

2022 Benefits Guide

For U.S. Active Employees



[CLICK HERE](#) to get started!

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Your 2022 benefits guide

Making the most of your benefits at Coca-Cola starts with selecting the right benefit plan options to meet the needs of you and your family. This guide includes what you need to know about your benefits to make the best choices. Before you enroll, take 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
- **Review the details** — Use this guide as your reference. Find the information you need in a few clicks or print a copy. [Learn how to use the benefits guide](#)
- **Talk to a financial counseling coach** — Call [Ayco Financial Counseling](#) so they can help you decide which benefits are the best for you and your family
- **Choose your benefits** — You only have a short time to decide before your enrollment window closes. When you access the enrollment system, be sure you have those choices wrapped up

2022 Annual Enrollment is October 27 to November 10, 2021



Take action!

Review your choices for 2022 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 [BenefitConnect](#).



Read First

How to use this guide

There are two ways you can use this guide:

1 Click on the links throughout this guide to skip to the information you're interested in, just like using a website...

OR

2 Read this guide page-by-page, like a printed document.

- Click on the **links in the top horizontal navigation bar** to go to a specific section in the guide.
- Click on the **links in the side navigation column** to go to a specific topic within a section in the guide (or choose from a topic's drop-down menu).

Use the **links within the text** of each section to access more information or link directly to an external website. You'll see these links as **bold and underlined text in red.**



The pointing hand tool appears when your mouse is over a clickable link.

- ▶ Click to go to the next page.
- ◀ Click to go to the previous page.
- ◀◀ Click to go to the last page viewed.
- For topics with content on more than one page, you can **click the green arrow** to read more on the next page.

CLICK for more on this topic.

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Health

- **Four medical plans** – three are paired with a Health Savings Account (HSA) and one offers a Health Reimbursement Account (HRA)
- Two dental and two vision plans
- Three supplemental health plans (critical illness, hospital indemnity and accident insurance)
- Flexible Spending Account (FSA) and Limited Purpose Flexible Spending Account (LPFSA)
- Well-being programs – from free flu shots and health screenings to opportunities to improve your health



Financial Well-Being

- The Coca-Cola Company 401(k) and Pension plans
- Core and supplemental life, 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



Your Life+ Programs

- Vacation, holidays, leaves of absence (including paid family leave)
- Employee Assistance Program (EAP)
- Adoption Assistance, Dependent Care Reimbursement Account (DCRA), tuition aid, commuter benefits, support for survivors
- Employee discount program with savings on restaurants, travel, electronics, movie and event tickets, repair services and more

- **The company automatically provides** Core life insurance (1.5 x base salary), Core LTD insurance, business travel accident (BTA) insurance, STD coverage, EAP and time off for vacation and holidays
- **You may choose to enroll** in medical, dental, vision, supplemental health plans (critical illness, hospital indemnity and accident), 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 purchase vacation for the following year)

The Coca-Cola Company offers access to certain health and wellness benefits if you work 30 hours or more per week. The company provides the EAP and BTA to all active employees. Employees working less than 30 hours per week are also eligible for the 401(k). Pension eligibility begins after completing one year of service.

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Eligibility

Coverage for your dependents

In addition to covering yourself, you can also choose to cover your eligible dependents. For the purposes of the medical, dental, 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. Your domestic partner must be enrolled for health coverage 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).

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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 **BenefitConnect**. The law requires health plans to provide this information for all plan participants. Be assured that **BenefitConnect** 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, call **Coca-Cola HR Help** at **1-877-676-7656** (or **1-404-676-7656** in Atlanta).

If your spouse or dependent child is a company employee

If your spouse or dependent child 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.



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Confirming your dependent's eligibility

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:

Adding a spouse

- Marriage
- Spouse loses coverage from employer

Removal of spouse

- Divorce
- Legal separation
- Spouse gains coverage from employer

Adding a common-law spouse

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.

Adding a domestic partner

You will need to provide one or more of the following:

- Copy of marriage license, HIPAA statement or letter from employer stating loss of employment/coverage
- Copy of divorce decree or court order
- Letter from employer or confirmation statement reflecting new employment/benefit coverage
- 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
- 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

[CLICK for more on this topic.](#)

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If you change your dependent coverage as a result of the following event:

You will need to provide one or more of the following:

Adding a child

- Birth
- Stepchild, grandchild, other legally-dependent child
- Adoption

- Copy of birth certificate, court order, adoption, placement, permanent custody or permanent legal guardianship court order
- Evidence of financial dependence from Divorce Decree

Removal of a child (due to age)

- Signed statement verifying child is no longer eligible for coverage
- Copy of birth certificate

Death of a dependent

- Certified copy of death certificate

Long-term disability

- Medical review and approval by insurance carrier

Medicare eligibility

Disability/Social Security benefits at age 65

- 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.

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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 **BenefitConnect** or call **Coca-Cola HR Help** at **1-877-676-7656** (or **1-404-676-7656** in Atlanta) for assistance.

Enrolling your newborn and other new dependents

Newborns should be added to the health plan on their date of birth and other newly eligible dependents should be added on the date of the status change, such as marriage or adoption. You must notify **Coca-Cola HR Help** either by phone or online through **BenefitConnect** 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 **BenefitConnect** for additional information about adding newly eligible dependents.



Access BenefitConnect Anywhere, Anytime

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

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 **BenefitConnect** 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.

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Accessing BenefitConnect

When you're ready to enroll, there are three ways to enroll online:

Work

Convenient single sign-on access from [Coca-Cola Connect](#)

1. Navigate to Life and Career > Pay, Benefits and Leave > Benefits and Well-Being > Benefits > Benefit Plans > Benefits Enrollment
2. Click **'BenefitConnect Enrollment Web'** (no password is required)
3. Select the **'Get Started'** link and follow the steps to enroll in your benefits

Home

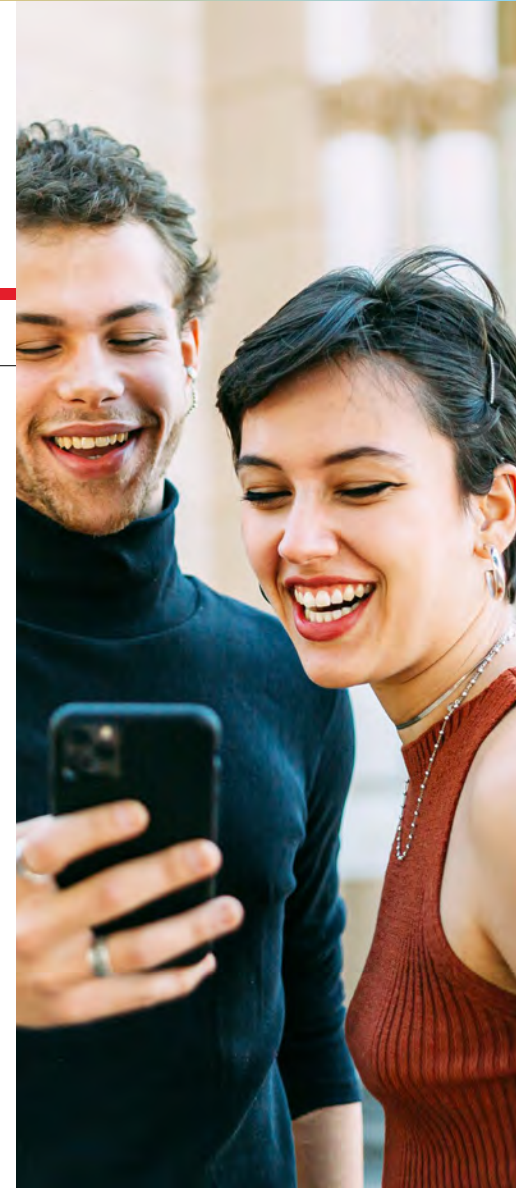
Log in through Coca-Cola Connect

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, Benefits and Leave > Benefits and Well-Being > Benefits > Benefit Plans > Benefits Enrollment
4. Click **'BenefitConnect Enrollment Web'** (no password required)
5. Select the **'Get Started'** link and follow the steps to enroll in your benefits

Log in through BenefitConnect directly

1. Type TCCCBenefitConnect.ehr.com into your web browser
2. Follow the prompts to access your account or create a new account
3. Select the **'Get Started'** link and follow the steps to enroll in your benefits

If you have misplaced your password, select the **'I Forgot My Password'** link from the homepage and follow the prompts for information to reset your password.



