

Open Enrollment: October 27 – November 17

You must enroll or re-enroll during Open Enrollment to have coverage on January 1, 2024.



OLD COUNTRY STORE

Home Office, Field Management, Employee Training Coordinator, Cedar Valley Inn, Distribution Center



Leadership and Family Support, Team Leaders

CHOOSE THE BEST CARE FOR YOU

FLEXIBLE BENEFIT OPTIONS FOR *YOUR* LIFE

No matter where you are on your path to wellbeing, you can choose benefits to support your unique journey. Someone who is healthy has different needs than someone with a chronic medical condition. There are options for everyone's lifestyle and budget. Cracker Barrel continues to pay about 70% of your health care costs.

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Benefits described are part of the Health and Welfare Plan for Home Office and Field Management Employees of Cracker Barrel Old Country Store Inc., which apply to Maple Street Biscuit Leadership & Family Support as well.

OPEN ENROLLMENTOctober 27 - November 17, 2023

NEED HELP?

We're here for you!
Enrollment and benefits questions:
1-833-589-0714
mybenefitelections.com

NEW FOR 2024!

- Type 2 Diabetes Management Program..... 16 Unlimited supplies and coaching, plus a smart glucose monitor



STEPS TO ENROLL

You must enroll or re-enroll during Open Enrollment (October 27 – November 17) to have benefits effective January 1, 2024.

ENROLL ONLINE WITH ANY DEVICE

Log in to **mybenefitelections.com**:

Usernames

Cracker Barrel employees/Maple Street Biscuit family support: Your username is your employee ID number.

Maple Street Biscuit store team members: Your username is "MSB" + your employee ID number (e.g., MSB12345).

Passwords

New users: Your initial password is your date of birth (MMDDYYYY) + the last 4 digits of your Social Security number (e.g. 010219801234).

- If enrolling during Open Enrollment or as a new hire, click Enroll Now.
- If enrolling due to a life event change, click Life Events.
- · Your elections are saved as you go through the enrollment screens (please waive elections if you decide not to enroll).
- · Review your confirmation statement for accuracy. Checking your elections allows us to make corrections before your deadline.

Submit Documents When Adding Dependents*

Your dependents will not be added to the coverage until we have received and verified these documents.

For adding a spouse

- Marriage certificate
- · If married more than one year, marriage certificate and prior year's income tax return

For adding children

- · Birth certificate
- Adoption papers or other court documents

Submission deadlines

- During Open Enrollment by December 15, 2023
- · As a new hire or after a life change within 30 days of event
- * You may have additional health deductions (arrears) from your paycheck if there is a delay between your coverage date and when you enroll and/or submit dependent documentation.

UPLOAD: Go to **mybenefitelections.com** and click on Upload and View Documents.

FAX: 1-224-828-7337 MAIL: WEX, Inc.

> 1700 E. Golf Rd., Suite 1000 Schaumburg, IL 60173



No. IMPORTANT REMINDER

Please remember to designate your beneficiaries for life insurance.



NEW ID CARDS WILL BE SENT TO:

BlueCross BlueShield of Tennessee (BCBST): Newly enrolled only

QuestSelect Labs: BCBST members only

ExpressScripts: View online or in app

Bank of America (HSA): Newly enrolled only

Delta Dental: Newly enrolled only

Davis Vision: Newly enrolled only

Chard Snyder: Newly enrolled only

WHO IS ELIGIBLE

EMPLOYEES AND TEAM MEMBERS

- · Full-time employees
- Employees who worked an average of 30 hours or more per week in the measurement period as a "variable-hour employee"

When Does Your Coverage Start?

If you're enrolling during the annual fall Open Enrollment period, coverage starts on January 1 of the following year. Otherwise, coverage is effective as below:

- Full-time on the day you are hired
- Variable-hour on the first day of the month following your enrollment period

Eligibility and Leaves of Absence

If you are not actively at work the day your coverage becomes effective, Life, Disability and Critical Illness coverages will be effective when you return to work.

Except for Cracker Barrel Connect (EAP), all health and welfare benefits will end six months from the date your leave of absence began, unless state or federal laws dictate otherwise. You may have the right to continue coverage under COBRA or USERRA, and you will receive notification as applicable.

For details on eligibility, see the Summary Plan Description on **mybenefitelections.com**.

FAMILY MEMBERS

- Your legally married spouse*

 (a common law spouse is not eligible)
- Your dependent children
 - Up to age 26 for medical, prescription, dental, vision, life and critical illness
 - No age limit for a child who cannot support themselves due to a physical or mental handicap

BIG LIFE CHANGE? You can change your Benefits, too

Other than Open Enrollment, a qualifying life event is the only other time you can make changes to your benefits (per IRS regulations). These events include marriage, divorce, birth, adoption, death, loss of dependent status, loss or gain of other coverage or termination of employment.

The Summary Plan Description on **mybenefitelections.com** has a complete list of life events. That's also where you can change your benefit elections and provide proof of your life event — this must be done within 30 days of the life event. You can also call the Benefits Center at 1-833-589-0714.



^{*}For California: Domestic partners are eligible for coverage in the vision plan.

COST OF COVERAGE

2024 COSTS PER PAY PERIOD

Rates shown do not include possible surcharges — see box at right.

