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About This Handbook

This handbook was developed to help you learn about and understand your benefits at Coca-Cola Bottling Co. Consolidated (CCBCC). After reading the handbook, you will understand how each plan works and how you can use each plan most effectively. The following welfare and retirement plans are discussed in this handbook:


- **Retirement plans:** the Coca-Cola Bottling Co. Consolidated Employees Pension Plan (formerly known as the Restated Retirement Plan for the Employees of Coca-Cola Bottling Co. Consolidated) and the Coca-Cola Bottling Co. Consolidated Retirement Savings Plan (Savings Plan).

A separate section of this handbook is devoted to each plan. Each section, along with the “Overview” and “Administration” sections of the handbook, constitutes a summary plan description for the plan described in that section. Information about the Prescription Drug Plan is included in the Medical Plan section.

CCBCC as the Plan Administrator has the sole discretion and authority to administer the plans in all of their details, including the authority to interpret the plans and decide all questions concerning the plans. In addition, the Plan Administrator may use Claims Administrators to process claims. Each Claims Administrator will have the authority to review certain claims and, in so doing, interpret the plans and decide claims-related questions. The Claims Administrator, if any, for each plan is identified in the “Administration” section of this handbook.
CCBCC, in its sole discretion, reserves the right to amend, suspend, or terminate, in whole or in part, any or all of the plans at any time. These modifications or terminations may be made for any reasons CCBCC or its representatives deem appropriate. Nothing in this handbook says or implies that participation in the plans is a guarantee of continued employment with CCBCC or its subsidiaries. In addition, nothing in this handbook is intended to guarantee that benefit levels will remain unchanged.

If you have any questions about the plans described in this handbook, please contact:

CCBCC Corporate Benefits Department
Coca-Cola Bottling Co. Consolidated
4100 Coca-Cola Plaza
Charlotte, NC 28211
1-800-777-2653
An Overview of Your Benefits

At CCBCC, we believe each employee makes a unique and important contribution to our success. To attract and keep the caliber of people necessary for our continued growth and success, we offer a benefits program that is comprehensive and competitive.

The plans described in this handbook include:


- **Retirement Plans**: the Retirement Savings Plan and Employees Pension Plan.

This section provides an overview of the Welfare Plans, including eligibility and enrollment information. Eligibility and enrollment information for the Retirement Plans can be found in the Retirement Savings Plan Summary Plan Description and in the Employees Pension Plan Summary Plan Description.

**Fast Facts: Welfare Plans**

- Upon meeting the Welfare Plans’ eligibility requirements, you may enroll in the Welfare Plans.
- All enrollment activities are done on-line, on CCBCC’s myHR website (www.ccbccmyhr.com).
- You may enroll in the Welfare Plans when you are first eligible. You also may make coverage changes or begin or discontinue coverage each year during the annual enrollment period.
- If you are eligible, you may also enroll your eligible dependents in the following Welfare Plans: the Medical, Dental, Vision, and Dependent Life Insurance Plans.
- You are automatically a participant in the Prescription Drug Plan that corresponds to the Medical Plan option you elect.
- You have special enrollment rights if you or your dependent loses other health care coverage or if you acquire a new dependent. You and your dependent may also have special enrollment rights if you lose eligibility for Medicaid or a state child health plan, or if you become eligible for state premium assistance under a Medicaid or state child health plan with respect to the group health plan.

Your benefit choices remain in effect for the calendar year, January 1 through December 31. However, you may change some of your choices during the year if you have a change in status.
Quick Reference: Managing Your Benefits Enrollment

<table>
<thead>
<tr>
<th>If You Need To:</th>
<th>Who to Contact/What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain answers to questions about enrollment or dependent eligibility</td>
<td>Contact your Office Coordinator, local Human Resources representative, or the HR Contact Center at 1-888-317-6947.</td>
</tr>
<tr>
<td>Make benefit changes due to a change in status</td>
<td>Go to the myHR website and click on “Enroll for Benefits” to access the enrollment site. Follow the directions on the website to enter your enrollment changes. You must generally make all changes within 31 days of the event, or wait until the next annual enrollment period to make your changes!</td>
</tr>
</tbody>
</table>
Covering Yourself and Your Eligible Dependents Under the Welfare Plans

