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Coca-Cola CONSOLIDATED

A guide to retirement

If you’re getting ready to retire, congratulations!

That means you’ve had a successful career and been an important part of the Coca-Cola Consolidated team.

This stage of life can spark a lot of questions, and we’ve tried to answer many of them throughout this guide. Keep reading for key answers and some important information about your benefits. Even if your big day is still months or even years ahead, it’s never too early to start planning.

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GET STARTED

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Not sure where to start?

Browse the retirement checklist on page 20.

Making the decision to retire

Figuring out whether to retire is a big decision — and a very personal one. You'll want to think about two important questions:

Am I ready to stop working?

Am I financially prepared to stop working?

Am I ready to stop working?

For some people, the answer to this question is easy: They've been looking forward to retirement for years. For others, it can be a little tougher, as they wonder how they'll keep busy and find meaning in the years ahead. If you're not sure, consider talking with your Employee Assistance Program (EAP) by SupportLinc. They're available 24/7 and can also connect you with up to 10 visits with a professional counselor, at no cost to you.

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

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

Do I have to retire at 65?

Many people choose to retire at 65 because that's when they're eligible for Medicare. That said, you can retire at whatever age works for you. Some teammates work longer, and others retire earlier.

Making the decision to retire continued on next page ›

Making the decision to retire

Am I financially prepared to stop working?

Before you make the decision to retire, it's essential that you have a good understanding of your financial situation and the benefits you'll receive in retirement. Throughout this guide, we'll detail information about Social Security, Medicare and more.

If you have a financial advisor, we highly recommend you talk with them for insights on whether you'll have enough money throughout retirement if you stop working today. You can also connect with a professional financial coach through the EAP by SupportLinc. While you're working, you're eligible for unlimited 30-minute sessions, at no cost to you.

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

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

Schedule:

Find a local Fidelity advisor and book an in-person meeting.

Budgeting for retirement

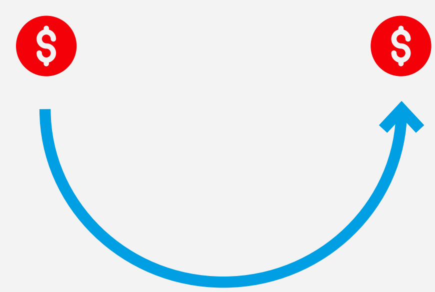
While your paychecks will stop once you retire, your expenses certainly won’t. Be sure to track what you’re spending and make a budget, so you’ll know how much money you need in the years ahead.

Here’s a starter list for your monthly costs	
Rent or mortgage + property taxes	$
Renter’s or homeowner’s insurance	$
Debt (credit card, student loan, vehicle loan, etc.)	$
Utilities (gas, water, electric)	$
Cell phone plan	$
Internet	$
Cable/streaming	$
Health insurance	$
Other health care expenses (prescriptions, glasses, dental visits, etc.)	$
Life insurance	$
Groceries	$
Gas and other vehicle expenses	$
Household essentials (detergent, toilet paper, etc.)	$
Pet expenses	$
Restaurant meals/takeout	$
Clothes	$
Haircuts, etc.	$
Hobbies	$
Entertainment	$
Travel	$
Charitable donations	$

Think ahead

Keep your goals for retirement in mind as you budget. If you plan to travel or take up new hobbies, for example, your expenses may increase.

Many people find their expenses follow a u-shape in retirement: They spend more when they’re young and active, they spend less as they age and they spend a lot again when their health needs increase — especially if they need long-term care.



Take a moment to look through your credit card and checking account statements to see if there are other expenses you should add to this list. Those documents can also help you figure out how much you’re spending on categories like groceries or restaurant meals.

Retirement income

Now that you have a good sense of how much money you'll need in retirement, take a look at your expected income. You might have several sources:

- Social Security
- 401(k)
- Employee Stock Purchase Plan
- Pension — *if date of hire was before June 2005*
- Health Savings Account (HSA)

Check out **Fidelity's Retirement Income Calculator** for an estimate of what you may have for monthly retirement income.

Social Security

Throughout your years as a teammate, and during any other jobs you've had, a portion of each paycheck has been deducted for Social Security. When you retire and activate your Social Security benefits, you'll start receiving that money back.