Semi-Monthly Cost	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Medical		Semi-Mo	nthly Cost	
Health Savings Advantage Plan	\$53.71	\$173.58	\$192.58	\$216.65
Value Health Plan	\$48.93	\$167.02	\$184.94	\$206.86
Traditional Health Care Plan	\$92.06	\$299.20	\$327.24	\$365.74
Health Basics Plan*	\$27.32	\$51.37	68.31	\$109.30
Dental				
Basic Dental	\$10.71	\$28.37	\$23.52	\$40.16
Basic Dental with Orthodontia	\$14.52	\$31.94	\$27.59	\$46.75
Value Dental	\$7.86	\$17.85	\$17.44	\$31.26
Vision				
Davis Vision Plan	\$1.92	\$3.66	\$4.24	\$6.21

^{*}Administered by Symetra Life Insurance Company.

Weekly Cost	Employee Only	Employee + Child(ren)	Employee + Spouse	Family
Medical		Weekl	y Cost	
Health Savings Advantage Plan	\$25.33	\$81.88	\$90.84	\$102.19
Value Health Plan	\$23.08	\$78.78	\$87.24	\$97.57
Traditional Health Care Plan	\$43.43	\$141.13	\$154.36	\$172.52
Health Basics Plan*	\$12.89	\$24.23	\$32.22	\$51.55
Dental				
Basic Dental	\$5.05	\$13.38	\$11.09	\$18.94
Basic Dental with Orthodontia	\$6.85	\$15.07	\$13.01	\$22.05
Value Dental	\$3.71	\$8.42	\$8.23	\$14.74
Vision				
Davis Vision Plan	\$0.91	\$1.73	\$2.00	\$2.93

^{*}Administered by Symetra Life Insurance Company.

COSTS YOU COULD AVOID

Spousal Surcharge*

If your spouse is eligible for medical coverage through their own employer, but enrolls in your Cracker Barrel medical plan, you will pay a spousal surcharge of \$225 per month.

Tobacco Surcharge*

If you or your spouse use tobacco or any vaping products, you will pay a surcharge of 25% of the total medical plan cost. Critical illness and optional life insurance also have higher tobacco user rates.

Ready to Quit Tobacco/Vaping?

We will pay 100% for a tobacco cessation program. The prescription plans will help cover medications and patches that can help, too. And your spouse can get help to quit, if covered by your plan.

Plus, you (and your spouse) don't need to be in a plan to get free help from your EAP. Call ComPsych at 1-800-688-6330.

* Exact rates shown during enrollment, if surcharges apply to you.

COMPARE MEDICAL PLANS

For a basic coverage plan option, see page 8.

	BlueCr	oss BlueShield of Tennessee	(BCBST)	
Medical In-Network Coverage	Health Savings Advantage Plan	Value Health Plan	Traditional Health Care Plan	
HSA Company Match (See page 11) The company will automatically match your contributions each pay period, up to the maximum	Up to \$700 match for employee-only coverage Up to \$1,400 match for all other coverage levels	N/A	N/A	
Annual Deductible*	\$3,200 individual \$6,400 family (per IRS regulations)	\$5,000 individual \$10,000 family	\$2,800 individual \$5,750 family	
Annual Out-of-Pocket Maximum Includes the deductible	\$6,000 individual \$12,000 family	\$7,500 individual \$15,000 family	\$6,000 individual \$12,000 family	
	It's rare that employees me	et this maximum. See pages 9 – 1	0 for real-life cost examples.	
Preventive Care	You pay \$0	You pay \$0	You pay \$0	
EAP — Cracker Barrel Connect Up to 4 free counseling sessions	You pay \$0	You pay \$0	You pay \$0	
Office Visits	You pay 25% after deductible	\$45 copay primary care \$55 copay specialist \$45 copay behavioral health	\$45 copay primary care \$55 copay specialist \$45 copay behavioral health	
Virtual Visit — Teladoc (phone or online)	You pay \$55	You pay \$50	You pay \$50	
Emergency Room For emergencies only	You pay 25% after deductible	You pay 50% after deductible	\$400 per visit copay, then you pay 25%	
Hospitalization Inpatient	You pay 25% after deductible	You pay 50% after deductible	You pay 25% after deductible and \$200 per confinement deductible	
Type 2 Diabetes Management Virta Health Livongo — NEW! (See page 16)	You pay \$0	You pay \$0	You pay \$0	

^{*}Once an individual family member reaches the individual deductible, the plan pays a portion of that individual's medical expenses. If that individual reaches the individual out-of-pocket max, the plan pays 100% of in-network care.

This is a summary of benefits. It does not include all services and all coverage. For details (including out-of-network coverage), refer to the Summary Plan Description document located on **mybenefitelections.com**.

The Value Health Plan and Traditional Health Care Plan do not meet the health plan requirements of Massachusetts. The Health Savings Advantage Plan does meet the health plan requirements of Massachusetts.

TERMS TO KNOW

Copay

A fixed amount (for example, \$45) that you pay for certain expenses (doctor's office visit, prescriptions, etc.).

Deductible

The amount you pay each year before the plan begins paying toward covered expenses (does not apply to preventive care).

Coinsurance

The percentage you pay for certain expenses after meeting the deductible.

Annual out-of-pocket maximum

The max amount you could pay each year in coinsurance and deductible.

Explanation of benefits (EOB)

A statement showing the services you received, how much insurance paid, and what you owe. This is not a bill.