Welfare Plan Eligibility

Coverage for Yourself

If you are an active, full-time, weekly-paid employee of CCBCC or a subsidiary of CCBCC participating in the Welfare Plans and you are regularly scheduled to work at least 35 hours per week, you are eligible for coverage under the Welfare Plans on the first day of the month following three months of employment. Effective, January 1, 2014 you are eligible for coverage under the Welfare Plans on the first day of the month following two months of employment. However, your coverage under CCBCC’s life, dependent life, and disability insurance plans begins on the date specified in the applicable sections of this handbook.

If you are an active, full-time, semi-monthly paid employee of CCBCC or a subsidiary of CCBCC participating in the Welfare Plans and you are regularly scheduled to work at least 35 hours per week, you are eligible for coverage under the Welfare Plans on the first day of the month following one month of employment. However, your coverage under CCBCC’s life, dependent life, and disability insurance plans begins on the date specified in the applicable sections of this handbook.

Weekend merchandisers as well as part-time, seasonal, or temporary employees are not eligible for coverage under the Welfare Plans. Also, union employees are not eligible for coverage under any of the Welfare Plans. Finally, employees of Beverages and Beyond, Inc. (BYB) are not eligible for coverage under the Dependent Life Insurance Plan.

If you enroll, you may choose to enroll your eligible dependents in these Welfare Plans: the Medical, Prescription Drug, Dental, Vision, and Dependent Life Insurance Plans. However, dependents of BYB employees are not eligible for coverage under the Vision Plan.

For more information on enrolling for benefits, see “Enrolling in the Welfare Plans” on page 10.
Your Eligible Dependents

Your eligible dependents are generally defined as:

- Your legally married spouse with whom you have a certificate of marriage recognized under federal law. Your legally married spouse by a common law marriage is not considered an eligible dependent.

- Your children* up to their 26th birthday, regardless of whether they are married, employed, or have health insurance coverage available to them through their employment.

- Your unmarried children* who are not capable of supporting themselves because of a total mental or physical disability, provided that the disability began on or before his or her 26th birthday and you complete a certification of disability form and your physician completes a physician’s statement of disability form. Coverage may continue as long as your child is incapacitated.

*Eligible children include:

<table>
<thead>
<tr>
<th>Natural children</th>
<th>Required documentation</th>
</tr>
</thead>
</table>
| Adoptive children. Adoptive children are eligible for coverage when placed in your home regardless of whether the adoption decree is final; however, you must have filed a petition for adoption prior to the coverage effective date and you must pursue the final decree of adoption | • Adoption decree  
• Adoption petition |
| Stepchildren who fully depend on you for maintenance and support and who reside primarily in your household | • Marriage certificate  
• Birth certificate  
• Most recent year’s tax return |
| Children for whom you have a Qualified Medical Child Support Order (QMCSO), during the period specified | QMCSO |

Eligible children do not include foster children, grandchildren, or children living with you for whom you have legal custody or guardianship, or other children living with you.
Enrolling in the Welfare Plans

When your life changes, your benefits should change with it. That’s why, if you are eligible, you may enroll in the Welfare Plans and make changes to your benefits during any annual enrollment period. Certain changes in your life (marriage, divorce, new baby, etc.) also permit you to change your benefits during the year, as explained on pages 10-15.

Enrolling for Benefits

You may enroll in the Welfare Plans when you first become eligible or during the annual enrollment period each year.

If you choose to enroll, you may also enroll your eligible dependents in these Welfare Plans: the Medical, Prescription Drug, Dental, Vision (except for BYB employees), and Dependent Life Insurance Plans (except for BYB employees).

