



2026

Benefits Guide

ATLANTIC *Coca-Cola*
BOTTLING COMPANY

**Annual Enrollment:
November 1 - 10, 2025**

Welcome to Your 2026 Benefits Guide

Use this Benefits Guide to see what's new and to learn about your benefit plan options.



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This guide highlights the main features of the Atlantic Coca-Cola Bottling Company Employee Benefits Program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this guide and the legal plan documents, the plan documents are the final authority. The Atlantic Coca-Cola Bottling Company reserves the right to change or discontinue its employee benefits plans at any time.



Getting Started

Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	Wellmark Blue Cross Blue Shield of Iowa	800-524-9242	www.wellmark.com
Pharmacy	MedOne Pharmacy	888-884-6331	www.medone-rx.com
HSA and FSA	Voya Financial	833-232-4673	myhealthaccount solutions.voya.com
Dental	Delta Dental of Iowa	800-544-0718	www.deltadentalia.com
Vision	Avesis	800-828-9341	www.avesis.com
Accident, Critical Illness, and Hospital Indemnity Insurance	Voya Financial	877-236-7564	www.presents.voya.com/EBRC/ atlanticbottling
Life and AD&D Disability	Voya Financial	888-973-3652	www.trackingabsence.com/eeep
401(k) Retirement	Principal	800-547-7754	www.principal.com
Employee Assistance Program (EAP)	Employee & Family Resources, Inc.	800-327-4692	www.efr.org
Federal & State Benefit Navigation	FEDlogic	877-837-4196	www.fedlogicgroup.com



How to Enroll

Remember, your annual enrollment period is from November 1st through 10th. Here's some things to know before enrolling.

1. Visit PayCom to make your elections:
<https://www.paycomonline.net/v4/ee/web.php/app/login>
2. Enter your Username, Password, and Last 4 Digits of your SSN.
3. Under Benefits, you will find the 2026 Benefit Enrollment Link.
4. Update your personal information and add your dependents.
5. Complete the enrollment for all plans.

Have any questions about your benefit options? Visit our microsite, abcbenefitshub.com for more information.

Still need help enrolling? Contact your Payroll and Benefits team payroll@atlanticbottling.com | 515-776-4645.

Changing Benefits After Enrollment

Once you elect your benefits options, they remain in effect for the entire plan year until Open Enrollment. You may only change coverage during the plan year if you have a Qualified Life Event, and you must do so within 30 days of the event. Qualified Life Events include:

- Marriage
- Divorce or legal separation
- Birth of your child (60 days)
- Death of your spouse or dependent child
- Change of employment status by you or your spouse
- A significant change in your or your spouse's health coverage due to your spouse's employment
- Qualification by the plan administrator of a Medical Child Support Order
- Medicaid (60 days)

WAYS TO SAVE

This is your chance to make sure you are taking advantage of tax-saving opportunities, employer-paid benefits, or save money by opting out of coverage you are not using.

1. **Health Savings and Flexible Spending Accounts.** Consider setting aside pre-tax dollars to use for qualified medical, dental and vision expenses by contributing to an HSA or FSA. Those with eligible dependents can also save by contributing towards a dependent care FSA to use towards day care expenses.
2. **Wellness Incentive.** Eligible employees and spouses who complete a physical between September 1st and August 31st will each receive a \$400 reduction in premiums.
3. **Dr. On Demand Virtual Provider.** With telehealth, you can schedule a virtual appointment with a board-certified doctor who can diagnose, treat and prescribe most medications for minor medical conditions all at no charge for members enrolled in the Atlantic Bottling Company's medical plan.
4. **Generic prescriptions.** Ask your provider if a generic prescription is available. They are usually just as effective and less expensive.
5. **In-network providers.** You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs.



Body and Mind

Medical Benefits

Medical insurance is essential to your well-being, and our medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Parts of Your Medical Plan

- **Preventive care** — always 100% covered when you use in-network providers and includes things like physical exams, flu shots and screenings.
- **Annual deductible amounts** — the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximums** — the most you will pay each year for eligible in-network and out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** — A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** — Once you've met your deductible, you and the plan share the cost of care, called coinsurance.
- **PPO Network** - Offers both in and out-of-network providers and includes nationwide coverage. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fee are above the Reasonable and Customary (R&C) limits.
- **HMO Network** - Offers in-network providers in Iowa and bordering counties. Out-of-network providers are not covered, except in emergencies. A guest membership is available through Wellmark for those who live outside the HMO network for 90 days or more (example: student). Members who enroll in an HMO plan with Wellmark BCBS are required to designate a Primary Care Physician (PCP) for Preventive Care Services only.



Medical Comparison: Base Plan **Wellmark BCBS**

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. Easily find an in-network health care provider or facility at www.wellmark.com.

