



2026 Welcome and Benefits Enrollment Guide

New Teammate

Welcome to Coca-Cola Consolidated! We're excited to have you as a teammate. We want you to know we care deeply about your well-being and, as part of your benefits, we offer a wide range of programs and resources to support your physical, emotional and financial wellness. Explore all that's available throughout this guide.



Purpose

At Coca-Cola Consolidated, we believe that Our Purpose is what guides us. We strive to foster a Purpose-driven organization, led by servant leaders at every level. We seek to not only encourage one another to grow professionally but also to be better husbands, wives, parents, children and friends.

As a teammate, you have access to a number of resources to enhance your ability to live “on purpose.” We hope that you will take the opportunity to explore the resources provided in this guide, along with other resources we will share in the months to come. We look forward to serving alongside you.

Chaplaincy

Corporate Chaplains are available 24/7/365 to support teammates with:

- Addiction
- Child abuse
- Courtroom or prison support, and more
- Divorce
- Finances
- Grief
- Hospital visitations
- Relationships
- Stress management

The Chaplains program is voluntary, confidential* and entirely funded by the Company. You can connect in person, by email and or with the Chaplain pager number (click the Chaplain Support link under the Culture & Care shortcut on One Team).

*Local, state and federal laws require full disclosure in cases of child abuse or where personal safety is at risk.

Culture & Care

With programs including Charitable Giving, the Response Team, Transformation Initiatives and t-factor, Culture & Care encourages teammates to grow in servant leadership and live out Our Purpose. These programs are designed to offer support in times of need and provide opportunities for teammates to serve each other and the community.

Find out more by using the Culture & Care shortcut at the top of One Team.



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ENCOMPASS

READY FOR LIFE

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With your new job comes new benefits, and CCCI is here to support you in exploring all that's available and getting enrolled. Start by setting up your account on My Total Rewards. Then complete your benefits enrollment in one of three convenient ways.

Accessing My Total Rewards

Choose from two options:

- 1** Log in through One Team by clicking "My Total Rewards" on the home page.
- 2** Visit mytotalrewards.cokeconsolidated.com.
 - Click on "New User?".
 - Enter your 10-digit CONA Employee ID (including leading zeros), date of birth and home ZIP code to create your account login.
 - Complete the steps to create security questions and set your password.

Once you've logged in to My Total Rewards, you'll be able to return anytime to learn about benefits enrollment, update beneficiaries, link to benefit vendor sites and much more.



Access My Total Rewards at home or on the go

Scan this QR code from your mobile device for access anytime, anywhere.



Choose the enrollment option that works for you:



My Total Rewards portal

Visit mytotalrewards.cokeconsolidated.com.



My Total Rewards app

Text the word "Benefits" to **67426** for a link to download the My Total Rewards app, so you have access when you're on the go.



Enroll by phone

Call **1-888-317-6947**, option 2, to speak with a Benefits Representative.

*Para obtener ayuda en español, comuníquese con un Representante de Beneficios al **1-888-317-6947**, opción 2.*



Be supported

Make the benefits enrollment experience easier with support from the Teammate Benefits Guidance service. Available at no cost to you, it provides support from a licensed Benefits Counselor including:

- A 45-minute 1-on-1 guided enrollment session over the phone
- Help understanding your benefit options and the differences between them
- Help enrolling in benefits and reviewing your elections
- Support for Spanish-speaking teammates
- Support with next steps for completing dependent verification processes (if needed)

Visit cokeconsolidated.myenrollmentinfo.com to schedule an enrollment appointment.



Watch the mail for ID cards for your new benefits

Once your enrollment is complete, new medical, dental and vision ID cards will be mailed to you from either UnitedHealthcare or Surest for medical and/or pharmacy services, Delta Dental (for dental) and EyeMed (for vision), unless you've chosen paperless communication preferences.

Your digital health plan ID card: See it, save it, share it

Get anytime access to your health plan ID card with the [UnitedHealthcare® app](#) or [Surest app](#).

For another secure way to store and view your health plan details, add your ID card to your smartphone's digital wallet.

You may also request to have a physical ID card mailed to you in the [UnitedHealthcare app](#) or [Surest app](#).





Benefits eligibility and eligible dependents

Benefits eligibility

As a full-time teammate, you are eligible for benefit coverages on the first day of the month following 30 days from your date of hire. You will need to make an active election for your benefits and will not automatically be enrolled in medical, dental or vision coverages.

Changing your benefits during the year

Once you have submitted your benefit elections, you cannot make a change unless you experience a qualifying status change such as marriage, divorce, birth or adoption of a child, or eligibility to enroll in coverages under a spouse's employer plan. You have 31 days from the date of the status change to update your benefit elections.

If you experience a qualifying life event, report the change on the My Total Rewards portal or call the Benefits Service Center at **1-888-317-6947**, option 2.

Who is an eligible dependent?

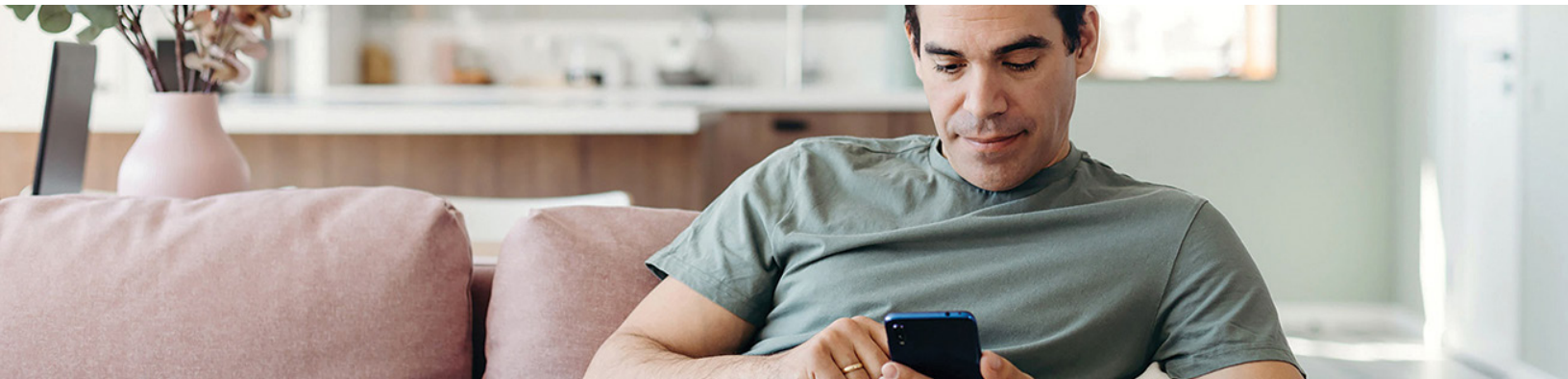
You have the option of enrolling your eligible dependents in a Coca-Cola Consolidated benefit plan. An eligible dependent may be:

- Your legal spouse
- Children under age 26 (including your own children, stepchildren, legally adopted children, and children you and/or your spouse are the legal guardian for)
- Children who become eligible for coverage under the terms of a Qualified Medical Child Support Order (QMCSO)
- Children age 26 and older who are incapable of self-support because of a disability



Dependent verification reminder

When adding your dependents to coverage, you will need to provide proof of dependent eligibility. You will receive an automatic notice of this requirement with instructions on how to submit documentation by upload or secure fax. If you do not provide acceptable documentation by the given deadline, your dependents will be dropped from all coverage.