As a new employee you will receive an enrollment package. It is important to carefully review your enrollment materials so you can select the coverage that best suits your needs. You must complete your enrollment on the myHR website (www.ccbccmyhr.com) between the day you receive your first payroll check from CCBCC, and the eligibility date for your benefits.

If you are an eligible weekly-paid employee and you fail to enroll prior to the eligibility date for your benefits, you will automatically be enrolled in the Life and AD&D Insurance Plan, Short-Term Disability Plan for Weekly Paid Employees, and Long-Term Disability Plan, and receive these default coverages:

- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance coverage for yourself only; and
- Short-Term and Long-Term Disability coverage for yourself only.

If you are an eligible semi-monthly paid employee and you fail to enroll prior to the eligibility date for your benefits, you will automatically be enrolled in the Life and AD&D Insurance Plan, Salary Continuation/Short-Term Disability Program for Semi-Monthly Paid Employees, and Long-Term Disability Plan, and receive these default coverages:

- Basic Life and Accidental Death and Dismemberment (AD&D) Insurance coverage for yourself only; and
- Short-Term and Long-Term Disability coverage for yourself only.
Note: Employees are not required to have a qualifying event to increase their or dependents supplemental life insurance amounts. However Evidence of Insurability (EOI) will be required if increasing any level, except for children. You will be sent information either by email (if you have an email address on file) or a letter mailed to your home address from Unum instructing you to log into a secure website to complete the Evidence of Insurability (EOI) questionnaire online.

If you are an eligible weekly paid or semi-monthly paid employee and you fail to enroll prior to the eligibility date for your benefits, you and your eligible dependents will not be covered under the Medical, Prescription Drug, Dental, Vision, or Flexible Spending Account Plans. Your eligible dependents also will not be covered under the Dependent Life Insurance Plan. You will not be able to enroll yourself or your eligible dependents until the next annual enrollment period or until you satisfy the requirements described in “Changing Your Elections During the Year” beginning on page 12.

Your coverage remains in effect until the beginning of the next calendar year. In some cases, you may change your benefit elections during the year if you have a change in status or lose other health care coverage. For more information, see “Changing Your Elections During the Year” beginning on page 12.

Annual Enrollment Period

You may change your elections each year during the annual enrollment period. Typically these enrollment periods occur annually during the fall. During each annual enrollment period, you can log on to the myHR website at www.ccbccmyhr.com to review your elections for the following calendar year. You should make and/or change your benefit elections for the following calendar year as described in the annual enrollment materials provided to you.

Paying for Your Benefits

Each benefit option under one of the Welfare Plans has a cost based on the coverage level provided and the family members you wish to cover. You pay for your portion of the benefit costs for the following benefits with pre-tax dollars through payroll deductions: Medical, Prescription Drug, Dental, Vision, and Flexible Spending Accounts. You pay for the following benefits with after-tax dollars through payroll deductions: Supplemental Life/AD&D insurance for you and Supplemental Dependent Life Insurance. You pay for any voluntary benefits, such as Long Term Care coverage, with after-tax payroll deductions.

Pre-Tax Dollars Lower Your Tax Bill

You pay for many of your CCBCC benefits with pre-tax dollars. Pre-tax dollars come out of your pay before federal income; any applicable state and local, and Social Security/ Medicare (FICA) taxes are withheld. When your taxable pay is less, so is your tax bill.
Changing Your Elections During the Year

Requirements for Changing Elections During the Year

You may change your elections during the year in the following circumstances:

- If (1) you previously declined coverage under the Medical, Dental, and/or Vision Plan due to coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”), (2) the COBRA coverage ends (due to the exhaustion of an entire COBRA coverage period and not just the non-payment of COBRA premiums, and (3) you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the date coverage ends.

- If (1) you previously declined coverage under the Medical, Dental, and/or Vision Plan due to other health coverage, (2) the coverage was terminated due to loss of eligibility for the other coverage or because employer contributions for the other coverage terminate, and (3) you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the date coverage ends.

