

2024 KO Benefits Guide

GET STARTED

Eligibility

GET IN THE KNOW

Enrollment

MAKE YOUR CHOICES

Health

EXPLORE

What's new

2024 UPDATES



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GET HELP

Take action!

Review your choices for 2024 to ensure you have the best coverage for you and your family.

Read [How to enroll](#) and [who you can cover](#).

Also, know [what happens if you don't enroll](#). Enroll at [KO Benefits](#).

Important Legal Information

This Benefits Guide is only an overview of The Coca-Cola Company's benefits and programs. The terms of each benefit plan are governed by the official plan documents, which will control in the event of any conflict or difference between the plan and the information in this Benefits Guide. The company reserves the right to amend or terminate any of its employee benefit plans or programs in the future.

Important notices related to your health plan, such as the Women's Cancer Rights, Newborn's and Mothers Health Protection, HIPAA Privacy, Children's Health Insurance Program (CHIPRA), Special Enrollment Rights, and Creditable Coverage, as well as the Summary of Benefits and Coverage (SBCs), can be found on [KO Benefits](#).

About your 2024 KO Benefits Guide

Making the most of your **KO Benefits** at Coca-Cola starts with selecting the right benefit plan options to meet the needs of you and your family. Before you enroll, take the time to:





- **Know your choices** - From healthcare plans to life and disability coverage to opportunities to save for the future or purchase additional vacation days
- **Talk to a financial counseling coach** - Call **Ayco Financial Counseling** if you would like support to help you decide which benefits are the best for you and your family
- **Choose your benefits** - Make your elections before the enrollment window closes

The Coca-Cola Company subsidizes a portion of your costs and offers a range of programs to support the physical, mental and financial needs of employees and their families.


Learn all about **what's new** in 2024 

How to navigate this guide

As you review this guide, be sure to:

- Use the arrows on the left and right sides of each page to take you to the next or previous page.
- Use the tabs at the top of the page to jump from section to section.
- Click on underlined **links** to go to a website or jump to another section of the guide.
- Click on  for more information about that topic.
- Click on the  icon to download a document.
- Click on  to make the guide larger.
- Click on  to search for a key word or phrase.

LOOKING TO PRINT THE GUIDE?

Click on  at the upper left hand side of the screen to download the entire guide in Adobe PDF format.

Note that the PDF will include pop-ups and PDFs with additional information at the end.

Your KO Benefits at a glance



Health

- **Four medical plans** paired with a Health Savings Account (HSA) or with a Health Reimbursement Account (HRA); all plans include prescription drug coverage
- Three **supplemental health plans** (critical illness, hospital indemnity and accident insurance)
- Two **dental** and two **vision** plans
- Flexible Spending Account (FSA) and Limited Purpose Flexible Spending Account (LPFSA)
- **KO Well-Being programs**, from free flu shots and health screenings to opportunities to manage your health



Financial

- The Coca-Cola Company **401(k)** and **Pension** (Cash Balance) plans
- Core and optional supplemental **life** and optional supplemental **accidental death and dismemberment (AD&D)**
- Company-paid short-term **disability (STD)**, company-paid long-term disability (LTD), with options to buy-up
- **Business travel accident (BTA)** insurance
- **Legal** assistance and **identity** theft protection plans
- Financial planning tools



KO Life+

- Vacation, holidays, leaves of absence (including paid family leave)
- **Employee Assistance Program (EAP)**
- Dependent Care Reimbursement Account (DCRA), tuition aid, commuter benefits, support for survivors
- Employee discount program
- Support for living with **diabetes**, **weight** management, **exercise** programs, **sleep** support, and **cancer**
- Family planning support from **fertility** to college, along with **adoption/surrogacy** financial support



What coverage am I eligible for?

The Coca-Cola Company offers access to certain health and wellness benefits if you work 30 hours or more per week. The company provides EAP, BTA and 401(k) to **all** active employees. Cash Balance Plan eligibility begins after you complete one year of service.

Note that you are not eligible to participate if you are included in a unit of employees covered by a collective bargaining agreement between an employee representative and the Company or any Affiliate, unless the collective bargaining agreement provides for participation in this plan.

- **The Coca-Cola Company automatically provides** Core life insurance (1.5 x base salary), Core LTD insurance, Business Travel Insurance (BTA), STD coverage, EAP and vacation and holidays
- **You may choose to enroll** in medical, dental, vision, supplemental health plans, the HSA, FSAs or DCRA, supplemental life, dependent life, AD&D, supplemental LTD, voluntary legal assistance and identity theft protection plans, and vacation purchase.*

* If you are hired on or after October 2, you may not purchase vacation for the current and/or the next year. You will be eligible to elect vacation purchase during the next year's Annual Enrollment period, with coverage going into effect the following plan year.



Dependent eligibility

In addition to covering yourself, you may choose to cover your eligible dependents.

At Annual Enrollment or **as a new hire**, you can add or drop a dependent for any reason. You will need to provide proper documentation (e.g., marriage license, birth certificate, utility bill) based on the type of dependent you are adding.

Outside of Annual Enrollment, you can only add or drop a dependent if you experience a qualifying life event, and you will need to provide documentation showing proof of the event.

Learn more about who your dependents include, how to confirm their eligibility, and when you can make changes.

Access KO Benefits Anywhere, Anytime

Visit **KO Benefits** from your mobile device to take advantage of tools and resources and learn more about your benefit options before you enroll.

View who is considered an eligible dependent

Learn more about who your dependents include for various benefit plans.

View dependent verification requirements

Learn more about verifying your dependents.

Confirming your dependent's eligibility

Learn more about the information you will need to provide to confirm your dependent's eligibility.

Changes during the plan year

Learn more about making changes during the plan year.

Important notice

The Coca-Cola Company is required under the Affordable Care Act to provide information (including Social Security numbers) to the federal government to validate that you have health insurance coverage.

During enrollment, please check **KO Benefits** to see if we have all the information on your dependents that we need to file accurate forms with the IRS. It is important that we have this information from you to ensure our files have the necessary information to report to the federal government.

How to enroll

Accessing KO Benefits

Work

Convenient, single sign-on access from Coca-Cola Connect

1. Navigate to Life and Career > Pay and Benefits > KO Benefits Enrollment
2. From the home page, select **'Enroll Now'** and follow the steps to enroll in your benefits

Home

Log in through Coca-Cola Connect

1. Type connect.coke.com into your web browser
2. Sign into **Coca-Cola Connect** using your Windows logon ID and password
3. Navigate to Life and Career > Pay and Benefits > KO Benefits Enrollment
4. From the home page, select **'Enroll Now'** and follow the steps to enroll in your benefits

Visit KO Benefits

Log in through KO Benefits

1. Type kobenefits.ehr.com into your web browser
2. Follow the prompts to access or create a new account
3. From the home page, select **'Enroll Now'** and follow the steps to enroll in your benefits

If you misplace your password, select the **'I Forgot My Password'** link on the homepage and follow prompts to reset password



First-time user?

1. Access [KO Benefits](#)
2. Click **'First time user? Create an account.'**
3. Follow the prompt to create your account.

What happens with my benefits if I don't make an active election during my enrollment period? [+](#)

Tips for enrollment [+](#)

NOTE: Security of your information remains a high priority for The Coca-Cola Company and our vendor partners. In partnership with Willis Towers Watson (WTW), you will see a security feature on [KO Benefits](#). Please follow the prompts to provide additional protection for your Coca-Cola benefit accounts or personal information.

Need help making benefits decisions?

If you have questions about any of your benefits, you can chat with the **Virtual Guide** or use the **Help Me Choose, Network Provider Search** or **Selection Analysis** tools.

Learn more about the tools [+](#)

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Your healthcare coverage

With **KO Benefits**, you have access to medical (including prescription drug), dental, vision, supplemental health plans and optional tax-free health accounts designed to offer:

- **Choice** among quality medical, dental and vision plans
- **Affordable options** that align with your healthcare and financial needs
- **Quality care and programs** for starting a family, parenting, or managing a condition
- **Tools** to help you understand your treatment options and stretch the dollars spent on healthcare

AETNA MEDICAL PLAN NETWORKS

Important! To find out if your provider is in the Aetna network, access the Aetna Health app, call **1-888-230-2653** (COKE) or go to [aetna.com](https://www.aetna.com).

Explore your medical coverage

You have four medical plan options that support an array of healthcare and financial needs:



BASE PPO WITH HSA



BUY-UP EPO WITH HSA




BUY-UP PPO WITH HSA



COPAY EPO WITH HRA




View a side-by-side comparison of your medical plans 


View 2024 monthly medical deductions 


As you think about the coverage you'll need for 2024, be sure to...

Maximize your medical plan deduction savings by staying tobacco-free.

Factor in the **Health Savings Account (HSA)** or **Flexible Spending Accounts** – tax-free ways to stretch your healthcare dollars.

How do the medical plans differ? 

What is the difference between a PPO and an EPO? 

What is the difference between embedded and aggregate deductibles? 

How does a claim work? 

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Paying for care

Preventive care is covered at **100%**.

For most other care...

You pay **100%*** until you meet the deductible



You + **the company** share costs in-network: **you pay 20%, the company pays 80%****



After out-of-pocket max, **the company pays 100%**



* You pay the **full negotiated Aetna cost** for prescription drugs (excluding generic medications which are not subject to the deductible) and emergency room care.

** Note that in the Copay EPO plan, you pay 10% and the company pays 90%

Where to go for the right care

When you need non-emergency care, you will **save time and money** by calling Aetna's Health Concierge or seeing your personal doctor or urgent care center vs. the emergency room (ER). Urgent care visits typically cost \$120 to \$150, while an ER visit can cost \$1,000 or more and your out-of-pocket cost (20% after the deductible) is much higher.

Here's how the medical plan options paired with an HSA cover treatment at an urgent care center and the ER.*

	Type of care	In-network Cost
Urgent Care Center	<ul style="list-style-type: none"> Sprains/strains Minor broken bones, infections or burns 	You pay 20%, after the deductible**
Emergency Room	<ul style="list-style-type: none"> Large open wounds Chest pain Major broken bones, head injuries or burns 	You pay 20%, after the deductible**

* If you are enrolled in the Copay EPO Plan, you will pay a flat copay for care at an urgent care center or the emergency room.

** You pay Aetna's negotiated network rates.

What is medical necessity certification? [+](#)

Learn more about preventive care [+](#)

New for 2024

Our medical coverage will now cover hearing aids for **all members**. Note that hearing aids are subject to the annual deductible and coinsurance and a \$3,000 maximum (per ear) every three years.

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Explore your prescription drug coverage


When you enroll in any of the medical plan options, you will have prescription drug coverage through CVS Caremark.*


TYPE OF PRESCRIPTION	Retail	Mail Order
Generic preventive (no deductible)	\$2 copay	\$5 copay
After the deductible is met**		
Generic (all other medications)	10% (Min \$10, Max \$50)	10% (Min \$25, Max \$125)
Preferred brand	20% (Min \$20, Max \$75)	20% (Min \$50, Max \$180)
Non-preferred brand	40% (Min \$40, Max \$125)	40% (Min \$100, Max \$300)

* There is no out-of-network prescription drug benefit in any of the medical plan options. That means, if you get your prescription filled at out-of-network pharmacies, you will not be reimbursed by the medical plan. You'll be responsible for **100%** of the cost, and it will not count toward your deductible or out-of-pocket maximum.

** The deductible **does not** apply to the Copay EPO Plan with HRA.

For questions about your pharmacy coverage, call **1-855-465-0028** or log on to [caremark.com](https://www.caremark.com). You can also go to info.caremark.com/coca-cola to access their drug pricing tool.

What happens when I fill a prescription? 

Can I use a third party copay assistance program to help pay for a medication? 

More on prescription drugs >



CVS Caremark vaccine network

Your prescription drug benefits include coverage for flu shots and other Centers for Disease Control and Prevention recommended vaccines available at more than 63,000 convenient locations, including CVS Pharmacy. No copay and no additional cost to you.

Visit [caremark.com](https://www.caremark.com) to find a vaccine pharmacy in your network. Call for availability and to make an appointment, if needed. Take your CVS Caremark prescription drug ID card and valid photo ID.

Note: COVID vaccines are covered through your prescription drug benefit on an in-network basis only, similar to coverage provided for all other vaccines. Additionally, COVID-19 testing is also reimbursed at the same level as other diagnostic testing.

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Ways to save on prescription drugs



There are a number of ways that you can save money on your prescription drugs, including the use of:

Generics

Generic medications, or “generics,” are therapeutically equivalent and have the same active ingredients as brand-name medications. They are approved by the U.S. Food and Drug Administration (FDA) for safety and effectiveness.

Mail Service Pharmacy

The CVS Caremark Mail Service Pharmacy provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication delivered to your home or other location with free standard shipping.

Specialty Pharmacy services

Certain chronic and/or genetic conditions require special pharmacy products – often in the form of injected or infused medications – through a separate network of mail service pharmacies. CVS Caremark will contact you if your medication needs to be filled by the mail service special network of pharmacies.

Maintenance Choice®

This program requires plan members to fill maintenance drug prescriptions for a 90-day supply by using either the CVS Caremark mail order service or visiting a CVS Retail Pharmacy.

Script Sync™

Schedule your pick-up (or delivery) dates for select prescriptions* to get your refills at the same time.

You can get this service through a CVS or Caremark Mail Service pharmacy. For more information, contact your local CVS pharmacy or Caremark customer care.

*Excludes controlled substances

Step Therapy

While it's easy to be inspired by the brand-name drugs advertised on TV, there are often equally effective prescription medications available at a much lower cost to you and the plan.

Pre-authorization and quantity limits for specific medications

A few medications require pre-authorization to be covered under a Coca-Cola medical plan. Some medications have limits to the quantity the company will cover under the plan in a given month.

Dispense as Written (DAW)

Term used on a prescription to indicate that the pharmacist must provide the exact medication and dosage that the doctor prescribed.

If your doctor writes a “dispense as written” brand-name drug prescription (preferred or non-preferred) or you request a brand-name medication with a generic equivalent, you are responsible for the cost difference between the generic and brand-name drugs, plus the coinsurance, up to a maximum out-of-pocket payment.

Note: The DAW charge amount **does not** apply to the Plan deductibles or out-of-pocket maximums.

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Explore the supplemental health plans

You have access to three supplemental health plans through Aetna, at low group rates, which can supplement your regular medical coverage in the event of catastrophic or high-cost medical needs. You pay 100% of the cost of coverage and have the option of enrolling annually. Once you enroll, your election automatically continues into the next plan year, unless you actively elect to change or discontinue coverage during Annual Enrollment. See the Summary Plan Description on [Coca-Cola Connect](#) for complete details. You may enroll in these plans even if you do not enroll in an Aetna medical plan.



Critical Illness Insurance

This plan pays cash benefits to you if you are diagnosed with a critical condition such as a heart attack, stroke, end-stage renal failure, cancer and more. Use the money to help cover your deductible or everyday expenses like utility bills, mortgage payments and groceries. The plan also includes a health screening benefit for a covered preventive test. You have two benefit options to consider (\$10,000 or \$20,000). Your monthly premium is determined by your age, tobacco use and coverage level.



Hospital Indemnity Insurance

This plan provides **Basic and Enhanced Plan options** that pay cash benefits when you are admitted or stay overnight for planned or unplanned hospital stays. This includes hospital stays related to ICU, newborn routine care, mental health or substance abuse care and more. Your monthly premium is determined by the level of coverage you choose.