How much you receive each month depends on how long you've worked and the amount you've earned. You can find exactly how much you're eligible for by signing in at **ssa.gov/myaccount**. If you haven't created an account yet, you can do it right now.

The amount of your benefits will also depend on when you choose to start receiving them. You have three options:[1]

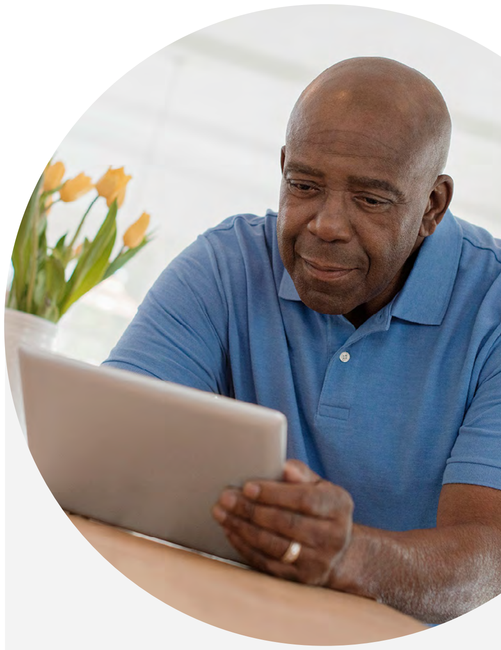
- Age 62 — early retirement
- Age 67 — full (normal) retirement*
- Age 70 — delayed retirement

If you start taking your benefits at age 62, you'll receive a smaller amount each month, and if you delay until age 70, you'll receive a bigger amount. When you sign in to **ssa.gov/myaccount**, you can see your personalized breakdown of benefits. Deciding when to start receiving them can be challenging. You may want to talk with a financial advisor about what's right for you.

When you're ready to start taking benefits, you'll need to apply with the Social Security Administration.

Call: **1-800-772-1213**

Visit: **secure.ssa.gov/iClaim/rib**



Note that Social Security benefits are taxed as income.

Learn more about how they're taxed here.

* If you were born before 1960, your full (normal) retirement age is between 66 and 67.

1. Social Security Administration. **Starting your retirement benefits early**. Accessed March 30, 2026.

Retirement income continued on next page ›

401(k)

Preparing for retirement

During your time at Coca-Cola Consolidated, the 401(k) Retirement Savings Plan has allowed you to save tax free through your pre-tax (Traditional) and/or after-tax (Roth) plan and receive matching funds. As you approach retirement, you may want to look at how your funds are invested. A Fidelity Workplace Planning Consultant, available at **1-800-603-4015**, can offer guidance. There's no charge to you.

When you leave CCCI

When you retire, you can choose how you'd like to receive your 401(k) balance:

- Lump sum
- Installment payment
- Partial distribution
- Direct rollover

You can choose to have your vested account balance paid as soon as administratively practical or defer payment to a later date. Because of tax law requirements, you must start receiving payments shortly after the year in which you reach the required minimum distribution (RMD) age of 73 if you have retired. Please note that Roth accounts are ***no longer*** subject to an RMD.

Learn more about RMDs.

Update your beneficiary

If you have a 401(k), it's important to contact Fidelity and name a beneficiary. That's the person (or people) who will inherit your account when you pass away. If you don't name a beneficiary, then the courts will decide who gets the money, not you.

You may have primary and contingent beneficiaries as long as the total percentages equal 100%. Your beneficiary can be a spouse or non-spouse. Please note the following:

- If you are married, spousal consent is needed for a non-spouse beneficiary.
- If you are married and don't name a beneficiary, your surviving spouse becomes the beneficiary.
- If you are not married and don't name a beneficiary, your 401(k) will go to your estate.