The Surest health plan

The **Surest health plan** is a **no-deductible plan** designed to connect you to cost and care options through an easy-to-use app. You can shop for care, then compare actual prices (not estimates) and see provider ratings, reviews and treatment alternatives before making a decision. This plan also gives you access to the large, national UnitedHealthcare provider network.

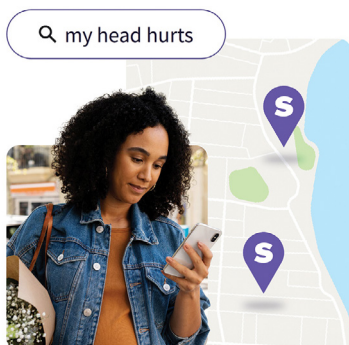
Here's what you can expect:

- See actual prices, not estimates, before making an appointment
- Compare care options so you can choose what works for you and your family
- Copay-only plan with no deductibles or coinsurance
- Low- or no-cost virtual options
- Access to the large, national UnitedHealthcare provider network
- Dedicated Member Services team and clinical advocates to help answer questions

Here's how it works:

1 Search

Look up the reason you need health care.



2 Compare

Check cost and compare options. See up-front prices.*

Virtual Acute Care	\$0	Find providers
Medical Office Visit	\$-\$	Find providers
Emergency Room Visit	\$\$-\$\$\$\$	Find providers

Illustrative example only. Costs and coverage may vary.

3 Decide

Choose what works for your family, your budget and your lifestyle.*

10 Care Rating	Peter Thorpe, MD	\$	✓
9 Care Rating	Stacy Jensen, MD	\$\$	
8 Care Rating	Jesse Nelson, MD	\$\$\$	

Illustrative example only. Costs and coverage may vary.

Try it out now

Scan this code and check out the Surest health plan. Or visit surest.care/CocaColaConsolidated



*Providers are fictional. Prices approximate member copays.

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Medical: Choose your health plan

When you pick your health plan, there's a lot to consider. Compare the plan options below and choose the plan that fits your lifestyle and health needs.

	Surest Plan		HRA Plan		HSA Plan	
Health Fund Account						
Health Reimbursement Account (HRA) or Health Savings Account (HSA)	N/A		Employee-only: \$250 Employee + spouse: \$400 Employee + child(ren): \$400 Family: \$500		Employee-only: \$250 Employee + spouse: \$400 Employee + child(ren): \$400 Family: \$500	
Annual Medical Deductibles and Out-of-Pocket Limits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual deductible	Individual \$0 Family \$0	Individual \$0 Family \$0	Individual \$1,650 Family \$3,300	Individual \$3,300 Family \$6,600	Individual \$3,000 Family \$6,000	Individual \$6,000 Family \$12,000
Annual out-of-pocket maximum	Individual \$4,000 Family \$8,000	Individual \$8,000 Family \$16,000	Individual \$3,300 Family \$6,600	Individual \$7,000 Family \$14,000	Individual \$6,000 Family \$12,000	Individual \$13,000 Family \$26,000
Medical Copays (\$) and Coinsurance (%)	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctors and other professionals						
Routine preventive care	\$0 copay	\$195 copay	\$0	Not covered	\$0	Not covered
Primary care visit (illness or injury)	\$25-\$130 copay	\$220 copay	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Specialist visits	\$25-\$130 copay	\$220 copay	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Mental health visit (outpatient)	\$25 copay	\$195-\$390 copay	20% coinsurance*	40% coinsurance*	20% coinsurance*	40% coinsurance*
Virtual, urgent and emergency care						
24/7 Virtual Visit (online doctor)	\$0-\$130 copay	Not covered	20% coinsurance*	Not covered	20% coinsurance*	40% coinsurance*
Urgent care visit	\$80 copay	\$210 copay	20% coinsurance*	20% coinsurance**	20% coinsurance**	20% coinsurance**
Emergency room	\$900 copay	\$900 copay	20% coinsurance*	20% coinsurance**	20% coinsurance**	20% coinsurance**
Medical Premiums						
Weekly paid premiums	Employee-only: \$32.86 Employee + spouse: \$69.00 Employee + child(ren): \$57.50 Family: \$101.35		Employee-only: \$41.81 Employee + spouse: \$87.80 Employee + child(ren): \$73.17 Family: \$128.96		Employee-only: \$17.04 Employee + spouse: \$35.79 Employee + child(ren): \$29.83 Family: \$52.62	
Biweekly paid premiums	Employee-only: \$65.71 Employee + spouse: \$137.99 Employee + child(ren): \$114.99 Family: \$202.69		Employee-only: \$83.62 Employee + spouse: \$175.60 Employee + child(ren): \$146.33 Family: \$257.93		Employee-only: \$34.09 Employee + spouse: \$71.59 Employee + child(ren): \$59.66 Family: \$105.25	

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

*After the deductible is met.

**After the network deductible.

Prescription drug benefits

When enrolling in a CCCI medical plan, you automatically have prescription drug coverage provided by CVS Caremark. Your coverage is accepted at pharmacies in the CVS Caremark network, which includes retail chain and independent pharmacy locations.

Prescription coverage for the HRA plan

Need to meet pharmacy deductible for non-generic prescriptions; then you pay a copay amount

Prescription coverage for the HSA plan

Medical and pharmacy deductible is combined; you will pay full cost of prescriptions until deductible is met

Prescription coverage for the Surest plan

Includes pharmacy coverage without a deductible; you pay a copay amount



Where to fill your prescriptions

Choose where to fill your prescriptions based on your needs for short- or long-term medications. Use the Check Drug Cost tool at [caremark.com](https://www.caremark.com) or on the CVS Caremark app to find the best price on your medication.