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Enrolling on BenefitConnect

If you've reviewed your options and are ready to make your benefit elections for 2022, follow these steps:

1. **Log on** — Go to **BenefitConnect** at TCCCBenefitConnect.ehr.com, follow the prompts to access your account and select 'Get Started'. If you are not accessing **BenefitConnect** through Coke Connect, please use the Single Sign-On (SSO) link (myapps.microsoft.com) and enter in your Coca-Cola system log-in credentials.
2. **Review and verify information** — If you need to add dependents, click 'Edit Dependents'.
3. **Answer tobacco certification question(s)** — Make sure to click the box at the bottom of the page to certify your enrollment.
4. **Review dependent information and 2022 coverage** — Then click 'Continue' to make your enrollment elections.
5. **Enroll** — When you are ready to enroll, you will see 'Shop on My Own', which will allow you to review your different benefit options. Make sure to check the box next to the dependents you wish to cover for each benefit, then carefully review your coverage selections and deductions, if applicable.

You also have the option to select 'Fast Lane', which will take you directly to the Enrollment Summary page. Here you can select any benefit you want to change, or if your elections will stay the same for the next year, you can go straight to check out.

6. **Confirm elections** — Once you're satisfied with your elections, confirm them by clicking 'Submit Enrollment.' You may print a confirmation page for your records from the enrollment site.

If you return to make changes before the enrollment deadline, you can select the 'Fast Lane' option, which will bring you directly to your Enrollment Summary, where you can make any applicable changes.

If you have misplaced your username or password, please select the applicable on screen link to retrieve your credentials.

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 **BenefitConnect**. Please follow the prompts to provide additional protection for your Coca-Cola benefit accounts or personal information.



First-time user?

1. Access **BenefitConnect**.
2. Click 'First time user? Create an account.'
3. Follow the prompts to create your account.

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Digital Assistant

If you need additional support or have questions, you can also take advantage of the Digital Assistant on Coca-Cola Connect, 24x7.

To access on the go, use the Digital Assistant app on your company-managed device.

Benefits enrollment by phone

If you'd prefer to enroll by phone or don't have access to a computer, follow these steps:

- Call **Coca-Cola HR Help** at **1-877-676-7656** (or **1-404-676-7656** in Atlanta)
- Select the benefits option and follow the prompts for Health & Welfare
- Enter the last four digits of your Social Security number and date of birth when prompted

You will be connected to a representative to complete your enrollment.

Representatives are happy to assist you between 8 a.m. and 6 p.m. ET, Monday through Friday.



Confirming your enrollment

After completing your enrollment, you can review your elections and benefits information on the **BenefitConnect** website at any time throughout the year. A Confirmation Statement will also be mailed to your mailing address at the completion of enrollment.

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If you don't enroll

If you don't make an active election during your enrollment period, here is what happens with your benefits.

Annual Enrollment

Annual Enrollment for existing employees takes place every fall. During Annual Enrollment, eligible employees can select the coverage they may need for the coming plan year, including enrolling eligible dependents. If you don't enroll, you will default to your current elections at the same coverage level for medical, dental and vision. Your life and disability coverage will continue unchanged.

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, supplemental health plan coverages and two new voluntary programs. If you are currently enrolled in supplemental health plan coverages, those elections will carry forward into the new plan year, unless you actively elect to discontinue or change coverage.

New hires

You have 30 days from your hire date 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.



Default to tobacco-user status

You must go into **BenefitConnect** and verify the tobacco status of you and your spouse/domestic partner by your enrollment deadline. All new enrollees will be defaulted to tobacco-user status upon becoming eligible for medical benefits, unless you indicate otherwise. If you and/or your spouse/domestic partner are confirmed or defaulted as a tobacco-user, you will pay an extra \$75 per month for each tobacco-user — up to a maximum of \$150 per month until you and/or your spouse/domestic partner complete the tobacco cessation program. If you do not update your tobacco status during enrollment, you will not be allowed to make any changes until the next Annual Enrollment period.

Supporting Your Health and Well-Being



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Your healthcare coverage

When it comes to your health, our medical (including prescription drug), dental, vision and supplemental health plans – and the optional tax-free health accounts – are designed to offer:

- **Choice** among quality medical, dental and vision plans
- **Affordable options** in both coverage and cost per paycheck, allowing you to choose options that align with your healthcare and financial needs
- **Quality care** and programs that can better support you through your life and health journeys – from starting a family, to parenting, to managing a health condition for you or a loved one
- **Tools** to help you understand your treatment options and stretch the dollars spent on healthcare

It all starts with you understanding your health choices and making the best plan selections for you and your family.

As you think about the coverage you'll need for 2022, 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.



Medical

- Base PPO with HSA
- Buy-up EPO with HSA
- Buy-up PPO with HSA
- Copay EPO with HRA

All plans are administered by Aetna. Prescription drug benefits are administered by CVS Caremark.



Supplemental health

- Critical Illness
- Hospital Indemnity
- Accident

These plans are administered by Aetna.



Dental

- Base Dental
- Buy-up Dental

Both plans are administered by Delta Dental.



Vision

- Base Vision
- Buy-up Vision

Both plans are administered by Vision Service Plan (VSP).

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Tobacco-free incentive

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.

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.

Research shows that the use of tobacco products greatly increases health problems and drives up the cost of health coverage for everyone — even for those who have healthier lifestyles.

What's considered tobacco?

- Cigarettes
- Vapor cigarettes
- Cigars
- Smokeless tobacco, e.g., dip or chew
- Pipes
- Other similar products
- E-cigarettes



Get empowered 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 2022.

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 **BenefitConnect** 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
- Find ways to overcome cravings
- Create a personal action plan to help you reach your goals
- Manage your stress to help make quitting easier
- Access up to eight weeks of the nicotine patch or gum at no additional cost to you
- Get access to additional tools and resources
- Plan for the challenges you will face while quitting

To get started, log on to [aetna.com](https://www.aetna.com) and click 'Stay Healthy' or call **1-866-533-1410 (TTY: 711)**.

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Explore your medical and prescription drug coverage

Choosing your benefits

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

These plans also have different networks.

Aetna Choice POS II Network (CPOSII) is available across the U.S. 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 9 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 Childrens 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.



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.**

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Let's look at the medical plans and how they differ

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.

**Base PPO
with HSA**

**Buy-up PPO
with HSA**

- 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**.

**Buy-up EPO
with HSA**

**Copay EPO
with HRA**

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**

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.



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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

\$5,200 (individual) / **\$10,400** (family)

\$10,400 (individual) / **\$20,800** (family)

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

Health Savings Account

(to help you save for your future healthcare expenses)

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)



“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.

