

2025 Welcome and Benefits Enrollment Guide

Eligible Part-Time 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.

OUR PURPOSE

TO HONOR GOD IN ALL WE DO

TO SERVE OTHERS
TO PURSUE EXCELLENCE
TO GROW PROFITABLY

OUR VALUES:

- ACCOUNTABILITY
- CONSISTENCY
- COURAGE AND CONVICTION
- DISCIPLINE
- HONESTY & INTEGRITY
- HUMILITY
- MORALITY
- OPTIMISM
- RESPECTFULNESS
- SUPPORTIVENESS

OUR ACTIONS REFLECT OUR VALUES AND SUPPORT OUR PURPOSE:

WE WILL ...

BE OPEN AND HONEST IN EVERYTHING WE DO.
HAVE PASSION FOR OUR PRODUCTS AND OUR CONSUMERS.
PARTNER WITH OUR CUSTOMERS TO DELIVER MUTUALLY BENEFICIAL RESULTS.
DO WHAT WE SAY WE ARE GOING TO DO.
BE COMMITTED TO TEAMWORK.
PRACTICE HUMILITY BY PUTTING OTHERS FIRST.
ACCEPT RESPONSIBILITY WHEN WE MAKE MISTAKES, AND BE QUICK TO FORGIVE OTHERS.
BE RESPONSIBLE STEWARDS OF OUR FINANCIAL, ENVIRONMENTAL AND OTHER RESOURCES.
BE FOCUSED ON SAFETY, QUALITY, SERVICE AND INNOVATION.
HAVE CLEAR OBJECTIVES, MEASURE RESULTS, AND CELEBRATE SUCCESS.
SUPPORT, ENCOURAGE AND RESPECT OUR FELLOW EMPLOYEES.
VALUE AND CULTIVATE DIVERSITY IN OUR WORK FORCE.
BE A LEARNING ORGANIZATION, COMMITTED TO CONTINUAL DEVELOPMENT OF OURSELVES AND OTHERS.
COMPETE VIGOROUSLY AND FAIRLY IN THE MARKETPLACE.
NOT TOLERATE POLITICALLY MOTIVATED BEHAVIOR.
MAKE FACT BASED DECISIONS IN THE LONG-TERM BEST INTEREST OF THE BUSINESS.
RELENTLESSLY FOCUS ON TIMELY, THOUGHTFUL EXECUTION.
INSPIRE AND MOTIVATE THOSE AROUND US.
STRENGTHEN OUR COMMUNITIES.

OUR GOALS:

WE WILL STRIVE TO...

- MAKE, SELL AND DELIVER PRODUCTS AND SERVICES BETTER THAN ANYONE ELSE.
- DEVELOP SERVANT LEADERS.
- BUILD PERSONAL AND TRUSTING RELATIONSHIPS.
- BE LEADERS IN THE COCA-COLA SYSTEM AND IN THE BEVERAGE INDUSTRY.
- PROVIDE LONG-TERM REWARDS FOR OUR EMPLOYEES.
- BUILD LONG-TERM VALUE FOR OUR CUSTOMERS.
- GENERATE LONG-TERM PROFITABLE GROWTH FOR OUR SHAREHOLDERS.





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 serve all teammates at Coca-Cola Consolidated. Assigned by location, Chaplains are available to meet with teammates weekly in person, on a permission-based, confidential and voluntary basis, where it is practical to do so. Teammates can also connect with their local Chaplain by email and assigned Chaplain pager number by clicking the Corporate Chaplain icon available on the One Team app. Chaplains offer encouragement, as well as the opportunity to discuss life issues confidentially.* Certified Chaplains offer confidential, permission-based and voluntary care for hospital visitations, stress management, relationships, divorce, grief, addiction, child abuse, finances, courtroom or prison support, and more. The Chaplains program is voluntary and entirely funded by the Company.

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



Coke Cares

Coke Cares is designed to encourage our teammates to become servant leaders, as we inspire the development of mind, body and spirit. Through Coke Cares, teammates have the opportunity to give, grow and get involved. Our giving strategy focuses on youth development, education, health and wellness, crisis assistance, and veteran and first responder support. You can learn more about Coke Cares by contacting your local Engagement Manager or visiting cokecares.com.

