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2026 BENEFITS & WELLBEING ORIENTATION
FOR HOURLY EMPLOYEES

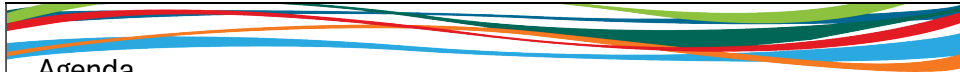
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DECEMBER 18, 2025

Welcome to the 2026 Newly Eligible Benefits & Wellbeing Orientation for hourly employees. Today, we'll walk through your benefits package, key enrollment details, and next steps so you can make the most of your benefits.

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Agenda

- Eligibility for Benefits
- Key Dates & Information
- Benefits Website
- Medical & Prescription Drug Benefits
- Teladoc and Virtual Preventive Care Visits
- Health Rewards Program
- Health Savings Account
- Dental & Vision Benefits
- Life/AD&D Insurance
- Employee Assistance Program
- Additional Benefits
- Your Action Items

Here's what we'll cover today: eligibility for benefits, key dates, and how to access the benefits website. Then we'll dive into medical and prescription drug benefits, Teladoc and virtual preventive care, our Health Rewards Program, HSA accounts, dental and vision coverage, life insurance, and other perks. Finally, we'll wrap up with your action items.

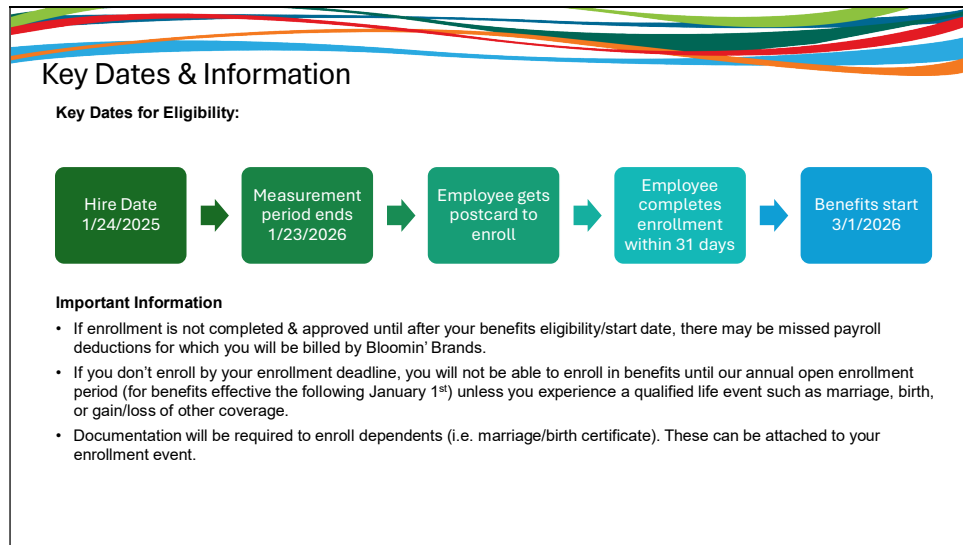
Eligibility for Benefits



- **Generally, you are eligible for benefits after:**
 - One year of continuous service and
 - An average of 1,560 hours (30 hours per week on average) worked
- **Measurement Periods for hourly eligibility are as follows:**
 - Initial measurement period begins on your date of hire and ends 12 months later, if you don't have a break in service
 - Annual measurement period generally runs for 52 weeks beginning and ending in early October