Accident Insurance

This plan also provides **Basic and Enhanced Plan options** to help fill financial gaps caused by expenses related to an injury caused by a covered accident. Cash benefits are paid directly to you, no matter what is covered by your medical plan or other insurance. Use the money to pay coinsurance, deductibles or everyday expenses like mortgage payments, childcare or groceries. Your monthly premium is determined by the level of coverage you choose.

Filing claims is easy!

If you are enrolled in one of our medical plan options and purchase any supplemental health plan coverage, you can file a claim online for a covered medical event. Aetna will then match the details and process the supplemental health claim automatically without you having to provide supporting documentation. It's that easy.

View 2024 monthly supplemental health plan rates 

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Health Savings Account (HSA)



Save for medical expenses that occur today or tomorrow. Contribute pre-tax dollars, earn tax-free interest, invest unused funds and pay no taxes upon withdrawals used for eligible medical expenses, now or in the future.

Contributions to the Health Savings Account (HSA)

If you elect one of the medical plan options that are paired with an HSA:	Company contributes	You can contribute	Total annual contributions
For yourself only	Up to \$200*	Up to \$3,950	\$4,150
For you and any dependents	Up to \$400*	Up to \$7,900	\$8,300

* Coca-Cola contributes up to \$100 (for you only) and up to \$200 (family), plus a **100% match** on what you contribute up to \$100 (for you only) and up to \$200 (family), for a total possible company contribution of up to \$200 (for you only) and up to \$400 (family).

You can contribute up to another \$1,000 if you will be age 55 or older in 2024.

Unused HSA funds carry over from year to year and are yours to keep even if you leave the company. You can change your HSA contribution at any time throughout the year. **Remember, you can save this money for your future healthcare expenses, even into retirement.**

Important information about opening your HSA

What is a qualified expense?

What are the tax implications of an HSA?

How can I pay for care?

Can I invest my HSA balance?

What tools can I take advantage of?

Who can contribute to an HSA?

You can contribute to an HSA if you enroll in one of the medical plan options paired with an HSA, as long as you are not:

- Enrolled in another health plan that is not an HSA-qualifying plan
- Enrolled in a Health Reimbursement Account (HRA) or standard Flexible Spending Account (FSA)
- Listed as a dependent on another person’s tax return
- Currently enrolled in Medicare
- Receiving any health benefits from the Veterans Administration (or one of their facilities including prescription drugs) for a non-service-related condition in the past three months.

Checking your HSA balance is easy!

1. Start by visiting payflex.com
2. Click ‘Your Accounts’

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Aetna's Health Concierge

Your personal health assistant. You can get help selecting a doctor, get answers about your coverage or a diagnosis, locate network providers and more, saving you time and stress.

Aetna's Health Concierge is available Monday through Friday, from 8:00 a.m. to 6:00 p.m. ET by calling 1-888-230-COKE (2653).

Care included with your medical plan

You also have access to a number of important and integrated programs that can support you through your life and health journeys.



SleepCharge (by Nox Health)* +

Getting enough sleep – good quality sleep – is essential to feeling your best and staying alert throughout the day.



Onduo +

If you're living with type 2 diabetes or struggling with your weight, having the right support is important to help you have a healthy lifestyle.



SimpleTherapy +

If you are finding that going to the doctor to manage your back or joint pain is not doing the trick, getting more ongoing help could make a difference.



Transform Oncology Program +

Available to help you and your family go through a cancer diagnosis journey, providing personalized and expert support.



Institutes of Quality and Centers of Health +

You have access to a national network of facilities, surgery centers or clinics that have met exceptional standards of quality and cost-efficiency for complex and specialized care.



2nd.MD +

Not sure what the specialists are telling you? Getting a second opinion to confirm a diagnosis, treatment or a procedure is often the right step to take.

*You are not eligible to participate if you are included in a unit of employees covered by a collective bargaining agreement between an employee representative and the Company or any Affiliate, unless the collective bargaining agreement provides for participation in this plan.

[More on care management >](#)

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More ways to give you the care you need through your medical plan

Lifestyle and condition management coaching

Professional health coaches are available to talk with you about your health challenges and help you make healthy changes — providing encouragement, helpful tips and ideas or you can complete a self-paced online program.

Aetna offers lifestyle and condition management coaching programs to support members with:

- Weight management
- Exercise management
- Nutrition management
- Stress management
- Tobacco cessation
- Elevated blood pressure
- General health education
- Metabolic syndrome
- Pre-diabetes
- Sleep

The service is free and confidential — Aetna does not share any personal information with the company. To get started, call **1-888-230-2653 (COKE)**.

AbleTo

When we say ‘health’ we mean everything that it encompasses — physical and emotional. AbleTo can help you take charge of your emotional and mental health with its 8-week virtual therapy and well-being programs you complete on your own time, which are personalized for you and your family’s specific needs and goals.

Contact Aetna to access AbleTo by calling **1-888-230-2653 (COKE)**.

Brightline

School pressure, stress, IEPs, anxiety, cyberbullies, tough behavior and self-esteem issues can take a toll on an entire family. Brightline is a pediatric behavioral health provider that offers dependents under the age of 18 and their caregivers with a full system of virtual on-demand personalized support and coaching to help them get back on track.

To learn more, go to hellobrightline.com/coca-cola. You can also call 1-888-224-7332 or email care@hellobrightline.com.

Care resources for Aetna members

24 Hour Nurse Line

Available 24 hours a day, 7 days a week, at no cost. Call **1-888-230-COKE** to access the service.

24/7 virtual services through Teladoc

Teladoc provides 24/7 access to doctors that can treat you from home, prescribe medications and more. Speak to a therapist or psychiatrist by phone or video 24/7, to meet a range of needs from everyday challenges to traumatic events. Call **1-855-TELADOC (835-2362)** or log on to Teladoc.com/aetna.

MinuteClinic

Walk-in clinics that treat a variety of illnesses and injuries, located inside CVS Pharmacy and Target stores.

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Tax Saving Features of Flexible Spending Accounts (FSAs) and Commuter Benefits*

FSAs are financial accounts that allow you to set aside money on a pre-tax basis to pay eligible healthcare or dependent care expenses. The money is pre-taxed and the full value of what you set aside may only be used for eligible expenses, which differ depending on the type of FSA.

→ Flexible Spending Account +

Use this account to pay for medical, prescription drug, dental and vision expenses. You can participate in the FSA for healthcare if you enroll in the Copay EPO Plan with HRA or you don't have company medical coverage.

→ Limited Purpose FSA +

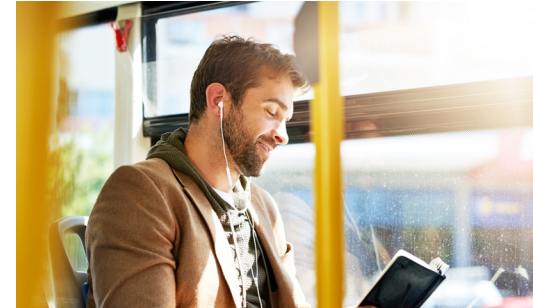
Use this account to pay for dental and vision expenses only, such as exams, coinsurance, deductibles, orthodontia, contact lenses, reading glasses and LASIK. You can participate in the Limited Purpose FSA if you enroll in any of the plans that are paired with an HSA.

→ Dependent Care Reimbursement Account (DCRA) +

Use this account to pay for day care centers, in-home care, certain day camps, and elder day-care.

→ Commuter Expense Reimbursement Account +

All employees are eligible for this benefit on their date of hire. Use this account to pay for eligible commuting expenses like public transit, vanpooling and parking using pre-tax money from your paycheck each month.



Important. The amount you elect to contribute to an FSA is taken from your paycheck in equal amounts through each pay period. Your account is funded with your full contribution amount shortly after your effective date of coverage. You will make a new election each year. Be sure to only contribute your estimated expenses to the account through December 31, 2024 — funds do not roll over year to year.

* You are not eligible to participate in the Flexible Spending Accounts if you are included in a unit of employees covered by a collective bargaining agreement between an employee representative and the Company or any Affiliate, unless the collective bargaining agreement provides for participation in this plan.

How can I get reimbursed for my FSA expenses? +

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KO Well-Being



Our Global Well-Being Rewards Program

At Coca-Cola, well-being is about each person having the support, resources, and flexibility to be your best self. Whether your focus is physical activity, healthy eating, mental health, or another aspect of well-being, Coca-Cola is here to support you.

Virgin Pulse*

This digital and mobile well-being platform promotes and rewards healthy lifestyle behaviors. Use it to track steps, participate in challenges, arrange guided coaching through journeys, track your habits and more.

Log on to <https://virginpulse.com> to learn more. Earn up to 1,000 **Celebrating You** points with activities through December 31.

* This global program is available to all employees, regardless of whether you are enrolled in a medical plan.

Aetna’s Well-Being Platform

Aetna’s digital and mobile well-being platform offers an engaging way to track steps, participate in challenges, arrange guided coaching through journeys, track your habits and more.

Earn up to **\$300** deposited directly into your **HSA** or **HRA** with activities completed by you and/or your spouse/domestic partner through **October 31**.

Log in to aetna.com, click **‘Health & Wellness,’** and then **‘Discover a Healthier You.’** Visit the App Store or Google Play to download the app.

KO Well-Being Rewards Program

Our KO Well-being Rewards Program allows you to decide what aspects of well-being you want to participate in, according to your needs.

You can earn **Rewards Points** for completing activities through Virgin Pulse. Those points turn into **Celebrating You** points that you can use to purchase gifts toward travel, merchandise, charity donations and more!

To learn more, visit [Connect > Life and Career > Pay and Benefits > KO Well-Being](#).

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Explore the dental plans



You have two plan options with Delta Dental, enabling you to choose between a Base Plan or a Buy-up Plan.

BENEFIT	Base Plan		Buy-up Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible (Individual / Family)	\$50 / person, up to \$150 / family		\$50 / person, up to \$150 / family	
Annual maximum	\$1,000 / person		\$2,000 / person	
Preventive and diagnostic	100% with no deductible		100% with no deductible	
Basic restorative care	70% after deductible	30% of R&C charge* after deductible	80% after deductible	50% of R&C charge* after deductible
Major restorative care**	50% after deductible	30% of R&C charge* after deductible	60% after deductible	40% of R&C charge* after deductible
Orthodontia	N/A	N/A	50% after deductible, up to \$2,500 / person lifetime maximum	50% of R&C charge* after deductible, up to \$1,000 / person lifetime maximum

* Reasonable and customary (R&C) charge, or the amount paid for a dental service in a geographic area based on what providers in the area usually charge

** For larger dental needs, ask your provider to request a pre-determination of benefits.

View 2024 monthly dental deductions

Delta Dental mobile app

The app allows you to:

- Review your plan details
- See your ID card
- Try out the musical toothbrush timer!



Download the app

1. Open the App Store or Google Play
2. Search for 'Delta Dental'
3. Download and go!

Questions?

For more details and to see which providers are in Delta Dental's PPO or Premier network, contact Delta Dental at **1-855-505-COKE (2653)**, or log on to deltadentalins.com.

The plan offers special benefits during pregnancy and for those with diabetes, heart disease, rheumatoid arthritis, HIV/AIDS or stroke. **Learn more.**

MEDICAL

PRESCRIPTION
DRUG

SUPPLEMENTAL
HEALTH PLANS

HEALTH SAVINGS
ACCOUNT (HSA)

CARE
MANAGEMENT

FLEXIBLE SPENDING
ACCOUNT (FSA)

WELL-BEING

DENTAL

VISION



Explore the vision plans

You have two plan options with VSP, enabling you to choose between a Base Plan or a Buy-up Plan.

SERVICE	Base Plan		Buy-up Plan	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Exam (every 12 months)	Free	\$30 allowance	Free	\$30 allowance
Retinal Exam (every 12 months)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Lenses (every 12 months)	\$20 material copay	\$20 single, \$30 bifocal and \$40 trifocal allowance	100%	\$30 single, \$40 bifocal and \$50 trifocal allowance
Frames	\$20 material copay, \$150 allowance; Adults (every 24 months); children (every 12 months)	\$20 material copay, \$30 allowance;	\$250 allowance	\$30 allowance Every 12 months
Contacts Every 12 months in lieu of frames	\$150 allowance (\$0 copay for fitting & evaluation fee)	\$100 allowance (fitting & evaluation fee not covered)	\$250 allowance (\$0 copay for fitting & evaluation fee)	\$125 allowance (fitting & evaluation fee not covered)



Benefits at your fingertips!

Visit vsp.com to:

- Find a doctor and get directions to your appointment
- Get perks, like rebates, special offers and promotions
- Access eye care information on a variety of topics

Questions?

Contact Vision Service Plan at **1-800-877-7195**, or log on to vsp.com.

View 2024 monthly vision deductions 

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Supporting your financial well-being

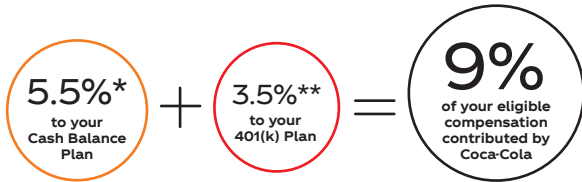
Coca-Cola helps you grow and protect your money with retirement, life and disability benefits and financial support programs.



Retirement

The Coca-Cola Company 401(k) Plan featuring matching contributions from the company of up to 3.5% of pay when you contribute to the plan.

The Coca-Cola Company Pension Plan (Cash Balance Plan) featuring a company contribution equal to 5.5% of eligible pay*



That's a total of **up to 9% of your eligible pay** contributed by the company to your financial future each year.



Life and disability

Life Insurance

- Company-paid core life insurance for you
- Optional supplemental life insurance for you, your spouse or domestic partner and children
- Optional supplemental accidental death and dismemberment (AD&D) for you and your family

Disability coverage

- Company-paid short-term and long-term disability payments
- Optional supplemental long-term disability insurance



Voluntary benefits

Legal assistance plan

- Voluntary plan providing legal coverage for you and your family

Identity theft protection

- Voluntary plan providing coverage for you or you and your family in the event you become a victim of identity theft or fraud



Financial well-being resources

Ayco

- Financial planning services for you, including decision support services as you make benefit choices.

Enrich

- Courses, tools, articles and videos to help you understand your finances and plan for the future.

* Go to [KO Benefits](#) for more information about your Cash Balance Plan.

** You must contribute at least 6% to the 401(k) Plan to receive the full 3.5% company match.

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Make the most of the 401(k) Plan


-  Set goals for the future
-  Take advantage of pre-tax and/or Roth after-tax savings
-  Benefit from Coca-Cola's matching contributions — up to 3.5% of your pay
-  Select the Annual Incentive payment contribution election, so you can easily determine your 401(k) withholdings on your incentive without impacting your ongoing election

Learn more about pre-tax contributions 

Learn more about Roth after-tax contributions 

What should I consider when deciding between pre-tax vs. Roth after-tax contributions 

Learn more about auto enrollment feature 

Learn more about rollovers 

Take advantage of the 401(k) Plan

Coca-Cola cares about your financial well-being, which includes having the resources to enjoy life once you retire.