	Surest Plan	HRA Plan	HSA Plan
Prescription Coverages	Provided by Caremark Prescription Drug Program		
Prescription Drug Out-of-Pocket Maximum	Combined with medical	Individual \$1,000 Family \$1,750	Combined with medical
Prescription Deductible	\$0	Individual \$100 Max of \$200 per family (retail only)	Medical deductible applies
30-Day Supply at Retail			
Chronic Conditions ¹	\$4	\$4 (deductible doesn't apply)	\$4 (deductible doesn't apply)
Generic	\$12	\$12 (deductible doesn't apply)	Covered 80%*
Preferred Brand	\$40	\$40*	Covered 80%*
Non-Preferred Brand	\$80	\$80*	Covered 80%*
Specialty	\$200	\$200	Covered 80%*
90-Day Supply at Retail or Mail Order			
Chronic Conditions ¹	\$8	\$8 (deductible doesn't apply)	\$8 (deductible doesn't apply)
Generic	\$20	\$20 (deductible doesn't apply)	Covered 80%*
Preferred Brand	\$80	\$80	Covered 80%*
Non-Preferred Brand	\$160	\$160	Covered 80%*
Specialty (30-day supply only) ²	\$200	\$200	Covered 80%*

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

*After the deductible is met.

¹ Chronic conditions prescriptions include generic and some brand-name maintenance medications for covered conditions. View the full program flyer online at mytotalrewards.cokeconsolidated.com.

² Learn more about how True Accumulator may apply to your drug costs when using a copay card or manufacturer coupon at mytotalrewards.cokeconsolidated.com.



Prescription coverage highlights

Lower copay for preventive prescriptions

The Chronic Conditions Management Program coverage, which is automatically included with your medical coverage, provides coverage for over 20 chronic conditions at a reduced cost. A 30-day prescription fill under this program is \$4, and a 90-day prescription fill is \$8 (no deductible applies).

PrudentRx copay program

The PrudentRx pharmacy program is designed to optimize savings for both you and the plan by providing coverage for select specialty medications at no cost. That means \$0 out-of-pocket cost for any medication on the PrudentRx specialty drug list once you have met your pharmacy deductible. The drug cost paid for by the copay program does not apply to your member deductible or out-of-pocket limit.



Call:
1-800-578-4403

True Accumulator reminder for the HSA plan

If you are enrolled in the HSA plan, you can still use manufacturer coupons and copay cards for reduced out-of-pocket costs. However, you will only receive credit toward your plan deductible and out-of-pocket limit for what you actually paid out of pocket. In other words, the drug cost paid for by the copay card or manufacturer coupon does not apply to your member deductible or out-of-pocket limit.



Call:
1-877-726-5379

Caremark Cost Saver program

The Caremark Cost Saver program automatically provides you access to GoodRx prescription pricing to receive lower prices (when available) on non-specialty generic medications. The reduced amount you pay will automatically be applied to your pharmacy deductible and out-of-pocket maximum when you show your medical ID card at the pharmacy.



Visit:
[Caremark.com/
PharmacyLocator](https://www.caremark.com/PharmacyLocator)





Dental benefits through Delta Dental

Dental insurance is administered by **Delta Dental**. View the full dental plan summary and premiums on the My Total Rewards site.

Covered Services	Basic Plan		Basic + Major Plan	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Calendar-year deductible	\$50 per person/\$150 family		\$50 per person/\$150 family	
Each calendar year, the plan pays up to	\$1,500 per person		\$1,750 per person	
Preventive and diagnostic (Exams, cleanings and X-rays)	100%	100%*	100%	100%*
Basic (Such as fillings, extractions, root canal therapy and oral surgery)	Covered 80% after deductible	Covered 80%*	Covered 80% after deductible	Covered 80%*
Major (Such as crowns, inlays, onlays, installation or replacement of bridgework or dentures. Includes coverage for implants.)	None		Covered 50% after deductible	Covered 50%*
Orthodontia	None		Covered 50% after deductible	Covered 50%*
Orthodontia lifetime maximum per eligible member	Does not apply		\$2,000	\$2,000
Dental Premiums				
Weekly paid premiums	Employee-only: \$2.75 Employee + spouse: \$5.44 Employee + child(ren): \$4.67 Family: \$6.63		Employee-only: \$5.28 Employee + spouse: \$10.99 Employee + child(ren): \$9.34 Family: \$12.64	
Biweekly paid premiums	Employee-only: \$5.49 Employee + spouse: \$10.89 Employee + child(ren): \$9.34 Family: \$13.27		Employee-only: \$10.57 Employee + spouse: \$21.98 Employee + child(ren): \$18.68 Family: \$25.27	

*When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This Nonparticipating Dentist Fee may be less than what your dentist charges, which means that you will be responsible for the difference.

View the full dental plan summary on the My Total Rewards site.



Want to learn more?

Visit deltadentalinc.com/cocacolaconsolidated to learn more about Delta Dental and search for a dental provider to determine if they are in network.





Vision

Vision insurance is administered by **EyeMed**. View the full vision plan summary on the My Total Rewards site.

Covered Services	Member Cost In-Network	Out-of-Network Reimbursement
Exams (one every 12 months)	100% with no copayment	\$40
Retinal Imaging Benefit	Up to \$39	N/A
Standard Plastic Lenses (one every 12 months)	\$15 copay	\$120
• Single Vision	\$15 copay	\$120
• Bifocal	\$15 copay	\$120
• Trifocal	\$15 copay	\$120
• Lenticular	\$70 copay	\$120
• Standard Progressive	See detailed price listing on My Total Rewards site	\$120
• Premium Progressive		\$120
Frames (one every 12 months)	\$0 copay; \$170 allowance, 20% off balance over \$170	Up to \$45
Contact Lens Exam (one every 12 months)	Up to \$40	N/A
• Standard Fit/Follow-Up	10% off retail price	
• Premium Fit/Follow-Up		
Contact Lenses		
• Conventional	\$0 copay; \$170 allowance, 15% off balance over \$170	\$140
• Disposable		
• Medically Necessary		

Vision Premiums

Weekly Paid Premiums	Employee-only: \$1.73 Employee + spouse: \$3.26 Employee + child(ren): \$3.43 Family: \$5.13
Biweekly Paid Premiums	Employee-only: \$3.46 Employee + spouse: \$6.51 Employee + child(ren): \$6.85 Family: \$10.26



