteer opportunities



It's important to note that all EAP conversations are voluntary and strictly confidential. If you and your counselor determine that additional assistance is needed, you'll be referred to the most appropriate and affordable resource available. Although you're responsible for the cost of referrals, these costs are often covered under your medical plan.



## Additional Services

- **Legal Assist:** Free telephonic or face-to-face legal consultation
- **Financial Assist:** Expert financial planning and consultation
- **Family Assist:** Consultation and referrals for everyday issues like dependent care, auto repair, pet care, home improvement and much more



# Cigna Extras

## Cigna Digital Resources

### myCigna.com

As a benefits-eligible Team Member, you have a valuable resource to help you better understand your benefits and make informed decisions about your care. At [myCigna.com](https://mycigna.com), you can:

- Find in-network doctors, hospitals and medical services
- Manage and track claims
- See cost estimates for medical procedures
- Compare quality of care information for doctors and hospitals
- View your plan coverage, copayments and deductibles
- Order or print an ID card
- Check retail prescription costs
- Learn about condition-specific treatments and drug interactions
- Take a Health Risk Assessment

## Cigna Lifestyle Management Programs

Cigna Lifestyle Management is a collection of support and wellness programs that surrounds you with the tools you need to live healthier, feel better and save money.

- **Tobacco Cessation:** Educational program and a personalized “quit” plan
- **Weight Management:** From dietary education to personal coaching, this program coaches members on how to reach and maintain a healthy weight
- **Stress Management:** Learn how to identify stress triggers and apply proven coping techniques every day

## Cigna Mobile App

The myCigna app is available as a free download from your smart device’s app store. Get instant access to your health information, find a physician near you, check the status of a claim or get advice from a nurse.

### Register Today!

1. Go to [myCigna.com](https://mycigna.com) or launch the myCigna app, and select “Register Now.”
2. Enter the requested information.
3. Confirm your identity.
4. Create your security information, and provide your primary email address.
5. Review and submit.



## Cigna Mental Health Resources

- **iPrevail:** On-demand peer coaching and personalized learning to help boost your mood and improve mental health
- **Happify:** Digital self-guidance tool to help increase resilience through science-based games and activities]
- **Ginger:** On-demand mental health support day or night.





# Additional Benefits

## SmartDollar

Most of us know what we should be doing with our paychecks, but few of us take control, lay out a plan and follow it. The SmartDollar financial wellness program teaches you how to win with your money. It covers the basics like budgeting, saving money and paying off debt all the way down to the more complicated stuff like purchasing a home.

With SmartDollar, you'll get:

- **A proven, step-by-step plan:** Learn about the Seven Baby Steps that have helped millions of people get out of debt, invest, build wealth and give generously.
- **Video lessons and expert advice:** Learn from the experts! Through video lessons and real-world content applications, the SmartDollar team of experts will inspire you to take action and reach your dreams.
- **Online tools accessible 24/7 on any device:** Jump-start your finances as quickly as possible with the SmartDollar budgeting tool, savings tracker, debt snowball tool and more!

Best of all, **SmartDollar is completely FREE!** That's right — SmartDollar is a 100% free program for all benefits-eligible Torchy's Team Members.

## Discounted Wireless Program

As a Torchy's Tacos Team Member, you could be saving up to 15% of qualifying AT&T cell services.

### Existing AT&T Customers

- If you have a Torchy's Tacos work email address, scan the QR code. Follow the prompts and choose FAN #06958576.
- OR visit an AT&T Retail Store; provide them the discount code FAN #06958576 and bring an acceptable form of ID such as a payroll stub or badge.



### New Customers

- Visit an AT&T Retail Store; provide them the discount code FAN #06958576 and bring an acceptable form of ID such as a payroll stub or badge.
- OR call 888-444-4410 Option 2 to order service by phone. Reference FAN #06958576.



## Discounted Gym Memberships

Through GlobalFit, Team Members have access to exclusive member discounts on a variety of gym memberships, nutrition programs and home equipment.

To learn more, visit the SupportLinc web portal and click on the GlobalFit tile. Or enter "GlobalFit" in the "What's on Your Mind" search box and click the "Discounted Gym Memberships" link under "Resource."



## Tickets at Work

We realize that work-life balance and your overall well-being is just as important as your physical health and financial wellness. The time you spend outside of the workplace is just as important to us as the work you contribute, and we understand that building lasting memories with family and friends helps you return to work recharged.

