

2014 Benefits Decision Guide

for Full-Time Employees



Dear Team Member,

I am pleased to provide you with your new Benefits Decision Guide for January 1, 2014 through December 31, 2014.

The Coffee Bean & Tea Leaf® is committed to offering quality medical, pharmacy, dental and vision plans to our eligible full-time Team Members. In addition, all full-time Team Members will be automatically enrolled in our Company paid life insurance and long term disability plan.

We also offer a variety of supplemental plans including voluntary life insurance, pre-paid legal, health flexible spending account and dependent day care spending account.

We continually strive to contain the cost of our healthcare plans while maintaining quality services and pass the savings on to you!

The health and wellness of our team members is one of our primary concerns. The Coffee Bean & Tea Leaf® offers preventive programs such as wellness and health management so you can take a proactive approach to managing your health. We encourage you to learn about all the benefits available to you.

In this guide you will find your current elections for 2013 plan premiums, plan highlights, and other information you may find of use throughout the year. Please review the 2014 medical premium rate structure and make the benefit selection that best meets the needs of your family.

Have a happy and healthy 2014!

Barbara Stewart
VP, Human Resources



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How to Use This Guide.

New! 24 hour Online enrollment! www.bennyscafe.com

All your prior elections, with the exception of the Flexible Spending Accounts, will automatically roll over for 2014. If you wish to make any changes to your current selections, simply call Benny's Café at 1-888-873-8326. A Benny's Café service representative will record your election choices, or visit us online at www.bennyscafe.com. You will receive a confirmation of your changes via the mail.

Eligibility Summary

If you are designated a full-time, "regular" Team Member, you are eligible to participate in the medical, dental and vision plans as of the first day of the calendar month following 30 consecutive days of employment. You must actively enroll in these plans within 31 days of your eligibility date in order to participate. You can choose to participate in each plan separately. The elections you make will carry over from plan year to plan year unless you make a change.

Dependents:

The plans provide for specific rules for dependent coverage. The following dependents are eligible:

- Spouse
- Domestic Partners: same and opposite gender
- Children of team member, spouse or domestic partner younger than 26 years of age who does not have coverage available through his/her employer.

If a dependent does not meet the eligibility requirements, that dependent is ineligible. Examples of ineligible dependents include, but are not limited to:

- A dependent who is currently on active duty in the Armed Forces
- Ex-spouse
- Fiancé
- Brother
- Sister
- Parent
- Grandparent
- Child(ren) over the age of 26 (married or unmarried)

*Child(ren) age 19 to 26 who has access to employer provided health coverage

If both you and your spouse are benefits eligible Team Members, you cannot cover yourself as a Team Member and have your spouse cover you as a dependent. Likewise, you and your spouse cannot both cover your same child as a dependent in the plan.

Note Regarding Covering Dependents:

When you choose to cover a dependent in the plans, you are required to provide documentation. You can find a listing of acceptable documentation at: http://www.bennyscafe.com/life_events.php. Until you supply the required documentation, your dependents will be enrolled in the plan with a "pending" status. This means that the plan will not pay any claims attributable to your dependent(s) until you supply the required documentation.

Tip: When you call Benny's Café, make sure to have the dates of birth and social security numbers for any dependent(s) you wish to cover in the medical, dental or vision plans. You will need to provide this information to the Benny's Café service representative who will be recording your election choices.

Domestic Partners

Tax Consequences of Covering Your Domestic Partner as a Dependent in the Medical, Dental or Vision Plan:

You may choose to enroll your domestic partner in your benefit plan(s), however you must pay the taxes on the value of the coverage provided to your domestic partner. Please contact your tax advisor to determine whether or not your domestic partner qualifies as your tax dependent.

If you cover a domestic partner, the value of the coverage will be included in your gross income for federal tax purposes as “Imputed Income,” and reported on your IRS Form W-2. Consequently, it will be subject to federal tax withholding.

Benefits Related Payroll Deductions

Many of the plans you enroll in require some payment on your part through payroll deduction. There are some situations where you may remain a benefits-eligible team member but not receive a paycheck, such as leave of absence. When this occurs, the Company will normally require you to pay your benefit contribution during your leave in order to keep them current. If you do not pay your contributions during this time, the Company will recoup your payments upon your return by taking larger than usual deductions until your payments are current.

When you first become eligible for benefits, we encourage you to enroll before your eligibility date. However, we allow you to enroll up to 31 days after that date.

If you enroll close to, or after your eligibility date, you may miss making your contributions on time. When this occurs, the Company will recoup these missed payments by taking larger than usual deductions until your payments are current.