Retirement income continued on next page ›

Retirement income

Please keep the following in mind:

Account balance after retirement	How your account is treated
≤$1,000	Your vested account balance will be automatically distributed to you.
$1,001–$6,999	Your vested account balance will be transferred to an Individual Retirement Account (rollover IRA), unless you request either a cash distribution or a rollover distribution of your choice.
≥$7,000	You can leave contributions and any associated earnings in the Plan. You also have the option of a partial distribution, which means you can take a portion of your account balance from the Plan and leave the rest until you elect another distribution or are required to be paid out under the Internal Revenue Code or Plan terms. *Please note:* This type of distribution is subject to a 20% mandatory federal income tax withholding; however, depending on your tax bracket, you may owe more or less when income taxes are filed. If you are younger than age 59½, you may be subject to a 10% penalty on early withdrawals; however, this tax will ***not*** be withheld from the distribution.

When you retire from CCCI and once your termination date is passed over to Fidelity Investments, a Fidelity representative can assist you with understanding the above rules and determining what you'll do with your 401(k) balance. This can be complex and there may be tax implications, so it's a good idea to talk with an expert.

Call: **1-800-835-5095**, Monday–Friday, 8 a.m.–5 p.m.

Visit: **401k.com**

Scan to download the **NetBenefits app**

Retirement income continued on next page ›

Employee Stock Purchase Plan

If you've purchased shares of the company's common stock through payroll deductions, you have another resource to consider for retirement income.

When you leave the Company, a letter will be mailed to you informing you of the below options for withdrawal.

You may request that EQ Equity Plan Solutions:

1. Sell all full shares of stock in your account and mail a check for the value of the proceeds and any fractional shares less selling costs.
2. Transfer your shares to a new account at CCCI's stock transfer agent, Equiniti (EQ), and request a check for the value of any fractional shares less selling costs.
3. Transfer shares in your account to a broker and send you a check for the value of any fractional shares less selling costs.

To elect a withdrawal option, you can log in to your account at **equiniti.com/us/ast-access/individuals** and select EquiTrax®, or you can call EQ's Customer Service Center at the phone number below.

Call: **1-866-709-7704**,
Monday–Friday, 8 a.m.–8 p.m. ET

Visit: **equiniti.com**

Pension

If you were hired prior to June 2005, as a CCCI teammate and did not make an election in 2023 to withdraw your pension benefit, either by lump sum or monthly annuity, you will need to contact Mass Mutual.

Call: **1-800-775-4331**

Retirement income continued on next page ›

Health Savings Account (HSA)

If you've participated in the HSA through Optum Financial and have funds in your account, you can continue to use them during retirement to pay for the following income tax free:[1]

- Qualified out-of-pocket medical expenses — just like before retirement
- Deductibles, copays and coinsurance for:
  - Medicare Part A (hospital and inpatient care)
  - Medicare Part B (doctor and outpatient care)
  - Medicare Part D (prescription drugs)

Once you turn 65, you can also withdraw HSA funds to pay for non-medical expenses without paying a penalty. You'll just need to pay ordinary income tax on that amount.

Call: **1-877-292-4040**

Visit: **optumfinancial.com**

Scan to download the **Optum Financial app**

Once you are enrolled in Medicare, Tricare or other government-sponsored coverage, you will ***no longer*** be eligible to contribute money to your HSA.[1]

Learn more about how your HSA can help with your retirement.

1. Optum Bank. **Use your HSA as a tool for retirement savings**. August 19, 2025.

CONTENTS

Health care can be a significant cost in retirement. In fact, the average 65-year-old couple will spend about $12,850[1] just in their first year. As you're planning, be sure to consider your options for health care insurance and how you'll pay for out-of-pocket costs.

Health insurance options before age 65

Retiree medical coverage

If you became a Coca-Cola Consolidated Inc. teammate before 2006, you may be eligible for retiree medical coverage until age 65.

Eligibility

To be eligible for the CCCI-sponsored Pre-65 Retiree Plan, you must:

- Have 20 consecutive years of CCCI service
- Be at least age 60 (but under age 65) when you retire
- Be covered by a CCCI-sponsored employee medical plan when you retire

Dependents, including your spouse (if under age 65) and children under age 26, will be eligible if they are covered at the time of your retirement. Children age 26 and older may continue to be covered if they qualify for disabled-child eligibility. Proof that the child is fully disabled must be submitted on file with the CCCI Employee Benefits Department no later than 30 days prior to the date of your retirement.

The Pre-65 Retiree Plan is available to cover you until the end of the month prior to your turning age 65 and becoming eligible for Medicare.