Who is eligible*	Active, non-bargaining employees are eligible to participate after 30 days of employment with the company.
How you can save	Contribute up to 75% of your pay each pay period with pre-tax and/or Roth after-tax contributions, up to IRS annual limits. At age 50+, contributions continue until you reach the combined 401(k) and catch-up limits (estimated to be \$30,500 in 2024). You can also make a separate Annual Incentive payment contribution election. You may be able to roll over money from another 401(k) or an Individual Retirement Account (IRA).
Matching contributions	Coca-Cola matches part of your contribution, up to a total match of 3.5% of your pay. You always own (i.e., are vested in) your pre-tax, Roth after-tax and rollover contributions and immediately own any company matching contributions in the 401(k) Plan.
Automatic enrollment	The plan's auto-enrollment feature helps you save for retirement. When you become eligible, you are automatically enrolled at a 6% pre-tax contribution rate in the target date fund closest to your 65th birthday, unless you choose to contribute at a different level or opt out.
The Coca-Cola Company (KO) Stock Fund	You decide how to invest your 401(k) account among the various funds offered by the 401(k) Plan, including target date funds , whose asset allocation mix automatically moves from more aggressive to more conservative as you near retirement. Company matching contributions are invested in The Coca-Cola Company Stock Fund, which you can transfer into other investments at any time.
Getting money from your account	In general, your account balance is available to you: <ul style="list-style-type: none"> • If you terminate employment with the company • When you retire from the company • Through plan loans and limited hardship withdrawals while you're working for the company

*You are not eligible to participate if you are in a unit of employees covered by a collective bargaining agreement, unless that bargaining agreement provides for your participation in the 401(k) Plan. Prior service with the company or certain related companies may count toward the 30-day requirement.

[More on 401\(k\) >](#)

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Your 401(k) contributions

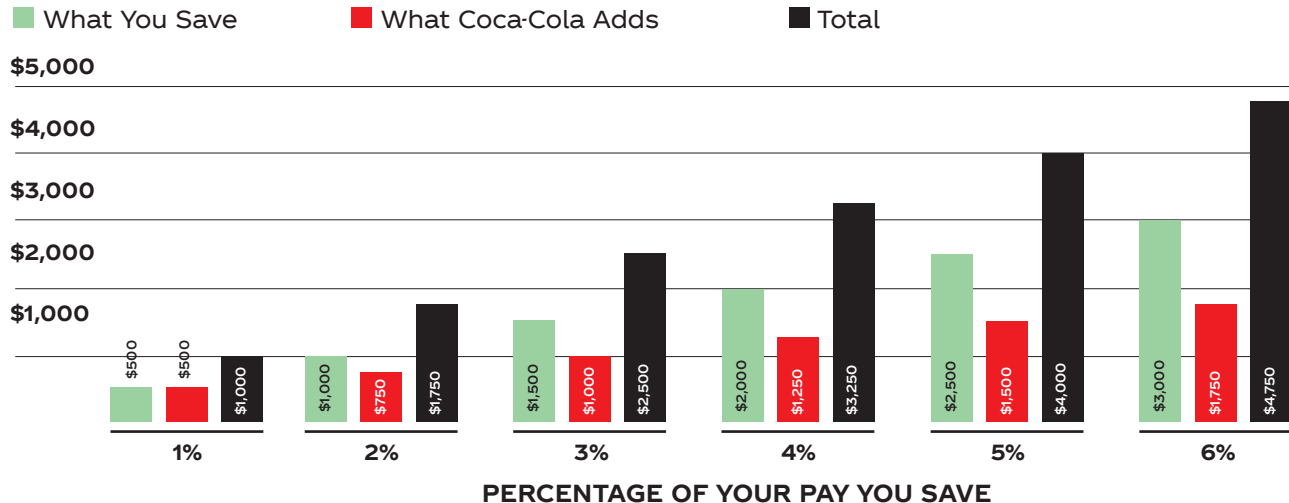
The power of the company match*

Company matching contributions can give your savings a big boost. If you contribute 6% or more of pay on a pre-tax and/or Roth after-tax basis, Coca-Cola will add 3.5% of your pay to your account.*

Here's how the matching contributions work:

- First 1% of pay you contribute, the company adds \$1 for each \$1 you save
- Next 5% of pay you contribute, the company adds 50¢ for each \$1 you save

As the below example illustrates, if you earn \$50,000 a year, each 1% you save is \$500.



* If you are a Portland union employee, Coca-Cola will match 100% of the first 3% of your pay to your account.

[More on 401\(k\) >](#)

About The Coca-Cola Company (KO) Stock Fund

The Coca-Cola Company matching contributions will be made in the Coca-Cola Company (KO) Stock Fund.

[Learn more about matching contributions](#)



One-on-one financial guidance is available

Transamerica retirement planning consultants (RPCs) are available for 30- or 60-minute individual conversations to discuss your financial goals and help you improve your retirement forecast.

To schedule your **no-cost, no-obligation** appointment with an RPC visit mycoca-cola401k.com or call 1-888-898-8766.

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If you do not provide investment instructions, your contributions will be invested in the target retirement date fund with the target date closest to your 65th birthday. For example, if you will be 65 in 2033, your investment would go to the target retirement date fund for 2035.

Making changes

You may change your investment elections at any time by going online to mycoca-cola401k.com or calling Transamerica at **1-888-898-8766** between 8 a.m. and 9 p.m. ET. Transfer requests received by 4 p.m. ET will be effective the next business day.

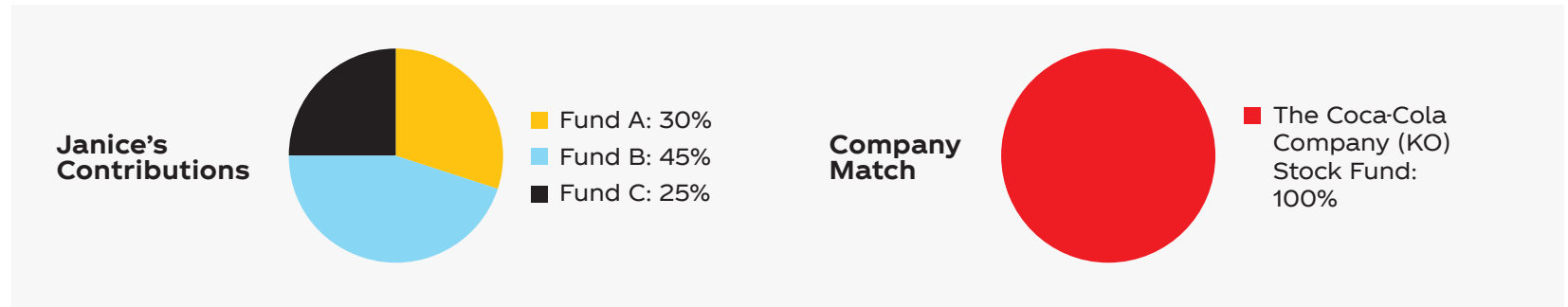
Investing and managing your 401(k) Plan account

With the 401(k) Plan, you have control over your investments – you can make changes as often or as little as you like.

You make investment elections for your contributions and the company match contributions are invested in The Coca-Cola Company (KO) Stock Fund each pay day. You can move the company match out of the KO Stock Fund at any time.

Here's an example

How do Janice's investment instructions apply when it comes to the company match?



Janice's contributions are divided 25% / 30% / 45%, and 100% of the company match goes to the KO Stock Fund. Janice can move the match out of the stock fund and decide to invest in different funds at any time.

Managing your account balance

You can manage your 401(k) account balance using two different methods.

1. **Online**
2. **By phone**

Don't forget to update your 401(k) Plan beneficiary

Check out your personal retirement focus with OnTrack®

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Learn about the Cash Balance Plan

The Cash Balance Plan is 100% funded by the company without any investment risk to employees. This account-based pension benefit grows similar to a savings account. For this reason, you can see the value of your benefit as a dollar amount that grows throughout your career, making it easy for you to plan for your future.

Your account is credited with:

- **Contributions** – The company contributes 5.5% of eligible pay* to your Cash Balance Plan each month
- **Interest** – The account earns a guaranteed minimum of 3.8% interest each year, which is applied monthly (note that the rate for 2024 will be 5.32%)

When you retire or end employment with Coca-Cola, your total benefit can be paid as:

- A lump-sum distribution, which you can roll over to The Coca-Cola Company 401(k) Plan, an IRA, or another qualified employer plan to defer taxes, or
- A monthly benefit for your lifetime, with options for continuing payments to a beneficiary upon your death

* If you were hired by The Coca-Cola Company before January 1, 2012, the Cash Balance Plan provides between 3% and 8% of eligible pay (based on your age), and if your most recent hire date is prior to January 1, 2010 and your age plus service on that date was 55 or greater, you are eligible for an additional 2% of eligible pay. On July 1, 2022, pay credits increased to a minimum of 5.5% of eligible pay for all employees. If you are currently eligible for pay credits higher than this amount (including the additional 2% contribution), the higher pay credit will be provided through June 30, 2027. On July 1, 2027, all employees will receive a contribution of 5.5% of eligible pay

Vesting

Once you complete one year of service, you will immediately own the benefits that accumulate in your Cash Balance Plan.

What about my legacy KO or CCR pension benefits?

You keep any retirement benefit you have earned.

Who is eligible?

How do I name beneficiaries?

Get easy online access to your Cash Balance Plan benefits

You can run estimates, initiate your benefit, see your cash balance account, name your beneficiary and more at [KO Benefits](#).

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Explore your life insurance benefits

Coca-Cola’s life and disability insurance provide a way for you to replace your income and make sure you and your family can bounce back from what life sends your way. Coca-Cola provides your core benefit and lets you add to it with optional supplemental coverage.



Core life insurance*

Coca-Cola provides company-paid core life insurance equal to 1.5 times your annual base pay with a \$2 million maximum benefit (core and supplemental combined). A \$50,000 option is available to avoid imputed income.



Optional life insurance for children

You may purchase life insurance coverage for your eligible dependent children age 14 days to age 26 with no statement of health – either \$5,000 or \$10,000. You select one amount for all of your eligible children.



Optional supplemental life insurance* +



Optional supplemental Accidental Death and Dismemberment (AD&D) insurance +



Optional life insurance for spouse/domestic partner

You can purchase life insurance for your spouse or domestic partner – with \$10,000, \$25,000, \$50,000 or \$100,000 coverage choices.



Business and travel accident insurance** +

*Core and optional supplemental life coverage amounts will be reduced at age 65, and again at age 70.

**You are not eligible to participate if you are included in a unit of employees covered by collective bargaining agreement between an employee representative and the Company or any Affiliate, unless the collective bargaining agreement provides for plan participation.

View optional supplemental life, spouse/domestic partner, and child life insurance monthly costs

View optional supplemental AD&D details and monthly costs

Statement of health

CURRENT EMPLOYEES

You can increase optional supplemental life and AD&D coverage during Annual Enrollment. Life insurance increases may require a Statement of Health.

New for 2024 Annual Enrollment

You can increase your optional supplemental life and AD&D insurance to six times your annual pay.

NEW HIRES

You will not need to provide a Statement of Health, regardless of the level of optional supplemental life insurance coverage you elect.

Life insurance coverage reminder

If the company employs both you and your spouse/domestic partner, neither of you are eligible for spouse/domestic partner life insurance coverage.

Additionally, only one employee will be allowed to elect child life insurance coverage to cover any eligible dependent child(ren).

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Disability benefits

Coca-Cola’s disability benefits, including short-term disability (STD) payments and long-term disability (LTD) insurance, keep part of your paycheck coming if you are sick or hurt and can’t work.

Short-term disability (up to 26 weeks)

Coca-Cola will continue 100% of your base pay for the first 8 weeks and then 75% of your base pay for the remaining 18 weeks through payroll, regardless of your years of service, subject to approval by Coca-Cola’s leave and disability administrator.

Contact MetLife at **1-877-765-COKE(2653)** for questions or to start a claim.

Long-term disability* (more than 26 weeks)

- **Core LTD insurance:** Paid for by Coca-Cola 50% of base pay minus any benefits you are eligible to receive from other sources, such as workers’ compensation or Social Security
 - **Supplemental LTD insurance:** Paid by you with after-tax payroll deductions
 - **Salaried employees:** 10% or 20% buy-up
 - **Hourly, daily and commission employees:** 10% buy-up
- When combined with your core LTD insurance coverage, replaces up to 60% or 70% of your base pay (minus any eligible benefits you receive from other sources) up to a \$20,000 monthly benefit maximum (core and supplemental combined).

*You are not eligible to participate if you are included in a unit of employees covered by a collective bargaining agreement between an employee representative and the Company or any Affiliate, unless the collective bargaining agreement provides for plan participation.

View supplemental long-term disability monthly costs [+](#)

Important information

The 50% core LTD benefit and the 10% or 20% supplemental options are subject to a pre-existing condition limitation. The plan will not cover any disability that is caused by, contributed to, or results from a pre-existing condition, and which begins in the first 12 months immediately after your effective date of coverage. A “pre-existing condition” is a condition resulting from an injury or illness for which you were diagnosed or received treatment within three months prior to your effective coverage date.

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Legal assistance plan

MetLife Legal Plans provide access to quality, affordable legal representation for you and your dependents. This plan provides easy access to a nationwide network of over 18,000 plan attorneys who provide legal advice and representation for a variety of matters, including will/trust preparation, real estate, document review and preparation, and more.

There are no copays or deductibles and no claim forms to complete when you use a network attorney.

You pay 100% for the cost of coverage and enroll annually. Your monthly cost for coverage on an after-tax basis is **\$16.70**.

What does the legal assistance plan provide coverage for? [+](#)



Identity theft protection

In today's world, a little extra protection is always a good thing. Identity theft protection provided through ID Watchdog has industry-leading technology that detects fraud at the source to catch misuse sooner and minimize damages.

You pay 100% for the cost of coverage and enroll annually. Your monthly cost for coverage on an after-tax basis is **\$6.90** (employee only) or **\$12.40** (family).

What tools and resources do I have access to? [+](#)



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Call Ayco Financial Counseling at **1-888-432-9261**. Counselors are available Monday through Friday 9 a.m. to 5 p.m. ET with appointments available Monday through Thursday until 8 p.m. ET.

Financial planning resources

Financial counseling with Ayco

The company provides full financial planning services for you – including decision support services as you make benefit choices. These services will be provided by The Ayco Company, L.P., one of the nation's leading providers of comprehensive financial counseling and education services.

Ayco Financial Counseling coaches can help you make smart choices and integrate your choices into an overall personal financial plan. Ayco Financial Counseling coaches are not commissioned salespeople, so there are no product sales.

Financial education with Enrich

Enrich is an online financial well-being platform that provides personalized financial education to help you build a strong financial future through a variety of courses.

Topics include financial education for short and self-assessments, learning tools, calculators, long-term planning; taking control of your finances and overcoming financial hurdles; and tools for learning how to stress less about money through better budgeting, saving, and planning. You can access Enrich through Virgin Pulse. Visit the Apple App Store or Google Play to download the app.

KO Life+



KO Life+ is a collection of programs that provides employees with time off, support for personal development, and flexibility and support for their personal and family needs.

Employee Assistance Program (EAP)

Guidance Resources through ComPsych provides 1-1 counseling, referrals, and support to assist you and your family members. This program includes referrals for elder care or childcare to stress and family conflicts to college planning and legal services.

To learn more, call **1-888-243-8917** or log on to guidanceresources.com (Company web ID COLA715)

RethinkCare

Use this **mindfulness** app to take advantage of sessions on mental health, happiness, meditation, emotional intelligence and more. You can access RethinkCare through Virgin Pulse.

WithU

The WithU app through Virgin Pulse offers flexibility that you can fit into your schedule. Virtual audio-based personalized **fitness programs** and classes are offered across a wide range of workout types, skill levels, equipment needs and fitness goals.