Disclaimer

We have made every attempt to ensure that the information contained in this guide is accurate. Please note that the plan document and Summary Plan Descriptions are the official records of our benefits and coverage. In the event that there is a discrepancy between this guide and the official plan documents, the official documents will prevail. Summary Plan Descriptions are available online at: www.bennyscafe.com. If you have questions about this guide or any of the Summary Plan Descriptions, please call Benny’s Café at 1-888-873-8326 or login at www.bennyscafe.com

The Company reserves the right to modify (including introducing or increasing team member contributions), suspend or terminate the benefits at any time and for any reason. The Company, in its discretionary authority, governed by state and federal regulations, shall determine benefits eligibility, construe the Plan terms, and resolve any dispute that may arise with regard to the rights of any persons under the Plan terms.

Medical Plan Overview

The Company offers eligible Team Members the Ice Blended PPO Medical Plan. This plan utilizes the Blue Cross network of medical providers. HealthComp administers the plan and pays claims on the Company's behalf. All team members and their dependents enrolled in the Medical Plan will automatically be enrolled in the Prescription Drug Plan administered by Costco Pharmacy Benefit Management. The following is a summary of the benefits provided under this plan:

Medical Plan Summary		
Covered Charges	In-Network Providers	Out-of-Network Providers
Annual Maximum	No Maximum	No Maximum
Lifetime Maximum	No Maximum	No Maximum
Deductible Per Calendar Year: Per Covered Person	\$250	\$3,000
Deductible Per Calendar Year: Per Family Unit	\$500	\$6,000
Maximum Out-Of-Pocket Amount Per Calendar Year (Note: Copays and Deductibles do not apply to the Calendar Out-Of-Pocket Maximum)		
Per Covered Person	\$3,500	\$10,000
Per Family Unit	\$7,000	\$20,000
Office Visits	The plan pays 100% after you pay a \$15 Copayment	The plan pays 50% after you pay the deductible
Specialist Office Visit	The plan pays 100% after you pay a \$30 Copayment	The plan pays 50% after you pay the deductible
Laboratory, X-Rays & Diagnostic Testing - In conjunction with an Office Visit	The plan pays 100% after you pay the deductible	The plan pays 50% after you pay the deductible
Preventive Care		
Routine Well Care	The plan pays 100% after you pay a \$15 copayment	Not Covered- You pay 100%
Above Includes: office visits, pap smear, mammogram, prostate screening, gynecological exam, routine physical examination, x-rays, laboratory blood tests, colonoscopies, bone density tests, hearing tests, vision tests, well child care, and immunizations/flu shots.		
Routine Well Newborn Care	The plan pays 100% after you pay a \$15 copayment	The plan pays 50% after you pay the deductible
Frequency Limits For:		
Mammograms ages 40 and over	annually	annually
Colonoscopies and bone density tests ages 40 and over	every 24 months	every 24 months
Urgent Care & Emergency Room		
Urgent Care Facility	The plan pays 100% after you pay a \$30 Copayment	The plan pays 50% after you pay the deductible
Emergency Room - Facility	The plan pays 100% after you pay a \$250 Co-pay	The plan pays 50% after you pay the deductible
Emergency Room - Physician	The plan pays 80% after you pay the deductible	The plan pays 50% after you pay the deductible
The Emergency room copayment is waived if the patient is admitted to the Hospital on an emergency basis. The utilization review administrator must be notified within 48 hours of the admission, even if the patient is discharged within 48 hours of the admission.		

Medical Plan Summary Continued

Covered Charges	In-Network Providers	Out-of-Network Providers
Out Patient Procedures		
Outpatient Surgery Center	The plan pays 100% after you pay both a \$200 copayment and the deductible	The plan pays 50% after you pay the deductible
Physician Out Patient Services	The plan pays 80% after you pay the deductible	The plan pays 50% after you pay the deductible
Second Surgical Opinion	The plan pays 100% of the cost. Your deductible is waived	The plan pays 50% after you pay the deductible
Hospitalization & Surgeries		
Room and Board, necessary services and Supplies	The plan pays 100% after you pay a \$200 copayment per day. Your total copayment is limited to a maximum of \$600 per confinement after deductible.	The plan pays 50% (of the semiprivate room rate) after you pay the deductible.
Inpatient Hospital Visits	The plan pays 80% after you pay the deductible	The plan pays 50% after you pay the deductible
Mental Disorders & Substance Abuse		
Inpatient	The plan pays 100% after you pay a \$200 copayment per day. Your total copayment is limited to a maximum of \$600 per confinement after deductible.	50% after deductible - semiprivate room rate
Outpatient	The plan pays 100% after you pay both a \$15 copayment and the deductible	The plan pays 50% after you pay the deductible
Spinal Manipulation /Chiropractic Services / Acupuncture	The plan pays 80% after you pay the deductible. The plan will pay a maximum of \$2,000 per Calendar Year (including cost for X-Rays)	The plan pays 50% after you pay the deductible. The plan will pay a maximum of \$2,000 per Calendar Year (including cost for X-Rays)
Smoking Cessation Services	The plan pays 80% after you pay the deductible.	The plan pays 50% after you pay the deductible. The plan will pay a maximum of \$500 Lifetime Benefit
Family Planning - Family Planning Counseling, Contraceptives, Elective Abortion, Tubal Ligations & Vasectomy	The plan pays 80% after you pay the deductible	Not Covered – You pay 100%
Infertility Benefits	The plan pays 50% after you pay the deductible. The plan will pay a \$5,000 Lifetime maximum	Not Covered – You pay 100%

See Summary Plan Description for more details.