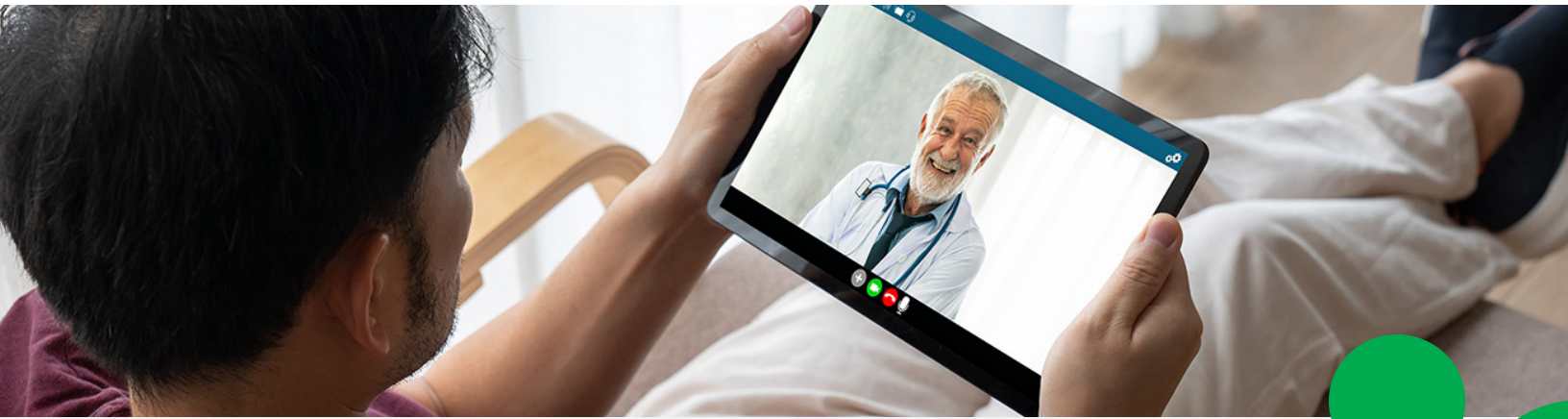
Living your best life means taking care of your physical and emotional well-being. We offer resources to help with it all, so you can achieve your health goals and feel supported at every step.

Support and guidance

Whenever you have questions about your benefits or need support, here's where to start.

Benefit contact information		
Benefits Service Center	Alight	1-888-317-6947, option 2 mytotalrewards.cokeconsolidated.com
Medical	UnitedHealthcare	1-833-719-1700 myuhc.com
	Surest	1-866-683-6440 benefits.surest.com
Pharmacy	Caremark	1-877-726-5379 caremark.com
Dental	Delta Dental	1-800-662-8856 memberportal.com
Vision	EyeMed	1-866-723-0513 eyemedvisioncare.com

Resource	Provider	Contact information
Dependent Verification Department	Alight	1-888-317-6947 , option 2 mytotalrewards.cokeconsolidated.com
Employee Assistance Program (EAP)	SupportLinc	1-888-711-5313 , TTY 711 mysupportlinc.com (Use group code: cokeconsolidated)
Live and Work Well	UnitedHealthcare	liveandworkwell.com (access code: CCCTeam)
Maven	Maven	mavenclinic.com/join/getstarted Maven Clinic app
Cancer Support Program	UnitedHealthcare Surest	1-833-719-1700 1-866-936-6002 or benefits.surest.com
2nd.MD	2nd.MD	2nd.MD/CCC
Hinge Health	Hinge Health	hingehealth.com
Quit For Life®	Quit For Life	1-866-QUIT-4-LIFE (1-866-784-8454), TTY 711 quitnow.net
Leave of absence	Unum	1-866-868-6737 portal.unum.com
Health Savings Account	Optum Financial	1-877-292-4040 optumfinancial.com
Flexible Spending Account	Optum Financial	1-877-292-4040 optumfinancial.com
401(k)	Fidelity	1-800-835-5095 401k.com
Employee Stock Purchase Plan	EQ Equity Plan Solutions	1-866-709-7704 equiniti.com
Basic life insurance with AD&D	Unum	portal.unum.com
Voluntary Critical Illness and Group Accident coverage	Unum	1-800-635-5597 portal.unum.com
Teammate discounts	WorkPerks	1-888-317-6947 workperks.cokeconsolidated.com
Celebrate! Platform	Engage2Excel	1-888-317-6947 celebrate.cokeconsolidated.com
Culture & Care	Culture & Care	1-888-317-6947 cokeconsolidated.sharepoint.com/sites/stewardship



Helpful tools

To learn more about all of your benefits:



Call: Benefits Service Center at **1-888-317-6947**, option 2



Visit: mytotalrewards.cokeconsolidated.com



For those enrolled in a UnitedHealthcare medical plan:

Get connected to personalized digital tools

These tools may help you make the most of your UnitedHealthcare health plan — find network doctors, compare estimated costs, view your UnitedHealthcare health plan ID card and so much more.



Visit: myuhc.com



Download: [UnitedHealthcare app](#)

24/7 Virtual Visits

Connect with a provider anytime, anywhere for conditions such as allergies, fever, pink eye, rash or sinus congestion. 24/7 Virtual Visits can treat many of the same conditions as urgent care.



Visit: myuhc.com/virtualcare



Download: [UnitedHealthcare app](#)

For those enrolled in a Surest medical plan:

Tap into your Surest health plan whenever, wherever you need it

Shop for care, compare prices and access other helpful features with the Surest app.



Download: [Surest app](#)



Virtual care for Surest members

With the Surest health plan, you have access to no- or low-cost virtual health providers. It's part of your plan. Set up your account to experience the convenience of getting care without leaving home.

1. Download the Surest app.
2. Type in "virtual care."
3. Review a list of virtual visits in a variety of categories.

Preventive care

Preventive care is routine health care that helps you stay on top of your health — and may catch a possible health condition before it becomes serious. Here’s what’s covered under the CCCI plans:



Routine preventive care including recommended health screenings and immunizations; covered 100% in network



Dental exams and cleanings covered 100% in network twice per year



Vision exam covered 100% once per year in network

While you’re at your annual exam, ask your doctor which health screenings are recommended for you.



You can also visit uhc.com/preventivecare to get your own preventive care checklist, tips on how to prepare for your visit and more.

Well-being programs

Real Appeal®

Make lasting behavior changes with Real Appeal,* a 52-week online wellness and weight-management program that focuses on gradual and sustained weight loss. Get personalized guidance from a coach who leads collaborative weekly group sessions and a Success Kit with online fitness classes, scales, a portion plate and more.



Visit:
realappeal.com

One Pass Select®

Make exercise part of your routine with One Pass Select.** It offers access to fitness centers throughout the country, on-demand and live-streaming fitness classes, and home grocery delivery. There are five membership tiers, starting as low as \$10 per month for the digital-only option.



Visit:
onepassselect.com



Download:
One Pass™ app

*Real Appeal is a voluntary program available to eligible teammates enrolled in a UnitedHealthcare or Surest medical plan and covered dependents age 18+. Enrollment requires a BMI of 23 or higher.

**Purchasing discounted gym and fitness studio memberships may have tax implications. Access to fitness centers and grocery delivery are included with Classic tier and above.