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Buy-up EPO Plan with HSA

IN-NETWORK ONLY

Network type	Aetna's Premier Care Network (APCN)* (exclusive, national network)
Deductible	\$1,500 (individual) / \$3,000 (family) (aggregate)
Coinsurance	20% coinsurance after deductible
Out-of-pocket maximum	\$2,600 (individual) / \$5,200 (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.**

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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	\$1,500 (individual) / \$3,000 (family) (aggregate)	\$3,000 (individual) / \$6,000 (family) (aggregate)
Coinsurance	20% coinsurance after deductible	40% coinsurance after deductible
Out-of-pocket maximum	\$2,600 (individual) / \$5,200 (family)	\$5,200 (individual) / \$10,400 (family)

You own this account and can contribute your own money.

Health Savings Account
(to help you save for your future healthcare expenses)

Coca-Cola contributes:

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

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

Total annual Coca-Cola contribution:

- **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 a higher monthly payroll deductions for additional coverage you won't use because your doctors and preferred facilities are already in-network.

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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	\$2,600 (individual) / \$5,200 (family)
Health Reimbursement Account	Only Coca-Cola contributes; money is applied automatically to your eligible expenses when you receive care. 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

Compare the medical plans

Now that you have seen the plans one by one, view a side-by-side comparison.

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	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
	Aetna Choice POS II Network (broad, national network)		Aetna's Premier Care Network (APCN) (exclusive, national network)			
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)	\$1,500 (individual) / \$3,000 (family) (aggregate)	\$1,500 (individual) / \$3,000 (family) (aggregate)	\$3,000 (individual) / \$6,000 (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	\$5,200 (individual) / \$10,400 (family)	\$10,400 (individual) / \$20,800 (family)	\$2,600 (individual) / \$5,200 (family)	\$2,600 (individual) / \$5,200 (family)	\$5,200 (individual) / \$10,400 (family)	\$2,600 (individual) / \$5,200 (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.

2022 monthly medical plan 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	\$19	\$61	\$50	\$75	\$117	\$99
You + Spouse or Domestic Partner	\$191	\$289	\$264	\$320	\$415	\$375
You + Child(ren)	\$79	\$170	\$147	\$199	\$288	\$251
You + Family	\$222	\$368	\$331	\$414	\$556	\$497

* 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.

Medical coverage reminder

If the company employs both you and your spouse/domestic partner, only one employee will be allowed to elect medical 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 medical coverage.

To see whether your doctor participates in the Aetna networks, visit [WelcomeToTCCCBenefits.com](https://www.welcometotcccbenefits.com).

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

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Opening your Health Savings Account (HSA)

If you elect one of the three medical plans that are paired with an HSA and you wish to open an account, you will need to authorize the company to open it on your behalf with PayFlex through **BenefitConnect**. During enrollment, after you elect your medical plan choice, you will need to 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 during Annual Enrollment. That contribution is deposited as soon as administratively possible at the beginning of the plan year.

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.

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

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.

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



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Contributions to the Health Savings Account (HSA)

If you elect one of the medical plan options that are paired with an HSA:

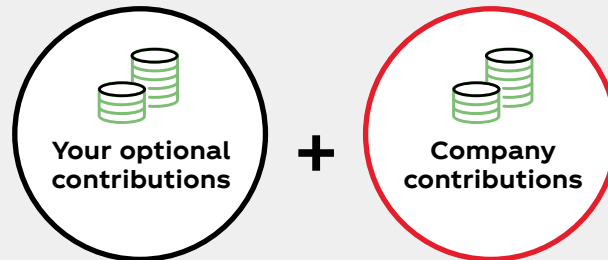
	Company contributes	You can contribute	Total annual contributions
For yourself only	Up to \$100*	Up to \$3,450	\$3,650
For you and any dependents	Up to \$200*	Up to \$6,900	\$7,300

* Coca-Cola provides 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 2022. When you reach age 65, you can no longer contribute to your HSA, but you can continue to use the money in your account to pay for eligible healthcare expenses.

How the HSA works when you receive care

Health Savings Account Start with your contributions



Paying for care when needed Use your HSA to pay your share of expenses

1. You pay 100% until you meet deductible*
2. Then you pay 20%, **company pays 80%** in-network
3. After you meet the out-of-pocket maximum, **company pays 100%**



Rollover

Unused HSA funds carry forward to 2023

Remember...you can use this money to build your savings for the future!

* Except for preventive care, which is covered at 100%.

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How the Health Reimbursement Account (HRA) works

The Copay EPO Plan includes a Health Reimbursement Account or HRA, to help you pay for eligible medical and prescription drug expenses. With the HRA:

- Only Coca-Cola can contribute to the account. Company contributions will be available at the beginning of the plan year to help cover expenses right up front
- Money in the account is automatically deducted for medical and prescription drug expenses
- At the end of the plan year, any unused dollars roll over to the next plan year
- You don't own the account



Helping you get a good night's rest

SleepCharge (by Nox Health) program

Life is much better with sleep

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

If you're enrolled in one of our medical plans, 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. The program is convenient, affordable and features three steps:

STEP 1

Complete the Sleep CheckupSM

Download the SleepCharge app and take the Sleep Checkup which determines:

- How long you sleep
- When you sleep
- How well you sleep

STEP 2

Medical Review and Discussion

The program's medical team of certified clinicians and physicians reviews your results and works with you to determine the next steps for your sleep healthcare plan.

STEP 3

Sleep Healthcare Plan

From cognitive behavioral coaching to PAP therapy, SleepCharge provides proactive telehealth care to get you on the path toward better sleep.

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 careteam@fusionhealth.com.

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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.

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More ways to give you the care you need at no additional cost

You also have access to a number of important and integrated programs for several conditions, along with care management and lifestyle coaching, that can support you through your life and health journeys.

Aetna's Health Concierge Your personal health assistant

With Aetna's Health Concierge service, 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. by calling **1-888-230-COKE (2653)**.

Helping you get the specialized treatment you need for care management support



Aetna's Transform Oncology Program

If you are diagnosed with cancer, Aetna's Transform Oncology Program is here to help you and your family go through this journey, providing personalized and expert support.

NEW for 2022

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.



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.

NEW for 2022

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**. You may receive a blood glucose meter and unlimited test strips 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 or weight

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



Aetna's 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.

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.

We are giving you access to specialized care for organ transplants, pediatric congenital heart surgery, and Chimeric Antigen Receptor Therapy, or CAR-T (blood cancers).



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.

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!



2nd.MD

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

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.

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

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

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Take advantage

Employee Assistance Program (EAP)

This program offers confidential, professional counseling, referrals, and services to help you manage life's day-to-day issues — everything from stress and family conflicts to college planning and legal services.

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

Teladoc virtual services

Speak to a therapist or psychiatrist by phone or video 24/7, about anything going on in your world, from everyday challenges to traumatic events.

Teladoc also provides 24/7 access to doctors that can treat you from home, prescribe medications and more.

Call **1-855-TELADOC (835-2362)** or log on to teladoc.com/aetna.

Helping you get the specialized care you need for family building and support



Progyny

Sometimes you find life's most fundamental dreams are the toughest to turn into reality.

Progyny connects you to leading fertility specialists offering the most advanced, effective fertility treatment, and the best chance of achieving a successful pregnancy (today or in the future) with the course of treatment that is best for you. This program supports the diverse needs of traditional, same-sex, or alternative families. For more details, log on to progyny.com or call **1-833-203-7998**.