COMPARE PRESCRIPTION PLANS

	Express Scripts			
Prescription Drugs In-Network Coverage	Health Savings Advantage Plan	Value Health Plan	Traditional Health Care Plan	
Annual Deductible	Combined with medical deductible	Combined with medical deductible	\$25	
Retail 30-Day Supply Generic Preferred Brand* Non-Preferred Brand*	You pay 25% after deductible	You pay 50% after deductible	After the prescription deductible: You pay \$25 You pay 35% (\$45 min/\$125 max) You pay 65% (\$100 min/\$375 max)	
Mail Order 90-Day Supply Generic Preferred Brand* Non-Preferred Brand*	You pay 25% after deductible	You pay 50% after deductible	After the prescription deductible: You pay \$50 You pay 35% (\$90 min/\$250 max) You pay 65% (\$200 min/\$750 max)	
Specialty Pharmacy Accredo Pharmacy only 1-800-803-2523	You pay 25% after deductible	You pay 50% after deductible	Tier 1 — you pay 25% (\$800 max) Tier 2 — you pay 35% (\$1,050 max) Tier 3 — you pay 45% (\$1,300 max)	

^{*}You are required to pay the difference between a brand and generic drug if you request a brand when a generic is available (even if your doctor writes the prescription "dispense as written" or DAW).

IS YOUR MEDICATION COVERED?

Each BCBST medical plan uses the Express Scripts "National Preferred" formulary for prescription coverage.

Before you enroll, see a list of covered medications and costs for each plan at express-scripts.com/crackerbarrel.

After you enroll, register and log in to **express-scripts.com** to see coverage and costs specific to your prescription plan.

What is a generic medication? By law, generics must have the same active ingredient as their brand name equivalent — and they often cost far less.

SAVE WITH PRESCRIPTION HOME DELIVERY

You have three options to get started (after you've registered on **express-scripts.com**):

- Ask your doctor to request a 90-day supply directly to Express Scripts home delivery.
- From your account on express-scripts.com, go to Refill Prescriptions > Request an Rx.
- Call Express Scripts at 1-800-978-6227.

If you take maintenance medications, you can save on a 90-day supply when you choose home delivery.

NEW SAFETY AND AFFORDABILITY PROGRAM

If you take multiple medications, a pharmacist may reach out to you about a new medication management program. This new program ensures the combination of your medications is safe, and helps you find ways to save money on prescriptions.

DOWNLOAD THE APP

Once you're enrolled and registered on express-scripts.com, download their app for quick access.

- · Check orders
- Refill prescriptions
- Check the price of a medication
- See ID card
 (ID card will not be mailed to your home. View and print it at express-scripts.com or on the app.)

This is a summary of benefits. It does not include all services and all coverage. For details (including out-of-network coverage), refer to the Summary Plan Description document located on **mybenefitelections.com**.

BASIC MEDICAL OPTION

Administered by Symetra Life Insurance Company and OptumRx

This is a limited medical plan. It does not provide comprehensive coverage.

If you're not choosing one of the BCBST medical plans on page 6, the Health Basics Plan is another medical plan option to consider.

PREVENTIVE COVERAGE, LIMITED SERVICES

The **Health Basics Plan** is for those who expect few medical expenses and want to minimize their payroll deduction. The information below is a summary of the coverage. See details in the Summary of Benefits and Coverage document on **mybenefitelections.com**.

Preventive Care. In-network preventive care is covered at 100% if you go to a PHCS network provider. To see a full list of covered preventive care services, go to **healthcare.gov/preventive-care-benefits**.

Sick Care. The plan pays a fixed amount up to the daily, annual or frequency maximums. You are responsible for any remaining balance. You can see any provider, but your cost is lower with network providers.

Accident Coverage. The plan provides benefits for up to three accidents per covered person, per year. All eligible expenses for the accident are covered at 100% up to the benefit limit.

Critical Illness Coverage. Once the plan is in effect, if you are diagnosed with a covered condition, you will receive a lump-sum payment based on your diagnosis. (Note: No need to enroll in the optional Hartford coverage.)

Sick Care, Accident and Critical Illness coverage insured by Symetra.

The plan does not meet the health plan requirements of Massachusetts or California and is not available in New Hampshire. Critical Illness coverage differs in Montana and Washington. Benefits for residents in Idaho and Maryland differ slightly. For more information, see the Certificate of Coverage on **mybenefitelections.com**.

Summary of Fixed-Payment Benefits

Service	What the Plan Pays
Doctor's Office Visit, Urgent Care & Outpatient Hospital Benefit	\$80 per day — \$640 per person/per calendar year maximum
Outpatient Diagnostic X-ray & Lab Benefit \$125 per day — \$625 per person/per calendar year maxim	
Outpatient Major Diagnostic Testing	\$375 per day — 2 days per person/per calendar year maximum
Emergency Room Benefit	\$200 per day — \$600 per person/per calendar year maximum
Hospital Stay (limit 500 days per lifetime)	\$800 per day — 10 days per person/per calendar year
Surgical Benefit Outpatient Doctor's Office Outpatient Surgical Facility Inpatient Hospital Maximum of 1 Surgical Benefit per Day	\$90 per day \$600 per day \$2,000 per day \$5,000 combined per person/per calendar year
Prescription Drug Benefit (OptumRx)	
Generic Amount Number of Prescriptions (days)	\$5 per day 24 days per person/per calendar year maximum
Brand Name Amount Number of Prescriptions (days)	\$35 per day 24 days per person/per calendar year maximum

This is a summary of benefits. For details, refer to the Summary Plan Description document on mybenefitelections.com.



For the Health Basics Plan,

MeMD provides quick access to a national network of **board-certified doctors** via phone or app.

Use the MeMD code HER.IM2AF

Once your medical coverage begins, activate your MeMD account at memd.me/group/cb-msb or call 1-844-800-7110.