Tuition aid

Offering reimbursement for education (does not include training expenses).

Discount program

WorkPerks is our employee discount marketplace, providing access to a wide variety of money saving offers, including discount tickets, cars, rentals, experiences, and hotels, as well as pet-related discounts.

To get started, go to **Connect** > Life and Career > Pay and Benefits > KO Benefits and Well-Being > Company Discounts.

[More on KO Life+ programs >](#)



The Coca-Cola Company Credit Union

This full-service financial institution provides refreshing financial solutions for every state of life. Along with savings and checking accounts, members are offered:

- Auto and home loans
- Credit cards and personal loans
- Investment and wealth management services
- Mobile and online banking options

...and much more!

Visit creditunion.coca-cola.com to learn more about our exceptional list of offerings.



More KO Life+ programs

Adoption/surrogacy assistance

Coca-Cola provides up to \$10,000 in reimbursement for adoption or surrogacy related expenses.

Progyny

The premier **fertility benefit** designed to provide all-inclusive comprehensive coverage for cutting-edge fertility treatments to assist any member wishing to have a child.

Progyny's program includes a credentialed provider network, and a personalized concierge-style member support team (Patient Care Advocates) who offer education, support, and coordinated care.

The program supports the diverse needs of traditional, same-sex or alternative families.

If you have any questions about your fertility benefit, please speak with your Progyny Patient Care Advocate using the dedicated Coca-Cola line at **1-833 203-7998**, or visit progyny.com.

Survivor support

Providing financial counseling when a Coca-Cola employee, spouse or domestic partner passes away. To learn more, visit [KO Benefits](#) or call Coca-Cola HR Help at **1-877-676-7656** (or **1-404-676-7656** in Atlanta).

Cleo

Your front door to **family support** with personalized 1:1 guidance, resources and tips, specialist sessions, access to a network of parenting and caregiving experts, and more that is 100% paid for by the company.

Cleo supports you and your partner from the time you are considering growing your family, all the way through the child's first birthday. From family planning and the transition to parenthood, to navigating infant sleeping and feeding, to mental health support and beyond, Cleo can help.

For more information, download the Cleo for Families app, or visit hicleo.com/activate and enroll using **Company Code: TCCC**.


[More on KO Life+ programs >](#)


Paid time off

Vacation

Having time away to recharge your batteries and connect with your family, friends and community is important to a well-balanced life. That’s why Coca-Cola offers competitive vacation and paid holidays.

[Learn more !\[\]\(dbd508359b5ac3759f22c07a3f260de9_img.jpg\)](#)

View vacation schedule for salaried exempt employees 


View vacation schedule for hourly non-exempt employees 

Purchase additional vacation days

In addition to regular vacation time, you can purchase up to five additional days of vacation in one-day increments. The cost depends on your base pay, up to \$400 per day. Days purchased for 2024 cannot be converted back to cash and do not carry forward for use in 2025.

Holidays

Regular full-time employees have 12 paid holidays each calendar year, including seven company-wide observances and five floating holidays; part-time employees receive holiday pay if they would be regularly scheduled to work. To be paid for a holiday, you may not have an unscheduled absence either the scheduled workday immediately before or after the holiday.

View holiday schedule 

Floating holidays (first year)

The number of floating holidays you are eligible for is pro-rated based on your start date. Floating holidays do not carry forward from one year to the next, and Coca-Cola doesn’t pay out unused floating holidays if you terminate your employment (except where legally required).

View first year floating holiday schedule 

Paid parental leave


Giving you time off to bond with a new child

Our Paid Parental Leave policy provides male and female employees with paid time off to bond with a new child following birth, adoption, or placement for foster care. Regular full-time, non-bargaining employees who have completed at least 90 continuous days of employment with the company, will be eligible to take up to eight weeks of paid parental leave paid at 100% by the company. Contact MetLife at **1-877-765-COKE(2653)**, the company’s leave administrator, to apply for parental leave.

[Learn how paid parental leave works !\[\]\(4dab3bb991b618a9774d429f83febe10_img.jpg\)](#)



Contacts and resources

If you have any questions about your benefit options, you can get the contact information you need here. 

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What's New for 2024 KO Benefits

Each year we review our plans and programs to ensure they are continuing to meet the needs of our employees and their families. Take a pause during this year's Annual Enrollment to learn more about the available offerings with **KO Benefits** and the changes we are introducing for January 1, 2024.

Medical plan updates

There will be an increase to out-of-pocket maximums in all four medical plan options, and minor increases to the Buy-Up PPO Plan and Buy-Up EPO Plan deductibles to align with market trends.

Dental plan enhancements

The amount you pay (coinsurance) for basic and major restorative care in the Base Plan will be **lower** to align with market trends.

Prescription drug update

If you are prescribed Wegovy or Saxenda, two weight loss medications, you will be required to obtain prior authorization to ensure the drug is appropriate and the most cost-effective therapy for your condition.

Enhanced hearing aid coverage

Our medical plans will now cover hearing aids for all members.

100% coverage for diagnostic screenings

We want to emphasize the importance of taking care of your health by providing **100% coverage** for your first annual mammogram and/or colonoscopy*, whether it is for preventive or diagnostic purposes.

* Starting at age 45 (if you are under age 45 or need more than one colonoscopy in a year, the service will be subject to the deductible and coinsurance).

Updates on reimbursement for COVID vaccines and testing

With the end of the Public Health Emergency, COVID vaccines will be covered through your prescription drug benefit on an in-network basis only, similar to coverage provided for all other vaccines. Additionally, COVID-19 testing will also be reimbursed at the same level as other diagnostic testing.

Second surgical opinion required for hip impingement syndrome

For 2024, you will be required to receive a second surgical opinion for hip impingement syndrome. Data suggests that getting a second opinion for this type of procedure can help prevent unnecessary surgeries when alternative and less invasive treatments are available.

Increase to Health Savings Account contribution limits

The HSA contribution limit for 2024 is increasing to **\$4,150** for an individual and **\$8,300** for a family. If you are age 55 and over, you will be able to contribute an additional \$1,000 to the HSA

Increase to optional supplemental life and accidental death & dismemberment (AD&D) insurance

We are increasing the amount of optional supplemental life and AD&D insurance you can purchase **to six times your annual pay**.

If your current optional supplemental life election is five times your annual base pay and you wish to increase it to six times your annual base pay as part of 2024 Annual Enrollment, you can do so **without having to provide a Statement of Health**.

**Popup 1** – Page 4

Dependent verification requirements

If you're adding a new dependent to coverage, **you will be required** to certify the new dependent. The company requires coverage certification to help control our overall coverage costs (and yours) by ensuring that only eligible dependents are covered under our plans. This means that before you can enroll your dependent, you will need to provide proof of eligibility, for example, a birth or marriage certificate.

When you enroll one or more dependents for coverage, you are certifying that each dependent meets the required eligibility criteria outlined in your Summary Plan Description. In addition, when a dependent no longer meets the required eligibility criteria, you are required to notify the company immediately. When you enroll, you will need to provide certain information including Social Security numbers on **KO Benefits**.

The law requires health plans to provide this information for all plan participants. Be assured that **KO Benefits** is a secure and confidential website. The information on this site follows The Coca-Cola Company's strict policies and procedures to ensure the confidentiality and safety of your personal information.

For assistance, email **HR Help** at hrhelp@coca-cola.com.

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Changes during the plan year

You may make benefit changes during the year if you have a qualified change in status for example:

- Marriage
- Divorce or annulment
- Death of a spouse or dependent
- Dependent becomes ineligible
- Loss or gain of other group health coverage
- Change in spouse's or dependent's employment
- Registration or termination of enrollment of a domestic partner, or addition of your domestic partner's child(ren) to coverage

Typically, you have 60 days from the date of the qualified change in status to make allowed benefit changes. To initiate your change, visit **KO Benefits** or email **HR Help** at hrhelp@coca-cola.com for assistance.

Enrolling your newborn and other new dependents

Newborns should be added to the health plan as of their date of birth and other newly eligible dependents should be added as of the date of the status change, such as marriage or adoption. You must notify **Coca-Cola HR Help** either by phone or online through **KO Benefits** within 120 days (birth or adoption) and 60 days (for all other events) of the qualified change in status. Notification to the insurance company or to a company Human Resources representative does not meet this requirement.

Refer to the current Summary Plan Descriptions (SPDs) on **KO Benefits** for additional information about adding newly eligible dependents.

Who is considered an eligible dependent

The following chart shows the information you will need to provide to confirm your dependent's eligibility.

If you change your dependent coverage as a result of the following event:	You will need to provide one or more of the following:
<p>Adding a spouse</p> <ul style="list-style-type: none"> • Marriage • Spouse loses coverage from employer 	<ul style="list-style-type: none"> • Copy of marriage license, HIPAA statement or letter from employer stating loss of employment/coverage
<p>Removal of spouse</p> <ul style="list-style-type: none"> • Divorce • Legal separation • Spouse gains coverage from employer 	<ul style="list-style-type: none"> • Copy of divorce decree or court order • Letter from employer or confirmation statement reflecting new employment/benefit coverage
<p>Adding a common-law spouse</p> <p>The company will confirm that the state in which you reside recognizes common-law marriages. In addition to satisfying any applicable state law requirements, you and your common-law spouse must live together and publicly recognize each other as husband and wife. Your spouse must be at least minimum age required for marriage and have no living spouse from a previous undissolved marriage.</p>	<ul style="list-style-type: none"> • Federal and state income tax returns indicating married status • Court ruling or state certificate of common-law marriage • Proof of joint ownership as husband and wife of a car, boat, home, etc. • Signatures as husband and wife on a lease or debt instrument • Proof of joint credit applications and bank accounts • Church, club or association membership as husband and wife
<p>Adding a domestic partner</p>	<ul style="list-style-type: none"> • Signatures on a lease or debt instrument (e.g., joint deed, mortgage) • Proof of joint responsibility for household expenses (e.g., utility bills) • Proof of joint bank accounts or safety deposit box • Copy of credit card report with same account number • Wills naming each other as executor and/or beneficiary • Powers of attorney in which each partner is authorized to act for the other
<p>Adding a child</p> <ul style="list-style-type: none"> • Birth • Stepchild, grandchild, other legally-dependent child • Adoption 	<ul style="list-style-type: none"> • Copy of birth certificate, court order, adoption, placement, permanent custody or permanent legal guardianship court order • Evidence of financial dependence from Divorce Decree
<p>Death of a dependent</p>	<ul style="list-style-type: none"> • Certified copy of death certificate
<p>Long-term disability</p>	<ul style="list-style-type: none"> • Medical review and approval by insurance carrier
<p>Medicare eligibility</p> <p>Disability/Social Security benefits at age 65</p>	<ul style="list-style-type: none"> • Copy of Medicare card and effective date • No proof required for age 65

As a reminder, if you add any new dependents to coverage, you will receive a separate notice requesting documents to verify dependent eligibility. The notice will contain detailed instructions on collecting such documents as birth certificates, marriage licenses and tax records to verify the eligibility of any dependents added during enrollment.

Once you receive the request notice, you will have 60 days from the date on the notice to send in copies of those documents. Please return the appropriate documentation by the deadline. Dependent coverage is contingent upon the receipt of valid documentation. Failure to respond timely will result in your dependents being dropped from coverage at the end of the 60-day validation period.

Coverage for your dependents

For the purposes of the medical, dental, vision, dependent life, and accidental death and dismemberment plans, your dependents include:

Dependent	Eligibility
Spouse or common-law spouse	<ul style="list-style-type: none"> • A common-law spouse is eligible if you reside in a state that recognizes common-law marriages • Legally separated spouses are not eligible
Domestic partner*	<p>A domestic partner is eligible if he or she is all of the following:</p> <ul style="list-style-type: none"> • At least 18 years old • Neither married to anyone else nor the partner of anyone else • Your sole partner and intends to remain so indefinitely • Living with you in the same permanent residence • Jointly responsible with you for each other's welfare and basic living expenses ("financial interdependence") • Competent to enter a binding contract under the law of the state in which you reside • Not related to you in a blood relationship that would bar marriage under the law of the state in which you reside (e.g., first cousins)
Child(ren)	<p>A child is eligible if under age 26 and is:</p> <ul style="list-style-type: none"> • Your married or unmarried natural or legally adopted** child and legally dependent on you for financial support • Your stepchild, foster child, child for whom you are the legal guardian or child of a domestic partner
Child(ren) with a disability	<p>A child with a disability is eligible if he or she:</p> <ul style="list-style-type: none"> • Had the disability at the time their dependent coverage would otherwise have ended due to reaching the maximum age • Is incapable of self-support due to a physical or mental disability

* You generally may not use your reimbursement accounts for your domestic partner's expenses. Additionally, your domestic partner must be enrolled in one of the health plan options for his/her children to be covered.

** A child is treated as legally adopted for purposes of the plans on the date that you assume a legal obligation for total or partial support of the child in anticipation of adoption (generally, when you take physical custody of that child).

IMPORTANT

If your spouse/domestic partner or dependent child is a company employee

If your dependent is a company employee and is eligible for medical and dental coverage, he or she can choose to be covered as your dependent or continue individual coverage. No employee can be covered under the medical, dental or vision plans as both an individual and a dependent.

**Popup 1 – Page 5**

Tips for enrollment

Convenient, single sign-on access from Coca-Cola Connect

To get started, visit Connect > Life and Career > Pay and Benefits > KO Benefits Enrollment.

1. Verify and/or update your personal and dependent information on file. Add or remove dependents by clicking **'Edit Dependents.'**
2. Answer tobacco certification questions. Click the box at the bottom of the page to certify your enrollment.
3. Review 2024 coverage. Evaluate your current elections and any coverage you wish to revise, add or discontinue for yourself and your dependents. Click **'Continue'** to make your enrollment elections.
4. Confirm elections by clicking **'Submit Enrollment.'**
 - Print a confirmation page or view your elections by selecting **'My Benefits Dashboard'** from the home screen.
 - If you return to make changes before the enrollment deadline, access **'Make Changes'** near the top of the homepage.

Popup 2 – Page 5

What happens with my benefits if I don't make an active election during my enrollment period?

Annual Enrollment

If you don't take action, your current coverage will remain in effect for the next plan year with the exception of participation in the Health Savings Account (HSA), Flexible Spending Account (FSA), Limited Purpose FSA, Dependent Care Reimbursement Account (DCRA) and Vacation Buy program, if applicable.

You will need to make new elections to participate in the Health Savings Account, Flexible Spending Account (FSA) for healthcare, Limited Purpose FSA and Dependent Care Reimbursement Account (DCRA). You can also purchase additional vacation days.

New Hires

You have 30 days to enroll. If you don't enroll within 30 days, you will be automatically enrolled in the Buy-up PPO Plan with coverage for you only (at the rate for tobacco users), the Base Dental Plan with coverage for you only, core life insurance at 1.5 x your base salary, and core long-term disability (LTD) at 50% of your base salary.

You will not have any other benefit coverage, including vision coverage, supplemental health or voluntary benefit plans. You will not be allowed to make any changes to this default coverage until the next Annual Enrollment period, or unless you experience a qualified change in status during the year.



Learn more about the tools

- **Virtual Guide:** Click the ‘Chat’ button on the site’s left navigation bar. Whether you select from a list of topics or type in your question, the Virtual Guide will provide an answer or direct you to other resources for more details.
- **Help Me Choose:** Use this tool if you are making a medical election. This will provide benefit guidance based on your prior claims experience (if available) and information you share or revise, so you can select the best plan for you and your family. Based on how you respond, the tool will display which plan is best for you based on your spending preferences, which is the lowest cost, and which includes your preferred providers.
- **Network Provider Search:** Enables you to enter in your preferred providers and facilities to compare the in-network availability of your providers across the medical plan options.
- **Selection Analysis:** After making your initial selections during enrollment, this tool will review your choices against the information on file and questions you answered. The tool may suggest additional selection options to consider.