You may not elect coverage as a retiree while also receiving coverage as the dependent of another CCCI employee or retiree. Additionally, if both parents are eligible for CCCI coverage, only one may cover their eligible dependent. Important: Once you waive coverage, you are not eligible for CCCI-sponsored retiree health care coverage in the future.

Enrollment

Once your manager finalizes your retirement date, health plan information and enrollment instructions will be mailed to your home address or emailed if there is a personal email address on file. The company gives you 30 days from the date of retirement to enroll in the retiree medical plan. Note: Enrollment is not automatic; you will need to complete enrollment for coverage to begin.

Get a personalized estimate

This **helpful tool** from Optum can help you figure out how much your health care costs may be during retirement.

1. Fidelity. **How much will health care cost you in retirement?** Accessed March 30, 2026.

Health care continued on next page ›

Premium costs

Plan premiums change each year based on inflation and group utilization, but they do not vary due to an individual's age or gender as some private plans do.

2026 Pre-65 Retiree Plan monthly premium	
Retiree only	$486.15
Retiree + 1 or more dependents	$1,003.65

Plan benefits

The Pre-65 Retiree Plan offers the same comprehensive medical, dental and prescription coverage, and the same broad provider network, as the plan available to active employees. If you use in-network providers, you'll receive full benefits. There is no vision coverage under the retiree medical plan. You can keep your vision coverage for 18 months from the date of retirement under COBRA.

If you are enrolled in a Health Reimbursement Account (HRA) or HSA medical plan at the time of retirement, your year-to-date deductible and out-of-pocket maximum that has been met will transfer to your retiree medical coverage. The Surest plan will only transfer credit for the year-to-date out-of-pocket maximum met.

If you are enrolled in Medicare due to a disability or end-stage renal disease (ESRD) at the time of retirement and enroll in the CCCI Pre-65 Retiree Plan, Medicare is the primary payer and the CCCI Pre-65 Retiree Plan is secondary. Medicare will process and pay medical claims first according to Medicare rules. The retiree medical plan may then pay some or all of the remaining eligible costs, depending on what the plan covers.

Continued coverage for surviving spouse and children

If you pass away while covered on the CCCI Pre-65 Retiree Plan, your surviving spouse and/or children covered on your plan may remain covered until they age out of the plan. If your eligible surviving spouse passes away, coverage will be discontinued for any children as there is no sponsoring retiree or spouse to allow their coverage to continue.

Full plan descriptions and benefit summaries can be found online at mytotalrewards.cokeconsolidated.com or by calling Alight at **1-833-372-8747**.

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Health care

Medical

myuhc.com | Customer service: 1-833-719-1700

United Healthcare

Deductibles and maximums	In-network	Out-of-network
Annual deductible (retiree only/per family)	$1,650/$3,300	$3,300/$6,600
Annual out-of-pocket maximum (retiree only/per family)	$3,300/$6,600	$7,000/$14,000
Plan costs and coverages	**In-network**	**Out-of-network**
Doctor office visit	80% coverage after deductible	80% coverage after deductible
Routine preventive care	Covered 100%	n/a
Specialist visit	80% coverage after deductible	80% coverage after deductible
Telehealth visit	$49 per visit	n/a

Health care continued on next page ›

Pharmacy

caremark.com | Customer service: 1-877-726-5379

CVS caremark

Deductibles and maximums	At a local retail pharmacy	CVS Caremark mail order
Annual deductible (per covered member)	$100 per individual	n/a
Maximum day supply	**30-day**	**90-day**
Chronic conditions preventive	$4	$8
Generic	30%	$20
Preferred brand	30%	$53
Non-preferred brand	30%	$78
Specialty medicines	$53 preferred/$78 non-preferred	

Dental

memberportal.com/mp/delta | Customer service: 1-800-662-8856

DELTA DENTAL

Covered services	In-network	Out-of-network
Preventive and diagnostic	100%	100%*
Basic	80% coverage after deductible	Covered 80%*
Major	80% coverage after deductible	Covered 80%*
Calendar-year deductible	$50 retiree only/$150 per family	
Maximum the plan pays each year	$1,500 per covered member	

*Provider costs may exceed plan-allowed maximums, which means members will be responsible for the overage.