NETWORK	PPO BASE PLAN		HMO BASE PLAN	
	ALLIANCE SELECT		BLUE HMO	
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Individual	\$1,750	\$3,500	\$1,750	Not Covered
Family	\$3,500	\$7,000	\$3,500	Not Covered
Deductible Status (Emb/Non-Emb)	Embedded		Embedded	
COINSURANCE	20%	30%	20%	Not Covered
OUT-OF-POCKET MAXIMUM				
Individual Out-of-Pocket Max	\$3,500	\$7,000	\$3,500	Not Covered
Family Out-of-Pocket Max	\$7,000	\$14,000	\$7,000	Not Covered
Items Included in OOP Max	Ded & Med/ Rx Copays	Ded & Med/ Rx Copays	Ded & Med/ Rx Copays	Not Covered
PHYSICIAN OFFICE VISIT				
Illness or Injury - PCP	\$20 Copay	30% After Ded.	\$20 Copay	Not Covered
Illness or Injury - Specialist	\$40 Copay	30% After Ded.	\$40 Copay	Not Covered
Preventive Care	No Charge	30% After Ded.	No Charge	Not Covered
Doctor On Demand	\$0 Copay	Not Covered	\$0 Copay	Not Covered
Inpatient Services	20% After Ded.	30% After Ded.	20% After Ded.	Not Covered
Outpatient Services	20% After Ded.	30% After Ded.	20% After Ded.	Not Covered
Emergency Room	\$300 Copay	\$300 Copay	\$300 Copay	\$300 Copay
Urgent Care	\$75 Copay	30% After Ded.	\$75 Copay	Not Covered
OTHER SERVICES				
Diagnostic Test (X-rays & Lab)	20% After Ded.	30% After Ded.	20% After Ded.	Not Covered
Imaging (CT/PET scans & MRI)	20% After Ded.	30% After Ded.	20% After Ded.	Not Covered
Chiropractic Services	\$40 Copay	30% After Ded.	\$40 Copay	Not Covered
Speech/Occupational Therapy	\$20 PCP/\$40 Non-PCP	30% After Ded.	\$20 PCP/\$40 Non-PCP	Not Covered
Outpatient Mental Health Therapy (Office Visit)	\$20 PCP/\$40 Non-PCP	30% After Ded.	\$20 PCP/\$40 Non-PCP	Not Covered
Outpatient Mental Health Therapy (Facility)	20% After Ded.	30% After Ded.	20% After Ded.	Not Covered
Bariatric Surgery	Covered			
Infertility Treatment	\$15,000 Lifetime Maximum			
Transplants	\$10,000 Travel Benefit per Transplant (applies to Blue Distinction Centers only; must be 60+ miles from home)			
MEDICAL RATES	PPO BASE PLAN		HMO BASE PLAN	
PER 27 PAY PERIODS	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Employee	\$97.83	\$142.28	\$81.53	\$125.97
Employee + Spouse	\$195.68	\$240.12	\$163.06	\$207.51
Employee + Children	\$181.36	\$225.80	\$151.13	\$195.58
Family	\$303.36	\$347.51	\$252.55	\$297.00

Medical Comparison: HDHP Plan **Wellmark BCBS**

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out-of-pocket costs. Easily find an in-network health care provider or facility at www.wellmark.com.

		PPO HDHP PLAN		HMO HDHP PLAN	
NETWORK		ALLIANCE SELECT		BLUE HMO	
DEDUCTIBLE		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Individual		\$4,000		\$4,000	Not Covered
Family		\$8,000		\$8,000	Not Covered
Deductible Status (Emb/Non-Emb)		Embedded		Embedded	Not Covered
COINSURANCE		0%	0%	0%	Not Covered
OUT-OF-POCKET MAXIMUM					
Individual <i>Out-of-Pocket Max</i>		\$4,000		\$4,000	Not Covered
Family <i>Out-of-Pocket Max</i>		\$8,000		\$8,000	Not Covered
Items Included in OOP Max		Ded		Ded	Not Covered
PHYSICIAN OFFICE VISIT					
Illness or Injury - PCP		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Illness or Injury - Specialist		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Preventive Care		No Charge	0% After Ded.	No Charge	Not Covered
Doctor On Demand		\$0 Cost	Not Covered	\$0 Cost	Not Covered
Inpatient Services		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Outpatient Services		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Emergency Room		0% After Ded.	0% After Ded.	0% After Ded.	0% After Ded.
Urgent Care		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
OTHER SERVICES					
Diagnostic Test (X-rays & Lab)		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Imaging (CT/PET scans & MRI)		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Chiropractic Services		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Speech/Occupational Therapy		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Outpatient Mental Health Therapy (Office Visit)		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Outpatient Mental Health Therapy (Facility)		0% After Ded.	0% After Ded.	0% After Ded.	Not Covered
Bariatric Surgery		Covered			
Infertility Treatment		\$15,000 Lifetime Maximum			
Transplants		\$10,000 Travel Benefit per Transplant <i>(applies to Blue Distinction Centers only; must be 60+ miles from home)</i>			
MEDICAL RATES		PPO HDHP PLAN		HMO HDHP PLAN	
PER 27 PAY PERIODS		NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Employee		\$28.12	\$72.56	\$22.13	\$66.57
Employee + Spouse		\$91.36	\$135.80	\$71.90	\$116.35
Employee + Children		\$85.48	\$129.92	\$67.28	\$111.72
Family		\$141.59	\$186.03	\$111.44	\$155.88

Pharmacy Plan Comparison **MedOne**

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lower out of-pocket costs. Easily find more information about your Pharmacy benefits at my.medone-rx.com/sign-in.

	PPO & HMO BASE PLANS		PPO & HMO HDHP PLANS	
DEDUCTIBLE	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS (MedOne)				
Network	PremierONE		PremierONE	
Formulary	Access Formulary		Access Formulary	
Rx Deductible (Individual/Family)	N/A	N/A	Same as Med.	N/A
Tier 1 Copay	\$10 Copay	100% of cost. Submit a claim form and receipt for applicable reimbursement	0% After Ded.	100% of cost. Submit a claim form and receipt for applicable reimbursement
Tier 2 Copay	\$30 Copay		0% After Ded.	
Tier 3 Copay	\$60 Copay		0% After Ded.	
Mail Order	2x Retail Copay		0% After Ded.	
Specialty Rx (Generic/Brand)	\$100 Generic or Biosimilar/ \$150 Brand Copay		0% After Ded.	



Telehealth Virtual Provider **Dr. On Demand**

Visit on your smartphone, tablet or computer from virtually anywhere and save money compared to a traditional office, urgent care or ER visit. Members enrolled in Atlantic Bottling Company's medical plan are subject to no charge.

See a Doctor in Minutes

Get treatment for 90 percent of all common ER complaints, from common colds to uncommon rashes. Plus, connect with a therapist or psychiatrist whenever and wherever you're comfortable.