- If (1) you or your eligible dependent are covered under a Medicaid or state child health plan, (2) the coverage is terminated as a result of loss of eligibility and (3) you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 60 days of the date coverage ends.

- If (1) you or your eligible dependent becomes eligible for state premium assistance under a Medicaid or a state child health plan with respect to the group health plan, and (2) you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 60 days of the date you are determined to be eligible for such assistance.

- If you are required to provide coverage for a dependent child by a court judgment, decree or order resulting from divorce, annulment or change in legal custody, including a qualified medical child support order (see “Medical Child Support Orders” on page 24). You must visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the date of the medical child support order.

- If you or your covered spouse or dependent child becomes entitled to or loses eligibility for Medicare or Medicaid coverage (other than coverage solely for pediatric vaccinations) and you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the date coverage ends.
• If there is a significant change in the cost of your coverage. If your share of the cost of a Welfare Plan increases or decreases during a year, an automatic and corresponding change will be made to your contributions for the remainder of the year. However, if your share of the cost significantly increases or decreases, as determined by the Plan Administrator, you may make a corresponding change in contributions, revoke your election or elect coverage under another available plan (if any).

• If there is a significant change in your coverage. If a Welfare Plan adds or improves a coverage option during the year, you may be eligible to revoke your existing election and add the new or improved coverage option.

You may also change your elections during the year if:
• You have a change in status (see “Change in Status” below);
• The change in status results in you (or your dependent) gaining or losing eligibility for coverage under a Welfare Plan;
• Your election change is consistent with, or corresponds to, the gain or loss of eligibility for coverage; and
• You visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the change in status and provide any requested documentation regarding your change in status.

Change in Status

A change in status includes:
• Marriage;
• Divorce or annulment;
• Death of a spouse;
• Change in your or your dependent’s employment status that affects eligibility for coverage under the Welfare Plans;
• Your (or your dependent’s) termination or commencement of employment;
• The birth, legal adoption, or placement for adoption of a child;
• The death of a child;
• An event that causes your dependent child to satisfy or cease to satisfy the eligibility requirements for dependent coverage on account of attainment of age, student status or any other similar circumstance;
• Certain leaves of absence under the Family Medical Leave Act; or
• Other events that the Plan Administrator determines to be changes in status.
See the “Life Events” Section for More Information
For specific information on the benefit changes you are permitted to make if you have certain changes in status, see the “Life Events” section of this handbook.

When Your Election Change Becomes Effective

If you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days (or 60 days where applicable) of a change in status or other event (described on pages 12-15), your election, coverage change and any related changes to your payroll deductions will be processed as quickly as administratively possible after the date on which you submit your enrollment change; however, delays can occur if your enrollment is incomplete and/or the required supporting documentation is missing or insufficient.

If you visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of acquiring a child through birth, adoption or placement for adoption, your election and any related changes to your payroll deductions will be effective on the first day of the pay period after the date on which you make the enrollment change, and coverage will be effective retroactively to the date of birth, adoption or placement for adoption for any individual enrolling as a result of the birth, adoption or placement for adoption. Your enrollment change will be processed as quickly as administratively possible after the make this change on-line, however, delays can occur if your enrollment is incomplete and/or the required supporting documentation is missing or insufficient.

Failing to Provide Notice

If you do not visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days (or 60 days where applicable) of the change in status or other event described on pages 12-15, your benefit elections may not be changed until the next annual enrollment period. For example, if you have a newborn child and do not visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days of the child’s birth, you may not elect coverage for your child until the next annual enrollment period. If you divorce and do not visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes on-line within 31 days, your former spouse will not be eligible for coverage, but you will continue to pay for coverage for your former spouse until you change your coverage election during the next annual enrollment period.
Changing Elections