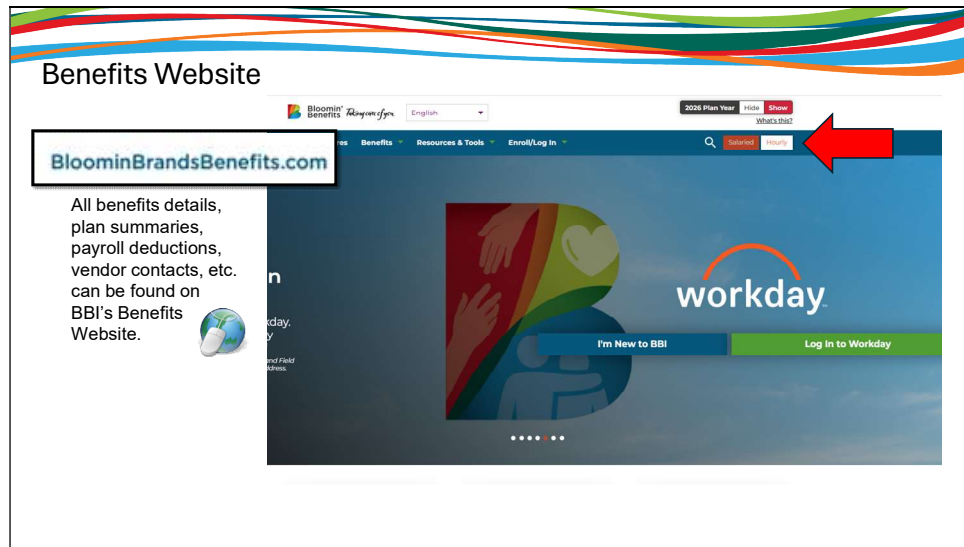
Eligibility is based on one year of continuous service and an average of 30 hours per week, or 1,560 hours annually. Your initial measurement period begins on your date of hire and lasts 12 months. If you meet the requirement, you'll be able to enroll within 31 days of your eligibility date. For those who have already met their initial measurement period, you are reviewed annually.

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Once you meet the eligibility requirements, you'll have 31 days to enroll in Workday. Missing this deadline means waiting until the next open enrollment unless you have a qualified life event. Make sure you have dependent documentation ready—like marriage or birth certificates—because these need to be uploaded during enrollment.

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All benefits details—plan summaries, payroll deductions, vendor contacts—are on BloominBrandsBenefits.com. When you visit, select 'hourly' so you see the right options. The site is updated regularly with webinars, monthly updates, and more.

2026 Medical/Rx Plans



| In-Network Benefits | Value PPO | Choice PPO | Choice HSA |
|------------------------|---|---|---|
| Deductible | \$6,550 Per Person \$13,100 Family Maximum | \$3,500 Per Person \$7,000 Family Maximum | Single Coverage: \$4,000 Family Coverage: \$8,000 |
| Out of Pocket Maximum | \$7,500 Per Person \$15,000 Family Maximum | \$6,000 Per Person \$12,000 Family Maximum | Single Coverage: \$6,500 Family Coverage: \$10,500 per person capped at \$13,000 per family |
| Preventive Care | Covered at 100% | Covered at 100% | Covered at 100% |
| Coinsurance | 80/20% | 80/20% | 80/20% |
| Primary Care Physician | \$30 copay | \$25 copay | 80/20% after deductible |
| Specialist | \$70 copay | \$50 copay | 80/20% after deductible |
| Urgent Care | 20% after deductible | \$60 copay | 20% after deductible |
| Emergency Room | 80/20% after deductible | \$350 copay | \$300 copay after deductible |
| Most Other Services | 20% after deductible | 20% after deductible | 20% after deductible |

Benefits shown assume services are received from In-Network Providers.

Let’s take a look at the three medical plans we offer, all through Blue Cross Blue Shield of Florida or otherwise known as Florida Blue.

the Value PPO, the Choice PPO, and the Choice HSA. This slide helps show the main differences so you can decide which one fits your needs best.

First, each plan has a deductible, which is the amount you pay before the plan starts covering most services.

The Value PPO has the highest deductible.

The Choice PPO has the lowest.

And the Choice HSA sits in the middle and depends on whether it's just you or your whole family.

Next, we have the out-of-pocket maximum. This is the MOST you would pay in a year for medical care.

The Value PPO has the highest limit.

The Choice PPO is lowest.

The Choice HSA falls in the middle again, depending on family size.