Get treatment for:

- Cold and flu
- Bronchitis and sinus infections
- Urinary tract infections
- Sore throats
- Allergies
- Fever
- Headache
- Pink eye
- Skin condition
- Other conditions such as mental health

Getting started is easy



1. Scan the QR code below to download the Doctor on Demand app or visit [**DoctorOnDemand.com/Wellmark**](https://DoctorOnDemand.com/Wellmark)
2. Have your Wellmark Blue Cross and Blue Shield member ID card ready.
3. Create an account or sign in to begin your visit.
4. Pick your provider. Select the next available appointment or find the time best for your schedule.

QUESTIONS:

CALL 800-997-6196

Callers could experience longer wait times between 10 p.m. and 6 a.m. CST or may be directed to schedule an appointment in some instances.



Wellness Benefit

What is the Wellness Benefit?

Eligible employees and spouses that complete a physical between September 1st and August 31st will receive a \$400 reduction in their medical premium for the following plan year. This amount equals \$14.81 for single and \$29.63 for employee/spouse and family coverage against your medical premium per pay period. Members can check their eligibility in PayCom under Information and then Additional Information. Note, if you received a DOT physical for your CDL, Atlantic Bottling Company just needs a copy of your med card to verify the dates. If you are not on our plans currently but plan to be for 2026, there is a Wellness Affidavit you can have your physician fill out to still receive the credit. All documents can be emailed to payroll@atlanticbottling.com.

Voya Worksite Plans

How can the Wellness Benefit Help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The wellness benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

It's Automatically Included

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

How Much Is The Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

WELLNESS BENEFIT WITH YOUR ACCIDENT INSURANCE:

\$50	For yourself and all covered dependents	+	\$50	(100% of the benefit amount) For each covered child*
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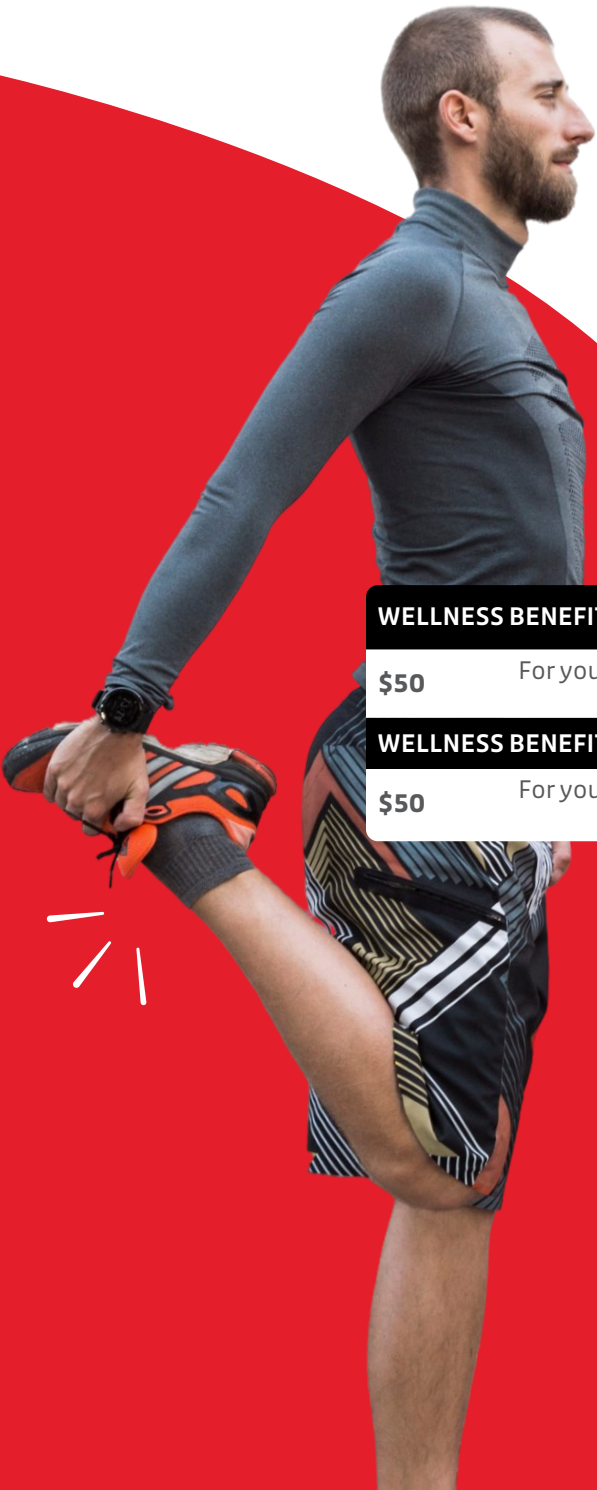
WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS SPECIFIED DISEASE INSURANCE:

\$50	For yourself and all covered dependents	+	\$50	(100% of the benefit amount) For each covered child*
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**Maximum waived for all covered children per calendar year*

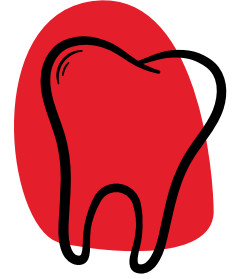


**QUESTIONS ABOUT
THE CLAIM PROCESS
CALL 888-238-4840**



Dental **Delta Dental**

Taking care of your oral health is not a luxury — it's a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.



When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

How to Find a Provider: Visit www.deltadentalia.com and click on Find a Provider, select Delta Dental Network Dentist and choose Delta Dental PPO Plus Premier for Plan Network.