Health care continued on next page ›

COBRA

If you retire before age 65 (and are not eligible for retiree medical coverage), you and any dependents who have been covered under your CCCI benefits are eligible to continue coverage through COBRA for up to 18 months or until your 65th birthday, whichever happens first.

To enroll in COBRA, contact Alight.

Call: **1-833-372-8747**

Medical HRA plan monthly premium	
Single coverage	$750.19
Employee + spouse	$1,586.01
Employee + children	$1,316.01
Family coverage	$2,156.09

Medical HSA plan monthly premium	
Single coverage	$615.59
Employee + spouse	$1,303.36
Employee + children	$1,080.47
Family coverage	$1,772.49

Medical Surest plan monthly premium	
Single coverage	$727.23
Employee + spouse	$1,527.18
Employee + children	$1,272.65
Family coverage	$2,072.60

Vision coverage monthly premium	
Single coverage	$7.64
Employee + spouse	$14.39
Employee + children	$15.15
Family coverage	$22.67

Basic dental monthly premium	
Single coverage	$23.20
Employee + spouse	$48.10
Employee + children	$44.03
Family coverage	$76.48

Basic + major dental monthly premium	
Single coverage	$34.49
Employee + spouse	$75.95
Employee + children	$68.71
Family coverage	$119.38

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Health Insurance Marketplace

If you retire before you're eligible for Medicare, COBRA is not your only option for health insurance. You can also explore plans available through the Health Insurance Marketplace. While the enrollment period for the Marketplace is usually November 1–January 15, retiring is a qualifying reason to enroll outside that time frame.

Call: **1-800-318-2596**

Visit: **healthcare.gov**

Medicare

Medicare is the federal government's health insurance program for people age 65 and older — and younger people who have a disability, end-stage renal disease (ESRD) or ALS (also called Lou Gehrig's disease). Below you'll find some basics about the program,[1] but for full details, please visit **medicare.gov**.

How does Medicare work?

Original Medicare includes two parts:

- Part A (hospital insurance) — helps cover inpatient care in hospitals, skilled nursing facility care, hospice care and home health care.
- Part B (medical insurance) — helps cover:
  - » Services from doctors and other health care providers
  - » Outpatient care
  - » Home health care
  - » Durable medical equipment like wheelchairs, walkers, hospital beds and other equipment
  - » Preventive services, including annual exams, screenings and vaccines

Some people choose to get additional coverage, including:

- Part D (drug coverage) — prescription drug coverage provided by private insurance companies. This coverage is optional, but if you decide not to get it when you are first eligible, and you don't have other creditable prescription drug coverage, you will likely pay a late enrollment penalty when you join later.
- Medicare Advantage Plan (part C) — an alternative to Original Medicare. Medicare Advantage plans are administered by private insurance companies and include Part A, Part B and typically Part D.
- Medicare Supplement Plan (Medigap) — additional coverage you can purchase from private insurance companies. It pairs with Original Medicare (Parts A & B) and helps you cover the out-of-pocket costs associated with Original Medicare. Original Medicare pays 80% of covered Part B health care services, so some people purchase a Medicare Supplement plan to cover the other 20%.[2]

1. U.S. Centers for Medicare and Medicaid Services. **Get started with Medicare**. Accessed March 30, 2026.
2. AARP. **10 things you didn't know about Medicare**. October 11, 2024.

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Health care

Am I automatically enrolled in Medicare?

If you apply to start getting retirement benefits from Social Security at least 4 months before you turn 65, you'll automatically get Part A (Hospital Insurance) and Part B (Medical Insurance) when you turn 65. You'll still need to make important decisions about how you get your coverage, including if you want to add drug coverage.

If you want to get Medicare when you turn 65 but aren't planning to take retirement benefits at that time, you'll have to contact Social Security when you're ready to sign up for Medicare.

When do I need to sign up?

There are several dates to know for Medicare enrollment:[1]

- Medicare has a 7-month enrollment period around your 65th birthday. If you do not enroll during this time, you'll be subject to a late-enrollment penalty when you sign up for Medicare Part B. Note that you can sign up later without a penalty if you are still working and have health care insurance through your employer or if your spouse is still working and you have insurance through their employer.
- Part D also has a special enrollment period.
- If you choose to purchase a Medicare Supplement plan, it's better to do so within 6 months of signing up for Medicare Part B. After that time, health insurance companies can deny your application or charge you a higher premium.