Tickets at Work is a **FREE** benefit offered exclusively to Torchy's Team Members that provides exclusive entertainment and travel discounts. As a Team Member, you have access to up to 50% savings on thousands of experiences including movies, shows, concerts, theme parks, sporting events, hotel stays and more.

It's simple to enroll! Visit [ticketsatwork.com](https://ticketsatwork.com), click "Become a Member" and enter our Company Code: TORCHYS.



# Required Notices

## Medicare Part D Creditable Coverage Notice

### Important Notice from Torchy's Tacos About Your 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 Torchy's Tacos 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. Torchy's Tacos has determined that the prescription drug coverage offered by the Torchy's Tacos plans 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 15th to December 7th. 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 while enrolled in Torchy's Tacos coverage as an active employee, please note that your Torchy's Tacos coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Torchy's Tacos coverage as a former employee.

You may also choose to drop your Torchy's Tacos coverage. If you do decide to join a Medicare drug plan and drop your current Torchy's Tacos coverage, be aware that you and your dependents may not be able to get this coverage back.

### 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 with Torchy's Tacos 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 19 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...

**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 Torchy's Tacos 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.

For more information about Medicare prescription drug coverage:

- Visit **[www.medicare.gov](http://www.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 **[www.socialsecurity.gov](http://www.socialsecurity.gov)**, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: 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).**

Date: 01/01/2022

Name of Entity/Sender: Torchy’s Tacos

Contact — Position/Office: Tiffany Schunn,  
Sr. Manager, Benefits and Compensation

Address: 4501 Springdale Road, Austin TX 78723

Phone Number: 512-441-8900

## HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Torchy’s Tacos group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have

special enrollment rights if coverage is lost under Medicaid or a State health insurance (“CHIP”) program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact Travis Glass, Benefits Manager, 512-617-2180.

## HIPAA Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Success Food Management Group (“Torchy’s Tacos”) sponsors certain group health plan(s) (collectively, the “Plan” or “We”) to provide benefits to our employees, their dependents and other participants. We provide this coverage through various relationships with third parties that establish networks of providers, coordinate your care, and process claims for reimbursement for the services that you receive. This Notice of Privacy Practices (the “Notice”) describes the legal obligations of Torchy’s Tacos, the Plan and your legal rights regarding your protected health information held by the Plan under HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice to you pursuant to HIPAA. The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

1. your past, present or future physical or mental health or condition;
2. the provision of health care to you; or
3. the past, present or future payment for the provision of health care to you.

Note: If you are covered by one or more fully insured group health plans offered by Torchy’s Tacos, you will receive a separate notice regarding the availability of a notice of privacy practices applicable to that coverage and how to obtain a copy of the notice directly from the insurance carrier.

## Contact Information

If you have any questions about this Notice or about our privacy practices, please contact:

Torchy's Tacos  
Attention: HIPAA Privacy Officer  
Tiffany Schunn  
4501 Springdale Rd.  
Austin TX 78723

## Effective Date

This Notice as revised is effective January 01, 2022.

## Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices. You may also obtain a copy of the latest revised Notice by contacting our Privacy Officer at the contact information provided above or on our intranet at [TorchyTacos.com](http://TorchyTacos.com). Except as provided within this Notice, we may not disclose your protected health information without your prior authorization.

## How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose protected health information will fall within one of the categories.

### For Treatment

We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students,

or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is inappropriate or dangerous for you to use.

### For Payment

We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

### For Health Care Operations

We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.

### To Business Associates

We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the

Business Associate enters into a Business Associate Agreement with us.

### **As Required by Law**

We will disclose your protected health information when required to do so by federal, state or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

### **To Avert a Serious Threat to Health or Safety**

We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

### **To Plan Sponsors**

For the purpose of administering the Plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

### **Organ and Tissue Donation**

If you are an organ donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

### **Public Health Risks**

We may disclose your protected health information for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

### **Health Oversight Activities**

We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

### **Lawsuits and Disputes**

If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

### **Law Enforcement**

We may disclose your protected health information if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain

limited circumstances, we are unable to obtain the victim's agreement;

- about a death that we believe may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

### **Coroners, Medical Examiners and Funeral Directors**

We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

### **National Security and Intelligence Activities**

We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

### **Inmates**

If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Research**

We may disclose your protected health information to researchers when:

1. the individual identifiers have been removed; or
2. when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

### **Required Disclosures**

The following is a description of disclosures of your protected health information we are required to make.

### **Government Audits**

We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Disclosures to You**

When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Notification of a Breach**

We are required to notify you in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, as defined by HIPAA.