Cleo

Being a parent can bring purpose, joy and pride, but it can also bring exhaustion, stress and frustration when trying to juggle it all — and we want to help.

Cleo offers support for working parents who need assistance with getting pregnant and starting a family (during pregnancy, surrogacy or adoption), being first-time parents (lactation, feeding, sleep or emotional support), returning to work, and more.

With Cleo, you'll have free access anytime, anywhere to tips, expert content and a certified care team, led by your Cleo Family Guide.

For more information, log on to <https://hicleo.com> (Company Code TCCC) or email support@hicleo.com.

Helping you get the specialized care you need for emotional well-being support



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)**.

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Consider the tax-saving features of the Flexible Spending Accounts (FSAs)

Flexible Spending Accounts provide tax savings that help your money go a lot further for medical, prescription drug, dental and vision expenses. You can set aside pre-tax dollars for eligible expenses — saving between 15% and 28% on income tax and Social Security (FICA) taxes.

Set aside from \$120 to \$2,750 tax-free each year 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

Coca-Cola offers two types of FSAs

→ **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.



The amount you elect to contribute to an FSA is taken from your paycheck in equal amounts through each pay period (note that your account is funded with your full contribution amount shortly after your effective date of coverage). You will make a new election to contribute for 2023. Be sure to only contribute your estimated expenses to the account through December 31, 2022 — funds do not roll over year to year.

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Using your Flexible Spending Account

You will have three ways to be reimbursed for 2022 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).

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 2022 must be submitted by March 31, 2023.

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.



Compare the tax-free accounts

You can use tax-free accounts to pay for eligible medical, prescription drug, dental and vision expenses. Review this chart to understand the differences between all four accounts.

FEATURE	Health Savings Account	Health Reimbursement Account	Flexible Spending Account	Limited Purpose Flexible Spending Account
Company contributions	Yes	Yes	No	No
Your contributions reduce your taxable income	Yes	No	Yes	Yes
Contributions can earn interest on a tax-deferred basis	Yes	No	No	No
Remaining balance rolls over year after year	Yes	Yes	No	No
Change contribution elections during the plan year	Yes	No	Yes*	Yes*
You can take your account with you if you leave Coca-Cola	Yes	No	No	No
You may use your account to build long-term savings	Yes	No	No	No
There is a yearly contribution limit determined by the IRS	Yes	Yes	No	No
You can spend before available funds are deposited	Yes	Yes	Yes	Yes
Funds are available for medical, dental and vision expenses	Yes	Medical and prescription drugs expenses only	Yes	Dental and vision expenses only

* Only if you have an eligible qualified status change during the year.

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Need help deciding which plan is best for you?

No one can tell you which plans and programs will work best for you and your personal health strategy, but the following steps might help you decide:

- 1** Use the tools available on **BenefitConnect** to help you compare your total cost under the plans — what you spend in monthly deductions to buy coverage and what you are likely to pay for care:
 - **Medical Plan Comparison** — See more details on in-network and out-of-network deductibles, coinsurance and out-of-pocket maximums and covered services
 - **Spending Account Modeling and Tax Savings** — Decide how much to save in your HSA or FSA
- 2** Compare total cost = payroll deductions + cost of care.
- 3** Connect with a financial coach through **Ayco Financial Counseling** who can help you think through the financial aspects of your health plan choice.

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Supporting your health and well-being

Well-being at The Coca-Cola Company is about each person having the support, resources and flexibility to **Refresh Yourself**, enabling you to be your best self at work and home. With that in mind, we are building a culture of well-being across The Coca-Cola Company. Our portfolio of well-being programs is designed to support employees and families to feel refreshed in body and spirit, providing an opportunity to influence workplace culture and the employee experience.

What you can take advantage of

- **Virgin Pulse** – This 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. Log on to <https://virginpulse.com> to learn more. Visit the Apple App Store or Google Play to download the app
- **Whil** – The Whil mindfulness app offers thousands of sessions on topics such as mental health, happiness, meditation, growth mindset, relationships, parenting, yoga, emotional intelligence and more. You can access Whil through Virgin Pulse. Visit the Apple App Store or Google Play to download the app
- **WithU** – With virtual audio-based personalized fitness programs and classes, the WithU app offers flexibility that you can fit into your schedule – whether at home or on the road. Classes are offered across a wide range of workout types, skill levels, equipment needs and fitness goals. Access through Virgin Pulse. Visit the Apple App Store or Google Play to download the app
- **Enrich** – The Enrich financial well-being app provides a wealth of information, courses, tools, articles and videos to help you better understand your finances and plan for the future. Access through Virgin Pulse. Visit the Apple App Store or Google Play to download the app
- **Employee Assistance Program (EAP)** – Guidance Resources through ComPsych provides 1:1 counselling, referrals and research support to assist you and your family members when you need it most – and one less thing on your to-do list. Use Company Web ID: COLA715. See [page 29](#) for more details
- **Celebrating You** – Recognition of others is a key way to support our well-being. Celebrating You is Coca-Cola's online platform that makes it easy to recognize and celebrate each other. Go to [BenefitConnect](#) to learn more
- **Ayco Financial Counseling** – Provides financial planning services for you, including decision support services as you make benefit choices. See [page 61](#) for more details

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Take advantage of Aetna's Member Engagement Well-Being platform

Want to eat healthier? Be more active? Better manage a health condition? It is easy to track your health, look up symptoms, or find a healthy recipe for dinner tonight.

With a simple click, you'll find:

- A health assessment to help build a picture of your health
- A health record, where you can see your health data, claims, tests and more
- Digital coaching support
- Social communities to interact with people like you
- A place to sync your apps and devices
- Access to the Well-Being Rewards program

It's easy to get connected. Log in to your member website at [aetna.com](https://www.aetna.com), click **'Health & Wellness,'** and then **'Discover a Healthier You.'**



Manage well-being and earn Rewards Dollars

- Get a free flu shot or health screening
- Access help to make healthy lifestyle changes or manage chronic conditions
- Participate in a sleep study



Be Balanced: Maximize your rewards

- ✓ The Well-Being Rewards Program allows you to decide what aspects of well-being you want to participate in, according to your needs.
- ✓ You will earn **Rewards Dollars** deposited in your HSA or HRA for completing activities through Aetna. Plus, you will 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!
- ✓ How you achieve Rewards is completely up to you. There are no requirements that you do all activities, or do one activity before another.

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. You can also go to info.caremark.com/coca-cola to access their drug pricing tool.

Third party copay assistance programs notice

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.



Prevent flu and more!

You have access to certain vaccines (e.g., flu or shingles*) at your local pharmacy at no cost to you. Visit caremark.com to find a vaccine pharmacy in your network.

* Shingles is covered for those ages 50+

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Explore the two dental plans

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



The Base Plan

“You’re just looking for regular check-ups”

An **affordable option** for regular teeth cleaning and maintenance. It is less expensive than the Buy-up Plan, but with lower levels of coverage for basic and restorative care and no coverage for orthodontia.



The Buy-up Plan

“You’re looking for that Hollywood smile”

Provides more **comprehensive coverage**, but at a **higher cost**.

For that extra cost, you benefit from orthodontia coverage and an increased annual maximum. If you think you’re going to need regular visits to the dentist for ongoing major work, this plan may be better for you.



Dental coverage summary

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	60% after deductible	30% of R&C charge* after deductible	80% after deductible	50% of R&C charge* after deductible
Major restorative care	40% 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 the same or similar service.

Once you’re enrolled, you can see which providers are in Delta Dental’s PPO or Premier network, plus coverage details, at deltadentalins.com.