*Not available to residents of Utah, Vermont or Washington.

REAL-LIFE PLAN COST COMPARISONS

The scenarios on pages 9 and 10 are only examples meant to help you think through your own unique situation as you choose a medical plan. To see rates, coverage details and plan deductibles, see pages 5-7.

Everyone represented is:

•	Α	non-tobacco/vape use	r
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- · Using in-network providers
- Contributing enough to receive the max company HSA match (Health Savings Advantage Plan)

TAYLOR

Single, healthy

She wanted to minimize the amount deducted from her paycheck and knew she wouldn't meet the deductible of any plan. She's fine with paying for a couple office visits and a generic prescription.

	Health Savi Advantage F	Value Health	Traditional H Care Pla
Payroll deductions for annual premium costs	\$1,342.68	\$1,223.28	\$2,301.60
2 sick care doctor visits	\$230.00	\$90.00	\$90.00
1 generic prescription	\$37.00	\$37.00	\$25.00
Total out-of-pocket costs	\$1,609.68	\$1,350.28	\$2,416.60
Less HSA matching contribution	\$700.00	\$0.00	\$0.00
Taylor's Estimated Annual Costs (out of pocket + premiums)	\$909.68	\$1,350.28	\$2,416.60

REBECCA

Single parent, one child

She's healthy, but her young son is in daycare and was sick several times. She had to see a gastroenterologist, who prescribed a brand name medication. She is fine with paying for some office visits for her son, and for her prescription. Their medical and prescription expenses did not meet the deductible for any plan.

Payroll deductions for annual premium costs	\$4,339.56	\$4,175.40	\$7,480.08
4 sick care pediatric visits	\$460.00	\$180.00	\$180.00
2 generic prescriptions	\$74.00	\$74.00	\$50.00
1 specialist visit	\$250.00	\$55.00	\$55.00
1 preferred brand name prescription	\$350.00	\$350.00	\$125.00
Total out-of-pocket costs	\$5,473.56	\$4,834.40	\$7,890.08
Less HSA matching contribution	\$1,400.00	\$0.00	\$0.00
Rebecca's Estimated Annual Costs (out of pocket + premiums)	\$4,073.56	\$4,834.40	\$7,890.08

REAL-LIFE PLAN COST COMPARISONS

(continued)

Everyone represented is:

- A non-tobacco/vape user
- · Using in-network providers
- Contributing enough to receive the max company HSA match (Health Savings Advantage Plan)

THE LAWSONS

Family of four

They're a typical busy family. The kids had four sick visits and a couple generic prescriptions. There was one specialist visit for a parent, which resulted in a brand name prescription. Their medical and prescription expenses did not meet the deductible for any plan.

	Health Savings Advantage Pla	Value Health Pla	Traditional Heal Care Plan
Payroll deductions for annual premium costs	\$5,416.20	\$5,171.40	\$9,143.40
4 sick care pediatric visits	\$460.00	\$180.00	\$180.00
2 generic prescriptions	\$74.00	\$74.00	\$50.00
1 specialist visit	\$250.00	\$55.00	\$55.00
1 <i>preferred</i> brand name prescription	\$350.00	\$350.00	\$125.00
Total out-of-pocket costs	\$6,550.20	\$5,830.40	\$9,553.40
Less HSA matching contribution	\$1,400.00	\$0.00	\$0.00
The Lawson's Estimated Annual Costs (out of pocket + premiums)	\$5,150.20	\$5,830.40	\$9,553.40

JAMIE AND MORGAN

Empty nesters

They generally incur a lot of medical expenses each year, due to chronic illness and brand name medications. Jamie had a two-day hospital stay, so they're likely to reach the deductible for two of the plans. So, their plan would then begin to pay a percentage of expenses.



Payroll deductions for annual premium costs	\$4,814.52	\$4,623.48	\$8,180.88
3 specialist visits	\$750.00	\$165.00	\$165.00
2 generic prescriptions	\$74.00	\$74.00	\$50.00
4 preferred brand name medications	\$1,400.00	\$1,400.00	\$500.00
2-day hospital stay	\$3,775.00	\$5,250.00	\$3,675.00
Total out-of-pocket costs	\$10,813.52	\$11,512.48	\$12,570.88
Less HSA matching contribution	\$1,400.00	\$0.00	\$0.00
Jamie & Morgan's Annual Costs (out of pocket + premiums)	\$9,413.52	\$11,512.48	\$12,570.88

HELPING YOU COVER EXPENSES

Three accounts are offered to help you pay for health care: a health savings account (HSA) and two flexible spending accounts (FSAs). Plus, a dependent care FSA can help you save on child care expenses. Each account can reduce your taxable income.

Key Differences In These Accounts	HSA	Health Care FSA	Limited Health Care FSA
Who can enroll in this account?	Anyone enrolled in the Health Savings Advantage Plan	 Anyone not enrolled in the Health Savings Advantage Plan (unless you do not qualify for an HSA) You do not have to be enrolled in a medical plan 	Anyone enrolled in the Health Savings Advantage Plan
What expenses can this	Medical, prescription, dental and vision	Medical, prescription, dental and vision	Dental and vision
account pay for?	IRS eligible expenses	– see a full list at irs.gov (Publications 50.	2 and 969)
How do I contribute?	Pre-tax payroll deductions	Pre-tax payroll deductions	Pre-tax payroll deductions
Does the company match my contributions?	Yes! Up to \$700 for employee only, or \$1,400 for all other coverages	No	
What is the maximum contribution amount allowed this year?	IRS annual maximums include your contributions + employer match: • \$4,150 if you are enrolled in employee-only coverage • \$8,300 if you are enrolled in any other coverage tier	\$3,050 (2024 limits not announced at time of publication)	
When is the money available?	As funds are deducted from your paycheck	Your entire elected amount day one of your co	
How do I access my money?	A debit card issued by Bank of America; or claims filed through the app or at myhealth.bankofamerica.com		
Can the savings build up year after year?	Yes! Unused funds roll over from year to year	No. Any unused money at the end of the year is forfeited Estimate your contributions carefully	
What happens if I leave the company or my coverage ends?	If you leave the company or stop contributing, you can continue to have access to your account	You have 90 days to submit claims for expenses incurred price to your termination date	
Can I invest my contributions and associated match?	Yes, you can invest all but \$1,000 in the available investment options	e No	