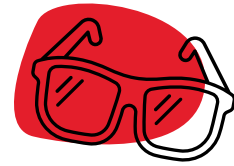
	NO ORTHO		ORTHO	
	DELTA DENTAL PPO	DELTA DENTAL PREMIER®/NON PAR	DELTA DENTAL PPO	DELTA DENTAL PREMIER®/NON PAR
DEDUCTIBLE				
Individual	\$25	\$50	\$35	\$70
Family	\$75	\$150	\$105	\$210
Annual Maximum	\$1,000		\$1,000	
PREVENTIVE CARE				
Exams, Cleanings, X-rays	0%	0%	0%	0%
BASIC SERVICES				
Fillings, Sealants, Extractions, Emergency Exams	10%*	20%*	10%*	20%*
MAJOR PROCEDURES				
Crowns, Inlays/ Onlays, Dentures and Bridgework, Repairs	50%*	50%*	50%*	50%*
ORTHODONTIA				
Children (up to 19th birthday)	Not Covered	Not Covered	50%	50%
Lifetime Orthodontia Coverage	Not Covered		50% up to \$3,000	

* Subject to deductible

PER 27 PAY PERIODS	NO ORTHO PLAN	ORTHO PLAN
Employee Only	\$13.23	\$12.79
Employee + Spouse	\$25.89	\$25.04
Employee + Child(ren)	\$28.52	\$32.88
Employee + Family	\$47.83	\$53.80

Vision Avesis

Healthy eyes and clear vision are an important part of your overall health and quality of life. Visit avesissimplr.veriben.net and click on “Find a Provider.”



	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Exam <i>(Includes Refraction)</i>	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket maximum	N/A
Contact Lens Fit & Follow-up		
Standard Contact Lens Fitting	Up to \$50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to \$75 member out-of-pocket maximum	N/A
Materials*	\$10 copay <i>(Materials copay applies to frame or spectacle lenses, if applicable.)</i>	
Frame Allowance <i>(Up to 20% discount above frame allowance)</i>	\$200 allowance	Up to \$70
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Lens Options		
Polycarbonate <i>(Single Vision/Multi-Focal)</i>	\$40/\$44 member OOP maximum	N/A
Standard Scratch-Resistant Coating	\$17 member OOP maximum	N/A
Ultra-Violet Screening	\$15 member OOP maximum	N/A
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	\$45 member OOP maximum	N/A
**Standard Progressives (Level 1/2)	\$50 Allowance	Up to \$40
Premium Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Plastic Photochromic <i>(Single Vision/Multi-Focal)</i>	\$70/\$80 member OOP maximum	N/A
Polarized	\$75 member OOP maximum	N/A
PGX/PBX	\$40 member OOP maximum	N/A
Other Lens Options	Provider discount up to 20%	N/A
Contact Lenses * <i>(in lieu of frame and spectacle lenses)</i>		
Elective <i>(10% discount on amount exceeding allowance)</i>	\$200 allowance	Up to \$170
Medically Necessary	Covered in Full	Up to \$250
Refractive Laser Surgery	One-time/lifetime \$150 allowance Provider discount up to 25%	One-time/lifetime \$150 allowance
Benefit Frequency (once every 12 months)	Eye Exam/Lenses or Contacts/Frames	

**After \$50 allowance, the member's out-of-pocket cost is \$75 for L1 progressives or \$110 for L2 progressives.

PER 27 PAY PERIODS

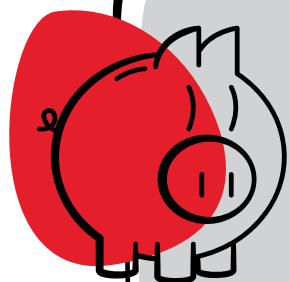
Employee Only	\$3.92
Employee + Spouse	\$7.27
Employee + Child(ren)	\$7.41
Employee + Family	\$10.11

Funding Accounts

HSA **Voya**

A Health Savings Account (HSA) is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars — now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan.

How a Health Savings Account works



Eligibility

You must be enrolled in one of the High Deductible Health Plan.

Contributions

Employer Annual Contributions: \$800 EE, \$1,000 EE/SP and EE/CH, \$1,200 Family. You contribute on a pretax basis and can change how much you contribute from each paycheck up to the annual IRS maximum of \$4,400 if you enroll only yourself or \$8,750 if you enroll in family coverage. Limits include employee and employer contributions. You can make an additional catch-up contribution of \$1,000 if you are age 55 or older.

Eligible Expenses

You may use your HSA funds to cover medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.

Your HSA is Always Yours — No Matter What

One of the best features of an HSA is that any money left in your account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.

FSA's Voya

Flexible Spending Accounts (FSAs) allow you to pay for eligible expenses using tax-free dollars. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and Dependent Care expenses.



Health Care FSA

Contribute up to \$3,300 per year, pre-tax, to pay for eligible health care expenses, such as copays, prescription expenses, lab exams and tests, contact lenses and eyeglasses.



Dependent Care FSA

Contribute up to \$7,500 per year (\$3,750 if married and filing separate tax returns), pre-tax, to pay for day care expenses associated with caring for elder or child dependents that are necessary for you or your spouse to work or attend school full-time. You cannot use your Health Care FSA to pay for Dependent Care expenses.

Use It or Lose It

There is no carryover or grace period. You have until **March 31st** to submit claims for expenses incurred through December 31st. Per IRS regulations for pre-tax contributions, unused dollars will be forfeited.



Personal & Income Protection

Accident Insurance **Voya**

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. As you learn more about Accident Insurance through Voya, keep in mind:

- No medical questions or tests are required for Accident coverage.
- Employees, spouses and each covered child get an annual Wellness Benefit of \$50 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like. Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How Much Does It Cost?

PER 27 PAY PERIODS	
Employee Only	\$3.33
Employee + Spouse	\$6.65
Employee + Child(ren)	\$7.16
Employee + Family	\$10.48

What's Covered?