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2022 monthly dental deductions

COVERAGE	Base Plan	Buy-up Plan
You Only	\$16	\$28
You + Spouse or Domestic Partner	\$30	\$54
You + Child(ren)	\$37	\$65
You + Family	\$49	\$88

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.

Questions?

Once you've enrolled, you can access further coverage details and see which providers are in Delta Dental's PPO and Premier networks.

For more details, contact Delta Dental at **1-855-505-COKE (2653)**, or log on to deltadentalins.com.



Explore the two vision plans

You have two vision options to choose from – the Base Plan or Buy-up Plan – both administered by Vision Service Plan (VSP).

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\$ The Base Plan

“Your frames help you see”

An affordable option providing coverage for lenses, frames (every 24 months) or contacts (in lieu of frames) every 12 months.

\$\$ The Buy-up Plan

“Frames are fashion – and you want to stay up to date”

Gives you the opportunity to benefit from **enhanced coverage**.

It does cost more but the coverage is more extensive. Adults can upgrade their frames every 12 months (compared to 24 months under the Base Plan). The allowance levels for frames and contact lenses are also higher.



Vision coverage summary

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
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	85% of fitting & evaluation fee (\$60 maximum); (\$130 allowance)	85% of fitting & evaluation fee (\$60 maximum); (\$100 allowance)	85% of fitting & evaluation fee (\$60 maximum); (\$250 allowance)	85% of fitting & evaluation fee (\$60 maximum); (\$125 allowance)

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2022 monthly vision deductions

COVERAGE	Base Plan	Buy-up Plan
You Only	\$7	\$15
You + Spouse or Domestic Partner	\$18	\$37
You + Child(ren)	\$15	\$31
You + Family	\$26	\$55

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.

Questions?

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

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.



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.

You can use the money to help cover your deductible or for everyday expenses like utility bills, mortgage payments and groceries.

Your plan also includes a health screening benefit for a covered preventive test.

You have **two benefit options** to consider (\$10,000 or \$20,000).

The monthly premium amount you pay is determined by your age, whether you use tobacco and level of coverage (you only or you and your family).

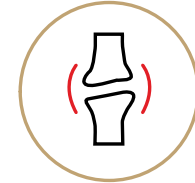


Hospital Indemnity Insurance

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, and mental health or substance abuse care and more.

The monthly premium amount you pay 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 any other insurance.

You can use the money to pay coinsurance, deductibles or everyday expenses like mortgage payments, childcare or groceries.

The monthly premium amount you pay is determined by the level of coverage you choose.

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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.

Your 2022 Critical Illness Insurance monthly rates*

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\$10,000 Benefit

\$20,000 Benefit

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

Your 2022 Hospital Indemnity Insurance monthly rates

COVERAGE LEVEL	Base Plan		Buy-up Plan	
	Base Plan	Buy-up Plan	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		

Your 2022 Accident Insurance monthly rates

COVERAGE LEVEL	Base Plan		Buy-up Plan	
	Base Plan	Buy-up Plan	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		

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Explore retirement savings and life and disability benefits

Take advantage of The Coca-Cola Company 401(k) Plan

Learn about The Coca-Cola Company Pension Plan

Explore your life and disability insurance benefits

Legal assistance plan

Identity theft protection

Learn about Ayco financial counseling

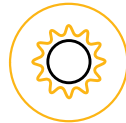
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Explore retirement savings, life and disability and voluntary benefits

Coca-Cola helps you grow and protect the money you make with a retirement program and life and disability benefits.



Retirement program

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* with a Cash Balance Account funded by the company.

Voluntary benefits



Legal assistance plan

- Voluntary plan which can assist you and your family with legal questions and/or advice regarding personal legal matters



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



Life and disability

Life Insurance

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



Disability coverage

- Company-paid short-term disability payments
- Company-paid long-term disability insurance
- Supplemental long-term disability insurance

* Go to [BenefitConnect](#) for more information about your pension plan benefits.

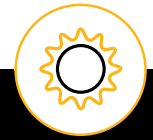
Take advantage of The Coca-Cola Company 401(k) Plan

Coca-Cola cares about your financial well-being, which includes having the financial resources to enjoy life once you retire. **The Coca-Cola Company 401(k) Plan** works together with **The Coca-Cola Company Pension Plan** cash balance account to help you prepare for retirement. You can grow your account by making pre-tax or Roth after-tax contributions and receiving matching contributions from the company in the 401(k) plan. You decide how to invest your account, and your investments grow tax-free until you receive a benefit from the plan.

All 401(k) Plan provisions outlined below are effective **January 1, 2022**.

Who is eligible*	Active, non-bargaining employees are eligible to participate after 30 days of employment with the company.
How you can save	You can contribute as much as 75% of your pre-tax pay (or Roth 401(k) after-tax), up to IRS contribution limits. If you are age 50 and over, your contributions will continue until the combined 401(k) and catch-up limits are reached (\$26,000 in 2021). Contributions come from your pay each pay period. You may be able to roll over money from another 401(k) or an Individual Retirement Account (IRA). You are always 100% vested in your traditional 401(k) pre-tax , Roth 401(k) after-tax and rollover contributions.
Matching contributions	Coca-Cola matches part of your contribution, up to a total match of 3.5% of your pay. Company matching contributions will be immediately vested if you are an active employee on or after January 1, 2022.
Automatic enrollment	The plan has an auto-enrollment feature to help you save for retirement. When you become eligible, you are automatically enrolled at a 6% contribution rate, unless you choose to opt out or contribute at a different level.
Investing your account	You can decide how money is invested among the many funds the plan offers. Your company matching contributions will be invested in The Coca-Cola Company Stock Fund. You can transfer those funds into other investments of your choice at any time.
Getting money from your account	In general, your vested 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 eligible to participate as long as you are not covered by a bargaining agreement where benefits are the subject of good faith bargaining. Prior service with the company or certain related companies may count toward this requirement.



Make the most of the 401(k) Plan

- Set goals for the future
- Take advantage of traditional 401(k) pre-tax and Roth 401(k) after-tax savings
- Benefit from Coca-Cola's matching contributions — up to 3.5% of your pay
- Select the March 15 Annual Incentive payment contribution election, so you can easily determine your 401(k) withholdings on your incentive without impacting your ongoing election

The 401(k) Plan is administered by **Transamerica, a leading provider of 401(k) plan services.**

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Your contributions

Pre-tax contributions

All employees, regardless of pay, can save as much as 75% of pre-tax pay (or Roth 401(k) after-tax), up to the IRS annual contribution limits.

When you make traditional pre-tax 401(k) 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.

Roth 401(k) after-tax contributions

With a Roth 401(k) account, 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 traditional pre-tax 401(k) contributions, Roth 401(k) 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 401(k) account.

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

What things should I consider when deciding between contributing on a traditional pre-tax vs. a Roth 401(k) after-tax basis, or a combination of the two?

You might choose to make **Roth 401(k) 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) retirement plan account so that in retirement you can choose to distribute funds that have already been taxed or not

You might choose to **contribute pre-tax** 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 401(k) after-tax contributions are eligible for matching employer contributions, the decision between pre-tax and Roth 401(k) 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.