DEPENDENT CARE FSA — SAVE ON DAY CARE

The dependent care FSA reimburses day care and before- and after-school care expenses (for children up to age 13 and disabled family members of any age). You can contribute up to \$5,000 if married and filing taxes jointly, or \$2,500 if married and filing separately. Funds become available for use as they are added to your account.

The dependent care FSA is a "use it or lose it account" and does not cover health care expenses. IRS-defined "highly compensated" employees are not eligible.

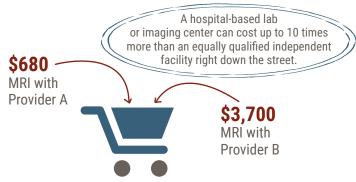
WAYS TO SAVE

Tips on this page provide good advice for employees. However, some online tools only apply to those in a BlueCross BlueShield of Tennessee medical plan.

BCBST PLANS

Register with Blue Access for information at your fingertips and access to savings tools. Start at **bcbst.com**.

Shop Online for Quality and Value



Which one would you choose?

Until you meet your plan's deductible, you'll pay 100% of the charges out of your pocket.

How to See Cost Comparisons and Ratings

- · Log on to bcbst.com
- · Click Find Care and Estimate Costs
- · Click the applicable tile or use the search bar

Download the MYBLUETN app

24/7 benefits information



Use Quest Diagnostics for Lab Work

(available in early 2024)

Although not required, you'll get the best value by using Quest Diagnostics for lab work (blood/urine testing, cultures, biopsies, Pap smears, etc.).

- Ask your doctor to send lab work to QuestSelect show them your card
- · Visit a Quest location in person
- · Access your results online anytime

ALL PLANS

Get Your Free Checkups

- Preventive care is covered 100%, even before you meet your deductible
- Catch health concerns early, before they become costly

Use Independent Labs and Imaging Centers

- · Hospital-based care is always more expensive
- An urgent care is a better value than an ER for non-emergencies

Go Generic and Try Apps

- · Ask for a generic prescription alternative
- Try apps like GoodRx to find lower prices, especially on generic medications

Quit Tobacco/Vaping for Lower Rates

- You pay higher rates if you smoke, vape or use any tobacco product
- We can help you quit for free contact ComPsych at 1-800-688-6330

VISIT YOUR DOCTOR VIRTUALLY

Online or on the phone, a doctor can diagnose your symptoms and send a local prescription in most states.

BlueCross BlueShield of Tennessee Plans Go to bcbst.com > Talk to doctor now or call 1-888-283-6691.

Health Basics Plan
Activate your account:
memd.me/group/cb-msb
or call 1-844-800-7110. Page 8 has details.

DENTAL AND VISION PLANS

DENTAL PLANS

Administered through Delta Dental of Tennessee

For the Best Discounts
Choose PPO providers when available.
Go to deltadentaltn.com or
call 1-800-223-3104.

In-Network Coverage (Available Network)	Basic Dental Plan (PPO & Premier Networks)	Basic Dental with Orthodontia Plan (PPO & Premier Networks)	Value Dental Plan (PPO Network Only)
Annual Deductible Applies to basic and major	\$50 per person \$150 family maximum	\$50 per person \$150 family maximum	\$50 per person \$150 family maximum
Annual Maximum Benefit Excluding orthodontia	\$1,500 per person	\$1,500 per person	\$1,000 per person
Preventive & Diagnostic	You pay \$0 (no deductible)	You pay \$0 (no deductible)	You pay \$0 (no deductible)
Basic Services	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Services	You pay 50% after deductible	You pay 50% after deductible	You pay 60% after deductible
Orthodontia Benefits			
Lifetime Deductible		\$50 per person	
Maximum Lifetime Limit	Not covered	\$1,500 per person	Not covered
Orthodontia Services		You pay 50% after deductible	

Is your dentist a network dentist? Call Delta Dental at 1-800-223-3104 to check before you go. If not, you may pay more out of pocket as these dentists have not agreed to discounted fees. **Many people think their dentist is in network when they are not.** Don't overpay. Call Delta Dental to verify if your dentist is in the Delta Dental PPO network.

VISION PLAN

Administered through Davis Vision by MetLife

Benefit	In-Network Coverage
Exam (one per calendar year)	\$15 copay
Lenses (one pair per calendar year)	\$15 copay
Frames (every other calendar year)	Davis Vision Fashion and Designer Collection: You pay \$0 (no copay) Davis Vision Premier Collection: You pay \$25 copay Other than Davis Vision: \$125 allowance plus 20% discount on balance Visionworks locations: \$175 allowance plus 20% discount on balance
Contact Lenses (per calendar year in lieu of eyeglasses) Try mail order service for replacements (after initial lenses) — davisvisioncontacts.com	Davis Vision Collection: You pay \$0 (no copay) for exam and fitting, and \$15 copay for lenses Other than Davis Vision: \$120 allowance plus 15% discount on balance for exam, fitting and lenses
Laser Vision Correction	Up to 25% off retail costs or 5% off promotional pricing (in-network providers only)

Note: Additional discounts not applicable in California, or at any Walmart, Sam's Club or Costco location nationwide.