Prescription Drug Benefit - Up to 30 day supply

	Costco Pharmacy	Contracted Retail Pharmacy
Generic	You pay the lesser of \$5 or the total cost of the prescription	You pay the lesser of \$10 or the total cost of the prescription
Formulary Brand Drugs	You pay the lesser of \$10 or the total cost of the prescription	You pay the lesser of \$20 or the total cost of the prescription
Non-Formulary Brand Drugs	You pay the lesser of \$20 or the total cost of the prescription	You pay the lesser of \$35 or the total cost of the prescription

Prescription Drug Benefit Maintenance Medications - Up to 90 Day Supply

	Costco Pharmacy	Contracted Retail Pharmacy
Generic	You pay the lesser of \$10 or the total cost of the prescription	You pay the lesser of \$20 or the total cost of the prescription
Formulary Brand Drugs	You pay the lesser of \$20 or the total cost of the prescription	You pay the lesser of 40 or the total cost of the prescription
Non-Formulary Brand Drugs	You pay the lesser of \$40 or the total cost of the prescription	You pay the lesser of \$70 or the total cost of the prescription

Medical Plan Costs

Tier Of Coverage	Your Per Pay Period Contribution
Team Member ("TM") Only	\$39.50
TM + Child(ren)	\$90.50
TM + Spouse/Domestic Partner	\$118.50
Family	\$158.00

Costco Prescription Network

The Costco Prescription Network gives you access to many retail pharmacies nationwide, including most major drugstores. You can save even more by filling your prescriptions at your local Costco store. You do not need to be a Costco member to access the Costco pharmacy. Refer to Benny's Cafe for Pharmacy Locator. <http://www.envisionrx.com/resources/pharmacymap.aspx>.

The Importance of Using Network Providers Whenever Possible

Our plan strongly encourages the use of Blue Cross network providers. For example, our plan charges you a deductible of \$250 per person per plan year for in-network services, but that same deductible is \$3,000 when using out-of-network providers. When you stay in-network, the most you will pay in any one plan year for covered, in-network services is \$3,500. But when you use out-of-network services, you can pay up to \$10,000 per plan year for covered services.

There is an additional financial penalty for using out-of-network providers. Our plan reimburses those providers based on what is referred to as "usual and customary charges". If your provider charges you an amount in excess of that amount, you must pay the difference.



Tip: When to Contact Blue Cross and When to Contact HealthComp

Blue Cross is the medical plan network, but is the company that administers the plan. You, and your medical providers, should always contact HealthComp, and not Blue Cross, to answer any questions regarding plan eligibility or the benefits provided. Likewise, your provider should always invoice HealthComp, and not Blue Cross. Contact BlueCross to verify that a service provider is in-network.

Dental Plan

House Blended Delta Dental DHMO Plan

The House Blended Delta Dental Plan Health Maintenance Organization (“DHMO”) Plan. This plan provides only in-network benefits, but it has no deductible. The plan charges copayments, rather than the generally more expensive co-insurance, for all services that are not 100% covered.

If a member wishes to transfer to another DeltaCare USA dentist, they may do so by completing and submitting the online Customer Service Request Form by visiting www.bennyscafe.com/FT_Dental_DHMO.php, or by contacting Customer Service toll-free at 800-422-4234. Please note the request must be received by DeltaCare by the 21st of the month to become effective on the first day of the following month.



Select Blend PPO Dental Plan

The Select Blend PPO Dental Plan utilizes the Blue Cross network of dental providers and HealthComp to administer the plan and pay claims on the Company’s behalf. This plan requires you to pay more out-of-pocket expenses when compared to the DHMO plan.

Although this plan provides you with more flexibility to go to any dental provider you choose at any time throughout the plan year, you will receive the greatest value by choosing a Blue Cross provider. The following charts outline the benefits offered by each dental plan.