**Whom You May Cover**

<table>
<thead>
<tr>
<th>When you...</th>
<th>If you are covered under the Medical, Prescription Drug, Dental, and/or Vision Plan you may add...</th>
<th>If you are not covered under the Medical, Prescription Drug, Dental, and/or Vision Plan you may add...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get married</td>
<td>Your spouse and/or any eligible dependents*</td>
<td>Yourself, your spouse and/or any eligible dependents*—you must enroll yourself to enroll anyone else for coverage.</td>
</tr>
<tr>
<td>Have a child</td>
<td>Your spouse and/or newborn child and/or any other eligible dependents*</td>
<td>Yourself, your spouse and/or any eligible dependents*—you must enroll yourself to enroll anyone else for coverage.</td>
</tr>
<tr>
<td>Adopt a child</td>
<td>Your spouse and/or adopted child and/or any other eligible dependents*</td>
<td>Yourself, your spouse and/or any eligible dependents*—you must enroll yourself to enroll anyone else for coverage.</td>
</tr>
</tbody>
</table>

*Eligibility requirements must be met. See “Covering Yourself and Your Eligible Dependents Under the Welfare Plans” on page 8.
When Coverage Under the Welfare Plans Ends

When Coverage Ends for You

With respect to each of the Welfare Plans, you will lose coverage under a Welfare Plan when the earliest of these events occurs:

- The date you drop coverage.
- The date you are no longer employed by CCBCC or its subsidiaries.
- The date you convert to an employment status that is not eligible for coverage under the Welfare Plan.
- The last date for which you have made any required contribution for coverage.
- The date a Welfare Plan is terminated.
- The date a Welfare Plan is amended in a way that terminates your coverage.
- If your active status ends due to leave of absence, furlough, layoff, or temporary work stoppage due to a labor dispute, your coverage may be continued until the date CCBCC cancels your benefit coverage.

If you receive benefits after your coverage under a Welfare Plan ends, you must reimburse the Welfare Plan for the amount of benefits received for expenses incurred after coverage ends.

When Coverage Ends for Eligible Dependents

With respect to each of the Welfare Plans, your eligible dependents will lose coverage under the Welfare Plan when the earliest of these events occurs:

- The date your coverage ends.
- The date you drop coverage for an eligible dependent.
- The date your dependent ceases to be eligible for dependent coverage.
- The last date for which you have made any required contribution for coverage.
- The date dependent coverage is terminated.
- If your active status ends due to temporary layoff or leave of absence, dependent coverage may be continued until the date CCBCC cancels your benefit coverage.
If your covered dependents receive benefits after coverage under a Welfare Plan ends, you (or your dependents) must reimburse the Welfare Plan for the amount of benefits received for expenses incurred after coverage ends.

**Obtaining a Certificate When Coverage Ends**

If your coverage under the Medical, Dental and/or Vision Plan ends, you and your covered dependents will receive a Certificate of Continuous Coverage that shows your period of coverage under the Plan. You may need to furnish the certificate if you become eligible under another group health plan if that group health plan excludes coverage for certain medical conditions that you have before you enroll. You may also need the certificate to buy, for yourself or your family, an individual insurance policy that does not exclude coverage for medical conditions that are present before you enroll. You and your dependents may request a certificate by calling CCBCC’s COBRA Administrator (see the “Administration” section of this handbook for additional information regarding CCBCC’s COBRA Administrator).

**If Your Coverage Lapses Due to Non-Payment of Premiums**

If you fail to pay any required premiums, your coverage will terminate unless you are not actively employed because you are on a qualified leave of absence under the Family and Medical Leave Act of 1993. If your coverage ends due to the cancellation of your payroll deduction, you will not be able to enroll for coverage again until the next annual enrollment period.

**Conversion and Portability Available for Life Insurance Coverages**

If you leave CCBCC and its subsidiaries, you may have the option of taking your Basic Life and/or Supplemental Life Insurance coverage with you. More information can be found in the “Life and AD&D Insurance Plan” and the “Dependent Life Insurance Plan” section of this handbook.
Overview

Continued Medical, Dental, Vision, Prescription Drug and Health Care Flexible Spending Account Coverage under COBRA

If your medical, dental, vision, prescription drug or health care flexible spending account coverage ends, it is important to your financial health as well as your physical health to become covered again! Continued coverage under COBRA is one option. It is important to pay attention to COBRA enrollment deadlines to ensure that your coverage is not lost!