LIFE AND DISABILITY INSURANCE

Administered through The Hartford

PROVIDED BY THE COMPANY

BASIC LIFE, AD&D AND SHORT- & LONG-TERM DISABILITY (STD/LTD)

Benefits paid up to plan maximums and age limitations.

Group	Basic Life	AD&D	STD*	LTD*
Home Office, Field Management, Community				50% of annual base earnings
Leaders, Family Support			See	For further information on
Cedar Valley Inn, Distribution Center		base	chart below	how earnings are defined, see
Managers in Training	annual earning			the Certificate of Coverage on The Front Porch.
Employee Training Coordinators, Team Leads			N/A	N/A

Note: The cost of coverage in excess of \$50,000 for group life insurance is taxable income to you.

Short-Term Disability Benefits*

Years of Service	Weeks at 100% Pay	Weeks at 60% Pay
1 to less than 2 years	2	10
2 to less than 3 years	4	8
3 to less than 4 years	6	6
4 to less than 5 years	8	4
5 to less than 6 years	10	2
6 or more years	12	0

^{*}To be eligible for LTD and/or STD, you must have worked continuously as a full-time employee (at least 30 hours per week) for at least one year. Also, for LTD, you must have been unable to work for 90 days due to an accident, sickness or pregnancy. The benefit amount will be offset by other benefits you are eligible to receive (Social Security, Workers' Compensation, Unemployment, etc.).

AVAILABLE FOR PURCHASE

OPTIONAL LIFE FOR YOU AND YOUR DEPENDENTS

New employees may elect maximum coverage. During Open Enrollment, you may increase optional life insurance coverage by one level. To see the cost of coverage, go to **mybenefitelections.com**.

Optional Life for You	1x, 2x, 3x or 4x base earnings, up to \$1 million
Optional Life for Your Spouse	\$10,000, \$20,000 or \$30,000
Optional Life for Your Dependent Children (up to age 26)	\$10,000

Note: Costs vary based on age and tobacco status.

ABOUT SHORT- AND LONG-TERM DISABILITY

After one year of service, the company provides varying levels of disability coverage if you become unable to work due to an illness or injury. STD is income support for up to 12 weeks. After that, if approved, LTD provides income support for a longer period. For details, see the full plans on mybenefitelections.com.

Note: If you are away from work for more than 6 months, you may lose eligibility for other health and welfare benefits.

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IMPORTANT — PROTECT YOUR LOVED ONES!

Update your life insurance beneficiary information at **mybenefitelections.com**.

OTHER PROTECTIONS

We're always looking for ways to make our employees'/team members' lives a little better. Take advantage of these benefits that can help protect you and your family, and save you money.

CRITICAL ILLNESS COVERAGE

A critical illness can be unexpected, and the health care costs can be overwhelming. This coverage provides a lump-sum payment if you are diagnosed with a critical illness. To see the list of covered illnesses, see the Plan Highlights on **mybenefitelections.com**.

You can purchase coverage amounts of \$10,000, \$15,000 or \$20,000. Costs vary depending on your age bracket. For example, \$10,000 in coverage costs between \$1.90 per month if you are under 25, and \$10.90 per month if you are age 50 - 54. Costs for tobacco users are higher.

You will see coverage and cost details during your enrollment.

Enrolling in the Health Basics Plan? You don't need to elect this coverage. That plan already includes a critical illness benefit.

IDENTITY THEFT PROTECTION

Take advantage of this program that can detect, intercept and restore the misuse of your personal information that puts your identity at risk. The monthly cost is \$8.95 to cover yourself, \$16.95 per month to cover your family.

For more information, contact Allstate Identity Protection at 1-800-789-2720.



BENEFITS YOU MAY NOT KNOW ABOUT

FOR FAMILY

Adoption Assistance

(full-time employees and team members, as referenced on the cover)

To help build families, employees can receive reimbursements up to \$2,500 for eligible adoption-related expenses after one year of continuous service. For more information, visit The Front Porch self-service or contact the Benefits Department.

FOR PREPAREDNESS

Travel Assistance

At no cost to you, this program offers peace of mind when traveling — access to medical professionals, lost luggage assistance, translation services and more.

Contact The Hartford at 1-800-243-6108 (US and Canada) or 1-202-828-5885 (international).

Estate Guidance, Funeral Planning and Concierge Services

(full-time employees and team members)

Online tools guide you through key decisions, including cost comparisons. An advocate can help you negotiate prices.

Contact The Hartford Funeral Concierge Services (Everest) at 1-866-854-5429.



FOR DIABETES MANAGEMENT

These programs are for employees and dependents enrolled in a BCBST medical plan.

Reverse Type 2 Diabetes for Free

If you have Type 2 diabetes, Virta Health is a research-backed treatment to help reverse it. The company pays the full cost of Virta services — valued at \$3,000.

- 87% of patients reduce their medications
- Average reduction in A1c is 1.1%
- After 10 weeks, the average weight loss is 7%

Visit **virtahealth.com/crackerbarrel-msbc** or text "BARREL" to 57005 to learn more.