Mental well-being resources

Employee Assistance Program (EAP) by SupportLinc

Life can come with challenges — big and small. Your EAP is here 24/7 to help with whatever you're going through. You can also get up to 10 visits with a professional counselor per topic per year, at no cost to you.



Call:
1-888-711-5313, TTY 711



Visit:
mysupportlinc.com
(Use group code: **cokeconsolidated**)



Download:
SupportLinc eConnect® app
(Use group code: **cokeconsolidated**)

Live and Work Well through UnitedHealthcare

Looking for a therapist? Wondering what your benefits cover? Find the answers at liveandworkwell.com. You can search for a provider, schedule in-person or virtual behavioral health visits, access online resources and more.



Call:
1-833-719-1700



Visit:
liveandworkwell.com
(access code: **CCCIteam**)



Scan or visit
cccmentalhealthguide.uhc4health.com to view the mental well-being support guide.

Calm Health: Find your path to a happier, healthier you with Calm Health

This easy-to-use app can help you work toward goals like sleeping better, managing stress and being more resilient. It offers guided meditations, Sleep Stories, soothing soundscapes and more.



UnitedHealthcare members
Visit uhc.app/calm



Surest members
Get started [here](#)
(access code: **surest**)

On-demand support with Talkspace

Want to see a therapist but you don't have time for in-person appointments — or you'd rather connect from home? With Talkspace you can connect with a licensed therapist on your time, using your phone or desktop.



Visit:
talkspace.com/connect

Behavioral health providers for long-term needs

With your coverage through UnitedHealthcare or Surest, you have behavioral health benefits designed to help you manage your mental health. Access a large network of providers, get tailored treatment plans and more.



UnitedHealthcare members
Visit myuhc.com or download the [UnitedHealthcare app](#)



Surest members
Download the [Surest app](#)



Navigating the health care system is a whole lot easier when you have someone to guide and support you. Whether you were just diagnosed with a new condition, you're expecting a baby or you've been living with a health condition for years, these programs can help.

Maven

Get support throughout pregnancy, postpartum, parenting and menopause. Maven gives you access to 24/7 virtual appointments and messaging with more than 1,700 providers like ob-gyns, doulas, lactation consultants, mental health specialists, pediatricians and pelvic floor therapists. A dedicated Care Advocate will help you make sense of your benefits and find the right Maven providers for you. You can also access hundreds of expert-approved articles, drop-in classes and community forums, and on-demand classes.



Visit: mavenclinic.com/join/getstarted



Download: **Maven Clinic app**

UnitedHealthcare Maternity Support*

As part of your CCCI benefits, you and your covered dependents have access to the UnitedHealthcare Maternity Support Program, available at no additional cost. Enroll for access to an experienced maternity nurse throughout your entire pregnancy (and up to six weeks after delivery). They'll connect you with care, answer your questions and support you every step of the way. You'll also get 24/7 access to seven online maternity courses.

If you enroll and complete the post-delivery support program, you'll earn an incentive of:

- \$1,000 if you enroll by week 20 of pregnancy
- \$500 if you enroll at week 21 or up to week 39

Incentives will be paid into your Health Incentive Account (HIA) or Health Savings Account (HSA) held at UnitedHealthcare.



Call: **1-833-719-1700**,
Monday through Friday,
7 a.m.-7 p.m. CT

* Not available for Surest members



Explore all that's available as part of your benefits in the **Maternity Support Guide**.
[Learn more.](#)

Cancer Support Program

If you or a loved one is going through cancer treatment, get support from an experienced oncology nurse who can help you find a high-quality Center of Excellence (COE), learn about your treatment options, get second opinions, and share information on clinical trials and community resources.

Chronic Conditions Support Program

Special benefit provisions under all CCCI medical plan options provide covered participants with coverage of physician visits to monitor or manage a chronic condition, and reduced cost of generic prescriptions. There is no program enrollment requirement; participants automatically have this program available with their enrollment in a CCCI medical plan. It is available for:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Diabetes care
- High blood pressure
- High blood cholesterol (COPD)

Clinical and disease management support

You can also connect with a registered nurse for support with asthma, COPD, diabetes, heart or kidney disease.

To learn more about these programs or to enroll:



UnitedHealthcare members

Call: **1-833-719-1700**, or download the [UnitedHealthcare app](#)



Surest members

Call **1-866-683-6440**, or download the [Surest app](#)



2nd.MD

2nd.MD* connects you with board-certified expert doctors who specialize in your condition for a second opinion via phone or video, at no additional cost to you. 2nd.MD can support you with a new or existing diagnosis and help you navigate treatment plans, surgery and medications.



Call: **1-866-269-3534**



Visit: 2nd.MD/CCC



*2nd.MD is available at no additional cost to eligible teammates enrolled in a UnitedHealthcare or Surest medical plan and covered dependents.

Quit tobacco or vaping for good with Quit For Life

Find research-based solutions and coaching to help you stay on track. Available to you at no additional cost as part of your CCCI medical plan, it includes nicotine replacement therapy recommendations, support from a coach and 24/7 access to quit resources.



Call: **1-866-QUIT-4-LIFE** (1-866-784-8454), **TTY 711**



Visit: quitnow.net

Virtual physical therapy with Hinge Health

UnitedHealthcare members can get support with back, knee, hip, neck and shoulder pain with an app-based physical therapy program. It's designed to give you convenient access to support for chronic pain.



UnitedHealthcare members

Visit hingehealth.com

Programs are available to teammates enrolled in a CCCI medical plan, included at no additional cost. Restrictions may apply. See your health plan documents for more details or call the number on the back of your medical plan ID card.



Leave of absence (LOA)

Coca-Cola Consolidated values the time you invest with the company, and we recognize the importance of taking time away from work to attend to your health and family obligations.

Unum, our leave administrator, manages the following:

- Family and Medical Leave Act (FMLA)
- Americans with Disabilities Act (ADA)
- Military Leave
- Personal Leave
- Paid Parental Leave
- Accommodation Requests

Requesting an LOA or accommodation

File your request for LOA or accommodation by visiting portal.unum.com or calling **1-866-868-6737**. After you have submitted an official LOA or Accommodation Request, you can expect an email notification confirming your request for a leave and any steps you need to take. Additional notifications will alert you to approvals and updates.

Long-term disability (LTD)

All full-time benefit-eligible teammates receive basic LTD insurance paid for by Coca-Cola Consolidated. This coverage starts when an approved short-term disability (STD) claim ends after 26 weeks. It provides income replacement of 60% of monthly earnings, up to \$10,000 per month.

Short-term disability (STD)

If you're a full-time benefit-eligible teammate who's pregnant, you'll qualify for STD. This benefit begins on day eight after your baby is born. It pays some of your income while you're out.