Base PPO Plan with HSA

IN-NETWORK AND OUT-OF-NETWORK			
Network type	Aetna Choice POS II Network (broad, national network)		
	IN-NETWORK	OUT-OF-NETWORK	
Deductible	\$3,200 (individual) / \$6,400 (family) (embedded)	\$6,400 (individual) / \$12,800 (family) (embedded)	
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible	
Out-of-pocket maximum	\$6,400 (individual) / \$12,800 (family)	\$12,800 (individual) / \$25,600 (family)	
Health Savings Account (to help you save for your future healthcare expenses)	You own this account and you can contribute your own money. Coca-Cola contributes: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) Coca-Cola provides a 100% match on what you contribute: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) 		Total annual Coca-Cola contribution: <ul style="list-style-type: none"> • Up to \$200 (individual) • Up to \$400 (family)



“I am healthy and only go to the doctor for my physical each year (which is covered 100%), so the higher deductible is not really a concern. Paying the least amount each month is important to me!”

Consider this Plan if you:

- Want the lowest monthly payroll deductions
- Need the broadest national coverage for services both in-network and out-of-network
- Are generally healthy, with no chronic conditions, typically seeing your doctor once a year for your annual check-up or an occasional cold

What are some risks to consider?

You have to put money aside to ensure you can pay for the deductible if you incur an unexpected or high-cost bill.

Buy-up EPO Plan with HSA

IN-NETWORK ONLY

Network type	Aetna’s Premier Care Network (APCN)* (exclusive, national network)
Deductible	\$1,600 (individual) / \$3,200 (family) (aggregate)
Coinsurance	20% coinsurance after deductible
Out-of-pocket maximum	\$3,200 (individual) / \$6,400 (family)

Health Savings Account

(to help you save for your future healthcare expenses)

You own this account and you can contribute your own money.

Coca-Cola contributes:

- **Up to \$100** (individual)
- **Up to \$200** (family)

Coca-Cola provides a **100% match** on what you contribute:

- **Up to \$100** (individual)
- **Up to \$200** (family)

Total annual Coca-Cola contribution:

- **Up to \$200** (individual)
- **Up to \$400** (family)

* If you are in **Atlanta, GA** (Clayton, Cherokee, Cobb, Dekalb, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties) and are electing the **Buy-up EPO Plan**, you will participate in the **Aetna Whole Health (AWH) network**. This is a local network in Atlanta comprised of Emory, Northside and Children’s Healthcare of Atlanta hospital systems and physician groups, offering quality care and high-performing providers at lower costs. Note that the **Emory Care Center** at the AOC is part of the AWH network.

Remember! The Aetna Premier Care Network (APCN) is **not available** in these Atlanta counties if you enroll in the **Buy-up EPO or the Copay EPO plans**. The **Aetna Whole Health (AWH) network** will apply instead.



“I want to find the right balance between quality care and affordability!”

Consider this Plan if you:

- Are willing to pay higher monthly payroll deductions, in exchange for a lower deductible (compared to the Base PPO Plan) and feel comfortable using only providers that are in-network
- Know your doctor is in the APCN or AWH network* (or, if not, you are open to changing to a new in-network doctor whose care has been certified by Aetna as high quality and highly efficient)

What are some risks to consider?

- You decide to stay with your preferred doctors, and they are not in the network and you cannot afford the full cost of your care
- **Remember to check with Aetna’s Health Concierge to confirm whether your doctor is in-network, as out-of-network coverage is not provided through this plan**

Buy-up PPO Plan with HSA

IN-NETWORK AND OUT-OF-NETWORK		
Network type	Aetna's Premier Care Network (APCN) (exclusive, national network)	
	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$1,600 (individual) / \$3,200 (family) (aggregate)	\$3,200 (individual) / \$6,400 (family) (aggregate)
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-pocket maximum	\$3,200 (individual) / \$6,400 (family)	\$6,400 (individual) / \$12,800 (family)
Health Savings Account (to help you save for your future healthcare expenses)	You own this account and can contribute your own money. Coca-Cola contributes: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) Coca-Cola provides a 100% match on what you contribute: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) 	
		Total annual Coca-Cola contribution: <ul style="list-style-type: none"> • Up to \$200 (individual) • Up to \$400 (family)



“She’s the only doctor I’ve ever seen who I trusted immediately – I felt like she actually listened to me and really understood my concerns, so having the flexibility to go out-of-network to see her is important to me.”

Consider this Plan if you:

- Are willing to pay slightly higher monthly payroll deductions (when compared to the Buy-up EPO Plan), in exchange for the flexibility to receive coverage both in-network and out-of-network

What are some risks to consider?

You pay higher monthly payroll deductions for additional coverage you won’t use because your doctors and preferred facilities are already in-network.

Copay EPO Plan with HRA

IN-NETWORK ONLY	
Network type	Aetna's Premier Care Network (APCN)* (exclusive, national network)
Deductible	\$750 (individual) / \$1,500 (family) (embedded)
Copays**	Doctor visit: \$30 copay Specialist and urgent care visit: \$60 copay Emergency room visit: \$250 copay
Coinsurance	10% coinsurance after deductible
Out-of-pocket maximum	\$3,000 (individual) / \$6,000 (family)
Health Reimbursement Account	Only Coca-Cola contributes; money is available at start of plan year and applied automatically to eligible expenses when you receive care. Unused dollars roll over to use in next plan year. Coca-Cola contributes: • Up to \$150 (individual) • Up to \$300 (family)

* If you are in **Atlanta, GA** (Clayton, Cherokee, Cobb, Dekalb, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties) and are electing the **Copay EPO Plan**, you will participate in the **Aetna Whole Health (AWH) network**. This is a local network in Atlanta comprised of Emory, Northside and Children's Healthcare of Atlanta hospital systems and physician groups, offering quality care and high-performing providers at lower costs. Note that the **Emory Care Center** at the AOC is part of the AWH network.

Remember! The Aetna Premier Care Network (APCN) is **not available** in these Atlanta counties if you enroll in the **Buy-up EPO or the Copay EPO plans**. The **Aetna Whole Health (AWH) network** will apply instead.

** Copays **do not** count toward meeting the deductible.



"I'd love to be one of these people who doesn't need to see their doctor. But the fact is I do, and sometimes the cost is crippling. Not having that anxiety each time I get a bill and having some form of financial foresight with no surprises, would honestly be a life changer."

Consider this Plan if you:

- Are willing to pay the highest monthly payroll deductions (when compared to the other plans) in exchange for the lowest deductible and more predictable costs at time of service. Cost of care is often a flat dollar amount or copay; therefore, it's easier to plan for
- Require regular care (e.g., you or any of your dependents have a chronic condition)
- Have connected with Aetna's Health Concierge to confirm your doctor is in the APCN or AWH network* (or, if not, you are open to changing to a new in-network doctor whose care has been certified by Aetna as high quality and highly efficient)

What are some risks to consider?

- Managing the relatively higher monthly payroll deductions becomes a challenge for you
- You select a doctor who is not in the network, so you are responsible for paying 100% of the cost of care
- You do not access care on a regular basis and aren't using the benefit you paid for. In this scenario, any of the other plans may better fit your needs



Aetna medical plan networks

The four Aetna medical plans have different networks:

- **Aetna Choice POS II Network (CPOSII)** is available across the United States. This network covers the broadest group of doctors and facilities and is only **available with the Base PPO with HSA Plan**.
- **Aetna Premier Care Network (APCN)** is an exclusive, national network that is slightly smaller than the CPOSII. This network is known as a High Performing Network, offering quality care combined with more efficient costs. This network is **available with the Buy-up EPO, Buy-up PPO and Copay EPO plans**.

NOTE: If you are an Atlanta-based employee living in one of the nine counties detailed below, the APCN is not available if you choose the Buy-up EPO or the Copay EPO plans. The Aetna Whole Health (AWH) network will apply instead.

- **Aetna Whole Health (AWH) Network** is only available for Atlanta-based participants living in Clayton, Cherokee, Cobb, Dekalb, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties. This local network is comprised of Emory, Northside and Children’s Healthcare of Atlanta hospital systems and physician groups, offering quality care and high-performing providers at lower costs. This network is available with the Buy-up EPO and Copay EPO plans.

Remember! The Aetna Premier Care Network (APCN) is not available in these Atlanta counties if you enroll in the Buy-up EPO or the Copay EPO plans. The Aetna Whole Health (AWH) network will apply instead.

If your dependent lives in Atlanta but outside of the nine Atlanta counties covered by the AWH network, the Aetna Premier Care Network (or APCN) will apply (if your dependent resides outside of Atlanta, the Aetna Choice POS II network will be applied).

If you are located in Atlanta and select one of the plans that uses the Aetna Whole Health (AWH) network and are on vacation somewhere else in the U.S. and need medical help, the CPOSII network will be applied.

Important! To find out if your provider is in the Aetna network, access the Aetna Health app, call Aetna at **1-888-230-2653 (COKE)** or go to [aetna.com](https://www.aetna.com).

**Popup 2** – Page 6

How the medical plans differ

When looking at your medical options, consider these questions:

Do you need both in-network and out-of-network coverage?

There are two options – the **Base PPO** and **Buy-up PPO** – that give you the option to receive care in-network or out-of-network.

- The Base PPO has the **highest deductible** in exchange for the **lowest payroll deductions**
- The Buy-up PPO has a **lower deductible** but **higher payroll deductions**, in exchange for the flexibility to pay less out-of-pocket when you use your benefit

Do you feel comfortable receiving all of your care in-network?

There are two options – **Buy-up EPO** and **Copay EPO** – that offer **in-network coverage only**. These plans differ in two ways:

- The Buy-up EPO has a **higher deductible** in exchange for **lower payroll deductions**
- The Copay EPO has the **lowest deductible** out of all four plans and more predictable costs when you visit the doctor (you pay a fixed amount), but in exchange, you will pay the **highest payroll deductions**

Do you need to see a specialist?

If your PCP refers you to a specialist, it's your responsibility to find out if the specialist is in-network or out-of-network. That will help you determine and budget for your out-of-pocket expenses.

Out-of-area coverage

If you live in a ZIP code that is determined to be “out-of-area,” you are eligible for in-network and out-of-network benefits with the Base PPO, Buy-Up PPO, or Copay EPO plans. However, since you may not have adequate coverage in your area, your portion of the out-of-network coinsurance will be lower.

To see if you are out of area, please contact Aetna's Health Concierge, and a representative will assist you with locating a provider and determining if you are eligible for the enhanced benefit.

Popup 3 – Page 6

What is the difference between a PPO and an EPO?

A **Preferred Provider Organization, or PPO**, allows you to receive coverage for care both in-network and out-of-network.

An **Exclusive Provider Organization, or EPO**, covers in-network care only.

Compare the medical plans



	Base PPO Plan with HSA		Buy-up EPO Plan with HSA*	Buy-up PPO Plan with HSA		Copay EPO Plan with HRA*
	IN-NETWORK AND OUT-OF-NETWORK		IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-NETWORK		IN-NETWORK ONLY
Network type	Aetna Choice POS II Network (broad, national network)		Aetna's Premier Care Network (APCN) (exclusive, national network)			
Monthly deduction	Lowest ←					→ Highest
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
Deductible	\$3,200 (individual) / \$6,400 (family) (embedded)	\$6,400 (individual) / \$12,800 (family) (embedded)	\$1,600 (individual) / \$3,200 (family) (aggregate)	\$1,600 (individual) / \$3,200 (family) (aggregate)	\$3,200 (individual) / \$6,400 (family) (aggregate)	\$750 (individual) / \$1,500 (family) (embedded)
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	10% coinsurance after deductible
Copays	N/A				Doctor visit: \$30 copay Specialist and urgent care visit: \$60 copay Emergency room visit: \$250 copay	
Medical and Rx out-of-pocket maximums	\$6,400 (individual) / \$12,800 (family)	\$12,800 (individual) / \$25,600 (family)	\$3,200 (individual) / \$6,400 (family)	\$3,200 (individual) / \$6,400 (family)	\$6,400 (individual) / \$12,800 (family)	\$3,000 (individual) / \$6,000 (family)
Account type	Health Savings Account (to help you save for your future healthcare expenses) You own this account and can contribute your own money. Coca-Cola contributes: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) Coca-Cola provides a 100% match on what you contribute: <ul style="list-style-type: none"> • Up to \$100 (individual) • Up to \$200 (family) 				Health Reimbursement Account Only Coca-Cola contributes and you do not own the account. Coca-Cola contributes: <ul style="list-style-type: none"> • Up to \$150 (individual) • Up to \$300 (family) 	
				Total annual Coca-Cola contribution:	<ul style="list-style-type: none"> • Up to \$200 (individual) • Up to \$400 (family) 	

* If you are in **Atlanta, GA** (Clayton, Cherokee, Cobb, DeKalb, Forsyth, Fulton, Gwinnett, Henry and Rockdale counties), you will participate in the **Aetna Whole Health (AWH) network**. This is a local network comprised of Emory, Northside and Children's Healthcare of Atlanta hospital systems and physician groups, offering quality care and high-performing providers at lower costs. Note that the **Emory Care Center** at the AOC is part of the AWH network. **Remember!** The Aetna Premier Care Network (APCN) is not available in these Atlanta counties if you enroll in the Buy-up EPO or the Copay EPO plans. The Aetna Whole Health (AWH) network will apply instead.

2024 monthly medical deductions*

COVERAGE	Base PPO Plan with HSA	Buy-up EPO Plan with HSA		Buy-up PPO Plan with HSA	Copay EPO Plan with HRA	
		APCN	AWH**		APCN	AWH**
You Only	\$21	\$71	\$58	\$87	\$136	\$115
You + Spouse or Domestic Partner	\$223	\$338	\$309	\$374	\$485	\$439
You + Child(ren)	\$92	\$199	\$171	\$232	\$336	\$293
You + Family	\$259	\$430	\$386	\$483	\$649	\$580

* These deductions are for non-tobacco users.

** The rates for AWH are lower than APCN because the AWH has an even more efficient network based on three hospital systems.

ARE YOU A TOBACCO USER?

If you and your spouse/domestic partner are tobacco-free, you will pay less than a tobacco-user for medical coverage – \$75 per month for you and \$75 per month for your spouse/domestic partner. Tobacco products include cigarettes, cigars, pipes, e-cigarettes, vapor cigarettes, smokeless tobacco and other similar products.

Important!

As part of the certification process, you will be asked to complete an affidavit that confirms that you do not use tobacco. If you actually use tobacco (yes, even the occasional cigar) and certify that you don't, you will be providing false information to the company.

Providing false or misleading information to receive additional employee benefits for you or your eligible dependents is a violation of the Code of Business Conduct. Your benefit elections, including certifications regarding your tobacco use or eligible dependents, may be verified by the plan administrator from time to time. If the plan administrator determines that you have provided false or misleading information during enrollment, your claims may be denied or you may lose health plan coverage altogether. Additionally, you may be subject to disciplinary action.

Looking to kick the habit?