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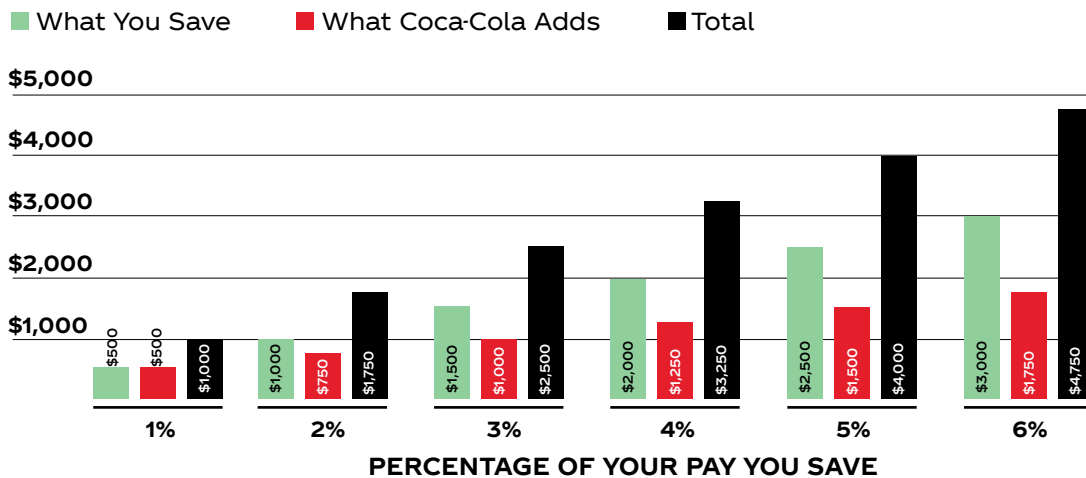
Connect with the power of the company match

Company matching contributions can give your savings a big boost. If you contribute 6% or more of pay on a traditional 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 this example illustrates, if you earn \$50,000 a year, each 1% you save is \$500



Need help evaluating your 401(k) participation?

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.

Company matching contributions

The company matching contributions will be made in The Coca-Cola Company (KO) Stock Fund. 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 10 p.m. ET. Transfer requests received by 4 p.m. ET will be effective the next business day.

Your traditional pre-tax 401(k) contributions (and Roth 401(k) after-tax) will be vested immediately. The company matching contributions will also be immediately vested if you are an active employee on or after January 1, 2022.

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Auto enrollment feature

When you become eligible for The Coca-Cola Company 401(k) Plan, you will automatically be enrolled for a traditional pre-tax 401(k) 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 you'll be saving 9.5% 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 Coca-Cola Company 401(k) 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.



Rollovers

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

- The Coca-Cola Company Pension Plan
- 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 Coca-Cola Company 401(k) Plan accepts rollover contributions only in the form of cash. Complete a Rollover Request Form at mycoca-cola401k.com to begin the rollover process.

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Investing helps your account grow

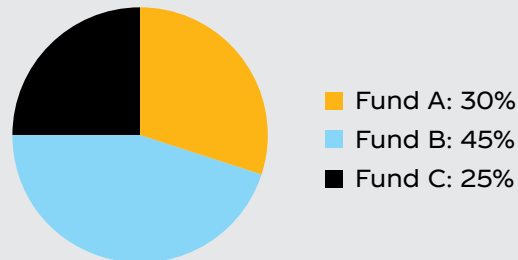
With The Coca-Cola Company 401(k) Plan, you have control over your investments – you can make changes as often or as little as you like.

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.

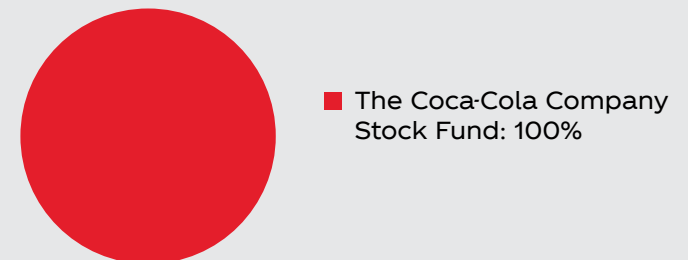
Here's an example

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

Janice's Contributions



Company Match



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

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 10 p.m. ET. Transfer requests received by 4 p.m. ET will be effective the next business day.

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.

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Managing your 401(k) account balance

...in two simple ways

- 1 Online through **Coca-Cola Connect**. Navigate to Life and Career > Pay, Benefits and Leave > Leaving and Retirement > Retirement > 401(k) Contributions.

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, 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.

- 2 Call Transamerica at **1-888-898-8766**, Monday to Friday between 8 a.m. and 10 p.m. ET.



Don't forget!

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

Note: If you have a spouse, he or she will automatically be your beneficiary. If you want to name someone other than your spouse as the sole primary beneficiary, your spouse must sign a waiver in the presence of a notary.

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 make changes to your beneficiaries at any time by accessing mycoca-cola401k.com or calling Transamerica.

Everyone deserves a secure retirement, but how do you know if you're on the right path or wandering off course?

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.

Not sure where you stand?

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

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The Cash Balance Account

The Coca-Cola Company Pension Plan provides stability with a Cash Balance Account that 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.

Who is eligible?

You are eligible if you are an employee of The Coca-Cola Company or one of its participating subsidiaries and are not a leased employee, not covered by a collective bargaining agreement under which benefits were the subject of good-faith bargaining 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 generally begin participating in the pension plan on the first day of the month after you complete one year of service and you are at least age 18.

How your benefit grows

Your account is credited each year with:

- **Pay credits** of between 3% and 8% of eligible pay, if you were hired **before January 1, 2012**. 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 will receive an additional 2%. New hires or rehires **on or after January 1, 2012** will receive pay credits of 3% of eligible pay.
- **Interest credits** based on the terms of the pension plan.

Vesting

After three years of vesting service, you have a vested right, or ownership, in all amounts credited to your Cash Balance Account.

What about my prior pension benefits?

You keep any vested pension benefit you have earned.

Get easy online access to your pension benefits

You can run pension estimates, initiate your pension benefit, see your cash balance account, name your pension beneficiary and more at TCCCBenefitConnect.ehr.com.

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How your benefit can be paid

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

- A lump-sum distribution, which you can roll over to 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

Naming your beneficiaries

If you die before your pension benefits begin, your benefit is paid to your spouse if you are married. You cannot name someone other than your spouse for this benefit. If you are unmarried, your benefit is paid to the permitted beneficiary you most recently named. If no beneficiary is on file, the benefit is paid to your estate. To change your beneficiary, call **Coca-Cola HR Help** at **1-877-676-7656** (or **1-404-676-7656** in Atlanta) or at [TCCCBenefitConnect.ehr.com](https://tcccbenefitconnect.ehr.com).



Access the Total Rewards Portal for a personalized view

Visit the Total Rewards Portal for **personalized** information and resources on financial well-being, including:

- ✓ A personalized **Total Rewards Summary** of the value of your Coca-Cola benefits, including your retirement accounts.
- ✓ The **'Total Wealth'** tab where you can check on the sources of your retirement income and how they are adding up for your future.
- ✓ The **'Retirement'** tab for information and resources, such as the **Retirement Income Modeler**, plus links to Transamerica for 401(k) and PayFlex for Health Savings Account information.

You can access the portal from Connect at Life and Career > Pay, Benefits and Leave > Pay and Rewards > Total Rewards Portal, or directly at <https://tccctotalrewards.ehr.com>.

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Explore your life and disability insurance benefits

Part of any winning strategy involves taking risks into account and being ready for unexpected obstacles along the way. That's where Coca-Cola's life and disability insurance come into play — providing 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's life, accidental death & dismemberment (AD&D) and disability insurance benefits help you deal with the unexpected in life. Coca-Cola provides your core benefit and lets you add to it with supplemental coverage.