Dental Plan Summary

Plan Design & Benefits	DHMO		PPO	
	House Blended - Delta Dental DHMO Plan		Select Blend Plan	
	In-Network	Out Of Network	In-Network	Out Of Network
Annual Benefit Maximum	None	No Out Of Network Benefits Available	\$1,500	\$1,500
Annual Deductible Individual	None		\$75	\$75
Annual Deductible Family	None		\$225	\$225
Waiting Periods	None		None	None
Preventive Services			Preventive Services	
Office Visit	The plan pays 100%		The plan pays 100%	The plan pays 100% of U&C after you pay the deductible
Exam				
X-Rays				
Cleaning (Prophylaxis)				
Basic Services			Basic Services	
Amalgams (Restorative)	The plan pays 100%	The plan pays 80% after you pay the deductible	The plan pays 80% of U&C after you pay the deductible	
General Anesthesia	You pay \$0 - \$250			
Oral Surgery	You pay \$0 - \$15			
Periodontal Services	You pay \$10 - \$20			
Endodontic Services	You pay \$40 - \$95			
Major Services		Major Services		
Crown	You pay \$110 - \$130	The plan pays 50% after you pay the deductible	The plan pays 50% of U&C after you pay the deductible	
Bridges/ Dentures	You pay \$110 - \$130			
Prosthetics	You pay \$10 - \$150			
Orthodontia		Orthodontia		
Retention, Active Treatment	The plan pays up to \$2,000	The plan pays 50% up to \$1,000 Lifetime Maximum		

The Cost of the House Blended Delta Dental DHMO Plan is as Follows:

Tier Of Coverage	Your Per Pay Period Contribution
Team Member ("TM") Only	\$6.35
TM + Child(ren)	\$11.86
TM + Spouse/ Domestic Partner	\$11.77
Family	\$17.08

The Cost of the Select Blend PPO is as Follows:

Tier Of Coverage	Your Per Pay Period Contribution
Team Member ("TM") Only	\$12.50
TM + Child(ren)	\$24.00
TM + Spouse/ Domestic Partner	\$26.00
Family	\$38.00

Vision Plan - Overview

The Company offers eligible Team Members the Select Blend Vision Plan. This plan is administered by HealthComp, but does not have a network of providers. That means that you have the flexibility to access any provider you choose. Some providers

may not accept your insurance card. In this case, you must pay for the expense out-of-pocket and submit a claim form to HealthComp for reimbursement. Please visit www.bennyscafe.com/HR_forms for a claim form.

Covered Services	Benefits
Exam - one per plan year	Plan pays 100% of the cost of the exam after you pay a \$20.00 co-pay. Maximum plan benefit under this provision is \$60.00 per plan year
Vision Supplies & Materials	Plan pays 100% of usual and customary charges, up to a maximum of \$250.00 per plan year

The Cost of the Vision Plan is as Follows:

Tier Of Coverage	Your Per Pay Period Contribution
Team Member ("TM") Only	\$2.50
TM + Child(ren)	\$4.00
TM + Spouse/Domestic Partner	\$4.50
Family	\$6.50



Flexible Spending Accounts (“FSAs”)

A Flexible Spending Account (FSA) is a plan in which you set aside a portion of your salary, before taxes, to pay for qualified medical expenses or child/dependent care. There are two types of FSAs. You can use the dependent care FSA for day care expenses and the medical reimbursement FSA for your medical care and prescription drug costs that aren't covered by insurance.

Unlike the medical, dental and vision plans, your enrollment election is valid for the current plan year only. You must re-enroll in the plans each year if you want to contribute. You can enroll in the medical FSA or the dependent care FSA only, or both.

For the medical FSA, you can make a claim for yourself, your spouse, or your child up to age 26. You cannot cover your domestic partner in your FSA plan.

For the dependent care FSA, you can make a claim for your child up to age 13. Additionally, you can make a claim for any disabled tax dependent who requires custodial care.

How Much Can Be Contributed to the FSAs?

You can contribute up to \$2,500 to the medical FSA and up to \$5,000 to the dependent care FSA for the 2014 plan year. Expenses must be incurred within the plan year.

You can find a listing of Qualified Medical/Dental expenses for FSA by visiting the following website: <http://www.irs.gov/publications/p502/>

Use It or Lose It!

The IRS has a rule concerning FSAs that is commonly referred to as the “use it or lose it” rule. This rule states that you must forfeit any FSA balances not used by the end of the plan year. Therefore, you may want to be conservative in your estimate of how much you think you're going to spend for either medical or dependent care expenses. If you still have a health care balance and the end of the plan year is approaching, you may want to move up appointments so that you incur the cost before the end of the year. You have 90 days following the end of the plan year to submit claims incurred within the plan year to HealthComp.

FSA Health Care Worksheet: Estimate Your Out-of-Pocket Costs For Health Care

You can use this simple worksheet to estimate the out-of-pocket medical expenses that you and your family expect to incur during the plan year. Reviewing the expenses you had this year will give you a good indication of what your expenses might be for the new plan year.