### **Other Disclosures**

#### **Personal Representatives**

We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

1. you have been, or may be, subjected to domestic violence, abuse or neglect by such person;
2. treating such person as your personal representative could endanger you; or
3. in the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.

#### **Spouses and Other Family Members**

With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

## Authorizations

Other uses or disclosures of your protected health information not described above, including the use and disclosure of psychotherapy notes and the use or disclosure of protected health information for fundraising or marketing purposes, will not be made without your written authorization. You may revoke written authorization at any time, so long as your revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. You may elect to opt out of receiving fundraising communications from us at any time.

## Your Rights

You have the following rights with respect to your protected health information:

### Right to Inspect and Copy

You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, submit your request in writing to the Privacy Officer at the address provided above under Contact Information. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may have a right to request that the denial be reviewed and you will be provided with details on how to do so.

### Right to Amend

If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided above under Contact Information. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

### Right to an Accounting of Disclosures

You have the right to request an “accounting” of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provided above under Contact Information. Your request must state a time period of no longer than six years and may not include dates prior to your request. Your request should indicate in what form you want the list (for example, paper or electronic). We will attempt to provide the accounting in the format you requested or in another mutually agreeable format if the requested format is not reasonably feasible. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### Right to Request Restrictions

You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. We are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you. To request restrictions, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

## Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided above under Contact Information. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

## Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, telephone or write the Privacy Officer as provided above under Contact Information.

For more information, please see **Your Rights Under HIPAA**.

## Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. 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 [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

To file a complaint with the Plan, telephone write the Privacy Officer as provided above under Contact Information. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or with us. You should keep a copy of any notices you send to the Plan Administrator or the Privacy Officer for your records.

## Children's Health Insurance Program (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](http://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](http://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](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility -**

<b>ALABAMA - Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>ALASKA - Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIP.com">CustomerService@MyAKHIP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS - Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIP (855-692-7447)
<b>CALIFORNIA - Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 916-440-5676



<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone 1-800-457-4584
<b>IOWA – Medicaid</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Hawki Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a> Phone: 1-855-459-6328 Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718 Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a>
<b>LOUISIANA – Medicaid</b>
Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

<b>MAINE – Medicaid</b>
Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740. TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100

<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
OKLAHOMA – Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT- Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://mywvhpp.com/">http://mywvhpp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002

<b>WYOMING – Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
**[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)**  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

## Women’s Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator for more information.

## Newborns’ And Mothers’ Health Protection Act (NMHPA) Notice

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 vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



# Important Contacts

Coverage	Contact	Phone	Website
<b>Medical</b>	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
<b>Accident Insurance</b>	Cigna	800-754-3207	<a href="http://www.SuppHealthClaims.com">www.SuppHealthClaims.com</a>
<b>Hospital Indemnity</b>	Cigna	800-754-3207	<a href="http://www.SuppHealthClaims.com">www.SuppHealthClaims.com</a>
<b>Cancer Guardian</b>	Cancer Guardian	855-926-2374	<a href="http://www.cancerguardian.com">www.cancerguardian.com</a>
<b>Health Savings Account</b>	HSA Bank	800-244-6224	<a href="http://www.hsabank.com">www.hsabank.com</a>
<b>Dental</b>	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
<b>Vision</b>	Cigna (VSP Choice)	800-244-6224	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Accounts</b>	Cigna	800-244-6224	<a href="http://www.myCigna.com">www.myCigna.com</a>
<b>Life and AD&amp;D</b>	New York Life	888-842-4462	
<b>Disability</b>	New York Life	888-842-4462	
<b>401(k) Retirement</b>	Empower	855-756-4738	<a href="http://www.empower-retirement.com">www.empower-retirement.com</a>
<b>Employee Assistance Program</b>	SupportLinc	888-881-5462	<a href="http://www.supportlinc.com">www.supportlinc.com</a>
<b>Identity Theft</b>	LifeLock	800-607-9174	<a href="http://torchys.excelsiorenroll.com">http://torchys.excelsiorenroll.com</a>
<b>Pet Insurance</b>	Pet's Best	888-984-8700	<a href="http://www.petsbest.com/tacopets">www.petsbest.com/tacopets</a>
<b>Torchy's Benefits</b>	Benefits Department		<a href="mailto:benefits@torchystacos.com">benefits@torchystacos.com</a>
<b>Benefits Service Center</b>	Marsh & McLennan Agencies	855-472-5424 PIN 1350	<a href="mailto:torchysbenefits@marshmma.com">torchysbenefits@marshmma.com</a>