- **Non-exempt teammates:** Your benefits will replace 60% of your base pay up to \$750 per week. Coca-Cola Consolidated will cover the full cost of group health and welfare premiums while you are out. This does not include HSA and FSA pre-tax funding.
- **Exempt teammates:** Your current pay and benefits will continue while you are out based on your years of service. Refer to the CCCI STD policy for details.

Using Paid Parental Leave

Paid Parental Leave is available to you as a full-time teammate if you have been employed by the company for at least one year. This leave provides four consecutive weeks of paid time off to you following the birth, adoption or guardianship of a child. In the event you are out for approved STD due to pregnancy, the Paid Parental Leave will begin immediately following the exhaustion of STD leave.



Review the full Leave of Absence Guide on [My Total Rewards](#).



We know preparing for the future — and achieving your goals today — requires thoughtful planning and support. From 401(k) and Health Savings Accounts to life insurance, we offer tools to help you get there.

401(k)

The 401(k) Retirement Savings Plan is a great way to save for the future with matching contributions from Coca-Cola Consolidated. Here's how to get started.

- **Enrollment is automatic.** As a new hire, you will be automatically enrolled at a 3% pre-tax per-paycheck contribution after you receive your first paycheck. To change your contribution amount, visit 401k.com or call Fidelity at **1-800-835-5095** for assistance.
- **Decide how much you'll contribute.** You can contribute between 1% and 50% of your eligible pay and increase or decrease your contribution amount at any time. The contributions you choose can be pre-tax and/or Roth (after-tax) dollars. Keep in mind that both types of contributions are subject to IRS limits.
- **Choose your 401(k) investment options.** Help your retirement savings grow by ensuring your investments are the right mix. If you are unsure, reach out to a Fidelity Workplace Planning Consultant at **1-800-603-4015** and discuss your questions 1-on-1 to stay on track.
- **Get the match!** Contribute at least 5% per paycheck toward your pre-tax 401(k) and/or Roth 401(k) to ensure you get the full company contribution match (4% dollar for dollar each paycheck and a 1% discretionary match at year-end).



Visit: 401k.com or download the **NetBenefits app** by scanning this code or visiting fidelity.com/go/netbenefitsapp.



Call:
1-800-835-5095



Did you know that if you are or will be age 50 or older in the current plan year, you can elect a pre-tax and/or Roth (after-tax) catch-up contribution each year up to the IRS maximum limit?



Learn more — view the 2026 financial guide

Scan this QR code or visit ccffinanceguide.uhc4health.com.

Employee Stock Purchase Plan (ESPP)

Purchase shares of the Company's stock through payroll deductions without paying any sales commission. You can participate in the ESPP and contribute a minimum of \$5 per pay period up to a maximum of \$5,000 annually.



To enroll or change your deductions at any time, visit [My Total Rewards](#) and, on the left side of the screen under Quick Actions, click on Change Your Employee Stock Purchase Plan Election.



Need support with financial planning?

Need assistance with financial planning? Contact a professional financial coach through the Employee Assistance Program (EAP) by **SupportLinc** at no cost!

Through the EAP, you can receive unlimited 30-minute sessions per topic per year for support with building a budget, debt management, goal savings and more.



Call:
1-888-711-5313, TTY 711



Visit:
mysupportlinc.com
(Use group code: **cokeconsolidated**)



Health Savings Account (HSA)

An HSA can help you save for eligible medical expenses.

- **Funds never expire.** The money in your account carries over each year and is yours to keep even if you change medical plans in a future year, leave CCCI or retire.
- **It's tax free.** When you deposit money into your HSA through payroll contributions, it reduces your taxable income. When you withdraw funds to pay for eligible expenses, you are using the funds tax free too.
- **You can invest.** Once your available balance reaches \$1,000, you can invest all or a designated amount of available funds in your [Optum Financial account](#).

How do I manage my HSA?

- **Set a contribution amount** — If you choose the HSA plan, it is important to decide how much to save in your HSA for the year. The annual contribution amount you elect is divided up equally based on the number of paychecks you receive in the year. If you do not elect a contribution amount each year, your contribution amount will automatically be set to \$0. You can update your contribution amount at any time using the “Change Your HSA Contributions” quick link on My Total Rewards.
- **Manage your account** — Access your account online through the Optum link on myuhc.com to see your current balance, claims, investment options and more.

2026 IRS HSA contribution limits

The IRS limits how much you can contribute to your HSA per year. This annual limit includes contributions that CCCI makes into your HSA.

Coverage	Coca-Cola Consolidated International Annual Contribution*	Your Maximum Annual Contribution	Total IRS Contribution Limit
Employee - Only	\$250	\$4,150	\$4,400
Employee + Spouse	\$400	\$8,350	\$8,750
Employee + Child(ren)	\$400	\$8,350	\$8,750
Employee + Family	\$500	\$8,250	\$8,750

*CCCI contribution example based on Q1 2026 enrollment.



Getting started

Once your account is active and open, Optum Financial will mail you an HSA payment card that you can use at your doctor's office and pharmacy. You can manage your account online or through the app.



Visit: optumfinancial.com



Download: **Optum Financial app**

If you are age 55 or older within the calendar year, you can make an additional catch-up contribution of up to \$1,000 per year.



Health Reimbursement Account (HRA)

If you enroll in the HRA plan, an HRA will automatically be funded for you by CCCI once per year. The money in your account does not carry over each year — meaning that if you don't use it, it expires at the end of the plan year. CCCI will fund your HRA account based on when you enroll and the tier of coverage you elect.



Visit:
myuhc.com



Eligibility Date	Contribution Amount
First Quarter: January 1–March 31, 100%	
Employee-Only	\$250
Employee + Spouse	\$400
Employee + Child(ren)	\$400
Employee + Family	\$500
Second Quarter: April 1–June 30, 75%	
Employee-Only	\$188
Employee + Spouse	\$300
Employee + Child(ren)	\$300
Employee + Family	\$375
Third Quarter: July 1–September 30, 50%	
Employee-Only	\$125
Employee + Spouse	\$200
Employee + Child(ren)	\$200
Employee + Family	\$250
Fourth Quarter: October 1–December 31, 25%	
Employee-Only	\$63
Employee + Spouse	\$100
Employee + Child(ren)	\$100
Employee + Family	\$125

*Chart also represents CCCI contribution amounts for the HSA plan.

Flexible Spending Accounts (FSAs)

There are four types of Flexible Spending Accounts available to teammates.

- **Health care FSA** — Pay for your out-of-pocket health care expenses, such as hearing aids, glasses, prescriptions, deductibles and more.
- **Adoption Assistance FSA** — Use an Adoption Assistance FSA to pay for expenses related to adoption of a child, such as legal fees, travel expenses, home-study fees and court costs.
- **Limited purpose FSA** — Pay for out-of-pocket dental and vision expenses for services and expenses incurred during the plan year. This plan is designed to be compatible with enrollment in the HSA plan medical coverage.
- **Dependent care FSA** — Use dependent care FSA funds to pay for the care of your children under age 13, as well as adults or other relatives who are not able to care for themselves. Examples of eligible expenses include childcare centers, before-/after-school care, adult-care center or daycare for a disabled dependent.