Last Year	Estimated This Year
Medical deductible	
Medical co-payments	
Medical co-insurance	
Prescription medication co-payments	
Dental co-payments	
Vision co-payments and dispensing costs	
Hearing aid expense	
Over-the-counter medications with a prescription	
Other eligible health care expenses	
Total Expenses:	

Keep in mind when determining how much to contribute to your Medical Flexible Spending account that federal law requires that you forfeit any funds remaining in your Account at the end of your plan year.

Qualifying Life Events

When Can You Change Coverage?

Once you choose your options for the medical, dental, vision and flexible spending benefit plans, those elections must remain in place until the end of the plan year. If you decline coverage you must wait until the next open enrollment period to enroll.

However, if you experience one of the following “Qualifying Life Events,” you may be able to enroll or make changes to your existing benefit elections at the time of the event. We encourage you to contact

Benny’s Café as soon as possible after you experience the qualifying event. You must provide Benny’s Café the completed Qualifying Life Event Change Form, along with the appropriate back-up documentation, within 31 days of the qualifying life event date in order to change your enrollment options. For a listing of the acceptable documentation necessary to substantiate your qualifying event (i.e. a birth certificate to add a newborn child to the plan), go to: www.bennyscafe.com

Qualifying Life Events Chart:

Event	Coverage will take effect
Marriage	First of the month following date of marriage
Divorce or Annulment	End of the month of the divorce or annulment
Legal Separation	End of the month of the legal separation
Establishment of Domestic Partnership	First of the month following meeting all the requirements for establishment of domestic partnership
Termination of a Domestic Partnership	End of the month in which the domestic partnership is dissolved.
Birth of a Dependent	Date of birth
Adoption/Placement For Adoption	Date of birth, date of adoption, or date placed for adoption
Dependent Reaching Limiting Age	End of the month in which the dependent reaches limiting age
Gain of Other Coverage	End of the month of gain of coverage
Loss of Other Coverage	First day of the month following enrollment

Note: Financial hardship is not considered a qualifying life event for cancellation or changes to coverage.

Financial Security Plans

Base Term Life Insurance

You do NOT have to actively enroll in this plan – the coverage is automatic once you have met the eligibility requirements.

Overview

The company provides eligible Team Members with both a Group Term Life Insurance benefit and an Accidental Death & Dismemberment (AD&D) insurance benefit of 150% of your annual salary up to a maximum of \$150,000. Directors and above receive a higher coverage.. Both of these insurance benefits are provided by Sun Life Financial. The Company pays 100% of the cost of this benefit. However, you will be taxed on any amount over \$50,000 for Group Term Life Insurance.

This life insurance policy does not have a cash value, but it can be converted to an individual policy upon separation of employment.

If you are aged 70, the amount, or “face value” of your insurance decreases by 50%. If you have any questions regarding how this provision affects your insurance benefit, please contact Benny’s Café at 1-888-873-8326 for more information.

It’s important to designate a beneficiary to receive your insurance payment in the event of your death. To change your beneficiary at any time, please call Benny’s Café or visit www.bennyscafe.com.

Note - Limitations and exclusions apply, please refer to the Certificate Of Coverage.

Long Term Disability

Overview and Amount of Coverage

The Company pays 100% of the cost of this benefit. The following is a summary of the benefits provided under this plan:

Your Benefits At A Glance

When benefits begin	Benefits begin after you have been disabled for 3 months. This is called the elimination period. It may be satisfied with days of total and/or partial disability. If you recover and return to work full-time for 30 days or less during the elimination period, and your disability recurs, you do not have to satisfy a new elimination period for the recurring disability. The elimination period resumes where it stopped if you become disabled again from the same or related cause. However, the period of recovery does not count toward fulfillment of the elimination period.
Benefit Amount	If you are unable to work, your benefit equals 60% of your monthly predisability earnings, up to a maximum of \$10,000 per month. This amount may be reduced by other income sources.
Length of Benefit Payments	If the disability results in your not being able to perform the duties of any occupation for which you are qualified by education, training or experience, the benefits will be payable until you reach your Social Security Normal Retirement Age.

Note: This insurance does not have a cash value and it cannot be converted to an individual policy upon separation of employment.

Voluntary Term Life (VTL) Insurance

Participation is not automatic; you must actively enroll in the plan to participate. You can join the plan whenever you wish after you are eligible, subject to the “guarantee issue” rules explained below. Joining the plan or making changes to your VTL insurance coverage elections are not subject to open enrollment rules.

Overview

This plan allows you to purchase, through Sun Life Financial, additional life insurance benefits for you, your spouse/domestic partners, and/or your child(ren) (up to a maximum of 50% of team member coverage).