Can I change plans?

- If you purchase a Part D or Medicare Advantage plan, you will have a chance to make changes each year between October 15 and December 7. This is called the annual open enrollment period.[2]

What are the costs?

Part A usually has no cost, but Part B and the optional Part D do.

Scan this code or visit **medicare.gov/plan-compare** to compare costs for Original Medicare and Medicare Advantage plans in your area.

1. AARP. 10 things to know about Medigap plans. October 11, 2023.
2. AARP. 10 things you didn't know about Medicare. October 11, 2024.

Need help planning your transition to Medicare?

Reach out to Fidelity Medicare Services. Their assistance is available at no cost to you, and they can help you explore your options. Learn more and schedule a time to talk at **fidelity.com/medicareassistance**.

For Medicare plan inquiries with United Healthcare, you can call **1-877-596-3258**, 8 a.m.–8 p.m., 7 days a week. This line connects you with a licensed sales rep who can help with plan options and enrollment.

For more information about Medicare:

Call:
1-800-MEDICARE
(1-800-633-4227)

Visit:
medicare.gov/medicare-and-you

When you retire, you're no longer eligible for some teammate benefits.

- **Group life insurance** — basic and supplemental coverage ends for you and your covered dependents, but it may be converted or ported to an individual life insurance policy up to the amount of coverage you held at the time of retirement*
- **Supplemental AD&D** — coverage ends, but if you're younger than 70, this plan may be converted to an individual policy without providing proof of good health*
- **Long-term disability** — coverage ends as of your retirement date
- **Voluntary accident and critical illness plans** — coverage ends, but it may be converted to individual policies*
- **Flexible Spending Account (FSA)** — can't contribute and must submit all expenses for reimbursement by the end of the plan year. Expenses must be incurred prior to your retirement date.
- **Health Savings Account (HSA)** — can't contribute but can continue to use account to pay for health-related expenses in retirement**

*Watch for information via mail from Unum. You can also contact Unum at **1-866-679-3054** or **unum.com**.
** Watch for a new HSA debit card and account kit via mail from Optum Financial.

Benefits information continued on next page ›

Vacation payout

When you retire, you'll receive 100% payment for any unused vacation hours. Once retirement status has been completed by your supervisor, the payout of available vacation can be completed and will be paid one to two scheduled pay cycles after retiring.

If you are a salaried teammate, your supervisor will need to submit an HR Service Now Ticket to confirm your vacation balance due to be paid out.

Business Performance Incentive (BPI) Plan

When you retire from the Company, participation in CCCI's BPI Plan will end. Eligibility for participation in the BPI Plan and the applicable "BPI Opportunity % Factor" is determined by employment position. Participants must have been in an eligible position during the plan year and employed by the Company at the plan year-end to be eligible to receive an incentive payment. Any participant whose employment with the Company is terminated, voluntarily or involuntarily for any reason other than death or disability, prior to the end of the plan year, is ineligible for any award. If eligible, this payment will be processed and paid during the annual planned BPI payout schedule.

Long-term performance plan *(director and senior director level only)*

If you retire before a Performance Period ends but more than a year after it started, and the measures are attained, you'll be entitled to a pro rata portion of the Long-Term Performance Plan Incentive Award. Payout will be no later than March 31 following the end of the applicable Performance Period.

Retirement checklist

As early as possible:

- ❑ Create a budget. See page **5**.
- ❑ Determine how much Social Security you'll be eligible for. See page **6**.
  - » *At least 1 month before you want to claim benefits, apply with the Social Security Administration. See page 6.*
- ❑ Review your finances to determine if you're ready to retire. See page **4**.
- ❑ If you want to talk about the emotional or financial impact of retirement, reach out to your EAP. See page **3**.
- ❑ Schedule a meeting with a local Fidelity advisor. See page **4**.

3–6 months prior to retirement:

- ❑ Contact the Employee Benefits Department at **mybenefits@cokeconsolidated.com** or **1-888-317-6947** to discuss your eligibility for retiree benefits.
- ❑ Review the health care options available to you during retirement. See pages **11–17**.