One great thing is that all three plans cover preventive care at 100%. That means annual checkups, routine screenings, and other preventive visits are free to you.

Where the plans really differ is how you pay for everyday care:

With the PPO plans, you usually pay a set dollar amount when you visit the doctor—like \$25 for a primary care visit with the Choice PPO or \$30 for a primary care visit for the Value PPO. Choice PPO also offers a predictable copay for urgent care and the emergency room.

With the HSA plan, you pay the full cost up front until you reach your deductible, and then the plan begins sharing the costs with you.

For things like lab work, imaging, or outpatient services, all three plans have similar cost-sharing once you've met your deductible.

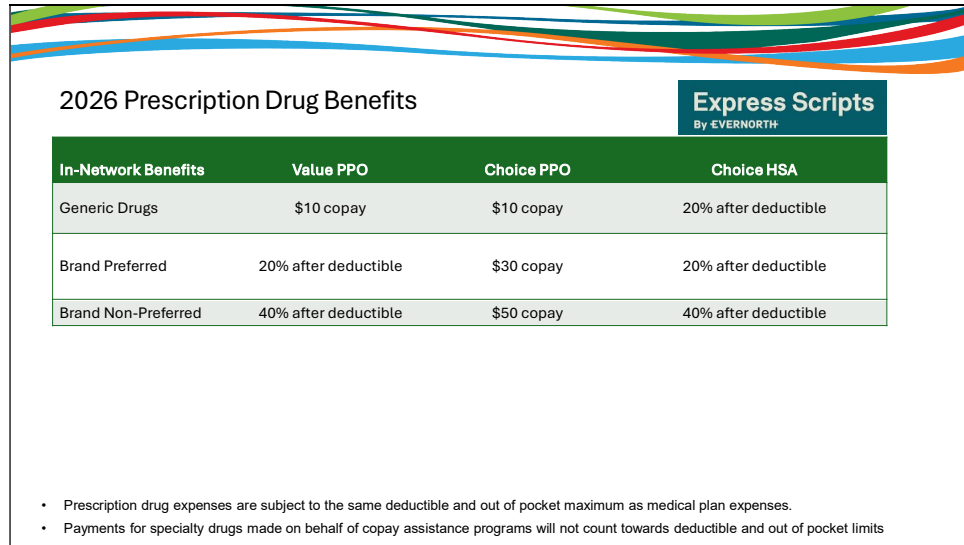
In short:

The PPO plans give you more predictable costs when you go to the doctor.

The HSA plan gives you lower premiums and the chance to save tax-free money in a Health Savings Account, but you'll pay more of the upfront costs for your care.

Choosing the right plan really depends on how often you expect to use medical services and whether you prefer lower monthly costs or more predictable visit costs.

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The table is titled "2026 Prescription Drug Benefits" and is presented by Express Scripts, a subsidiary of EVERNORTH. It compares three plan types: Value PPO, Choice PPO, and Choice HSA. The table is organized into four columns: In-Network Benefits, Value PPO, Choice PPO, and Choice HSA. The rows represent different drug tiers: Generic Drugs, Brand Preferred, and Brand Non-Preferred. Below the table, there are two bullet points providing additional context on deductibles and specialty drug payments.

| In-Network Benefits | Value PPO | Choice PPO | Choice HSA |
|---------------------|----------------------|------------|----------------------|
| Generic Drugs | \$10 copay | \$10 copay | 20% after deductible |
| Brand Preferred | 20% after deductible | \$30 copay | 20% after deductible |
| Brand Non-Preferred | 40% after deductible | \$50 copay | 40% after deductible |

- Prescription drug expenses are subject to the same deductible and out of pocket maximum as medical plan expenses.
- Payments for specialty drugs made on behalf of copay assistance programs will not count towards deductible and out of pocket limits

Our pharmacy benefits are administered by Express Scripts. You are automatically enrolled in pharmacy benefits when selecting a medical plan. The deductible and out of pocket for the medical plan are also combined with the pharmacy benefits so every dollar paid in prescription costs will apply towards your deductible and out of pocket as well.