Continued Coverage When Medical, Dental, Vision, Prescription Drug or Health Care Flexible Spending Account Coverage Ends

When medical, dental, vision, prescription drug or health care flexible spending account coverage ends for you and/or your dependents, you may be able to buy continuation coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act). You do not have to show that you are insurable to choose continuation coverage. However, you must be eligible for this coverage—the Plan Administrator may terminate your COBRA coverage retroactively if it is determined that you are not eligible.

- Medical, dental, vision, prescription drug and health care flexible spending account coverage under COBRA may be available if you are eligible for and enrolled in the Medical, Dental, Vision, Prescription Drug and Health Care Flexible Spending Account Plans at the time coverage is lost.
- The cost of this coverage is solely your expense.
- The number of months you can continue coverage depends on the reason coverage ended and the plan under which you were covered.

CCBCC's COBRA Administrator is listed in the “Administration” section of this handbook.
## Continuing Coverage Under COBRA

### COBRA Qualifying Events:
If you lose coverage under the Medical, Dental, Vision or Prescription Drug Plan due to:

<table>
<thead>
<tr>
<th>Event Description</th>
<th>You Coverage</th>
<th>Your Spouse Coverage</th>
<th>Your Dependent Child Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termination of employment (for reasons other than gross misconduct); or Reduction in hours</td>
<td>18 months</td>
<td>18 months</td>
<td>18 months</td>
</tr>
<tr>
<td>NOTE: If you or a COBRA-eligible family member is disabled, special rules apply—see page 20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your death</td>
<td>Not applicable</td>
<td>36 months</td>
<td>36 months</td>
</tr>
<tr>
<td>Divorce</td>
<td>Not applicable</td>
<td>36 months</td>
<td>36 months</td>
</tr>
<tr>
<td>Dependent child loses eligibility</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>36 months</td>
</tr>
</tbody>
</table>

To begin COBRA coverage process:

- The COBRA Administrator will send you and/or your dependents a COBRA Enrollment Form. This form must be returned to the COBRA Administrator within 60 days from the later of the date coverage ended or the date on the enrollment form. If you fail to return the form to the COBRA Administrator within the 60-day time period, your COBRA election rights will be revoked.

- You or an eligible family member is responsible for informing your Branch Administrative Assistant/Facility Secretary or local Human Resources representative within 60 days from the later of:
  - the date of the event that causes the spouse or dependent child to lose coverage; or
  - the date on which the eligible family member would lose coverage because of the coverage-loss event.

- If you or an eligible family member does not report the event in the 60-day timeframe, and the initial notification of COBRA rights has been properly provided, the spouse and/or dependent child, as applicable, will lose the right to continue coverage.
Your entitlement to Medicare

<table>
<thead>
<tr>
<th>Not applicable</th>
<th>36 months</th>
<th>36 months</th>
</tr>
</thead>
</table>
| The COBRA Administrator will send you a COBRA Enrollment Form. The form must be returned to the COBRA Administrator within 60 days of the later of the date coverage ended or the date on the enrollment notice. If you fail to return the form to the COBRA Administrator within the 60-day time period, your COBRA election rights will be revoked.

A COBRA participant is deemed disabled (for Social Security disability purposes) during the first 60 days of COBRA coverage

| The disabled family member and non-disabled family members who are COBRA participants may extend COBRA coverage from 18 to 29 months. |
| The COBRA Administrator must be notified within 60 days after the date of Social Security’s determination and before the end of the original 18-month period. For more information, see “It’s Your Responsibility to Meet Notification Deadlines!” on page 21.