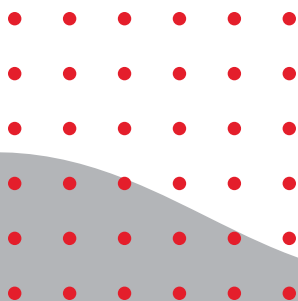
Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. Some of the most common treatments and conditions for paid benefits include:

- ER treatment
- Stitches
- X-rays
- Follow-up doctor treatment(s)
- Physical Therapy

Payment Amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

ACCIDENT-RELATED TREATMENT	BENEFIT
Emergency room treatment	\$225
X-ray	\$75
Physical or occupational therapy (up to six per accident)	\$45
Stitches (for lacerations, up to 2")	\$60
Follow-up doctor treatment	\$90
Hospital admission	\$1,250
Hospital confinement (per day, up to 365 days)	\$275



Critical Illness Insurance **Voya**

There are more than just medical bills to pay after a heart attack, stroke, or other unexpected covered medical condition. Critical Illness Insurance provides a benefit payment that can help. As you learn more about Critical Illness Insurance through Voya, keep in mind:

- No medical questions or tests are required for coverage.
- Employees, spouses and each covered child get an annual Wellness Benefit of \$50 for completing an eligible health screening test.
- Benefit payments go directly to you. Use them however you'd like!

Critical Illness Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come — directly to you — to be used however you'd like. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How Much Coverage Is Available?

You have the option to enroll in coverage in the amount(s) below.

COVERAGE AMOUNT	
For You	\$10,000
Your Spouse	50% of Employee Benefit
Your Child(ren)*	50% of Employee Benefit

*Child(ren) up to age 26.

What's Covered By Critical Illness Insurance?

Critical Illness Insurance provides benefits for the covered conditions and diagnoses shown below. The most common conditions for pay claims for include:

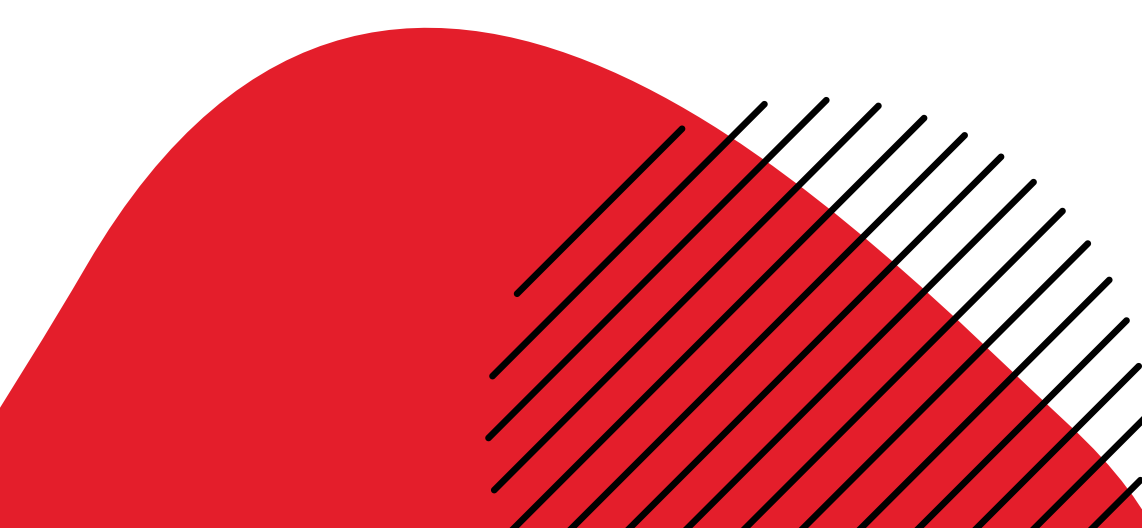
- Heart Attack
- Kidney failure**
- Stroke
- Coronary artery bypass
- Cancer

Benefit Amounts

If one of these events happens on or after your coverage effective date, and your claim is approved, benefits are payable at 100% of the Critical Illness benefit amount shown unless otherwise stated. Use your benefit payment however you'd like.

COVERED CONDITION	% OF BENEFIT
Heart attack*	100%
Cancer	100%
Stroke	100%
Kidney failure**	100%
Coronary artery bypass	25%

*A sudden cardiac arrest is not in itself considered a heart attack.
** Listed in the certificate of coverage as "major organ transplant," which means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.



How Much Does Critical Illness Insurance Cost?

The table below shows how much you'll pay for Critical Illness Insurance. Rates are dependent on your age and amount of coverage selected.

EMPLOYEE COVERAGE BI-WEEKLY RATES (27 PAY PERIODS) INCLUDES WELLNESS BENEFIT RIDER			
NON-TOBACCO USER (PER \$10,000)		TOBACCO USER (PER \$10,000)	
Age		Age	
Under 30	\$1.60	Under 30	\$2.40
30-39	\$2.62	30-39	\$3.42
40-49	\$4.54	40-49	\$7.24
50-59	\$7.78	50-59	\$13.95
60-64	\$12.80	60-64	\$20.80
65-69	\$12.80	65-69	\$20.80
70+	\$7.11	70+	\$27.02

SPOUSE COVERAGE BI-WEEKLY RATES (27 PAY PERIODS) INCLUDES WELLNESS BENEFIT RIDER			
NON-TOBACCO USER (PER \$5,000)		TOBACCO USER (PER \$5,000)	
Age		Age	
Under 30	\$0.80	Under 30	\$1.20
30-39	\$1.79	30-39	\$1.71
40-49	\$2.26	40-49	\$3.62
50-59	\$3.89	50-59	\$6.98
60-64	\$6.40	60-64	\$10.40
65-69	\$6.40	65-69	\$10.40
70+	\$8.55	70+	\$13.51

CHILDREN COVERAGE BI-WEEKLY RATES (27 PAY PERIODS) INCLUDES WELLNESS BENEFIT RIDER	
COVERAGE AMOUNT	RATE
\$5,000	\$0.66

* Children birth to age 26; no limit to the number of children per family.