With the Value PPO plan, you will pay a \$10 copay for generic drugs, while brand name drugs are subject to deductible and coinsurance.

The Choice PPO has the most fixed copays for prescription drugs - \$10 for generic drugs, and \$30 or \$50 for brand name drugs. And for maintenance medications you pay 2 ½ times the copay for a 3-month supply, saving you money.


The Choice HSA plan requires meeting the deductible first, then paying coinsurance for all drug tiers.

Preventive generic drugs and diabetic supplies are covered at 100%. Specialty medications must go through Accredo and may require enrollment in SaveOnSP for cost savings.

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Medical/Rx Biweekly Premium Contributions

| | | Value PPO | Choice PPO | Choice HSA |
|---------------------------------------|---------------------|-----------|------------|------------|
| Tier 1 Less Than \$45K | Employee Only | \$48.00 | \$76.11 | \$69.19 |
| | Employee+Spouse | \$120.36 | \$183.67 | \$166.98 |
| | Employee+Child(ren) | \$97.44 | \$151.48 | \$137.71 |
| | Employee+Family | \$164.87 | \$251.28 | \$228.43 |
| Tier 2 \$45K - \$150K | Employee Only | \$78.67 | \$110.94 | \$100.86 |
| | Employee+Spouse | \$193.95 | \$267.04 | \$242.76 |
| | Employee+Child(ren) | \$157.01 | \$219.09 | \$199.17 |
| | Employee+Family | \$266.61 | \$366.49 | \$333.18 |
| Tier 3 Greater Than \$150K | Employee Only | \$87.23 | \$121.46 | \$110.42 |
| | Employee+Spouse | \$214.78 | \$292.38 | \$265.80 |
| | Employee+Child(ren) | \$174.00 | \$239.88 | \$218.07 |
| | Employee+Family | \$295.23 | \$401.28 | \$364.80 |

 Remember! All rates can be found on BloominBrandsBenefits.com

Your biweekly premiums depend on your salary tier and coverage level. All rates are listed on the benefits website.

Remember, these deductions come out of your paycheck every two weeks.




Teladoc

- **General Medical Care:** Teladoc providers are available 24/7 for non-emergency treatment, and can diagnose, treat and prescribe Rx's if needed
- **Dermatology:** rashes, acne, eczema, other skin issues? Upload images & details for an online skin review for a treatment plan and Rx if needed
- **Mental Health:** Therapists are available 7 days a week
- **Nutrition:** Work with a registered dietitian to help with things like meal planning, healthy eating tips or even managing a condition like diabetes or high blood pressure.

| Type of Visit | Cost per Visit |
|---|--|
| General Medical Visit | \$65 |
| Dermatology | \$90 |
| Psychologist, Therapist, Social Worker, Counselor | \$90 |
| Psychiatrist | \$260 initial visit; \$105 ongoing visit |
| Nutrition | \$65 |

Our health plans all include access to Teladoc. Teladoc gives you a convenient way to see a doctor anytime, anywhere — without having to visit an urgent care or doctor’s office.

Teladoc gives you 24/7 access to doctors for non-emergency care, dermatology, mental health, and nutrition support. Costs vary by service—for example, general medical visits are \$65, and mental health sessions start at \$90. This is a great way to avoid unnecessary urgent care visits.