In order to continue coverage under the Health Care Flexible Spending Account Plan under COBRA, the maximum benefit available to you under the Health Care Flexible Spending Account Plan for the rest of the calendar year must be more than the amount that you could be required to pay to maintain coverage under the Health Care Flexible Spending Account Plan for the remainder of that calendar year. If you are eligible for COBRA coverage under the Health Care Flexible Spending Account Plan, this coverage generally will be available only for the remainder of the calendar year in which your COBRA qualifying event occurs (regardless of the type of qualifying event).

If you are covered under COBRA and:

- You die, divorce, or a dependent child ceases to be eligible, your affected family members may continue COBRA coverage, up to a maximum of 36 months from the date COBRA coverage first began, if they notify the COBRA Administrator of the change, elect to continue coverage, and pay all required premiums as required.
- You have or adopt a child, the child may be added to your COBRA coverage if you notify the COBRA Administrator of the birth or adoption as required.

Questions About COBRA?

If you have any questions about COBRA, contact your Office Coordinator or local Human Resources representative.
It’s Your Responsibility to Meet Notification Deadlines!

It is your responsibility to follow the COBRA enrollment steps and deadlines. Failure to meet deadlines could result in the revocation of your right to COBRA coverage.

<table>
<thead>
<tr>
<th>If coverage is lost due to termination of employment (for reasons other than gross misconduct), reduction in work hours, employee’s entitlement to Medicare, or employee’s death:</th>
<th>If coverage is lost due to divorce or loss of dependent eligibility:</th>
<th>If a COBRA participant is disabled:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The COBRA Administrator will send you and/or your eligible dependents a COBRA Enrollment Form.</td>
<td>You or your eligible dependent must contact your Office Coordinator or local Human Resources representative within 60 days from the later of the coverage loss event, or the date on which the eligible dependent would lose coverage because of the divorce or loss or dependent eligibility.</td>
<td>The COBRA Administrator must be notified in writing within 60 days after the date of the Social Security Administration’s determination of disability and before the end of the original 18-month period. Send the notification to the COBRA Administrator at the address listed in the “Administration” section of this handbook.</td>
</tr>
<tr>
<td>The COBRA Administrator must receive the form within 60 days of the later of the date coverage ended or the date on the enrollment notice or your COBRA election rights will be revoked.</td>
<td>The COBRA Administrator will send you a COBRA Enrollment Form. You or an eligible family member must complete the COBRA Enrollment Form and the COBRA Administrator must receive the completed form within 60 days of the later of the date coverage ended or the date on the enrollment notice or your COBRA election rights will be revoked.</td>
<td>The disabled person must also notify the COBRA Administrator within 30 days of any final determination that he or she is no longer disabled.</td>
</tr>
</tbody>
</table>

Paying for COBRA Coverage

You pay the entire cost of COBRA coverage (plus a 2% administrative fee). In addition, if you or a covered dependent is determined to have been disabled within the first 60 days of COBRA continuation coverage, you or your covered dependent, as applicable, may be charged 150% of the cost of coverage for any month after the 18th month of coverage.

- The initial premium (due retroactively to the date coverage under the Medical, Prescription Drug, Vision, Dental and/or Health Care Flexible Spending Account Plans ended, as applicable) must accompany the enrollment form or be received within 45 days of the date you sign the enrollment form.
• Subsequent premiums are due monthly on the first day of the month for which the coverage is being purchased. If the premium is received more than 30 days from the date it is due, your check will be returned and your coverage will be canceled.

When COBRA Coverage Ends

Continuation COBRA coverage for you or any spouse or child who is a qualified beneficiary will terminate for any of the following reasons:

• The end of the 18 months following loss of coverage due to termination of your employment (for reasons other than gross misconduct) or reduction in hours (if you or a family member is determined to be disabled by the Social Security Administration, the earlier of the end of 29 months or before the 60th day following the date the disabled individual is determined to be no longer disabled).

• The end of the 36 months following the date that COBRA first began if a child or spouse is receiving COBRA due to the employee’s death, divorce, Medicare entitlement or a dependent child’s ineligibility.

• The end of the calendar year in which your qualifying event occurred for COBRA continuation coverage under the Health Care Flexible Spending Account Plan (regardless of the type qualifying event).