If you and/or your spouse/domestic partner use tobacco, consider taking advantage of Aetna's Lifestyle Coaching program, at no cost to you. If you complete the program, you will be eligible for the non-tobacco medical plan rate in 2024. Each year during Annual Enrollment, you will default to your reported status. If you completed lifestyle coaching in the current plan year, you will be required to re-affirm your tobacco status for the new plan year.

Tobacco-users will only receive the incentive after completion of the program (5 sessions completed via one-on-one coaching, group webinars or a self-directed online program). Once complete, the individual's tobacco status will be updated in **KO Benefits** and the tobacco-free incentive will be applied to your medical coverage payroll deduction as soon as administratively feasible. The incentive will be in effect for the remainder of the plan year.

Through this program, a personal coach can help you set a quit date, create a personal action plan, access up to eight weeks of the nicotine patch or gum at no additional cost to you, manage your stress and more. To get started, log on to [aetna.com](https://www.aetna.com) and click 'Stay Healthy' or call 1-866-533-1410 (TTY: 711).

**Popup 4** – Page 6

Embedded vs. aggregate deductibles

INDIVIDUAL COVERAGE

There is no difference between embedded and aggregate accumulators for individual coverage.

FAMILY COVERAGE

- If you elect family coverage, an **embedded deductible** allows an individual to start receiving benefits before the rest of their family if they meet the “You Only” deductible. Once the family reaches the family deductible, the plan will pay its share of the cost
 - In the **Base PPO Plan**, for example, once one person meets their \$3,200 deductible, the plan will pay benefits for that individual and the rest of the family continues paying toward the family deductible
- Under an **aggregate deductible**, the total family deductible must be paid out-of-pocket before the plan starts paying benefits incurred by any family member
 - In the **Buy-up EPO** and **Buy-up PPO Plan options**, for example, the \$3,000 family deductible must be met by either an individual or the family, before the plan pays benefits

If your PCP refers you to a specialist, it’s your responsibility to find out if the specialist is in-network or out-of-network. That will help you determine and budget for your out-of-pocket expenses.

Popup 5 – Page 6

How does a claim work?

After your visit:

- Your provider will send a claim to Aetna. You will receive a copy of this claim.
- Next, you will receive an Explanation of Benefits (EOB) from Aetna showing what the plan pays and what you may still owe the provider. Review the amount listed under ‘Member Responsibility’ on your EOB – that total is what you owe the provider, less any previous payments you may have made for the services listed on the EOB. You must pay the provider directly. If your provider bills you for an amount different than the amount reflected on the EOB, you should contact Aetna
- If you have an HSA, you can use the account to pay for care, up to the available balance. If you have an HRA, money in your account is automatically applied to your doctor’s visit

Manage and track claims

You can manage and track claims spending progress on the Aetna homepage and through the Claims & Spending tool.

Once your enrollment in an Aetna plan is effective, you will need to register at aetna.com by creating a username and password to login. Once logged in, click on ‘**Claims & Spending.**’ Use the filters to specify the date range of visits or look for claims from a specific provider.

**Popup 1** - Page 7

What is medical necessity certification?

You must precertify non-emergency admissions or outpatient services 14 days prior to the confinement or scheduled date of treatment, including those for mental/behavioral health treatments such as chemical dependency, to avoid potential benefit reduction.

The process ensures you are receiving the right quality of care at the appropriate facility – and services and treatment are consistent with evidence-based medicine. This program also improves health outcomes by limiting your exposure to unproven or not medically necessary procedures.

If the procedure is approved, the Medical Necessity program will determine the appropriate place of service. To learn more, contact Aetna for a complete list of procedures that require “medically necessary” certification.

Popup 2 - Page 7

Learn more about preventive care

Why getting preventive care is important

Preventive care is an essential part of your health strategy it helps you understand and address any potential health risks. That’s why the company covers preventive care at 100% with no deductible under the Aetna plans.

The plans include coverage for routine:

- Annual physical exams (includes routine blood pressure, blood sugar and cholesterol tests)
- Gynecological (GYN) exams and PAP smears
- Mammograms* and prostate exams (one per year)
- Child and adult immunizations
- Colonoscopies* (one every 10 years, after you reach age 50)

* **New for 2024**, we want to emphasize the importance of taking care of your health by providing 100% coverage for your first annual mammogram and/or colonoscopy**, whether it is for preventive or diagnostic purposes.

** Starting at age 45 (if you are under age 45 or need more than one colonoscopy in a year, the service will be subject to the deductible and coinsurance).



Popup 1- Page 8

What happens when I fill a prescription?

Prescription drug coverage

You have two options for filling a prescription:

Retail (30-day or 90-day supply)

Choose retail when you need your prescription right away.

You can get your prescription filled at one of thousands of network pharmacies around the country. You can access a list of participating pharmacies near you by going online.

You can get a 90-day supply at a retail pharmacy if you go to a CVS retail location. For long-term medications, you will be automatically enrolled in the Maintenance Choice program.

Mail Order (90-day supply)

You can get a 90-day supply delivered to your home or a location of your choice.

The CVS Caremark Mail Service Pharmacy provides a convenient and cost-effective way for you to order up to a 90-day supply of maintenance or long-term medication.

CVS Caremark offers a billing program called **Bill Me Later** that allows you to spread the mail order cost over a three-month period.

It's easy to transfer prescriptions from your retail pharmacy – visit [caremark.com](https://www.caremark.com) or call for assistance at **1-866-776-5677**.

Whether you're filling your prescription at a participating retail pharmacy or through mail order, here's what you need to do:

1. Present your CVS prescription drug card when picking up your prescription or have it on hand if you're ordering through mail order.
2. You must meet the deductible before the plan covers medications. After you meet the deductible, you and the company share in the cost of prescription drugs. Preventive generic medications are not subject to the deductible.

Popup 2 - Page 8

Can I use a third party copay assistance program to help pay for a medication?

Prescription drug coverage

Some medications, including specialty medications, may qualify for third-party copay assistance programs, which could lower your out-of-pocket costs for those products. If you use third-party copay assistance for a medication, you will not receive credit toward your deductible or out-of-pocket maximum for any copay or coinsurance amounts applied to a manufacturer coupon or rebate.

**Popup 1** – Page 9

Generics

To save money on your medications, always ask your doctor if a generic substitution is available before getting a prescription.

A preventive generic drug is a medication:

- Taken by a person who has developed risk factors for a disease that has not yet manifested or not yet become clinically apparent (e.g., no symptoms). Examples include medications for the treatment of high cholesterol or to prevent heart disease
- Used to prevent the reoccurrence of a disease from which a person has recovered. Examples include medications for the treatment of recovered heart attack or stroke victims
- Used as part of providing preventive care services such as weight loss for morbid obesity or tobacco cessation programs

The federal government issues the guidelines for determining what is considered a preventive generic medication.

Popup 2 – Page 9

Maintenance Choice®

The plan's prescription drug coverage will allow up to two initial 30-day fills. After that, you will be automatically enrolled in the Maintenance Choice program.

If you wish to continue to obtain maintenance drug prescriptions at a non-CVS pharmacy or in 30-day fills, you may do so, but **you must first opt out of the Maintenance Choice program** by contacting CVS Caremark customer care at **1-855-465-0028**. You will be required to opt out each plan year by contacting customer care. If you purchase the drug without first opting out of the program, you will be required to pay **100% of the cost** of the drug at the pharmacy.

Popup 3 – Page 9

Step Therapy

To help keep plan costs affordable for everyone, there is an added step in the prescription process for medications that treat specific kinds of conditions. In these cases, you and your doctor will be asked to try other, lower-cost medications in the same drug class before the plan will pay for the expensive brand-name drug. This extra step can save you and the company money.

Popup 4 – Page 9

Pre-authorization and quantity limits for specific medications

The pre-authorization process makes sure these medications are being used appropriately for certain medical conditions. These limits are set to ensure that you receive a safe and appropriate amount of medication for your condition. Contact Caremark for a full list of medications that have limits or require pre-authorization. It's all part of providing safe and effective medical coverage for everyone at Coca-Cola.

2024 Critical Illness Insurance monthly rates*

EMPLOYEE AGE	\$10,000 Benefit		\$20,000 Benefit	
	Employee or Employee + Child	Employee + Spouse or Family	Employee or Employee + Child	Employee + Spouse or Family
< 25	\$3.06	\$6.58	\$3.45	\$7.50
25-29	\$3.62	\$7.70	\$4.10	\$8.81
30-34	\$4.42	\$9.29	\$5.07	\$10.74
35-39	\$5.72	\$11.92	\$6.75	\$14.11
40-44	\$7.32	\$15.07	\$9.02	\$18.65
45-49	\$10.98	\$22.44	\$14.30	\$29.32
50-54	\$16.43	\$33.36	\$21.37	\$43.53
55-59	\$23.81	\$48.16	\$30.51	\$61.87
60-64	\$33.55	\$67.66	\$43.03	\$86.99
65-69	\$54.15	\$108.96	\$71.82	\$144.74
70+	\$70.55	\$141.81	\$95.04	\$191.29

* Note: These are non-smoker rates

2024 Hospital Indemnity Insurance monthly rates

COVERAGE LEVEL	Base Plan	Buy-up Plan
You Only	\$7.39	\$14.78
You + Spouse or Domestic Partner	\$16.38	\$32.76
You + Child(ren)	\$13.94	\$27.87
You + Family	\$23.27	\$46.54

2024 Accident Insurance monthly rates

COVERAGE LEVEL	Base Plan	Buy-up Plan
You Only	\$5.02	\$9.46
You + Spouse or Domestic Partner	\$8.72	\$16.49
You + Child(ren)	\$10.83	\$20.58
You + Family	\$14.45	\$27.45

**Popup 1** – Page 11

Important information about opening your HSA

If you elect one of the medical plans paired with an HSA, you will need to authorize the company to open an account on your behalf with PayFlex through **KO Benefits**. During enrollment, you will answer five questions to confirm your eligibility for the HSA. You will then be required to click **'I Agree'** on the HSA affirmation page. Once your account with PayFlex is opened, the company will make a contribution based on the coverage level you choose.

Together, contributions from you and the company cannot exceed the IRS-determined annual maximum for the account. If you elect to participate in the HSA mid-year, the company contributions are pro-rated.

When you apply for your HSA, you'll be asked by PayFlex to confirm your full name, address, birth date and Social Security number. This is required under the USA PATRIOT Act and is also known as the Customer Identification Process (CIP). If there are any issues with the application, PayFlex will make up to three attempts to reach you to set up the account correctly. Be sure to respond in a timely manner so you can begin to receive company contributions. Otherwise, your account will be closed after 90 days.

IMPORTANT: You are only eligible to receive company contributions if you open an HSA with PayFlex through KO Benefits. If you have an HSA at another financial institution, you will not receive any company contributions.

Popup 2 – Page 11

What is a qualified expense?

You can use money in your account up to the available balance to pay for qualified medical, prescription drug, dental and vision expenses, including those that count toward your deductible and coinsurance for you and your covered dependents.

Here's a short list:

- Doctor's office visits
- Emergency room and urgent care visits
- Lab work and X-rays
- Prescription drugs (including over-the-counter medications)
- Basic and major dental care Vision exams, lenses and frames

For a complete list, go to payflex.com.

**Popup 3** – Page 11

What are the tax implications of an HSA?

You can use funds from your HSA to pay for expenses incurred by your tax dependents, including your spouse and your children. However, you may not use HSA funds to pay for expenses of family members you cannot claim as tax dependents on your federal tax return — for example, adult children.

Your non-tax dependents can set up their own private HSA to pay for eligible healthcare expenses through a bank or credit union. If you have a domestic partner or adult children who are covered by your Coca-Cola plan, contact a tax advisor to understand how these rules work.

If you want to use your money for other kinds of expenses, you can withdraw money from your HSA for any reason. The money will be treated as ordinary income and subject to taxes. If you withdraw money before you reach age 65 and don't use it for eligible health expenses, you will pay a 20% penalty. (**Note:** If you become disabled, the 20% penalty will not apply.)

After the calendar year ends, you will receive a 1099-SA form, which shows the withdrawals from your HSA. Although you are not required to do anything with your 1099-SA form, it's a good idea to keep it for your records.

- It's important to keep all of your Explanation of Benefits (EOB) forms and receipts throughout the year, in case you're audited by the IRS
- You'll also receive a Form 5498 from PayFlex by the end of May. Keep this form with your tax return copies in case you're audited
- Last, but most important, when completing your taxes, be sure to check the box confirming funds were used for healthcare expenses

If you are working with a tax preparer, take copies of Form 1099-SA and Form 5498 to your advisor.

Popup 4 – Page 11

How can I pay for care?

There are **three ways** you can use your HSA to pay for care:

- **Debit card** – Use the PayFlex Card to have money directly withdrawn from your HSA to pay for care. You can use it at the pharmacy to have dollars withdrawn directly from your HSA. Remember to activate your HSA debit card by following the instructions that are provided with your card
- **Online** – You can do online bill payment from your PayFlex account to your provider. Visit payflex.com to access your account
- **Pay yourself back** – You can also pay for an eligible expense with cash, a check, or a personal credit card. You can then use features online or through the PayFlex Mobile® app to pay yourself back and have your payment deposited directly into your checking or savings account. If there is not enough money in your account to cover the expense, you can still pay out-of-pocket — and then reimburse yourself later after more contributions have gone into the account/ Any money left in your HSA at the end of the year will be rolled over to use for future medical expenses. If you change medical plans and have funds remaining in your account, the money is still yours to pay for eligible healthcare expenses

Popup 5 – Page 11

Can I invest my HSA balance?

When you contribute to your HSA, contributions are deposited into your HSA and begin to earn interest right away. Once your balance reaches \$1,000, you can choose to invest in select mutual funds. Your HSA banking partner, PayFlex, will provide you with a list of funds available and help you set up your HSA investments.



What tools can I take advantage of?

PayFlex provides a variety of tools and resources to help you get the most out of your Health Savings Account (HSA).

- **HSA calculators** are available to help you determine how much you can save in your HSA, what your tax savings will be and how your savings will grow over time
- The **Tax Resource Center** includes tools, resources and frequently asked questions that can help you understand HSA tax-related issues

To access these tools, go to payflex.com.

**Popup 1** - Page 12

SleepCharge (by Nox Health)

You and your covered adult dependents can enroll in the SleepCharge program, which uses telehealth to evaluate, diagnose, discuss and treat sleep disorders and disruptors, including sleep apnea.

If you (or your eligible spouse/domestic partner or adult dependent) have a previous diagnosis of Obstructive Sleep Apnea (OSA), you can transfer care to the Coca-Cola SleepCharge program whether or not you are currently in treatment.

NOTE: The cost of the program is subject to the company's medical plan deductible, coinsurance and out-of-pocket maximum.

For more information, call **1-877-615-7257**, visit sleepcharge.com/tccc or email sleep@noxhealth.com.

Popup 2 - Page 12

Onduo

Onduo is a virtual care program that delivers a personalized journey to better health at no cost to you. Whether you're looking to eat healthier, lose weight or become more active, Onduo is here to help.

When you register with Onduo, you'll get:

- **A Welcome Kit that includes smart devices.** Depending on your specific condition, you may receive a blood glucose meter and unlimited test strips, a cellular connected blood pressure cup, a Fitbit, or a digital scale that syncs with your app
- **Personalized care from the comfort of your home.** You can meet with an expert endocrinologist or registered dietitian right from your smartphone
- **Valuable insights.** Connect the dots and see how your food, activity, and medications impact your blood glucose, blood pressure or weight

To learn more, go to onduo.com/coca-cola. You can also call **1-833-446-6386** or emailsupport@onduo.com.