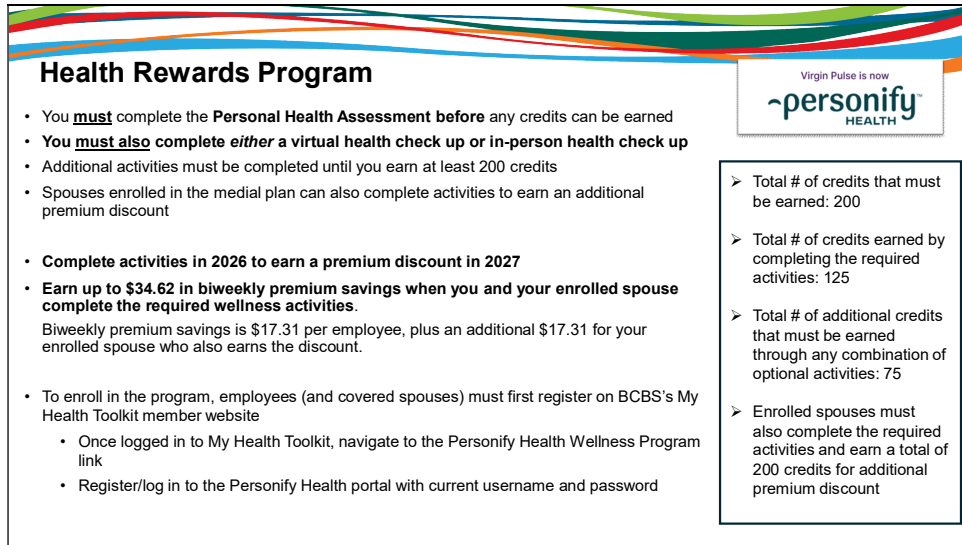


Virtual Preventive Care Visits

Employees, spouses and adult dependents can get a preventive care checkup from home.

- A virtual checkup kit will be sent to the participant's home upon request.
- The kit contains a tape measure, a blood pressure cuff (optional), and a blood collection device.
- The member takes their blood pressure and measurements and collects a small blood sample.
- The sample is returned in a pre-paid box.
- The participant also fills out a health history questionnaire and schedules a live video consult with a Nurse Practitioner, where test results will be reviewed, health risks discussed, and a Personal Action Plan delivered.
- Results can also be sent to the participant's Primary Care Provider.

This convenient benefit lets you complete your annual preventive checkup right from home using a kit and a live video consult with a nurse practitioner—no need to visit a doctor's office! Eligible participants include employees, spouses, and adult dependents enrolled in our medical plan.



Health Rewards Program

- You **must** complete the **Personal Health Assessment before** any credits can be earned
- You **must also** complete **either** a virtual health check up or in-person health check up
- Additional activities must be completed until you earn at least 200 credits
- Spouses enrolled in the medical plan can also complete activities to earn an additional premium discount

• **Complete activities in 2026 to earn a premium discount in 2027**

• **Earn up to \$34.62 in biweekly premium savings when you and your enrolled spouse complete the required wellness activities.**
Biweekly premium savings is \$17.31 per employee, plus an additional \$17.31 for your enrolled spouse who also earns the discount.

• To enroll in the program, employees (and covered spouses) must first register on BCBS's My Health Toolkit member website

- Once logged in to My Health Toolkit, navigate to the Personify Health Wellness Program link
- Register/log in to the Personify Health portal with current username and password


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|---|
| ➤ Total # of credits that must be earned: 200 |
| ➤ Total # of credits earned by completing the required activities: 125 |
| ➤ Total # of additional credits that must be earned through any combination of optional activities: 75 |
| ➤ Enrolled spouses must also complete the required activities and earn a total of 200 credits for additional premium discount |

The Health Rewards Program lets you earn premium discounts for the following year by completing wellness activities.

You must first complete a Personal Health Assessment and a checkup, then earn a total of 200 credits through additional activities.

Employees can save up to \$34.62 per pay period if both they and their enrolled spouse participate.




| Health Savings Account (HSA) | |
|---|---|
| Who can participate? | Employees enrolled in the Choice HSA plan |
| How much can you contribute in 2026? | Individual Coverage-\$4,400 Family Coverage-\$8,750 (plus an additional \$1,000 if you are age 55+) |
| What can you use the money for? | Eligible medical, Rx, dental & vision expenses such as deductibles, coinsurance and copays, for you and your tax dependents |
| Does the money roll over from year to year? | Yes |
| Can you take the money with you if you leave the company? | Yes, it is always your money, including any interest and investment earnings |
| Are there tax advantages? | Yes, contributions, earnings and withdrawals for eligible expenses are tax-free |

A health savings account is a bank account that you own. You can make pre-tax contributions into your HSA through payroll deductions. For 2026, you can contribute up to \$4,400 (or \$8,750 if you have family coverage). And if you are 55 or older, you can contribute an additional \$1,000.