Replacement FSA or HSA payment cards

If you lose your Optum Financial FSA or HSA payment card, you can request a new card online by visiting optumfinancial.com or using the link on myuhc.com. You can also request additional cards for your dependents who are age 18 and older.



How do I manage my FSA?

Manage your account

Access your account online through the Optum link on myuhc.com to see your current balance, claims and card transactions; request replacement cards; and more.

Download the Optum Financial app

Use the mobile app to view your account balance, view recent transactions, upload receipts, submit claims and much more.



Compare the accounts

Account	Health Savings Account (HSA)	Health Reimbursement Account (HRA)	Limited Purpose FSA	Health Care FSA	Dependent Care FSA	Adoption Assistance FSA
Eligibility	Enrollment in HSA plan	Enrollment in HRA plan	Enrollment in HSA plan	Waived medical coverage or enrolled in HRA or Surest plan	Everyone	Everyone
Activate account	Yes, complete the Terms and Conditions in MTR	No	Yes, activation of FSA payment card	Yes, activation of FSA payment card	No	No
Eligible expenses	Medical, prescription drugs, dental and vision	Automatically applies toward medical plan deductible	Dental and vision only	Medical, prescription drugs, dental and vision	Childcare and eldercare	Qualified adoption expenses
IRS contribution limit for 2026	\$4,400 for Employee-Only coverage; \$8,750 for Family coverage	N/A	\$120-\$3,400	\$120-\$3,400	\$120-\$7,500	\$15,950
CCCI contribution	Yes	Yes	No	No	No	No
Money is available to use	As you and/or CCCI make contributions	In full on January 1	In full on January 1	In full on January 1	As you make contributions	As you make contributions
Deadline to spend	No	Yes, December 31 (no carryover)	Yes, December 31 (up to \$680 carries over to the new plan year)	Yes, December 31 (up to \$680 carries over to the new plan year)	Yes, December 31	Yes, December 31
Administrator	Optum Financial	UnitedHealthcare	Optum Financial	Optum Financial	Optum Financial	Optum Financial



Tap into your account anytime, anywhere!

Visit optumfinancial.com to easily manage your account online.
Or scan the QR code to download the mobile app for on-the-go access!



Life insurance and voluntary benefits

Life insurance is provided through **Unum** and pays a benefit if you or a covered family member passes away. If you want more protection, you can purchase supplemental coverage for yourself, your spouse or your child(ren). Premiums can be found in My Total Rewards.

	Basic Coverage (CCCI Pays)	Supplemental Coverage (You Pay)
Employee Life Insurance with AD&D*	1x your eligible annual pay rounded up to the next \$1,000	1x your eligible annual pay up to 5x your eligible annual pay (no greater than \$750K)
Spouse Life Insurance	\$5,000	\$5,000-\$50,000 (in increments of \$10,000)
Child Life Insurance	\$2,500	\$2,500-\$10,000 (in increments of \$2,500)

*Accidental death and dismemberment (AD&D) included for employee life insurance only.

Voluntary benefits are available to elect/change only during Annual Enrollment. For additional plan details, visit the My Total Rewards site.

	Critical Illness	Accident
What is it?	This plan pays out a lump-sum benefit directly to you in the event of a serious health event such as stroke, heart attack or cancer.	This plan pays out a reimbursement to you for costs related to an accidental injury like broken bones, sports injuries, emergency room visits or car accidents.
How much does it pay?	Benefits are paid out based on the coverage tier you elect and the illness event.	Benefit payments are determined by the type of injury/accident and the related expenses.
What can I use the benefit payment for?	Use this benefit payment for bills related to treatment or to help with everyday living expenses.	Use this benefit payment for bills related to treatment or to help with everyday living expenses.



Quick tip!

Did you know the Critical Illness policy has a \$100 wellness benefit per covered person each year?

This wellness benefit will pay you directly – just contact Unum to file a wellness benefit claim after you complete any preventive visit!

Visit: portal.unum.com

Call: **1-800-635-5597**





We recognize each other's hard work and dedication, and we know it's important to make all teammates feel informed and welcome in all we do.

Celebrate! Rewards and recognition

All teammates have the opportunity to participate in the Company's Celebrate! Rewards Program. An on-the-spot recognition program, it's designed to reinforce the Company's Purpose and Values. Through the Celebrate! Platform, you can recognize and receive recognition from your peers through customizable e-cards and badges, including an expanded e-card portfolio. Teammates can receive monetary recognition and have access to points that can be redeemed for thousands of items, including gift cards and experiences.



Visit:
[My Total Rewards portal](#)

WorkPerks: Teammate discounts

Access more than 300,000 discount options, focused on local vendors, that can help you save on travel accommodations, restaurants, shopping, experiences, movie and event tickets, services, and more. There is no fee to join.



Visit:
[My Total Rewards portal](#)

Service awards

We honor teammates celebrating milestones beginning with one year of service and at five-year increments thereafter. As a thank-you for their loyalty, teammates will have the opportunity to select gifts from collections associated with their anniversary.



Visit:
[Celebrate! Platform > Milestone Awards](#)

One Team app

The One Team app allows teammates to receive real-time information about important Company news and announcements and links to useful resources, and provides a platform for teammates to share content and engage with one another.



Text **oneteam** to **75189** for a link to download the app.

Have questions?



Call the Benefits Service Center at **1-888-317-6947**, option 2, Monday–Friday, 9 a.m.–6 p.m. CT.



This document includes general information about your medical benefits plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described on this website are subject to change at any time.

The services and programs described are for informational purposes only and should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This content is for informational and/or educational purposes only. It is not meant to be used in place of professional clinical consultations for individual health needs. Certain treatments may not be covered in some benefits plans.

Refer to your plan documents for specific benefits coverage and limitations or call the toll-free member phone number that appears on your health plan ID card. Services may not be available at all times or in all locations. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Participants should consult an appropriate health care professional to determine what may be right for them. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (PPACA), based on your age and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the PPACA. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

Quit For Life provides information regarding tobacco cessation methods and related well-being support. Quit For Life does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care.

The UnitedHealthcare app is available for download for iPhone or Android. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefits plan to determine if these services are available.

Real Appeal is a voluntary weight-loss program that is offered to eligible participants as part of their benefits plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable, and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product and is not intended to make any mental health recommendations or give clinical advice. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.