Think about the income and resources you have — what you're likely to need to keep going. Then make the choices that connect you with the right level of protection.

Core life insurance

Coca-Cola provides core life insurance protection equal to 1.5 times your annual base pay with a \$2 million maximum benefit (core and supplemental combined). An option of \$50,000 is available to avoid imputed income. The company pays the cost of this coverage.

Supplemental life insurance for you

You can purchase additional life insurance — in multiples of your annual pay — up to five times your annual base pay. You pay for the coverage you buy through payroll deductions; the 2022 cost is based on your age on January 1, 2022.

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



Statement of health

CURRENT EMPLOYEES

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

NEW HIRES

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

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Life insurance for your spouse or 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.

Supplemental life coverage monthly costs

Age on January 1, 2022	Employee supplemental life deduction for each \$1,000 of coverage	Spouse or domestic partner life 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

You may purchase life insurance coverage for your spouse or domestic partner and your eligible dependent children from age 14 days to age 26.

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.

CLICK for more on this topic.



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.



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Life insurance for your children

You can purchase life insurance for your children – either \$5,000 or \$10,000. You select one amount for all of your eligible children. Eligible children include each child age 14 days to age 26. There is no Statement of Health needed for child life insurance.

Child life coverage monthly costs

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

CLICK for more on this topic.



Life insurance coverage reminder

If the company employs both you and your spouse/ domestic partner, only one employee will be allowed to elect child life insurance coverage to cover any eligible dependent child(ren).



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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 five times your annual base pay. The 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.

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%

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



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Business travel accident insurance coverage

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.



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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 continues to pay you through payroll

Long-term disability (more than 26 weeks)

- **Core LTD insurance:** Paid for by Coca-Cola
- **Supplemental LTD insurance:** Paid for by you

Short-term disability payments

Short-term disability payments are provided as a continuation of pay by Coca-Cola. If you cannot work for a short period of time (26 weeks or fewer) because of an illness or injury, Coca-Cola will continue to pay you **100% of your base pay at the time your disability leave commences, and is paid** through payroll for the **first 8 weeks** and then **75% of your base pay** for the remaining **18 weeks**, regardless of your years of service.

Short-term disability payments are subject to approval by Coca-Cola's leave and disability administrator.

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Long-term disability

If you can't work for more than 26 weeks because of illness or injury, long-term disability (LTD) insurance may replace a percentage of your pay.

Core LTD: Coca-Cola-provided benefit

50% of base pay minus any benefits you are eligible to receive from other sources, such as workers' compensation or Social Security.

Supplemental LTD: Added coverage you can buy 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 benefits you are eligible to receive from other sources) up to a \$20,000 monthly benefit maximum (core and supplemental combined).

Supplemental LTD coverage costs

10% Buy-up Salaried and hourly employees	20% Buy-up Salaried employees
\$0.358 per \$100 of monthly base pay	\$0.391 per \$100 of monthly base pay

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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Learn about The Coca-Cola Company Pension Plan

Explore your life and disability insurance benefits

Legal assistance plan

Identity theft protection

Learn about Ayco financial counseling

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Legal assistance plan

MetLife Legal Plans provides 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.

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.

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



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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.

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.

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).



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Learn about Ayco Financial Counseling

Decision support resources provided by Ayco – at no cost to you

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.

You will be able to:

- Call to talk confidentially with an Ayco Financial Counseling coach who is trained and knowledgeable about Coca-Cola benefit plans.
- Get assistance in making the most of your Coca-Cola benefits:
 - Choosing one of the company’s medical plan choices or a plan through the public health insurance marketplace set up from your home state as part of healthcare reform
 - Thinking through your dental and/or vision plan options
 - Understanding the supplemental health plan options
 - Contributing to the optional HSA, FSAs or DCRA
 - Determining life insurance needs
 - Considering disability insurance
 - Evaluating 401(k) participation and the investment fund lineup options
 - Thinking through vacation buy choices

Ayco Company, L.P., is a subsidiary of The Goldman Sachs Group, Inc and an affiliate of Goldman Sachs & Co., a worldwide, full-service investment banking, broker-dealer and asset management organization. Ayco Financial Counseling is a trademark of The Ayco Company, L.P., a Goldman Sachs Company. This service is provided exclusively by The Ayco Company, L.P. Used with permission.



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.

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Life+

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.

Paid time off

Giving you time to recharge and reconnect with family, friends and your community through paid vacation and holiday time

Employee Assistance Program (EAP)

Offering confidential, professional counseling and services to help you manage life's day-to-day issues – everything from stress and family conflicts to college planning and legal services

Paid parental leave

Giving you paid time off to bond with a new child

Adoption assistance

Coca-Cola provides up to \$4,000 in reimbursement for adoption-related expenses as your family grows

Commuter benefits

Helping to make your commute easier and greener

SurvivorSupport®

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

Tuition aid

Offering reimbursement for education (does not include training expenses)

Purchase and discount program

Helping you get the most from your money. To learn more, navigate to **Coca-Cola Connect** > Life and Career > Pay, Benefits and Leave > Benefits and Well-Being > Company Discounts.

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Recharge with paid time off

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.

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.

Vacation

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 **salaried employees** (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 carry forward, 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.



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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 (see [page 63](#))

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 (see [page 63](#)).

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 2022 cannot be converted back to cash and do not carry forward for use in 2023.



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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 to the right — 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

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 to the right.

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 2023	0	15
August	February 2023	0	15
September	March 2023	0	13.5
October	April 2023	0	12
November / December	May 2023	0	10.5

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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. In 2022, company-wide observances include:

Holiday	Date
New Year's Day	Friday, December 31
Martin Luther King Jr. Day	Monday, January 17
Memorial Day	Monday, May 30
Fourth of July	Monday, July 4
Labor Day	Monday, September 5
Thanksgiving Day	Thursday, November 24
Christmas Day	Monday, December 26

To be paid for a holiday, you may not have an unscheduled absence either the scheduled work day immediately before or after the holiday.



First year floating holidays

The number of floating holidays you are eligible for is pro-rated based on your start date, according to the following schedule:

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

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).

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Supporting you with paid parental leave

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 The Hartford, the company's leave administrator, to apply for parental leave.

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 has to 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 The Hartford 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](#).

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Dependent Care Reimbursement Account (DCRA)

Consider the tax-saving features

Set aside from \$120 to \$5,000 tax-free each year (\$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. You can use the account for:

- ✓ Day care centers
- ✓ Certain day-camps
- ✓ In-home care
- ✓ Elder day care

Enrolling

- You decide what amount to set aside for the year
- You must actively enroll to participate for 2022

Highly compensated employees

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 2022 is \$1,200.***

You will be notified if you are a highly compensated employee. If you become a highly compensated employee in 2022 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.



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Using your DCRA

PayFlex is the administrator of the DCRA. You will have three ways to be reimbursed for 2022 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 a statement from your day care provider.

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: You must submit claims for 2022 by March 31, 2023.

Managing your account

You have access to payflex.com to view account transactions and your account history, review a list of eligible expenses and more.

You will need to register on payflex.com to access your account.



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The company offers you a Commuter Expense Reimbursement Account, which allows you to pay for eligible commuting expenses pre-tax from your paycheck each month. Use the money to pay for public transit, vanpooling and parking.

Set aside up to \$270 per month for parking and \$270 per month for public transportation using pre-tax dollars — saving approximately 35% in taxes. (Your savings may be slightly higher or lower, depending on your individual tax bracket.) Go to payflex.com to sign up.

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.