You will receive a debit card from AccrueHealth that you can use to access your HSA funds to pay for your share of the cost of eligible healthcare expenses tax-free. Or you can choose to pay for your healthcare expenses out of your pocket and save the funds in your HSA for retirement. This is because with an HSA, unused funds roll over from year to year and grow tax-free. And the money in this account always belongs to you, even if you leave Bloomin Brands.

It is important to note that funds are not available to be spent until after they have been deposited into your account.



Dental Benefits


| | DPPO Plan | | DHMO Plan |
|--|---|--|----------------------------------|
| | In-Network | Out-of-Network | In-Network Only |
| Annual Deductible | \$50 per person \$150 family maximum | \$100 per person \$300 family maximum | None |
| Preventive Care | Covered in Full | 80/20% after deductible | Covered in Full |
| Basic Services | 80/20% after deductible | 50/50% after deductible | Refer to Patient Charge Schedule |
| Major Services | 50/50% after deductible | 40/60% after deductible | Refer to Patient Charge Schedule |
| Annual Benefit Maximum (WellnessPlus Progressive Maximum - receive preventive care & annual max will increase the following year) | | Year 1: \$1,500 per person Year 2: \$1,750 per person Year 3: \$2,000 per person | No maximum |
| Orthodontia (to age 19) | | 50/50% no deductible | Refer to Patient Charge Schedule |
| Lifetime Orthodontia Benefit Maximum | | \$1,500 per person | No maximum |

- If the DHMO plan is available to you, you'll see it as an option when you make your elections in BBI Connect. If you do not live in an area where the DHMO is available, you will not see it as an option.
- The DHMO Plan requires you to choose a primary care dentist and receive your dental care inside the DHMO network. You must assign your primary care dentist within your Life Event session). You can change your primary care dentist later directly with Cigna.

Dental coverage is provided by Cigna.

You can choose between a PPO plan, which allows you to visit any dentist but offers better rates in-network, and a DHMO plan, which requires selecting a primary dentist and using the DHMO network. The PPO plan includes an annual deductible and a progressive annual benefit maximum that increases each year if you get preventive care, plus orthodontia coverage for children up to age 19 with a \$1,500 lifetime maximum. The DHMO plan has no annual maximum and uses a set fee schedule for services, but all care must be coordinated through your chosen primary dentist.

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Vision Benefits


| | In-Network | Out-of-Network |
|---|--|---|
| Eye Exam Once per calendar year | \$15 copay | Up to \$35 allowance |
| Additional fees will apply if exam includes contact lens evaluation and fitting | | |
| Eyeglass Lenses | | |
| • Single vision | \$15 copay | Up to \$25 allowance |
| • Lined Bifocal | \$15 copay | Up to \$40 allowance |
| • Lined Trifocal | \$15 copay | Up to \$55 allowance |
| Eyeglass lenses are covered once per calendar year | Additional fees will apply for "extra" options such as anti-reflective coating & progressive multifocal lenses | |
| Eyeglass Frames Once every other calendar year | Up to \$180 allowance | Up to \$45 allowance |
| Contact Lenses Once every calendar year in lieu of eyeglass lenses and frames. | Up to \$180 allowance | Up to \$105 allowance |
| Filing a claim | Your VSP provider will submit your claim for you | You pay up front and file a claim for reimbursement |

We also offer vision coverage, administered by Vision Service Plan, or VSP.

VSP has a large selection of network providers, including both private practice doctors and chain providers such as Optical Outlets and Visionworks.

When you see a network provider, you only pay a \$15 copay for your annual eye exam.