• Becoming covered at any time under any other group health care plan. However, if a qualified beneficiary becomes covered under another group health plan during the 18-, 29-, or 36-month COBRA period and that plan contains a preexisting condition limitation that affects the qualified beneficiary, the COBRA participant may be eligible to continue COBRA coverage by providing confirmation in writing of the exclusion by the other group health plan. If the other plan’s preexisting condition limitation does not apply to the qualified beneficiary, COBRA coverage will end.

• Becoming entitled for Medicare.

• Failure to make timely payment of COBRA premiums (within 30 days of the due date).

• Termination of the CCBCC group health coverage.

COBRA continuation coverage may also be terminated for any reason coverage would be terminated for an employee or covered dependent not receiving continuation coverage (such as submitting fraudulent claims).
Continued Coverage Due to Uniformed Services

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) includes requirements for continuation of coverage under the Medical, Prescription Drug, Dental, Vision and Health Care Flexible Spending Account Plans during military leaves of absence and reinstatement of benefits following military leaves of absence.

A military leave of absence is a period during which you are serving on a voluntary or involuntary basis in the uniformed services in times of peace or war. The uniformed services include (1) the Armed Forces, the Army National Guard and the Air National Guard when you are engaged in active duty for training, inactive duty for training or full-time National Guard duty, (2) the commissioned corps of the Public Health Services, and (3) any other category of persons designated by the President in time of war or national emergency. A military leave of absence also includes a period during which you are absent from employment for an examination to determine fitness for duty or to perform funeral honors duty as authorized by law.

Continuation of Coverage

If your military leave of absence under USERRA is less than 31 days, coverage under the Medical, Prescription Drug, Dental, Vision and Health Care Flexible Spending Account Plans will continue as though you were on a temporary leave of absence.

If your military leave of absence under USERRA is 31 days or more, you may continue coverage for yourself and your covered dependents under the Medical, Prescription Drug, Dental, Vision and/or Flexible Spending Account Plans by paying the required premium to CCBCC until the earliest of the following:

- 24 months from the last day before your military leave;
- The day after you fail to apply or return to work; or
- The day the plans are terminated.

CCBCC may charge you and your dependents up to 102% of the total cost of coverage while you are on a military leave of absence under USERRA that lasts for 31 days or more. Premiums are due monthly on the first day of the month for which the coverage is being purchased. USERRA continuation coverage ends before the end of the maximum period described above if the premium for the continuation coverage is not paid within 30 days of the due date.
Any continuation coverage under USERRA runs concurrently with any COBRA continuation coverage available to you or your dependents. For example, if you receive 24 months of continuation coverage under USERRA, you will not also be entitled to an additional 18 months of COBRA continuation coverage once your USERRA coverage is exhausted.

Reinstatement of Benefits

If your coverage ends while you are on a military leave of absence under USERRA because you do not elect continuation coverage under USERRA or COBRA and you are reemployed by CCBCC or its subsidiaries, coverage for you and your eligible dependents may be reinstated.

If an injury or sickness occurs or is aggravated during the military leave of absence, all plan limitations will apply.
Medical Child Support Orders

If you are ordered by a court to provide coverage under the Medical, Prescription Drug, Dental, Vision and/or Health Care Flexible Spending Account Plan for your child who is not currently covered by you as a dependent and you are eligible for the applicable plan, you may add him or her as your dependent outside the annual enrollment period by contacting your Office Coordinator or local Human Resources representative. You must visit the myHR website (www.ccbccmyhr.com) and enter your enrollment changes online within 31 days of the qualified medical child support order (QMCSO) being issued.

If you do not comply with the QMCSO, CCBCC may be obligated to enroll your child (and you if you are not already covered) as your dependent. The cost of this coverage will be deducted from your pay. You can obtain a copy of CCBCC’s QMCSO procedures free of charge by contacting your Office Coordinator, local Human Resources representative, or the HR Contact Center, at 1-888-317-6947.