Monitor and Manage Type 2 Diabetes at No Cost

Through Livongo, you and your enrolled dependents can get personalized help to understand, monitor and control your blood sugar.

- Unlimited supplies
- Smart glucose monitor
- Health coaching

If you have Type 2 diabetes, Livongo will send information about how to enroll through the BCBS website.

BENEFITS YOU MAY NOT KNOW ABOUT

FOR EDUCATION

Tuition Reimbursement Program

(Home Office, Field Management, Community Leaders, Family Support, Cedar Valley Inn, Distribution Center, ETCs, Team Leaders)

What's New?

In 2024, Employee Training Coordinators are eligible for tuition reimbursement.

If you're enrolled in an accredited college or university and pursuing a degree related to your job, you may qualify for tuition reimbursements up to \$1,000 per fiscal year (August – July). Applications can be found on the Barrel or the Biscuit.

What's New?

In 2024, more courses are eligible for reimbursement — any course that offers education for job roles in Home Office or Family Support (now including courses that may not relate directly to your job — marketing, accounting, HR, etc.).

Discounted Tuition

You can get discounts on tuition through University of Arizona Global Campus, Strayer University and other institutions. See the full list of education services and locations at **biscuitperks.benefithub.com**.



ONLINE SHOPPERS, START (AND SAVE) HERE!

Your employee discount market can save you money on everything from movie tickets and travel to oil changes and cell phones.

- Electronics
- Auto
- Health & Wellness
- · Movie (+ other) Tickets
- Education
- · Beauty & Spa

+ much, much more!

CHECK OUT YOUR LOCAL DEALS!

Enter your ZIP code to see nearby deals on dining, family activities and more.

After working here for only a few weeks, I used Benefit Hub to get an HP laptop and saved about \$300. Great experience!

- Tennessee Employee

























+ MORE OF YOUR FAVORITE BRANDS

401(K) EMPLOYEE SAVINGS PLAN

Administered through Merrill Lynch

The 401(k) Employee Savings Plan is available to all employees and team members. You are eligible to contribute on your date of hire if you are 21, and we will match your contributions after three months of service — up to 50% of the first 5% you contribute.

CONVENIENT, PROVEN — AND WE CONTRIBUTE

You can start contributing on your date of hire. Contributions are deducted from your pay, either pre-tax or in an after-tax Roth option. There is no deadline to enroll.

The company starts matching your contributions after three months of service. The matching dollars are yours (fully vested) after five years of service (20% per year).

You choose how to invest. And you can make changes at any time.

- You choose the funds to invest in. For advice: captrustadvice.com or 1-800-967-9948.
- Consider a LifePath target date fund, designed to offer an investment strategy specific to your age and retirement date.

Try online tools like the retirement calculator, investment risk assessment and goals review. Go to **benefits.ml.com** > Education Center > Tools.



To enroll through Merrill Lynch, go to benefits.ml.com or text "Enroll" to 91765.

Things to Remember

- Total contributions, per IRS, are limited to \$22,500 (updated 2024 limits not announced at time of publication).
- 50 or older? You can do a catch-up contribution up to \$7,500 in 2024.
- Designate your beneficiaries!

STARTING EARLY MAKES A BIG DIFFERENCE



Source: CAPTRUST

This graph is an example. Investment returns are subject to risk (including loss of principal).

THE COMPANY MATCHES 50 CENTS ON THE DOLLAR

for the first 5% of pay you contribute.* If you're contributing less than 5%, you are leaving money on the table.

^{*}Highly compensated employees (as defined by IRS) are limited to contributing 2%.

EMPLOYEE ASSISTANCE PROGRAM

For all Cracker Barrel Employees and Maple Street Biscuit Team Members

We are all part of one big team — one work family. And that includes everyone at Maple Street Biscuit Company and Cracker Barrel.

FREE COUNSELING

You and your household members can call *anytime* to talk with a licensed counselor about *anything* troubling you, including:

- · Family conflicts
- Depression
- Stress and anxiety
- · Alcohol or drug use

HELP WITH ENDLESS TO-DO'S

Call Cracker Barrel Connect for help with life's never-ending tasks, like:

- Finding trusted child or pet care
- · Answering tax form questions

· Preparing a will

· Buying a house or making home repairs



Your first 4 counseling sessions are free. If you need further help, you will be referred to a licensed counselor in your area.

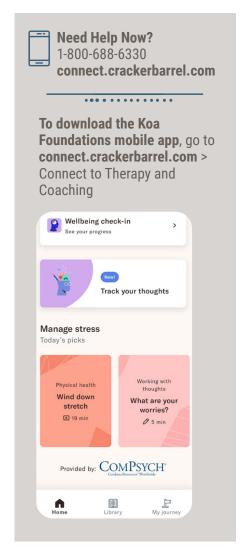
SELF-PACED EMOTIONAL WELLBEING PROGRAM

Designed by psychologists using clinically-proven techniques, the **Koa Foundations app** can help you tackle concerns like stress, depression, low self-esteem, sleep issues, etc. Choose your own path or rely on guidance based on a personalized wellbeing check.

- Self-paced work toward a wellness goal on your own time, in your own way
- Bite-sized, interactive content 3-minute guided audio clips, quick journal entries, quizzes, etc.
- Easy and flexible explore outside your current track through focus areas in the library (positive thinking, burnout, etc.)
- For all employees and their household family members age 13+



Cracker Barrel Connect is a free benefit for all full- and part-time employees/team members and their household family members. Services are 24/7 and 100% confidential — Cracker Barrel will never see your information.