2–3 months prior to retirement:

- ❑ Give your immediate manager notice of your retirement. (Approximately 2–3 months prior to your intended retirement date is ideal.)
- ❑ Call HR Service Center at **1-888-317-6947**, option 4, and request that a Service Now Ticket be opened and assigned to HR Benefits.
- ❑ Re-evaluate your HSA enrollment. See page **10**.
- ❑ Determine when to enroll in Medicare. See pages **16–17**.
- ❑ If appropriate, contact Mass Mutual about your pension benefit. See page **9**.

1 month prior to retirement:

- ❑ Decide what to do with your 401(k) retirement savings. See page **7**.

Within 60 days of retirement:

- ❑ If you are going to continue your health insurance plan through COBRA, enroll within 60 days of your retirement date.

After retirement:

- ❑ Once your retirement is processed, health plan information and enrollment instructions will be emailed to you and mailed to your home address. Be sure to check the paperwork for enrollment deadlines.
- ❑ Contact **mybenefits@cokeconsolidated.com** or call **1-833-372-8747** anytime your mailing address changes.
- ❑ *If you retired before age 65*: Plan for the end of your retiree medical coverage at age 65. See pages **16–17**.

At-a-glance resources

Resource	Description	Contact
Alight	• Extend health insurance coverage (COBRA) • CCCI retiree medical plan	**1-833-372-8747** (COBRA) **1-888-317-6947**, option 2 (retiree medical plan) mytotalrewards.cokeconsolidated.com
Employee Assistance Program (EAP) by SupportLinc	• 24/7 support plus up to 10 visits with a professional counselor, at no cost to you • Unlimited 30-minute sessions with a professional financial coach	**1-888-711-5313**, TTY 711 mysupportlinc.com group code: **cokeconsolidated**
Employee Benefits Service Center	Discuss your eligibility for retiree benefits; update address; ask questions about post-retirement benefits	**1-888-317-6947** mybenefits@cokeconsolidated.com
EQ Equity Plan Solutions	Employee Stock Purchase Plan	**1-866-709-7704** equiniti.com
Fidelity Investments	401(k)	**1-800-835-5095** 401k.com fidelity.com/wealth/financial-advisors
Fidelity Medicare Services	Help transitioning to Medicare	fidelity.com/medicareassistance
Fidelity Workplace Planning Consultant	Information on how your 401(k) is invested	**1-800-603-4015**
Health Insurance Marketplace	Purchase health insurance	**1-800-318-2596** healthcare.gov

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At-a-glance resources

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Resource	Description	Contact
Mass Mutual	Pension	**1-800-775-4331**
Medicare	Federal government's health insurance program for people 65+	**1-800-MEDICARE** (1-800-633-4227) **medicare.gov/medicare-and-you**
Optum Financial	HSA	**1-877-292-4040** **optumfinancial.com**
Social Security Administration	Federal government program that provides monthly income based on your lifetime earnings and retirement age	**1-800-772-1213** **ssa.gov/myaccount**
UnitedHealthcare	Medicare plan options from UnitedHealthcare	**1-877-596-3258**
Unum	Group life insurance, supplemental A&D, voluntary benefits	**1-866-679-3054** **unum.com**

Have questions?

Contact your benefits team.

Call: **1-888-317-6947**

Email:
mybenefits@cokeconsolidated.com

READY FOR LIFE
ENCOMPASS
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Coca-Cola CONSOLIDATED

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.

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.

Health Savings Accounts (HSAs) are individual accounts held at Optum Bank®, Member FDIC, unless otherwise indicated, and administered by Optum Financial, Inc. or ConnectYourCare, LLC, an IRS-designated non-bank custodian of HSAs, a subsidiary of Optum Financial, Inc. Neither Optum Financial, Inc. nor ConnectYourCare, LLC is a bank or an FDIC-insured institution. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State and/or local taxes may still apply. Fees may reduce earnings on account. Refer to your HSA agreement for details.

This communication is not intended as legal or tax advice. Consult a legal or tax professional for advice on eligibility, tax treatment and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

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.

Legal notices continued on next page ›

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.