When you first become eligible for this benefit, either as a newly hired team member or newly benefits eligible team member, you are allowed to purchase a certain amount of insurance regardless of your health status and without completing

an Evidence of Insurability (“EOI”) form. This amount of insurance is called the “guarantee issue”, or “GI”. The chart below shows the maximum amount of VTL you can purchase for yourself, your spouse and your child(ren). It also shows the amount of GI for each category. If you purchase voluntary life insurance after your initial eligibility period, there is no GI, and you must complete an EOI form for all voluntary life insurance selections.

Additional rules affecting the benefit amounts apply to individuals aged 65 or older and children younger than 14 days old. If you have any questions regarding how these provisions affect your insurance benefit, please contact Benny’s Café at 1-888-873-8326 for more information.

If you purchase voluntary life for your dependent(s), you are automatically the beneficiary. If you purchase voluntary life for yourself, you must designate a beneficiary.

Person	Benefit Amount	Max. Benefit Amount	Guarantee Issue (“GI”)
Team Member	\$10,000 increments not to exceed 5 times annual salary	\$300,000	\$100,000
Spouse/Domestic Partner	\$5,000 - \$150,000 not to exceed 50% of Team Member election	\$150,000	\$30,000
Child	\$10,000, not to exceed 50% of Team Member’s election	\$10,000	\$10,000

Note - Limitations and exclusions apply, please refer to the Certificate Of Coverage.

Cost of Coverage

If you choose to purchase additional life benefits under this option, you pay for the total cost of this coverage through after-tax payroll deductions. The following chart shows representational rates for various coverage levels. Coverage amounts between \$150,000 and \$200,000, and from \$200,000 to \$300,000, are not shown in the chart. Contact Benny's Café if you wish to purchase voluntary life insurance in these coverage amounts. A service representative will assist you in determining the cost. When you terminate employment, there are two

options available to you to retain your VTL insurance coverage through either a portability feature or a conversion feature. A Benny's Café service representative can help explain the differences between the two and guide you through the process.

Benefit Amount	Age Brackets								
	>-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
\$10,000	\$0.37	\$0.55	\$0.88	\$1.43	\$2.12	\$3.18	\$5.26	\$9.46	\$13.38
\$20,000	\$0.74	\$1.11	\$1.75	\$2.86	\$4.25	\$6.37	\$10.52	\$18.92	\$26.77
*\$30,000	\$1.11	\$1.66	\$2.63	\$4.29	\$6.37	\$9.55	\$15.78	\$28.38	\$40.15
\$40,000	\$1.48	\$2.22	\$3.51	\$5.72	\$8.49	\$12.74	\$21.05	\$37.85	\$53.54
\$50,000	\$1.85	\$2.77	\$4.38	\$7.15	\$10.62	\$15.92	\$26.31	\$47.31	\$66.92
\$60,000	\$2.22	\$3.32	\$5.26	\$8.58	\$12.74	\$19.11	\$31.57	\$56.77	\$80.31
\$70,000	\$2.58	\$3.88	\$6.14	\$10.02	\$14.86	\$22.29	\$36.83	\$66.23	\$93.69
\$80,000	\$2.95	\$4.43	\$7.02	\$11.45	\$16.98	\$25.48	\$42.09	\$75.69	\$107.08
\$90,000	\$3.32	\$4.98	\$7.89	\$12.88	\$19.11	\$28.66	\$47.35	\$85.15	\$120.46
**\$100,000	\$3.69	\$5.54	\$8.77	\$14.31	\$21.23	\$31.85	\$52.62	\$94.62	\$133.85
\$110,000	\$4.10	\$6.15	\$9.73	\$15.88	\$23.57	\$35.35	\$58.40	\$105.02	\$148.57
\$120,000	\$4.43	\$6.65	\$10.52	\$17.17	\$25.48	\$38.22	\$63.14	\$113.54	\$160.62
\$130,000	\$4.80	\$7.20	\$11.40	\$18.60	\$27.60	\$41.40	\$68.40	\$123.00	\$174.00
\$140,000	\$5.17	\$7.75	\$12.28	\$20.03	\$29.72	\$44.58	\$73.66	\$132.46	\$187.38
\$150,000	\$5.54	\$8.31	\$13.15	\$21.46	\$31.85	\$47.77	\$78.92	\$141.92	\$200.77
\$200,000	\$7.38	\$11.08	\$17.54	\$28.62	\$42.46	\$63.69	\$105.23	\$189.23	\$267.69
\$300,000	\$11.08	\$16.62	\$26.31	\$42.92	\$63.69	\$95.54	\$157.85	\$283.85	\$401.54

** Team Member Guarantee Issue Amount (GI)

* Team Member's Spouse Guarantee Issue Amount (GI)

Child Life Insurance Benefit Amount	Child(ren) Per Pay Period Deduction
\$10,000	\$0.92

401(k) Plan

You are eligible to participate in the 401(k) plan as of the first day of the calendar month after attaining age 21 and completing 30 consecutive days of employment. Participation is not automatic; you must actively enroll in this plan. You can join the plan whenever you wish after you are eligible, and make changes any time throughout the year. You are eligible to receive employer matching contributions after one year of employment.