Popup 3 - Page 12

SimpleTherapy

An app-based tool offering guided joint therapy from head to toe, using targeted stretches and exercises personalized to your condition. Convenient to do in home and guided by an expert!

Get started today by visiting simpletherapy.com.

**Popup 4** – Page 12

Transform Oncology Program

If you are diagnosed with cancer, Aetna's Transform Oncology Program will give you access to:

- **Genetic testing**, screening and counseling to help your doctors find the right treatment
- **Clinical trials** based on your diagnosis
- **Site of care reviews** to ensure you are getting treatment at the best location
- **A personal health navigator** who will work with the entire family

This program also provides targeted prevention support if you (or an eligible dependent) have a family history of cancer and are at a higher risk for developing certain cancers during your lifetime.

Popup 5 – Page 12

Institutes of Quality and Centers of Health

Institutes of Quality

If you have been diagnosed with a serious condition, you want to know you have access to the best care.

We are giving you access to specialized care for bariatric, cardiac care, behavioral health (substance use disorder, mental health and eating disorders) and orthopedic care.

Centers of Health

If you need complex care, getting access to the best care is important.

You have access to specialized care for organ transplants, pediatric congenital heart surgery, Chimeric Antigen Receptor Therapy, or CAR-T (blood cancers).

Popup 6 – Page 12

2nd.MD

Provides a personalized, convenient and quick way to connect you with board-certified, leading doctors across the country for an expert second opinion via video or phone within 3 to 5 days.

You are required to receive a second surgical opinion for any back and/or spine surgeries you receive in-network.

New for 2024, you will be required to obtain a second surgical opinion in-network for hip impingement syndrome (a condition where there is abnormal contact between the bones of the hip joint, preventing it from having a smooth range of motion and causing pain).

Data suggests that getting a second opinion for these types of procedures can help prevent unnecessary surgeries when alternative treatments are available.

To contact 2nd.MD, call **1-866-410-8649** or visit 2nd.md/aetna.

**Popup 1** – Page 14

Flexible Spending Account

Set aside from \$120 to \$3,050 tax-free to use for expenses that aren't paid by a health plan, including:

- Medical, dental and vision deductibles
- Your copays and coinsurance for medical, dental and vision care
- Prescription drug copays and coinsurance, including over-the-counter (OTC) items, i.e., anything you do not have a prescription for

Popup 2 – Page 14

Limited Purpose FSA

Set aside from \$120 to \$3,050 tax-free to use for expenses that aren't paid by a dental or vision plan, including:

- Dental and vision deductibles
- Your copays and coinsurance for dental and vision care

Popup 3 – Page 14

Dependent Care Reimbursement Account (DCRA)

Set aside from **\$120 to \$5,000** tax-free (\$2,500 if you're married and file a separate tax return) to use for day care expenses for eligible dependents to allow you to work. Eligible dependents include children under age 13, or your disabled spouse or domestic partner, child or dependent parent living with you.

IRS regulations require that DCRA before-tax benefits do not favor highly compensated individuals. Failure to satisfy the IRS requirement would mean all contributions to the DCRA made by highly compensated employees would be taxable for that year. Therefore, the maximum DCRA contribution for highly compensated employees in 2024 is \$1,200.*

Highly Compensated Employees

You will be notified if you are a highly compensated employee. If you become a highly compensated employee in 2024 and elected more than \$1,200*, your contribution to the DCRA will be reduced to \$1,200 and your payroll deduction will change accordingly.

* The company may further limit the amounts reimbursed or paid with respect to any participant who is a highly compensated individual to the extent necessary to assure compliance with any nondiscrimination provision of the Internal Revenue Code.

**Popup 4** – Page 15

Commuter Expense Reimbursement Account

To get started, Go to payflex.com.

- Place your order based on what your commute and parking needs are for the following month
- If you choose **‘Every Month’** when you place your order, you’ll automatically receive the same benefit every month until you change or cancel it. The account works with any transit system and almost any parking provider or vanpool, nationwide

Once you’re signed up, you’ll receive your bus pass, get a reload on your smart card, send a parking payment to your parking vendor or whatever you choose. You can make changes anytime during the year. Pass ordering for the following month opens on the 1st and continues through the 5th.

Popup 5 – Page 14

How can I get reimbursed for my FSA expenses?

You will have three ways to be reimbursed for 2024 expenses through PayFlex. You can:

- Initiate a claim at payflex.com or through the mobile app
- Fax your claim form and supporting documentation to **1-888-238-3539**
- Mail in your claim form and supporting documentation to:

PayFlex Systems USA, Inc.
P.O. Box 4000
Richmond, KY 40476-4000

When you submit your claim online or through the mobile app, your reimbursement is processed faster and instantly submitted for review.

Plus, you may be able to sign up for email/text alerts to track payments. You will need to upload supporting documents, like receipts or your Explanation of Benefits (EOB) for the healthcare FSAs or a statement for your day care provider for the dependent care FSA.

If you choose to fax or mail your claim, you will need to submit a Flexible Spending Account claim form along with supporting documents. The form is available online at payflex.com.

NOTE Claims for 2024 must be submitted by March 31, 2025.

If you enroll in the **Copay EPO Plan with HRA**, the PayFlex Health Care Spending Card you receive to pay for eligible expenses can’t be used for medical expenses at the point of sale.

Instead, you will need to file a claim for reimbursement of your medical expenses. However, you can use the FSA card to pay for prescription drug, dental and vision expenses at the point of sale.

Important! Activating your PayFlex Health Care Spending Card **will not** stop the automatic payment feature. With automatic payment, claims for medical expenses not reimbursed by your medical plan (e.g., copays or deductibles) are automatically submitted for reimbursement. This usually eliminates the need to submit manual claims for these types of services.

Once the claim is processed, you will receive a reimbursement check or have funds deposited into the bank account of your choice. You can enroll in **‘Direct Deposit’** in the Claims & Account section at payflex.com

**Popup 1** – Page 16

How can I find an in-network dental provider?

You save money when you get dental care in your network. To find an in-network provider:

- Visit deltadentalins.com
- Scroll down to **'Find a Dentist'** on the middle-right and enter the requested information and click **'Search'**

Popup 2 – Page 16

What's the difference between the Delta Premier and Delta PPO networks?

- If you choose a provider in either network, you will benefit from in-network coinsurance rates
- Both networks have the advantage of contracted rates, but you will receive the lowest in-network rates when you use a Delta Dental PPO
- The Delta Dental Premier network is larger and includes providers in the PPO network. However, you will receive a lower discount if you choose this network

Popup 3 – Page 16

Can I ask what my care will cost in advance?

If you need dental care that is expected to cost **\$300 or more**, ask your dentist to request a pre-determination of benefits. It's like filing a claim in advance. Pre-determination is not required, but it lets you know in advance how much the plan will pay for recommended care and how much you will have to pay out-of-pocket.

Popup 4 – Page 16

Does the plan offer any special preventive care benefits?

If you or a covered dependent is an expecting mother, both dental plan options will provide expanded preventive care benefits payable at 100% (an extra dental exam, cleaning or periodontal procedure each year).

Both plans will also provide expanded preventive care benefits payable at 100% if you or a covered dependent has diabetes, heart disease, HIV / AIDS, rheumatoid arthritis, or stroke. That means one periodontal scaling and root planing procedure (per quadrant) each year, and up to four cleanings or periodontal or scaling procedures (in any combination) each year.

2024 monthly dental deductions

COVERAGE	Base Plan	Buy-up Plan
You Only	\$19	\$30
You + Spouse or Domestic Partner	\$34	\$56
You + Child(ren)	\$41	\$67
You + Family	\$56	\$92

Dental coverage reminder

If the company employs both you and your spouse/domestic partner, only one employee will be allowed to elect dental coverage to cover any eligible dependent child(ren). If your dependent child(ren) is an employee of The Coca-Cola Company and eligible for benefits, he/she may not be covered as both an employee and a dependent under your dental coverage.



What money saving benefits do the vision plans offer?

In addition to standard benefits, you can use your vision plan to save money on other health benefits.

Save money on eyewear with Eyeconic®

If you're looking for more from your vision plan, you'll find it through Eyeconic®. When you enroll in either vision option, you'll receive discounts on contact lenses and eyeglasses purchased at eyeconic.com. There are more than 50 brands available, all at the best possible prices when you apply your benefits. Eyeconic® connects your eyewear, your insurance coverage and the VSP doctor network. When you choose Eyeconic:

- Your benefits are applied directly to your purchase, and Eyeconic will verify your prescriptions with VSP
- Choose from a large selection of contact lenses and designer frames 24/7, plus you can try on frames by using the virtual try-on feature
- Eyeconic offers free shipping and returns, letting you buy without risk. Eyeconic will refund the difference if you find the same merchandise at a lower price
- Qualifying purchases include a complimentary frame adjustment or contact lens consultation

Save on hearing aids through TruHearing™

Your vision benefit through VSP allows you to save up to 60% on a pair of hearing aids with TruHearing™. TruHearing provides exclusive savings on hearing aids to all VSP Vision Care members. Your dependents and even extended family members are also eligible.

TruHearing provides:

- Access to a national network of more than 3,800 hearing healthcare providers
- Nationally fixed pricing on a wide selection of the latest brand-name hearing aids
- Three provider visits for fitting and adjustments
- 45-day trials
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid and deep discounts on batteries shipped directly to your door

Learn more about the program at truhearing.com/vsp or call **1-877-396-7194** with questions. For more offers, visit vsp.com/specialoffers. You can also visit vsp.com to find Premier Program locations that offer a wide selection of featured frame brands, bonus offers and more.

2024 monthly vision deductions

COVERAGE	Base Plan	Buy-up Plan
You Only	\$8	\$17
You + Spouse or Domestic Partner	\$21	\$43
You + Child(ren)	\$17	\$36
You + Family	\$30	\$63

Vision coverage reminder

If the company employs both you and your spouse/domestic partner, only one employee will be allowed to elect vision coverage to cover any eligible dependent child(ren). If your dependent child(ren) is an employee of The Coca-Cola Company and eligible for benefits, he/she may not be covered as both an employee and a dependent under your vision coverage.

**Popup 1** – Page 19

Learn more about pre-tax contributions

All employees, regardless of pay, can save as much as 75% of their pay with pre-tax and/or Roth after-tax contributions, up to the IRS annual contribution limits.

When you make pre-tax contributions, you don't pay current federal income taxes — and often no state income taxes — on what you save. Taxes are deferred until you receive a payment from the plan. In addition to deferring taxes, you qualify for the company matching contribution, which will be invested in The Coca-Cola Company Stock Fund.

Popup 2 – Page 19

Learn more about Roth after-tax contributions

With a Roth contribution, you also have the option to contribute after-tax dollars today so you can withdraw those funds tax-free in retirement.* You can avoid tax on any future interest, dividends or capital gains from your investment when you contribute to this account. Just like pre-tax contributions, Roth after-tax contributions are also eligible to receive matching contributions that will be invested in The Coca-Cola Company Stock Fund.

Unlike a Roth IRA, there are no compensation restrictions for highly compensated employees who take advantage of the Roth contribution.

* **NOTE:** You must be age 59 1/2 and have held your Roth contribution for at least five years to avoid taxation when the funds are distributed.

Popup 3 – Page 19

What should I consider when deciding between contributing on a pre-tax vs. a Roth after-tax basis, or a combination of the two?

You might choose to make Roth after-tax contributions if you:

- Are early in your career and expect your future income and tax rates in retirement to be higher than they are now
- Prefer to have additional flexibility and diversification in your 401(k) Plan so that in retirement you can choose to distribute funds that have already been taxed or not

You might choose to make pre-tax contributions if you:

- Expect your future income and tax rates in retirement to be lower than they are today
- Prefer to save without paying taxes today

Since both pre-tax and Roth after-tax contributions are eligible for matching company contributions, the decision between pre-tax and Roth after-tax will not impact the 401(k) Plan match. If you choose to contribute into the Roth 401(k), your contributions will be taxed as ordinary income.

**Popup 4** – Page 19

Learn more about auto enrollment feature

When you become eligible for the 401(k) Plan, you will automatically be enrolled for a pre-tax contribution equal to 6% of your pay, unless you take action to increase or decrease that rate or choose not to participate. Contributions will be deducted from your paychecks and are eligible for the company match. This is an easy way to win when you contribute 6% of your pay, the company will add 3.5% of your pay as a matching contribution, and with the additional 5.5% contributed by the company to your Cash Balance Plan, you'll be saving 15% of pay for retirement.

If you are automatically enrolled and don't opt out or take any action to change your 6% contribution election, your contribution level will remain unchanged until you make a new contribution election.

All automatic employee contributions will be invested in the plan's default investment option the target retirement date fund with a date closest to your 65th birthday unless you make another investment election prior to being automatically enrolled in the plan. You can change your investment elections at any time.

Popup 5 – Page 19

Learn more about rollovers

You may be able to roll over an eligible distribution from certain types of retirement plans to the 401(k) Plan at any time after you become an eligible employee. The plan will accept eligible rollovers that come from:

- The Cash Balance Plan, after you separate from The Coca-Cola Company
- Another qualified retirement plan, such as a 401(k) or profit-sharing plan
- An Individual Retirement Account (including Roth IRAs)
- A section 403(a) or 403(b) plan or a government section 457(b) plan

As a general rule, the 401(k) Plan accepts rollover contributions only in the form of cash.

Popup 1 – Page 20

Learn more about matching contributions

You may leave it in company stock — that makes you a shareholder. You can also move the company match out of the KO Stock Fund at any time (subject to legally required trading restrictions).

It's important to diversify and invest your money in the right type of funds based on your age and the number of years until retirement. You may change your investment elections at any time by going online to mycoca-cola401k.com or calling Transamerica at **1-888-898-8766** between 8 a.m. and 9 p.m. ET. Transfer requests received by 4 p.m. ET will be effective the next business day.

You immediately own your pre-tax and Roth after-tax contributions, plus the company's matching contributions.

**Popup 1** – Page 21

Online

Online through [Coca-Cola Connect](#). Navigate to Life and Career > Pay and Benefits > Retirement.

You can also access your account online through **Transamerica**, our 401(k) Plan provider at mycoca-cola401k.com. To set up your account, click **'Create an account'**. You'll be prompted to verify your identity by providing your Social Security number, email and mobile number. From there, you will set up your profile (create a username and password, and choose three security questions).

Once you accept the terms and conditions, your online account is set up. You can enter in your new username and password and click **'Log In'**. You'll be prompted to verify a method for receiving a one-time code, which you will enter to access your account.

Popup 2 – Page 21

By phone

Call Transamerica at **1-888-898-8766**, Monday to Friday between 8 a.m. and 9 p.m. ET.

Popup 3 – Page 21

Don't forget to update your 401(k) plan beneficiary

Name a beneficiary to receive your account balance if you die before receiving a complete distribution of your account.

If you are married, your spouse is automatically your beneficiary. If you want to name someone other than your spouse as the primary beneficiary, your spouse must sign a waiver in the presence of a notary.

If you are not married, your beneficiary is the individual, trust or estate you most recently named.

If you are not married and do not name a beneficiary, your benefit will be paid to your estate in the event of your death.

If you are not married at the time of enrollment, but marry while participating in the plan, your spouse will automatically become your beneficiary.

You can name or change your beneficiaries at any time by accessing mycoca-cola401k.com or calling Transamerica.

Popup 4 – Page 21

Check out your personal retirement focus with OnTrack®

Transamerica's OnTrack® online tool is a quick and easy way to see how you're doing on the road to retirement and allows you to take action to improve.