YOU ARE FAMILY



The Cracker Barrel Cares program (Cracker Barrel employees only) can help employees and their families experiencing financial hardships:

- · Critical health conditions
- Funeral and related travel expenses
- · Natural disasters
- Intimate partner violence

The program operates as a 501(c)(3) nonprofit organization, and it's funded entirely by Cracker Barrel Old Country Store and employees.

"Cracker Barrel Cares was a true blessing in a very unexpected time of need for me."

- Georgetown, KY employee

CARE BY THE NUMBERS

Cracker Barrel employees have been helping each other since 2005.

- \$8 million+ amount granted to employees
- 6,300+ number of employees helped

See our full impact on the Front Porch Self-Service > CB Cares.



Go to the Cracker Barrel
Cares section on The Front
Porch Self-Service

HOW TO APPLY FOR A GRANT

Go to **crackerbarrel.com/crackerbarrelcares** to start your application through GrantsConnect (you will need to register and create an account).

There are specific qualifying events that meet the criteria for a Cracker Barrel Cares grant. Documentation is required and limits apply. See the Cracker Barrel Cares section on The Front Porch Self-Service for details.



WHO TO CONTACT

Many of our partners have helpful mobile apps. Download them in your app store.

Coverage	Conta	ct	Service Provider	
Enrollment Eligibility Life Events Arrears Dependent Verification Court Orders	mybenefitelections.com 1-833-589-0714 Arrears Payments: WEX, Inc. — Account 179 P.O. Box 2798 Omaha, NE 68103	Dependent Verification: WEX, Inc. 1700 E. Golf Rd., Suite 1000 Schaumburg, IL 60173	Benefits Center at WEX	
Medical (BCBST) Health Savings Advantage Plan Value Health Plan Traditional Health Care Plan Behavioral Health Virta Health (Diabetes Reversal)	bcbst.com/biscuit 1-844-383-2275 Nurseline (24/7) 1-800-818-8581 virtahealth.com/crackerbarrel-ms	Teladoc virtual visits bcbst.com > Talk to a doctor now 1-888-283-6691	BlueCross BlueShield of Tennessee	
Medical (Symetra) Health Basics Plan	Email: symsba@symetra.com 1-866-357-1778 multiplan.com/symetra/cb-msb (medical network providers) 1-888-371-7427	Virtual visits memd.me/group/cb-msb 1-844-800-7110	Symetra	
Prescription (BCBST Plans)	express-scripts.com 1-800-978-6227		Express Scripts	
Prescription (Symetra) Health Basics Plan	optumrx.com 1-800-248-1062		OptumRx	
Health Savings Account (HSA)	myhealth.bankofamerica.com 1-866-791-0250		Bank of America	
Flexible Spending Account (FSA)	chard-snyder.com askpenny@chard-snyder.com 1-800-982-7715 1-888-245-8452 (fax)	Mailing address: P.O. Box 249 Fort Washington, PA 19034	Chard Snyder	
Dental	deltadentaltn.com (Client code: 4210) 1-800-223-3104		Delta Dental	
Vision	metlife.com/mybenefits 1-877-393-8885		MetLife/Davis Vision	
Short-Term Disability Long-Term Disability Life and AD&D Insurance	1-888-596-7878 (CB Benefits Department) 1-888-301-5615/Fax: 1-833-357-5153 1-888-563-1124		The Hartford	
401(k) Employee Savings Plan Non-Qualified Savings Plan	benefits.ml.com 1-855-444-6305		Merrill Lynch	
Employee Stock Purchase Plan	shareworks.com 1-877-380-7793		Shareworks	
Cracker Barrel Connect (Employee Assistance Program) Tobacco Cessation Program	connect.crackerbarrel.com 1-800-688-6330		ComPsych	
Other Benefits Critical Illness	1-866-547-4205/Fax: 1-469-417-1952 (The Hartford)		The Hartford	
Identity Theft Protection	myprivacyarmor.com 1-800-789-2720		Allstate	
Employee Discount Market	biscuitperks.benefithub.com 1-866-664-4621		Benefit Hub	
Leaves of Absence	leaveprocessing@crackerbarrel.com		Cracker Barrel Benefits Department	

For additional assistance, contact the Benefits Department at 1-888-596-7878 or benefits@crackerbarrel.com.

The preventive care portion of the Health Basics Plan is insured by Cracker Barrel. It satisfies the minimum essential coverage (MEC) requirements of the Affordable Care Act. Symetra provides administrative services only for MEC plans. The fixed-payment insurance, critical illness and accident portions of the Health Basics Plan are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Fixed-payment insurance policies are designed to provide benefits at a preselected, fixed dollar amount. Accident coverage pays benefits up to a preselected, per occurrence amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. They are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the MEC requirements of the Affordable Care Act. Base certificate form numbers are SBC-01505-CERT 8/13, SBC-00535-CERT 04/14 and LGC-10011C 10/11. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Not available in all states or any U.S. territory. Please contact the Benefits Department at 1-888-596-7878 if you have questions about this plan.

Please note this guide represents only a brief description of benefits under the Health and Welfare Plan for Home Office and Field Management Employees of Cracker Barrel Old Country Store, Inc. and Family Support Center and Community Leaders of Maple Street Biscuit Company. Please refer to the Summary Plan Description (SPD) for complete coverage information. If there is a discrepancy between this guide and the legal documents, which define the benefits of the Plan, the legal documents will rule. Plan benefits and eligibility are subject to change at any time. If the Plan is amended, you will be provided with a notice within the time allowed by federal and state law.