Table of Contents

RENEW 5

- Accessing My Total Rewards
- Enrolling in benefits
- Benefits eligibility
- Medical: HSA Plan
- Dental
- Prescription drug benefits
- Prescription coverage highlights

REFRESH 12

- Support and guidance
- Helpful tools
 - 24/7 Virtual Visits
 - 2nd.MD
- Preventive care
- Well-being programs
 - Real Appeal®
 - One Pass Select™
- Mental well-being resources
 - Employee Assistance Program (EAP) by Magellan
 - Live and Work Well through UnitedHealthcare
 - Calm Health
 - Talkspace
 - Support through UnitedHealthcare

RECOVER17

- Maven
- UnitedHealthcare Maternity Support
- Cancer Support Program
- Chronic Conditions Support Program
- Clinical and disease management support programs
- Hinge Health
- Quit For Life®



ENCOMPASS

READY FOR LIFE

REINVEST 19

- 401(k)
- Health Savings Account (HSA)

RECOGNIZE 21

- Celebrate! Rewards and recognition
- WorkPerks: Teammate discounts
- Service awards
- One Team app

Compliance notices22



With your new job come 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 the Red Central site 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.



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.*



Watch for your new ID cards!

Once your enrollment is complete, you may receive ID cards for your new benefits. A UnitedHealthcare ID card should be presented for medical and/or pharmacy services. Separately, you will receive ID cards from Cigna (for dental). Replacement cards can be requested by contacting the vendor directly.

Digital ID card

You have the option to receive a digital ID card from UnitedHealthcare. To select this, sign in to myuhc.com® and update your communication preferences to paperless.

You can scan this code, then download the [UnitedHealthcare® app](https://myuhc.com) and access or share your new card.





Benefits eligibility

Qualifying for benefits

Regular part-time employees become eligible to participate based upon the length of employment and the average number of hours worked. In keeping with the Employer Shared Responsibility provisions of the Affordable Care Act (ACA), CCC benefit plans use the following measures to establish eligibility:

Initial measurement period: CCC uses the look-back measurement method to determine if you are eligible for part-time benefits after 12 months of service. This initial measurement period of 12 months is started as of your date of hire. If during that 12-month period you work an average of 30 hours per week, then you are considered eligible for part-time benefits coverage.

Ongoing measurement period: After you have completed the initial measurement period, your eligibility for part-time benefits will be reviewed annually in October. If during the ongoing measurement period you have worked an average of 30 hours each week, you will be offered benefits beginning with the next benefit plan year (beginning in January). If your worked hours average less than 30 hours, you will lose benefits as of the next benefit plan year and COBRA will be offered to you.



Benefit offering

Once you are notified that you are eligible for part-time benefits, you have the option to enroll in the HSA plan and Basic Dental coverage for yourself (no dependent coverage).

	In-Network	Out-of-Network
Health Fund Account		
Health Savings Plan (HSA) CCCI Contribution for January 1, 2025	Employee-only: \$250 Employee + spouse: \$400	Employee + child(ren): \$400 Family: \$500
Deductibles and Maximums		
Annual Deductible (Per Person/Per Family)	\$3,000/\$6,000	\$6,000/\$12,000
Annual Out-of-Pocket Maximum (Per Person/Per Family)	\$6,000/\$12,000	\$13,000/\$26,000
Plan Costs and Coverages		
Routine Preventive Care	Covered 100%	Not covered
Telehealth Visit through UHC Partner	\$54 per visit	Not covered
Office/Specialist Visits & Other Medical Services	Covered 80% after deductible	Covered 60% after deductible
Prescription Coverage		
Provided by Caremark Prescription Drug Program		
Prescription Drug Out-of-Pocket Maximum (Per Person/Per Family)	Combined with medical	N/A
Prescription Deductible	Medical deductible applies	
30-Day Supply at Retail		
Chronic Conditions ¹	\$4 (deductible doesn't apply)	Not covered
Generic	Covered 80% after deductible	Not covered
Preferred Brand	Covered 80% after deductible	Not covered
Non-Preferred Brand	Covered 80% after deductible	Not covered
Specialty	Covered 80% after deductible	Not covered
90-Day Supply at Retail or Mail Order		
Chronic Conditions ¹	\$8 (deductible doesn't apply)	N/A
Generic	Covered 80% after deductible	
Preferred Brand	Covered 80% after deductible	
Non-Preferred Brand	Covered 80% after deductible	
Specialty (30-day supply only) ²	Covered 80% after deductible	
Medical Premiums		
Weekly Paid Premiums	Employee-only: \$15.88	N/A
Biweekly Paid Premiums	Employee-only: \$31.76	N/A

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.