Once in your account, click **'Are You OnTrack®?'** to view your personalized retirement forecast. Using simple weather icons, the tool shows your forecast as sunny, partly sunny, cloudy, or rainy. You can then make adjustments to improve your overall readiness. To create the most accurate forecast, be sure to include all outside savings and retirement accounts, including the Cash Balance Plan account balance available to you on [KO Benefits](#).

Not sure where you stand?

Find out by creating your account online, or logging in at mycoca-cola401k.com.

**Popup 1** - Page 22

Who is eligible?

You are eligible if you are at least age 18 and an employee of The Coca-Cola Company or one of its participating subsidiaries and are not an intern or seasonal employee, not covered by a collective bargaining agreement under which benefits were the subject of good-faith bargaining (unless that bargaining agreement provides for your participation in the Plan) and not presently earning a benefit under another defined benefit pension plan sponsored by The Coca-Cola Company or certain of its affiliates.

As an eligible employee, you begin accruing benefits in the Cash Balance Plan on your first day of employment. The benefits that accumulate in your Cash Balance Plan are yours to keep once you have completed one year of service.

Popup 2 - Page 22

How do I name beneficiaries?

If you are married, your spouse is automatically your beneficiary.

If you leave the company and elect to receive an annuity, you may designate anyone as your beneficiary; however, if you are married, your spouse must sign a waiver in the presence of a notary consenting to the beneficiary designation.

If you are not married, your beneficiary is the individual, trust, or estate you most recently named. If you are not married and do not name a beneficiary, your benefit will be paid to your estate in the event of your death prior to cash balance payments commencing.

To name or change your beneficiary, call **Coca-Cola HR Help** at **1-877-676-7656** (or **1-404-676-7656** in Atlanta) or visit [KO Benefits](#).

**Popup 1** - Page 23

Optional supplemental life insurance

You can purchase additional life insurance — in multiples of your annual pay — up to six* times your annual base pay. You pay for the coverage you buy through payroll deductions; the 2024 cost is based on your age on January 1, 2024. Supplemental life coverage amounts will be reduced at age 65, and again at age 70.

Employees who elect supplemental life coverage can receive free will preparation services.

To get started:

- Call **1-800-821-6400** and speak with a MetLife Legal Plan representative
 - You will need to provide the company name (TCCC) and the last four digits of your Social Security number
 - The representative will help you find an attorney in your area
- * **New for 2024**, we are increasing the amount of optional supplemental life insurance you can purchase to six times your annual pay.

If your current election is five times your annual base pay and you wish to increase it to six times your annual base pay as part of 2024 Annual Enrollment, you can do so without having to provide a Statement of Health.

Popup 2 - Page 23

Optional supplemental Accidental Death and Dismemberment (AD&D) insurance

You can choose coverage for yourself, or for you and your family that provides protection for loss of life, limb or sight due to an accident — in multiples of up to six* times your annual base pay. The optional supplemental AD&D maximum is \$2 million.

The full amount you select is paid if your death results from a covered accident; all or part of your AD&D coverage amount is paid for other losses due to a covered accident. There is no Statement of Health needed for AD&D insurance.

- * **New for 2024**, we are increasing the amount of optional supplemental AD&D insurance you can purchase to six times your annual pay.



Business and travel accident insurance

Coca-Cola offers business travel accident (BTA) insurance coverage of three times your annual base pay (\$500,000 maximum). This coverage is provided to all employees at no cost. BTA coverage protects you if you have an accident or injury while traveling on company business domestically or internationally but excludes travel that is a part of your day-to-day job responsibilities.

Employees in positions such as truck drivers, delivery persons and other commercial drivers are not covered during the course of fulfilling their regular driving assignments. Business travel does not include travel between an employee's residence and regular place of employment, or during leaves of absence, vacation or a personal absence.

BTA coverage pays a benefit for covered accidents that might result in serious injury loss or loss of life while you are traveling on company business, and offers:

- **Additional coverage:** If a loss of life occurs, the benefit under BTA will be paid in addition to any other life insurance that is in effect at the time of the covered accident
- **More security:** In addition to loss of life, other types of injuries may be covered under BTA including loss of speech, sight or hearing, paralysis and other losses

Although you are automatically enrolled in BTA coverage, you will need to name your beneficiaries when you enroll for your other benefits.

Optional supplemental life, spouse/domestic partner, and child life insurance monthly costs

Optional supplemental life coverage monthly costs

Age on January 1, 2024	Employee deduction for each \$1,000 of coverage	Optional spouse or domestic partner deduction for each \$1,000 of coverage
Under 30	\$0.050	\$0.068
30-34	\$0.070	\$0.092
35-39	\$0.079	\$0.104
40-44	\$0.087	\$0.116
45-49	\$0.135	\$0.174
50-54	\$0.227	\$0.266
55-59	\$0.392	\$0.497
60-64	\$0.607	\$0.762
65-69	\$1.127	\$1.465
70-74	\$1.831	\$2.376
75+	\$1.988	\$2.376

Optional child life coverage monthly costs

Level 1: \$5,000	Level 2: \$10,000
\$0.32	\$0.65

Optional supplemental AD&D details and monthly costs

Percentage of your AD&D benefit

COVERAGE LEVEL PURCHASE	You	Spouse or Domestic Partner	Child(ren)
Spouse or Domestic Partner and Children	100%	50%	15%
Spouse or Domestic Partner	100%	70%	N/A
Child(ren) only	100%	N/A	20%

Optional supplemental AD&D coverage monthly costs

Employee deduction for each \$1,000 of coverage	Family deduction for each \$1,000 of coverage
\$0.016	\$0.024



Popup 1 - Page 24

Optional supplemental LTD coverage costs

10% Buy-up Salaried and hourly employees	20% Buy-up Salaried employees
\$0.265 per \$100 of monthly base pay	\$0.289 per \$100 of monthly base pay

**Popup 1** – Page 25

More about the legal assistance plan

There are no copays or deductibles and no claim forms to complete when you use a network attorney. When you purchase this benefit, the plan provides coverage for the following legal matters:

- Estate planning (wills, power of attorney)*
- Family and personal (divorce, adoption)
- Immigration assistance
- Elder law
- Home and real estate matters
- Document preparation (deeds, affidavits, mortgages, etc.)
- Traffic offenses
- Personal property protection
- Financial matters (debt collection defense, bankruptcy, tax audits, identity theft)
- Defense of civil lawsuits
- Consumer protection...and more

* You have the option to choose an attorney for estate planning or create your own plan through the digital estate planning tool – a simple, self-guided process that can help you complete wills, living wills and/or power of attorney, in as little as 15 minutes.

Popup 2 – Page 25

More about identity theft protection

When you purchase this coverage, you have access to a number of tools and services, including:

- Tri-bureau credit monitoring
- Annual credit report and scores
- Subprime loan block
- Lost wallet assistance
- Child credit monitoring
- Social media reputation monitoring and takeover alerts
- Digital exposure report
- Digital wallet storage and monitoring
- Password management solution
- Dedicated Privacy Advocate...and more

You can purchase this coverage for just yourself or you and your family.

The platinum coverage offers an annual credit report and score, plus continuous monitoring from three credit bureaus. In addition, you'll receive up to \$1,000,000 in expense reimbursement in the event of an incident, 24/7/365 customer care from Certified Identity Risk Management Specialists, and more monitoring and tools to help keep you – and your identity – safe.

**Popup 1** - Page 29**Learn more**

Because Coca-Cola believes time off is important, vacation time must be used each year; it generally doesn't carry forward year-to-year. To keep the business running effectively, you are asked to schedule vacation time in advance with your manager.

You receive paid vacation each year based on your years of service and your part- or full-time status.

- Vacation for part-time employees is based on average hours worked per week divided by 40
- You will be eligible for your full vacation on the January 1 after your hire date for (exempt) and after one year of service for hourly employees (non-exempt)
- You have until December 31 to use your vacation time; it doesn't carryforward, except where required by law
- If you have approved service credit, you will receive vacation based on the new hire schedule in your first year of employment with the company. You receive vacation based on your adjusted service date beginning on January 1 of the year following the date the adjusted service is approved

Popup 2 - Page 29**Learn how paid parental leave works**

You can take your leave all at once, or you can choose to take it in two separate blocks of time. However, the leave must be taken in full-week blocks. If both parents work for the company, then each parent will be allowed to take up to eight weeks of leave. Paid parental leave must be taken within 12 months of the birth, adoption, or placement of foster care.

Paid parental leave and family medical leave run concurrently. Your benefit coverage will continue during your leave, and your share of the benefit costs will continue to be deducted from your paycheck.

You are not eligible for paid parental leave during any period for which you are receiving short-term disability benefits or long-term disability benefits.

To apply for paid parental leave, you must contact MetLife 30 days prior to the start date of your leave, or as soon as possible. You must submit the appropriate documentation to certify your leave.

You must also notify your manager/supervisor in this same time frame of your request for leave. You can view the paid parental leave policy on Coca-Cola Connect.

Vacation for salaried employees (exempt)

Vacation after the first calendar year of employment

January 1 of the calendar year in which you will complete:	You will receive:
Less than one year	Prorated*
1-9 years	15 days
10-19 years	20 days
20-29 years	25 days
30 years +	30 days

* From hire date for salaried employees.

Salaried employees (exempt)

During your first calendar year of employment (i.e., date of hire through December 31), your total vacation days will be prorated based on your start date, up to a 15-day maximum. You will earn vacation days – according to the schedule below – each month beginning two months after the month in which you start.

Employees hired / rehired in:	Earn vacation days beginning in:	Year 1 vacation days earned:
January	March (2 days)	15
February	April (2 days)	13
March	May (2 days)	11
April	June (2 days)	9
May	July (2 days)	7
June	August (1 day)	5
July	September (1 day)	4
August	October (1 day)	3
September	November (1 day)	2
October	December (1 day)	1
November / December	N/A	0

Vacation for hourly employees (non-exempt)

Vacation after second calendar year of employment

January 1 of the calendar year in which you will complete:	You will receive:
Less than one year	Prorated*
1-9 years	15 days
10-19 years	20 days
20-29 years	25 days
30 years +	30 days

* After six months of employment for hourly employees.

Hourly employees (non-exempt)

Vacation benefit eligibility begins after 6 months of employment. Vacation days are then pro-rated for the current or next year of employment, up to a 15-day maximum, according to the schedule below.

Employees hired / rehired in:	Earn vacation days beginning in:	Year 1 vacation days earned:	Year 2 vacation days earned:
January	July	7.5	15
February	August	7.5	15
March	September	6	15
April	October	4.5	15
May	November	3	15
June	December	1.5	15
July	January 2025	0	15
August	February 2025	0	15
September	March 2025	0	13.5
October	April 2025	0	12
November /December	May 2025	0	10.5

2024 Companywide observances

Holiday	Date
New Year's Day	Monday, January 1
Martin Luther King Jr. Day	Monday, January 15
Memorial Day	Monday, May 27
Fourth of July	Thursday, July 4
Labor Day	Monday, September 2
Thanksgiving Day	Thursday, November 28
Christmas Day	Wednesday, December 25

Floating holidays schedule (first year)

If you are hired / rehired in:	You earn the following number of floating holidays:
January, February, March	5 days
April, May, June	4 days
July, August, September	3 days
October, November, December	2 days

Benefit	Contact information	Mobile app
24 Hour Nurse Line	1-888-230-COKE (2653)	
2nd.MD	1-866-410-8649 https://2nd.md/aetna	
AbleTo	aetna.com	Search for 'Aetna Health'
Adoption/Surrogacy Assistance	1-877-676-7656 1-404-676-7656 (in Atlanta) Email: hrhelp@coca-cola.com	
Aetna's Health Concierge (support available for all Aetna programs, services, and tools)	1-888-230-COKE (2653) welcometotcccbenefits.com	Search for 'Aetna Health'
Aetna Well-Being platform (including Well-Being Rewards)	1-888-230-COKE (2653) aetna.com	
Ayco Financial Counseling	1-888-432-9261 ayco.com/login/Coca-Cola	Search for 'Ayco Mobile'
Brightline	hellobrightline.com/coca-cola Email: care@hellobrightline.com	
Cleo	hicleo.com/activate	Search 'Cleo for Families'
ComPsych – Employee Assistance Program (EAP)	1-888-243-8917 guidanceresources.com (Company web ID COLA715)	Search for 'GuidanceNow'
CVS Caremark	1-855-465-0028 caremark.com Drug pricing tool: info.caremark.com/coca-cola	Search for 'CVS Caremark'
Delta Dental	1-855-505-COKE (2653) deltadentalins.com	Search for 'Delta Dental'
Enrich	1-888-870-7818 Existing members: member.virginpulse.com New registrations: engage.virginpulse.com/coca-cola	Search for 'Virgin Pulse'

Benefit	Contact information	Mobile app
ID Watchdog Identity Theft Protection	1-866-513-1518 idwatchdog.com/myplan/TCCC	
Lifestyle and condition management coaching programs	1-888-230-COKE (2653) aetna.com	Search for 'Aetna Health'
MetLife – Leaves of Absence & Disability	1-800-638-6420 metlife.com	
MetLife Legal Assistance Plan	1-800-821-6400 members.legalplans.com	
MetLife Life Insurance, AD&D and BTA	1-800-638-6420	
MinuteClinic	1-888-230-COKE (2653) aetna.com	
Onduo	onduo.com/coca-cola 1-833-446-6386 Email: support@onduo.com	Search for 'Onduo'
PayFlex – HSA, HRA, FSAs, DCRA and Commuter Benefit	1-844-729-3539 payflex.com	Search for 'PayFlex'
Progyny	1-833-203-7998 progyny.com	
RethinkCare	1-888-870-7818 Existing members: member.virginpulse.com New registrations: engage.virginpulse.com/coca-cola	
SimpleTherapy	simpletherapy.com	Search for 'SimpleTherapy'
SleepCharge (a Nox Health program)	sleepcharge.com/tccc	
Supplemental Health Plans	1-888-230-COKE (2653) aetna.com	
Survivor Support	1-877-676-7656 1-404-676-7656 (in Atlanta) Email: hrhelp@coca-cola.com	

Benefit	Contact information	Mobile app
Teladoc	1-855-TELADOC (835-2362) teladoc.com/aetna	Search for 'Teladoc'
The Coca-Cola Company Credit Union	creditunion.coca-cola.com	
Transamerica – 401(k) Plan	1-888-898-8766 mycoca-cola401k.com	
Tuition Aid	1-877-676-7656 1-404-676-7656 (in Atlanta) Email: hrhelp@coca-cola.com	
Virgin Pulse Employee Well-Being	1-888-870-7818 Existing members: member.virginpulse.com New registrations: engage.virginpulse.com/coca-cola	Search for 'Virgin Pulse'
Vision Service Plan (VSP)	1-800-877-7195 vsp.com	Search for 'VSP Global'
WithU	1-888-870-7818 Existing members: member.virginpulse.com New registrations: engage.virginpulse.com/coca-cola	
WorkPerks Purchase and Discount program	https://coca-cola.savings.workingadvantage.com/	

HR HELP

Coca-Cola HR Help	1-877-676-7656 1-404-676-7656 (in Atlanta) Email: hrhelp@coca-cola.com	
KO Benefits	Access through: Coca-Cola Connect Navigate to Life and Career > Pay and Benefits > KO Benefits Enrollment kobenefits.ehr.com	
KO Pension Help	1-888-818-4373	