Hospital Indemnity Insurance **Voya**

Important: This is a Fixed Indemnity Policy, Not Health Insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Questions About This Policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Looking for Comprehensive Health Insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, Hospital Indemnity Insurance can help. As you learn more about Hospital Indemnity Insurance through Voya, keep in mind:

- No medical questions or tests are required for coverage.
- Simplified claims process has limited paperwork and can be submitted/ tracked online.
- Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in — directly to you — to be used however you'd like. Choose this supplemental health insurance product for added protection should a covered hospitalization occur.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

COVERAGE TYPE	PER 27 PAY PERIODS
Employee	\$6.01
Employee + Spouse	\$13.22
Employee + Children	\$12.19
Employee + Family	\$19.40

* Child(ren) birth to age 26; no limit to the number of children per family.

Group Term Life Insurance **Voya**

You’re committed to caring for your loved ones for a lifetime. If the future doesn’t go the way you planned, Group Term Life Insurance can help. After a death, it provides a benefit payment that can be used for funeral expenses, co-signed loan debt, future education, or whatever your beneficiaries would like. It’s difficult to think about loss, but important to be prepared for the unexpected. The Group Term Life Insurance available through your employer is a simple way to stay covered in the coming year.

Accidental Death & Dismemberment coverage is also included

Keep your coverage even if you leave your employer

Get Basic Coverage At No Cost

Your employer is providing basic Group Term Life Insurance to you at no cost to you. This means that if you pass away during the “term” (your employer’s benefit year), beneficiaries will receive a benefit payment. Your coverage also includes Accidental Death & Dismemberment Insurance, which provides a benefit payment if you pass away or are severely injured in a covered accident.

The coverage being offered to you is:

COVERAGE AMOUNT	
For you	1.5 times your basic annual earnings, to a maximum of \$500,000

Age Reductions

Your benefit amount reduces to 65% of original coverage when the employee reaches age 65.

AGE	COVERAGE AMOUNT
65	65%
70	45%
75	30%
80	20%
85	15%
90	10%



Voluntary Life Insurance **Voya**

	COVERAGE AMOUNT	GUARANTEED ISSUE LIMIT
For you	\$10,000 to \$500,000, in \$10,000 increments, not to exceed 5 times basic annual earnings	\$20,000 to 2 plan increments, whichever is less. Any total Supplemental Life Insurance exceeding \$100,000
Your Spouse	\$5,000 to \$150,000, in \$5,000 increments, not to exceed 50% of your Supplemental Life amount	\$25,000 or 50% of employee (whichever is lower is guaranteed at initial enrollment)
Your Child(ren)*	\$1,000 to \$10,000, in \$1,000 increments	\$10,000

*Spouse must be under age 70. "Spouse" also includes domestic partners or civil union partners as defined by the group policy. Children up to age 26. If your spouse or child are eligible for coverage as an employee, they are not eligible for additional coverage as a spouse or child.

Guaranteed-Issue Limit and Evidence of Insurability

The guaranteed-issue limit is the amount that's available to new hires without providing evidence of insurability (EOI). During open enrollment, employees currently enrolled can increase by up to \$20,000, as long as total coverage doesn't exceed \$100,000. Late entrants will need to complete EOI for any increase. Spouses will need to complete EOI for any increase or new coverage. Children require no EOI for increases or new coverage. To get coverage beyond this limit, you'll need to complete the EOI form for all applicable family members. This form includes questions about current and past health conditions. Voya may request additional information before approving or denying coverage. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.

Age Reductions

Benefit amount reduces to 67% of original coverage when the employee reaches age 70; and 50% at age 75. Premium amounts are also reduced accordingly, and automatically adjusted for the new benefit amount(s).

How Much Does it Cost?

The cost of Voluntary Term Life and Accidental Death & Dismemberment Insurance varies depending on the coverage amount you select. Use table below to calculate monthly premium amounts. "Age" refers to the spouse's age as of January 1.

PREMIUMS	27 PER PAY PERIODS LIFE AND AD&D PER \$1,000 OF COVERAGE	
RATES	EMPLOYEE	SPOUSE
Under 25	\$0.044	\$0.030
25-29	\$0.044	\$0.030
30-34	\$0.044	\$0.036
35-39	\$0.066	\$0.047
40-44	\$0.092	\$0.067
45-49	\$0.143	\$0.112
50-54	\$0.225	\$0.172
55-59	\$0.371	\$0.271
60-64	\$0.469	\$0.343
65-69	\$0.790	\$0.564
70-74	\$1.294	N/A
75-79	\$2.508	N/A
80-84	\$4.548	N/A
85+	\$9.589	N/A
AD&D (Employee & Spouse) per \$1,000	\$0.017	\$0.012
Child Life Rate per \$1,000	\$0.089	
Child AD&D Rate per \$1,000	\$0.032	

Disability Insurance **Voya**

Short-Term Disability Income Insurance

Life doesn't stop when you're unable to work. If a maternity leave, planned surgery, or unexpected illness or injury affects your income, Short-Term Disability Income Insurance can help.

**No medical questions
or tests are required for coverage**

**One dedicated claim analyst
guides you throughout your leave**

More than half (60%) of US households have less than \$6,275 in liquid cash. That's what it would take for a family of four to replace income at the poverty level for three months.¹ Help keep a portion of your income protected with the Short-Term Disability Income Insurance that's available to you through your employer.

¹ "The State of Disability Coverage in America," Council for Disability Awareness, 2019.