How the Plan Works -- Overview

With this Plan, you and The Coffee Bean & Tea Leaf® work together to invest in your future. Your retirement account balance grows based on your contributions, Company matching contributions, and investment income on your total account balance.

You may contribute as much money into the plan as you wish, up to 100% of your pay, subject to the

maximum dollar amount allowed by IRS regulation. However, the matching contribution formula will be applied on a per pay period basis. For calendar year 2014, the maximum is \$17,500. If you are, or will become, age 50 on or before December 31, 2014, you may contribute an additional \$5,500 in “catch up” contributions for calendar year 2014. After one year of employment, the company matches 100% of your contributions up to 3% of your compensation and 50% of your gross amount per pay period on the 4th and 5th percent of your gross amount per pay period. Therefore, the company makes a matching contribution of 4% of your compensation if you contribute 5% or more of your compensation to the plan. Once the maximum federal limit has been reached, contributions and company match will cease.

Contributions to the Plan are made to your account every pay period. You decide how to invest your

coffeebean.com

Meet your Matcha.

Try a Matcha Latte.

Others are sure to be green with envy when they see what you're sipping. Our soothing matcha blend is just waiting for a steamed milk and vanilla infusion. Topped with foam or poured over ice, this one is an ancient secret no more.

PREMIUM COFFEES AND TEAS
CAREFULLY NURTURED FROM SEED TO CUP

The Coffee Bean & Tea Leaf

contributions and the Company's contributions by choosing among a variety of funds offered by ING Retirement Plans. All investment earnings and/or losses are reflected in your account.

How to Enroll

If you wish to enroll in the 401(k) Plan, logon at www.ingretirementplans.com/enrollmentcenter. You will need to input the Plan number 559334 and the Plan Verification number 55933499

If you would prefer to enroll by phone, you can call 1-888-311-9489 and ask to speak with an ING customer service associate who will enroll you in the plan telephonically.

If you have any questions after you have enrolled, you may call customer service at 800-584-6001.

Withdrawals

Your 401(k) plan is designed to provide you with retirement income. Therefore, you generally

cannot withdraw money from your 401(k) prior to retiring or terminating from the company. You may, however, borrow from your account balance and repay the loan through payroll deductions. The maximum loan amount is the lesser of 50% of your account balance or \$50,000. If you are experiencing a serious financial hardship, you may be able to make a hardship withdrawal from your 401(k).

Beneficiary Designation

The 401(k) Beneficiary Designation is separate from the Life Insurance Beneficiary Designation and can be downloaded at Benny's Café (www.bennyscafe.com). Please note that if you are married and wish to designate a beneficiary other than your spouse, your spouse's consent is required and must be notarized.

Upon termination, you may cash out or rollover your remaining 401(k) balance by calling ING directly at 1-800-584-6001. Please note, terminations can take up to two to three weeks to process.

MetLaw/Hyatt Legal Plan

Overview

The MetLaw program provides a network of contracted attorneys who can represent you, your spouse or domestic partner, and any unmarried dependent children under the age of 19 for many personal legal services. The cost of this service is \$8.31 per pay period through after tax payroll deductions.

You may receive telephone advice and office consultations with an attorney for many personal legal matters. The following is a partial list of covered services:

- Document Preparation Services
- Powers of Attorney
- Wills
- Juvenile Court Defense
- Affidavits
- Living Wills
- Traffic ticket defense – (no DUI/DWI)
- Demand Letters
- Living Trust
- Prenuptial Agreements
- Personal Bankruptcy

Note: You may be responsible for certain fees such as filing fees in connection with covered services.

Excluded Legal Services

No services, not even a consultation, can be provided for:

- Employment-related matters, including company or statutory benefits
- Matters involving APL, MetLife and affiliates and plan attorneys
- Matters in which there is a conflict of interest between you and your spouse or dependents
- Third party costs such as fines, filing fees or court fees
- Matters for which an attorney-client relationship exists prior to you becoming eligible for plan benefits



Employee Perks

Employee Assistance Program (EAP)

The Company has contracted with Sun Life Insurance ComPsych to provide you and your family members with guidance and support for a wide range of personal and work-related problem that can interfere with your daily life. The EAP is available 24-hours by calling toll free 1-877-595-5281 (TDD: 1-800-697-0353) or by visiting the website at www.bennyscafe.com.

Self-assessment tools for identifying disorders with sleep, stress, depression or chemical dependency are available online or by calling the self assessment helpline.

Other available services include dependent and elder care assistance and providers and crisis management assistance. Your interaction with ComPsych is always 100% confidential. Your personal information or circumstances are never reported back to the Company.