Dental

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

Covered Services	Basic Plan	
Calendar-Year Deductible	\$50 per person/\$150 family	
Each Calendar Year, the Plan Pays Up to	\$1,500 per person	
	In-Network	Out-of-Network*
Preventive and Diagnostic (Exams, cleanings and X-rays)	100%	100% of R&C
Basic (Such as fillings, extractions, root canal therapy and oral surgery)	Covered 80% after deductible	Covered at 80% of R&C after deductible
Major (Such as crowns, inlays, onlays, installation or replacement of bridgework or dentures. Includes coverage for implants.)	None	
Orthodontia (For eligible dependents up to age 19)	None	
Lifetime maximum per eligible dependent	Does not apply	

*R&C is the reasonable and customary cost and reflects the “going rate” for a service or supply in a set geographical area.



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 HSA plan

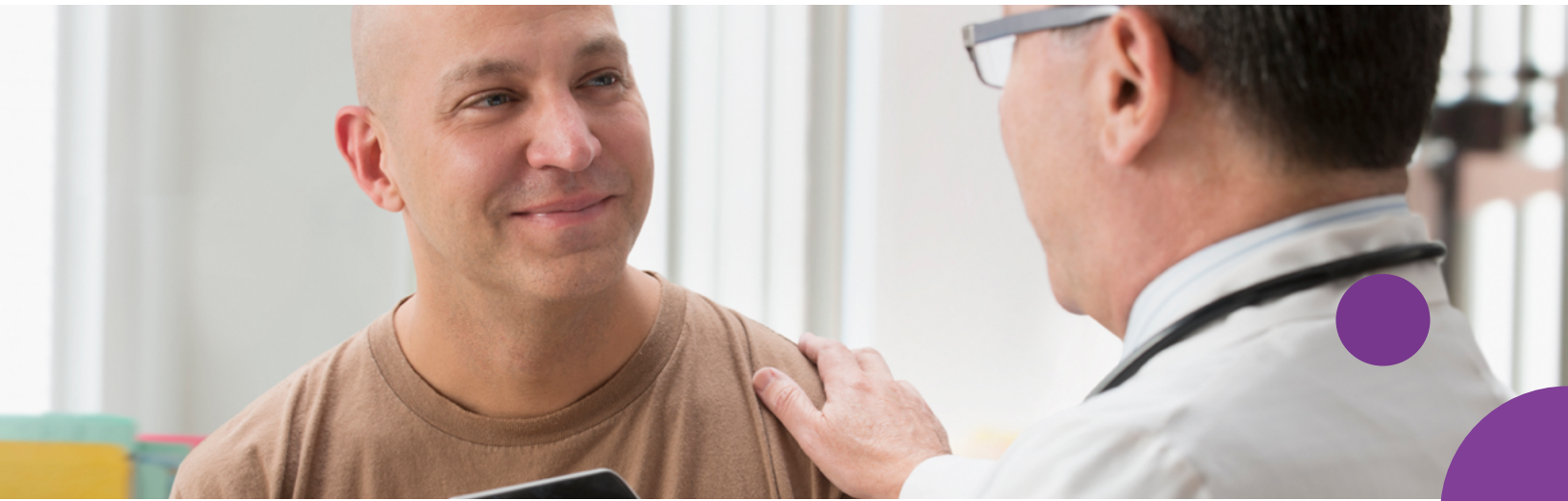
Your pharmacy drug deductible is combined with the medical plan deductible. This means you pay the full cost for prescription medications until you meet your medical plan's annual deductible. After you meet the deductible, the cost for prescriptions is shared between you and the plan. This is the amount you pay for coinsurance.



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.

Prescription Coverage	HSA Plan
Prescription Drug Out-of-Pocket Maximum (Per Person/Per Family)	Combined with medical
Prescription Deductible	Medical deductible applies
30-Day Supply at Retail	
Chronic Conditions	\$4 (deductible doesn't apply)
Generic	Covered 80% after deductible
Preferred Brand	Covered 80% after deductible
Non-Preferred Brand	Covered 80% after deductible
Specialty	Covered 80% after deductible
90-Day Supply at Retail or Mail Order	
Chronic Conditions	\$8 (deductible doesn't apply)
Generic	Covered 80% after deductible
Preferred Brand	Covered 80% after deductible
Non-Preferred Brand	Covered 80% after deductible
Specialty (30-day supply only)	Covered 80% after deductible



Prescription coverage highlights

Lower copay for preventive prescriptions

The Chronic Conditions Support 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 for HSA plans

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 new Caremark Cost Saver program automatically provides access to GoodRx prescription pricing so you can 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 UnitedHealthcare medical ID card at the pharmacy.



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





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.