Get Basic Coverage at No Cost

Your employer is providing basic Short-Term Disability Income Insurance to you, at no cost to you. This means that if a disabling illness or injury prevents you from working, you'll still be able to replace a portion of your income. When you become disabled, you must complete a waiting period before benefits are payable. When they do begin, here's how much you'll receive:

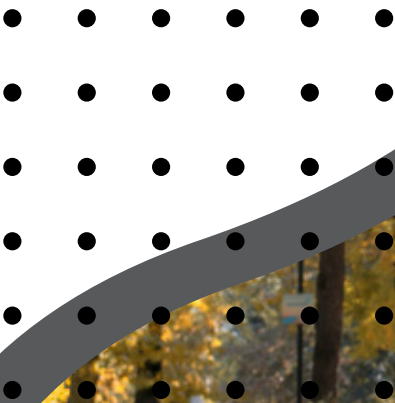
COVERAGE AMOUNT	
Benefit Amount	60% of your weekly earnings
Coverage Maximum	\$1,000 per week

Waiting Period

- The benefit waiting period for a disability caused by an accidental injury is 0 days.
- The benefit waiting period for a disability caused by a sickness is 7 days.

How Long Benefit Payments Last

Short-Term Disability Income Insurance is intended to replace income for a disability that lasts just a few weeks. The maximum amount of time that you're able to receive Short-Term Disability benefit payments is 13 weeks.



Long-Term Disability Income Insurance

It can take time to recover from a disabling illness or injury. When that time extends past your Short-Term Disability coverage, Long-Term Disability Income Insurance can help.

Payroll deduction means you don't have to worry about another bill

Work with your own dedicated claim analyst throughout your leave

More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach retirement age.¹ Help to keep a portion of your income protected with the Long-Term Disability Income Insurance that's available through Atlantic Bottling.

¹Disability Awareness Survey, Council for Disability Awareness, 2019

Get Basic Long-Term Disability Insurance

Atlantic Bottling provides basic Long Term Disability Insurance and pays 50% of the cost. This means that if a disabling illness or injury prevents you from working, and your Short-Term Disability coverage has run out, you'll still be able to replace a portion of your income.

When you become disabled, you must complete a waiting period before benefits are payable. When they do begin, here's how much you'll receive:

COVERAGE AMOUNT	
Waiting Period	90 consecutive days within 180 calendar days
Benefit Amount	60% of Monthly Earnings
Minimum Monthly Benefit	\$100
Maximum Monthly Benefit	\$7,000
Maximum Benefit Duration	SSNRA if disability occurs before 60
Definition of Disability	Loss of Duties and Earnings
Pre-Existing Condition	3/12
Rates (per \$100 per pay period)	\$0.16
Employee	\$0.08
Employer	\$0.08

Evidence of Insurability (EOI)

Only late entrants will need to provide Evidence of Insurability to be covered during this election period. When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.



Employee Assistance Program (EAP)

Employee Family Resource

EFR is dedicated to helping people manage life's challenges so they can reach their full potential. Your Employee Assistance Program is a toolbox of free and confidential services, including:

Phone-Based Support

Call us any time you have an issue, concern, or question. You have 24/7 access to masters-level counselors.

In-Person or Telehealth Counseling

Arrange counseling sessions with a masters-level counselor near your home or work counselors.

Child/Elder Care Resources

Free telephonic consultations and tailored lists of vetted local resources.

When Should I Call an EAP?

You should call an EAP when:

- You need counseling
- You need legal help
- You need child care or elder care resources and much more!

Call 800-327-4692 whenever you are experiencing one of life's challenges. We are available 24/7/365.

What Happens When I Call?

A counselor will answer your call. They will collect basic information and help you connect with a masters-level counselor to discuss your concerns or challenges. All calls are strictly confidential subject to legal requirements.

What Happens When I See the EAP Counselor?

- The masters-level counselor will listen to your concerns.
- The counselor will also help you explore other areas of your life to assess for strengths and supports, or factors contributing to your presenting issue or concern.
- The counselor will meet with you up to 3 sessions to complete a comprehensive assessment of your current circumstances and work with you to establish a plan for EAP sessions.

Common Questions:

Can I use the EAP more than once a year?

Yes, but each time you use the EAP, the counselor will be assessing your life circumstances so you will be eligible for a new set of three sessions if your circumstances have changed, or in 12 months, whichever comes first.

What is a new set of circumstances?

A new development in your life that has changed since your last EAP assessment.

Why can't I use the EAP more often?

EAP is an assessment, referral, and brief counseling model to assist employees with managing a wide variety of personal issues, but is not intended to replace therapy, treatment, or ongoing counseling.



Federal & State Benefit Navigation **FEDlogic**

A team of experts, ready to help.

FEDlogic is an advocacy service provided by your employer that gives you access to a team of experts who can assist you in understanding federal and state benefit options. FEDlogic’s experts have worked for the Social Security Administration and have spent years mastering these policies from the inside out. Without education and advocacy, many individuals don’t take advantage of all the benefits available to them. FEDlogic’s experts can provide you with peace of mind, ensuring that you identify and maximize all of your benefits. FEDlogic does not sell, endorse, or promote any products or services. FEDlogic is a team of unbiased advocates with decades of experience, here to help!

Medicare	Retirement	Disability
Healthcare.gov	SSI	Medicaid
Critical Illness	Dialysis	ALS
Survivor’s Benefits	Veteran’s Benefits	Tribal Benefits
COBRA	Premature Baby	Catastrophic Claims

Reasons to call an expert:

- You’re approaching or have reached age 65 and want help navigating Medicare
- You’re 62+ and want to maximize your retirement benefits or plan for the future
- You or a family member have been diagnosed with a critical illness or disability
- You have a child born prematurely and is in the NICU
- You have a lost a spouse and need help navigating survivor’s benefits
- You are unable to work or have lost affordable health coverage

How it works

1. Make a phone consultation appointment

Call us to schedule a phone consultation with one of our experts. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour and are unlimited, confidential, and free.

2. Tell us your story, ask questions, and learn

You don’t have to wade through tons of complex and confusing information to figure out what applies to you. We take the time to listen to your story and understand your needs, concerns, and goals. Then, we empower you with the unbiased information you need to maximize your benefits and make the best decision for your situation.