The Benny Card Program

Each month, the Company provides all Active Team Members a credit-type card, with an allocation of \$15.00 that you can use to purchase drinks, products, or merchandise at any company owned store. During your first month of employment, the company provides you with an allocation of \$7.50 and then increases it to \$15 in your second month of employment and thereafter.

If you do not use your full allotment in any particular month, the unused amount carries forward to the following month.

Active Team Members receive a team member discount of 33% on your purchases. If you have used your full Benny Card allotment, you can still present your card in order to receive your discount. Please note that the you cannot use your Benny Card to purchase a CBTL machine, and will not receive a team member discount when purchasing one. Team Members must have worked a minimum of 5 hours in each pay period in order to qualify for the monthly Benny Card load, and all allocations are subject to applicable taxes.

Future Moms: Give your baby a healthy start.

Having a healthy baby is every parent's goal. Future Moms is a program to help you make good choices and help you have a safe delivery and a healthy child. This program is provided by The Coffee Bean & Tea Leaf® at NO COST to our full-time Team Members.

Future Moms provides:

- A toll free number you can use to talk to a registered nurse coach, any time, day or night.
- Your Pregnancy Week by Week – a book to show you what changes to expect during your pregnancy.
- Useful tools to help you, your doctor and your Future Moms nurse track your pregnancy and spot possible risks.

- Free phone calls with other specialists, if needed.
- A booklet with tips to help keep you and your new baby safe and well.

Simply call 866-664-5404 to join Future Moms. **Simply call (866) 664-5404** to join Future Moms. This program is provided by The Coffee Bean and Tea Leaf® at NO COST to our full time Team Members.

Working Advantage Program

Team Member Discounts!

Would you like to save up to 40% on movie tickets, get incredible discounts on theme parks, hotels, sporting events or Broadway Theaters? The Company has teamed with WORKING ADVANTAGE to bring you discounts with top online retailers.

To register, call 1-800-565-3712 or visit www.workingadvantage.com and click on Register in the orange box at the top of the page. Click on Employees Click Here and enter Member ID #135570855 and create your free account to take advantage of online offers immediately!

LA Fitness Club Discounts

The company has entered into an agreement with the LA Fitness Club to provide you with a special, contracted rate. This rate applies to all LA Fitness Clubs except for their Signature Clubs. Your family members (spouse and children between 14-22 years of age) may also be eligible for membership at special contracted rates as well. In order to obtain this discount, call our HR Department at 310-237-2326 and we will provide you with the voucher necessary to obtain this special rate.

Healthcare Reform Disclosures:

Healthcare Reform – What You Need To Know

The Healthcare Reform legislation and provisions of the Affordable Care Act (ACA) will impact everyone. The Coffee Bean & Tea Leaf® is committed to a robust benefit offering that supports the wellbeing of our Team Members. We have taken a proactive approach to comply with ACA and the medical plan offered to eligible Team Members is compliant with ACA's requirements of Minimum Value and Affordability. As a benefits eligible Team Member you and your eligible dependents may not be eligible for a tax credit or premium subsidy through the Marketplace (aka Exchange).

Important Provisions of ACA:

Individual Mandate - Starting in 2014, the individual shared responsibility provision calls for each individual to have minimum essential health coverage for each month, qualify for an exemption, or make a payment when filing his or her federal income tax return. The Coffee Bean & Tea Leaf® benefits program meets the requirements of the Individual Mandate.

Health Insurance Marketplace (aka Exchange) –

The California Health Link insurance Marketplace allows you to shop, compare and enroll in individual health insurance options. The marketplace provides you with comparisons of Qualified Health Plans, calculates the cost of coverage and determines if you are eligible for a premium subsidy (Advanced Premium Tax Credit). All Marketplaces have an

annual enrollment period. This year the annual enrollment period is October 1, 2013 through March 31, 2014.

What is the penalty for not having insurance? The penalty for not having minimum essential coverage in 2014 is \$95 per adult and \$47.50 per child (up to \$285 for a family) or 1.0% of family income, whichever is greater. This will dramatically increase in subsequent years.

How do I report that I had coverage in 2014 to avoid the penalty? You will report who in your household had coverage on your tax return that is filed in 2015. Your health insurance carrier will provide the supporting documentation for your tax return filing. This amount will be reported on Team Member's W2.

What happens to my coverage if I am no longer employed with The Coffee Bean & Tea Leaf? You will be eligible to continue coverage through COBRA. We recommend contacting Benny's Café to discuss your coverage options as you may now be eligible for a Premium Subsidy through the California Health Link Marketplace. Our agents can help you find the best plan for you and your family.

Want more information about ACA? Logon to www.bennyscafe.com and click on the link for Healthcare Reform, or, give Benny's Café a call at **1-888 873-8326**.



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