The plan also provides coverage for new eyeglass frames every two years, and either eyeglass lenses or contacts annually.




Life/Accidental Death & Dismemberment (AD&D)

- **BBI provides all hourly benefits-eligible employees with a basic Life/AD&D benefit of \$10,000**
- You do not need to enroll this benefit, but you do need to designate your beneficiary(ies).
- Even if you are not enrolling in other benefits, please review your benefits in Workday and designate one or more beneficiaries.

Note: Life insurance benefits reduce to 65% at age 65, 40% at age 70, and 25% at 75.

All hourly benefits-eligible employees receive \$10,000 in basic Life and AD&D coverage at no cost. You don't need to enroll, but you must designate your beneficiaries in Workday.



Employee Assistance Program (EAP)


- Available to all team members and household family members
- Six (6) free counseling sessions per person, per issue, per year
- Nationwide network of licensed counselors for support with challenges such as stress, anxiety, grief, substance misuse, relationships, parenting and more. Counseling is confidential and available in-person, by text message, live chat, phone or video conference.
- BetterHelp virtual therapy provides access to confidential virtual therapy via text messaging, phone, video or chat.

Additional benefits available through Magellan

- Lifestyle coaches can help with personal improvement, healthy eating, weight loss and more by phone or video.
- Personalized and interactive online programs to help manage anxiety, stress, depression, pain, sleep, substance misuse or recovery and more.
- LifeMart® discount center provides discounts on consumer goods, travel, child and elder care, fitness centers, movie tickets and more.
- Work-Life web services, including webinars, live talks and articles focused on key life events and day-to-day challenges for parents and seniors. Topics include child and elder care, education, parenting and more.
- Financial wellness, legal and identity theft resolution services with experts that can help you take control of your finances, resolve legal issues such as estate planning and family law, restore credit; research specific topics and/or print your own state-specific legal forms.

All Bloomin' Brands employees are also covered by our Employee Assistance Program with Magellan. The EAP provides you and your family members with up to 6 free counseling sessions per person, per issue, per year. In addition to face-to-face counseling, you can connect with therapists virtually through Magellan's partnership with BetterHelp, the largest online therapy service platform.

The EAP also provides access to financial and legal resources, lifestyle coaching, and discounts on goods and services.




Additional Benefits

For members enrolled in one of BBI's BCBS medical plans


- My Health Novel tobacco cessation program
- No cost weight loss support programs including health coaching, nutrition guidance and digital tools
- Maternity Support Program
- Treatment Decision/Care Management Support
- Blue365 discounts

For all benefits-eligible employees:


- Adoption Assistance: Reimbursement up to \$4,000 per child (or \$6,000 for special needs adoptions) for eligible adoption expenses.
- NY Life My Secure Advantage: online access to DIY forms, including wills, living wills, powers of attorney
- NY Life Secure Travel: pre-trip planning, assistance while traveling, and emergency medical transportation
- Discount Programs: Perks at Work and LifeMart Discount Center
- Tuition Discounts: Johnson & Wales University, St. Leo University and University of Phoenix
- Rx for Pets discount savings card

 Details on all benefits and discounts can be found on BloominBrandsBenefits.com

Beyond core benefits, we offer adoption assistance, tuition discounts, travel perks, and programs like tobacco cessation and maternity support. Details are on the benefits website.



Your Action Items

1. **Review BloominBrandsBenefits.com** to learn more about your benefit options for 2026. 
2. **Complete your Benefits Enrollment within 31 days of your Benefits Eligibility Date.**
3. **Have your dependent verification documents** for any dependents being enrolled in your benefits ready to attach to your enrollment.
4. Have questions or need help with the enrollment process? Call the Resource Center at 1-800-555-5808 Option 3 (available Monday through Friday, 9:00 a.m. to 6:00 p.m. ET)

Before you go, remember to review your options, complete enrollment within 31 days, and attach any required dependent documentation. If you have questions, contact the Resource Center at 1-800-555-5808, Monday through Friday.