3. Enroll in your benefits

Once you feel confident you have all the information you need to make the best decision for you and your family, we’ll walk you through the application and approval process.

4. Have Peace of Mind

Without education and advocacy, many people don’t tap into all the Social Security and Medicare benefits they’ve paid into during a lifetime of employment. You’ll have the peace of mind knowing that you’re getting all the benefits you deserve.

So, sit back, relax and celebrate!

It’s all about you

FEDlogic’s experts are here to help your family navigate federal and state benefits. Their services are provided for you and your family by your employer and are always 100% free, confidential, and unlimited. FEDlogic will never promote, endorse, or sell any type of product or insurance.

401(k) Plan **Principal**

Atlantic Bottling provides full-time employees with a 401(k) Retirement Plan. Please see below for details.

Eligibility

To be eligible to participate in the retirement plan you must meet the following requirements:

1. Be age 18 or older.
2. Employees are eligible to contribute the 1st of the month following 30 days of employment.
3. Employees are eligible for company match the 1st of the month following 30 days of employment.
4. All new employees will be automatically enrolled at 3% contribution with an automatic annual increase of 1% up to 6%. The employee may opt-out of this by logging onto [Principal.com/Welcome](https://www.principal.com/Welcome).

Contributions And Company Match

Type: You may make pre-tax or Roth (after-tax) premium contributions, or a combination of both, from your paycheck on the first day of the month after you have met the eligibility requirement.

Amount: You can contribute 1% to 100% of your pay to the plan. The maximum amount you can contribute in 2025 is \$23,500. Amounts for 2026 have not been announced yet. If you will be age 50 by the end of the year, you may be eligible for an additional "catch-up" premium contribution. The maximum amount for 2026 is \$7,500. There is now a Super Catch-Up up to \$11,250 for anyone between the ages of 60-63. Anyone earning over \$145,000 in 2025 will be required to elect any catch-up as ROTH and not pre-tax for 2026.

Company Match: Atlantic Bottling will match 100% of the first 3% of pay contributed. Then will match 50% of the next 2% of pay contributed. Company match will be 50% vested after 1 year of employment and 100% vested after 2 years of employment.

Enrollment

Phone: call Principal Financial at 1-800-986-3343

Online:

1. Log on to their website at: www.principal.com/Welcome
2. Click "Get Started"
3. Follow the directions on the site



Other Information

Contributions Summary - Per 27 Pay Periods

MEDICAL RATES

	PPO BASE PLAN		HMO BASE PLAN	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Employee	\$97.83	\$142.28	\$81.53	\$125.97
Employee & Spouse	\$195.68	\$240.12	\$163.06	\$207.51
Employee & Child(ren)	\$181.36	\$225.80	\$151.13	\$195.58
Family	\$303.36	\$347.51	\$252.55	\$297.00

	PPO HDHP PLAN		HMO HDHP PLAN	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
Employee	\$28.12	\$72.56	\$22.13	\$66.57
Employee & Spouse	\$91.36	\$135.80	\$71.90	\$116.35
Employee & Child(ren)	\$85.48	\$129.92	\$67.28	\$111.72
Family	\$141.59	\$186.03	\$111.44	\$155.88

DENTAL RATES

	NO ORTHO PLAN	ORTHO PLAN
Employee Only	\$13.23	\$12.79
Employee & Spouse	\$25.89	\$25.04
Employee & Child(ren)	\$28.52	\$32.88
Family	\$47.83	\$53.80

VISION PLAN

Employee Only	\$3.92
Employee & Spouse	\$7.27
Employee & Child(ren)	\$7.41
Family	\$10.11

LONG-TERM DISABILITY

LTD Rates per \$10

Employee	\$0.08
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ACCIDENT INSURANCE

Employee Only	\$3.33
Employee & Spouse	\$6.65
Employee & Child(ren)	\$7.16
Family	\$10.48



VOLUNTARY LIFE & AD&D PLAN		
AGE	EMPLOYEE RATE	SPOUSE RATE
Life Rate per \$1,000		
Under 25	\$0.044	\$0.030
25-29	\$0.044	\$0.030
30-34	\$0.044	\$0.036
35-39	\$0.066	\$0.047
40-44	\$0.092	\$0.067
45-49	\$0.143	\$0.112
50-54	\$0.225	\$0.172
55-59	\$0.371	\$0.271
60-64	\$0.469	\$0.343
65-69	\$0.790	\$0.564
70-74	\$1.294	N/A
75-79	\$2.508	N/A
80-84	\$4.548	N/A
85+	\$9.589	N/A
AD&D (Employee & Spouse per \$1,000)	\$0.017	\$0.012
Child Life Rate per \$1,000	\$0.089	
Child AD&D Rate per \$1,000	\$0.032	

CRITICAL ILLNESS		
AGE	EMPLOYEE NON-TOBACCO (per \$10,000)	SPOUSE NON-TOBACCO (per \$5,000)
Monthly Rates \$1,000		
Under 30	\$1.60	\$0.80
30-39	\$2.62	\$1.79
40-49	\$4.54	\$2.26
50-59	\$7.78	\$3.89
60-64	\$12.80	\$6.40
65-69	\$12.80	\$6.40
70+	\$17.11	\$8.55
AGE	EMPLOYEE TOBACCO (per \$10,000)	SPOUSE TOBACCO (per \$5,000)
Monthly Rates \$1,000		
Under 30	\$2.40	\$1.20
30-39	\$3.42	\$1.71
40-49	\$7.24	\$3.62
50-59	\$13.95	\$6.98
60-64	\$20.80	\$10.40
65-69	\$20.80	\$10.40
70+	\$27.02	\$13.51
Children \$5,000 Benefit	\$0.66	



ATLANTIC *Coca-Cola*
BOTTLING COMPANY