One Pass Select is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employees and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

2nd.MD is not an emergency service. 2nd.MD is an independent resource to support you in receiving information from Expert Medical Specialists. 2nd.MD does not practice medicine or provide patient care and is independent from the Specialists providing the expert medical consultation.

Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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Legal notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **1-877-KIDS-NOW (1-877-543-7669)** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [askebsa.dol.gov](https://www.askebsa.dol.gov) or call **1-866-444-EBSA (1-866-444-3272)**.

Newborns' Disclosure Act

Group health plans and health insurance issuers offering insurance coverage generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998 (WHCRA)

Group health plans that cover mastectomies must cover post-mastectomy reconstructive breast surgery. Specifically, health plans must cover:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications of all stages of mastectomy, including lymphedema

Benefits required by law will be provided in consultation between the patient and the attending physician. These benefits are subject to the health plan's regular plan provisions and benefits.

The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act (PPACA) requires most U.S. citizens and legal residents to have health insurance. An individual's failure to obtain health insurance coverage through established health insurance exchanges or when offered by their employer may be subject to penalties. For more information, go to healthcare.gov/get-answers.

Continuation of Coverage in Group Health Plans

For all employees and their spouses, and individuals eligible for Continuation Coverage in Group Health Plans. This addresses the continuation of CCCI group health coverage in situations when it would otherwise end.

In some situations, group health coverage can be continued even though it would otherwise end. Continuation coverage for employees, their spouses and dependent children is provided through the federal law referred to as COBRA. This notice summarizes your rights and responsibilities under the continuation coverage provisions of COBRA.

As an employee, you may choose continuation coverage if group health coverage ends because of a reduction in hours or because of a voluntary or involuntary employment termination for reasons other than gross misconduct. This extended coverage generally may be kept for up to 18 months. If you, your spouse or dependent child is determined by the Social Security Administration (SSA) to be disabled at any time during the first 60 days of COBRA coverage, an additional 11 months of coverage may be available for all eligible family members if you notify Alight (CCCI's COBRA administrator) within 60 days of the date you are determined to be disabled. You must pay the required cost of continued coverage. If the individual is determined by SSA to no longer be disabled, you must notify Alight within 30 days after SSA's determination.

Spouses of employees and/or their dependent children may choose continuation coverage and keep it for up to three years if their group health coverage ends because of:

- Death of the covered employee, whether active or on an approved leave of absence
- Divorce or legal separation from the employee
- Employee's becoming entitled to Medicare under Part A, Part B or both

If you have a newborn child or adopt a child during the time you are covered by COBRA continuation coverage, that child can be enrolled under the continuation coverage. Like your other dependents, that child can keep continuation coverage for up to three years from the date your COBRA coverage began if the coverage would otherwise end because of one of the events described above.

Dependent children covered by the company's plan may also choose continuation coverage and keep it for up to three years if their group coverage ends because they no longer qualify as an eligible dependent under the plan.

Under COBRA, the employee, spouse or dependent child is responsible for notifying CCCI of a divorce or a child losing dependent status under the plan. Notice must be given within 60 days of the event. If notice is not provided within the 60-day period, the eligible individual will not be entitled to choose continuation coverage. CCCI may require that you provide additional information. When CCCI is notified that one of these events has occurred, an enrollment form for continuation coverage will be sent to each eligible individual along with notification of the cost. Each eligible individual has an independent right to elect COBRA coverage. Employees may elect COBRA coverage on behalf of their spouses, and parents may elect COBRA coverage on behalf of their children.

If your family has another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation, for a maximum of 36 months, if notice of the second qualifying event is properly given to Alight (CCCI COBRA administrator). This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B or both), gets divorced or legally separated, or if the dependent child stops being eligible under the group coverage as a dependent child, but only if the event would have caused the spouse or dependent child to lose group coverage under the plan if the first qualifying event had not occurred.

The eligible individual must complete the enrollment form and return it to the address on the form within 60 days after the date coverage is lost because of one of the events described here, or the date the form is received from CCCI — whichever is later.

If an eligible individual does not complete the enrollment form and return it to the COBRA administrator within the 60-day period, coverage will end as of the date of the event that caused the loss of coverage.

If an eligible individual chooses continuation coverage, the company must provide coverage identical to that provided to comparably situated employees or family members. COBRA continuation coverage will end when the first of the following events occurs:

- Payment for continuation coverage is not made by the deadline.
- The individual later becomes covered by another group health plan.
- The individual later becomes entitled to Medicare. If the employee became entitled to Medicare less than 18 months before the reduction in hours or employment termination, coverage for other covered family members may be continued for up to 36 months from the date the employee became entitled to Medicare.

- The 18-, 29- or 36-month COBRA period ends.
- The company stops providing group health coverage for employees.

Continuation coverage may also be terminated for any reason the plan would terminate coverage of a participant or covered dependent not receiving continuation coverage (such as fraud).

Your cost for continuation coverage will be 102% of the total cost of coverage. If you choose continuation coverage during the 60-day period following the day your group health coverage ends, you must pay the cost for that 60-day period within 45 days of your selection of continuation coverage. If you, your spouse or a dependent child is eligible for an additional 11 months of coverage because of Social Security disability, the cost for continuation coverage during that 11 months will remain at 102% of the total cost of coverage.

In considering whether to elect continuation coverage, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another group health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of a qualifying event. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

Proof of insurability is not required for continuation coverage.

If you have any questions about COBRA and your group health coverage, contact the Benefits Service Center.

Summary of HIPAA Rules Affecting Benefits

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) affects how coverage is provided by the CCCI medical plan options. This document summarizes these changes:

Portability of Coverage

The portability rules are designed to improve the availability of medical coverage by creating special enrollment opportunities, in addition to existing family status change rules, for employees and dependents who decline medical coverage during enrollment and then lose other coverage.

Special Enrollment Periods

If you decline medical coverage through a CCCI medical plan option for yourself, your spouse or your dependents because you have other medical coverage and you later lose that coverage because your:

- Eligibility for the other coverage ends
- Employer contributions for the other coverage end
- COBRA coverage available through the other coverage is completely used

... then you can enroll in the company's medical plan as long as you go to the My Total Rewards portal, click on the Life Event tile and complete the submission process within 31 days of the date your other coverage ends. If you choose to continue the coverage you lost through COBRA, you have 31 days after your COBRA coverage ends to enroll in a CCCI medical plan option.

If you acquire a new dependent because of marriage, birth, adoption or placement for adoption, you can enroll yourself, your new dependent and any other dependents in one of CCCI's medical plan options on the My Total Rewards portal. Click on the Life Event tile and complete the submission process within 31 days of the marriage, birth, adoption or placement for adoption.

For more information on status changes that may allow you to change your CCCI coverage choices during the year, contact the Benefits Service Center.