Resource	Provider	Contact information
Benefits Service Center	Alight	1-888-317-6947 , option 2 mytotalrewards.cokeconsolidated.com
UnitedHealthcare Customer Care team	UnitedHealthcare	1-833-719-1700 myuhc.com
Dental benefits	Cigna	1-800-416-5211 myCigna.com
Pharmacy benefits	CVS Caremark	1-877-726-5379 caremark.com
Employee Assistance Program (EAP)	Magellan	1-800-888-2273 member.magellanhealthcare.com

Resource	Provider	Contact information
Live and Work Well	UnitedHealthcare	liveandworkwell.com (access code: CCCTeam)
Maven	Maven	mavenclinic.com/join/getstarted Maven Clinic app
Cancer Support Program	UnitedHealthcare	1-833-719-1700
2nd.MD	UnitedHealthcare	2nd.MD/CCC
Hinge Health	Hinge Health	hingehealth.com
Quit For Life	UnitedHealthcare	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
Teammate Discounts	WorkPerks	1-888-317-6947 workperks.cokeconsolidated.com
Celebrate! Platform	Engage2Excel	1-888-317-6947 celebrate.cokeconsolidated.com
Coke Cares	Coke Cares	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



To learn about your health plan, get cost estimates, find providers and 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](#)



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 medical plan and covered dependents.



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

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 and One Pass Select are voluntary programs available to eligible teammates enrolled in a UnitedHealthcare medical plan and covered dependents age 18+. Real Appeal enrollment requires a BMI of 23 or higher. Purchasing discounted gym and fitness studio memberships may have tax implications.

** Included with Classic tier and above.



Mental well-being resources

Employee Assistance Program (EAP) by Magellan

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 eight visits with a professional counselor per issue, per year, at no cost to you.



Call:
1-800-888-2273 (TTY 711)



Visit:
member.magellanhealthcare.com

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: **CCCTeam**)



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.



Visit:
uhc.app/calm or the
UnitedHealthcare® app

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

Support through UnitedHealthcare

With your coverage through UnitedHealthcare, 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.



Call:
1-833-719-1700



Visit:
myuhc.com





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



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 answer your questions, help you find a high-quality Center of Excellence (COE), learn about your treatment options and get second opinions. They can also share information about clinical trials and available community resources.



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

Chronic Conditions Support Program

Special benefit provisions under all CCC medical plan options provide covered participants with coverage of physician visits to monitor/manage a chronic condition as well as reduced costs of generic prescriptions. There is no program enrollment requirement; participants automatically have this program available with their enrollment in a CCC medical plan. The program is available for:

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

Clinical and disease management support programs

When you live with an ongoing health condition, support programs can be a helpful way to get guidance and connect with registered nurses. Learn more about support programs available for conditions such as:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Diabetes
- Heart disease
- Kidney disease



Visit:
myuhc.phs.com



Call:
1-833-719-1700

Hinge Health

Get support with back, knee, hip, neck and shoulder pain via the Hinge Health* app. It offers unlimited 1-on-1 health coaching, access to a licensed physical therapist, a personalized treatment plan and motion-tracking technology for instant form correction.



Visit:
hingehealth.com

Quit For Life

If you're ready to quit tobacco for good, try Quit For Life.* It's available to you at no additional cost and includes nicotine replacement therapy recommendations, support from a coach who will help you create a personalized Quit Plan and 24/7 access to quit resources.



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



Visit:
quitnow.net

* Hinge Health and Quit For Life are voluntary programs available at no additional cost to eligible teammates enrolled in a UnitedHealthcare medical plan and covered dependents age 18+.



We know preparing for the future — and achieving your goals today — requires thoughtful planning and support. From 401(k)s 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 from Coca-Cola Consolidated. Here's how to get started.

- **Enrollment is automatic.** You will be automatically enrolled at a 3% pre-tax per-paycheck contribution within 35 days of completing one year of service. 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 choose to increase or decrease your contribution amount at any time. The contributions you choose can be pre-tax or after-tax Roth dollars. Keep in mind that both types of contribution 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 representative 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 age 50 or older you can elect a catch-up contribution each year of \$1,000?

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 CCC 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.
- **Manage your account** — Access your account online through the link on [myuhc.com](#) to see your current balance, claims, investment options and more.

2025 IRS HSA contribution limits

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

Coverage	Coca-Cola Consolidated Annual Contribution*	Your Maximum Annual Contribution	Total IRS Contribution Limit
Employee -only	\$250	\$4,050	\$4,300

* CCC contribution example based on Q1 2025 enrollment.

If you are age 55 or older in 2025, you can make an additional catch-up contribution of up to \$1,000 per year.



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



RECOGNIZE



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.

Compliance 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.

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 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 CCC 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 (CCC'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 CCC 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. CCC may require that you provide additional information. When CCC 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 (CCC's 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 CCC — 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 CCC 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 CCC 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 CCC 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 CCC'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 or adoption.

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

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.