How to use the account

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

Eligibility for commuter benefits

All employees are eligible for this benefit on their date of hire.



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Having the information you need to make smart benefit choices for you and your family is important. Knowing how to make the most of your benefits during the year is key to maximizing the value of our programs.

This section of the guide can help if you need to:

- Understand how the Health Savings Account (HSA) works
- Get some insight on how a claim is processed after you go to the doctor
- See how much you can save by choosing an urgent care center vs. the emergency room
- Learn what happens when you fill a prescription – through the pharmacy or by mail
- Update beneficiaries for the 401(k) and pension plan

... and more!



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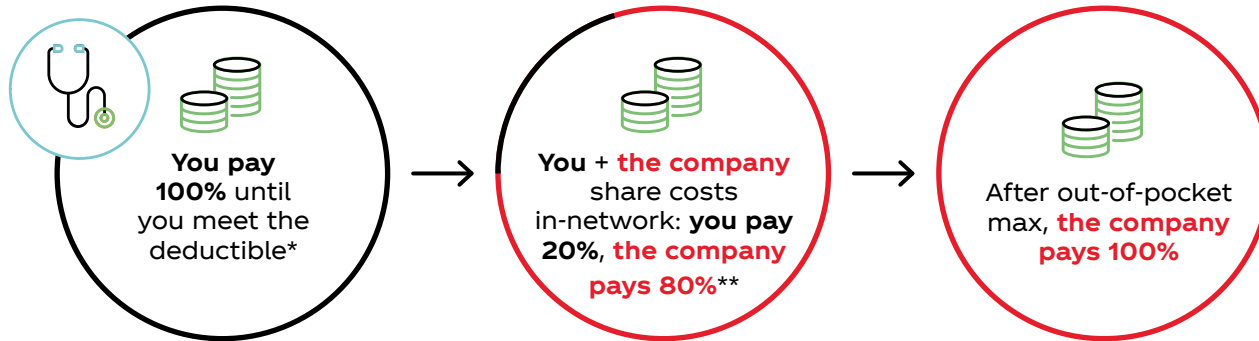
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Paying for care

For most care...



* Preventive care is covered at 100%.

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

For other services...

Emergency room care: You pay the full negotiated Aetna cost for emergency room care until you meet the deductible. Then you and the company share in the cost.

Prescription drugs: You pay the full negotiated cost for prescription drugs, until you meet your deductible. But, that **doesn't include** preventive generic medications. Preventive generic medications are not subject to the deductible.

Find doctors in the network

To find out if your physician is in the Aetna network, call Aetna at **1-888-230-2653 (COKE)** or go to WelcomeToTCCCBenefits.com.

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What happens when I go to the doctor?

When and how do you pay for care under the medical plans offered by the company? Follow these steps when you see an in-network doctor.

Present your medical ID card at the time you receive care. You may be asked to pay for your share of the visit upfront if you haven't met your deductible. If you are in the Copay EPO Plan, you will be asked by your doctor's office to pay a copay for your service upfront.

After your visit...

- Your provider will send a claim to Aetna. You may also receive a copy of this claim for your records – but you're still not required to pay anything
- 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.

Aetna's Claims & Spending Tool

You can manage and track claims spending progress toward meeting your deductibles for you and your family, which can be accessed on the Aetna homepage and through the Claims & Spending feature.

Once your enrollment in an Aetna plan is effective, you will need to register at [aetna.com](https://www.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.



Explanation of Benefits

Your Explanation of Benefits (EOB) is a statement sent by Aetna explaining what your plan paid and what you owe for any medical procedures and/or services you received.

It's important to carefully review your EOB to ensure that all services (e.g., preventive care) are listed correctly – and match the copy of the bill you received from your doctor.

Where to go for the right care

Medical

When you need non-emergency care, you will **save time and money** by calling Aetna’s Health Concierge, going to your personal doctor or an urgent care center (such as a walk-in clinic), instead of the emergency room. That’s because an urgent care visit typically costs around \$120 to \$150. Emergency room visits, on the other hand, can cost upwards of \$1,000 or more depending on the treatment, so your out-of-pocket cost (20% after the deductible) is much higher.

Here’s a look at how the medical plan options that are paired with an HSA cover treatment at an urgent care center and the emergency room.*

	What type of care would they provide?	What would that cost you in-network?
<p>Urgent Care Center</p> <p>If you need care quickly, but it is not an emergency and your PCP is not available</p>	<ul style="list-style-type: none"> • Sprains • Strains • Minor broken bones, infections or burns 	<p>You pay 20%, after the deductible**</p>
<p>Emergency Room</p> <p>If you need immediate care for a very serious, critical or life-threatening condition</p>	<ul style="list-style-type: none"> • Large open wounds • Chest pain • Major burns • Severe head injuries • Major broken bones 	<p>You pay 20%, after the deductible**</p>

* 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.

Has your Primary Care Provider (PCP) referred you to 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.

Medical necessity

- 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. Contact Aetna for a complete list of procedures that require “medically necessary” certification.

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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. See [page 77](#) for more details on how this program can save you money or go to caremark.com.

Mail Order (90-day supply)

You can get a 90-day supply delivered to your home.

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 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.

More ways to save on prescription drugs

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

Use 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. You can have your long-term medication delivered to your home or a location of your choice with free standard shipping. By using mail service, you minimize trips to the pharmacy and save money on your prescriptions.

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 provides these products directly to plan participants along with special support, including regular phone calls to answer questions about using the medication.

Every plan participant is also provided with a pharmacist-led CareTeam for ongoing support and counseling. You will be contacted by CVS Caremark if you are currently taking a medication that needs to be filled by the special network of mail service pharmacies. Each prescription is for a 30-day supply and normal pricing applies.

NOTE: If you do not purchase your specialty medication through CVS Caremark’s Specialty Pharmacy, the plan will not cover the specialty medication.



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: Visit [CDC.gov](https://www.cdc.gov) to learn more about locations offering COVID-19 vaccinations.

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Maintenance Choice®

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

Script Sync™

Schedule your pick-up (or delivery) dates for select prescriptions* to get your refills at the same time. Script Sync™ will save you time and help you stay on your medications. You can get this service through a CVS Pharmacy or CVS Caremark Mail Service Pharmacy. For more information, contact your local CVS Pharmacy, CVS Caremark customer care or go to [cvs.com/scriptsync](https://www.cvs.com/scriptsync).

* Excludes controlled substances.



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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. 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.

Pre-authorization and quantity limits for specific medications

A few medications require pre-authorization to be covered under a Coca-Cola medical plan. The pre-authorization process makes sure these medications are being used appropriately for certain medical conditions. Some medications have limits to the quantity the company will cover under the plan in a given month.

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.

Dispense as Written (DAW)

If your doctor writes a prescription for a brand-name drug (preferred or non-preferred) with the instructions "dispense as written," or you request the brand-name medication when there is an equivalent Tier 1 (generic) available, you will be responsible for the difference in cost between the generic and brand-name drugs, plus the coinsurance, up to a maximum.

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

What is a preventive generic drug?

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.

Using your Health Savings Account (HSA)

Participating in an HSA means you'll have the opportunity to enjoy the benefits of tax-free withdrawals and even the potential for tax-free interest on investment earnings – all while taking care of eligible healthcare expenses for you and your family. You can also use it to save for your future healthcare expenses, even into retirement.

And, remember, to help get you started, the company will make a contribution to your account for participating in one of the medical plan options paired with an HSA and opening a PayFlex HSA. The contribution will be deposited as soon as administratively possible at the beginning of the plan year.

How and when money goes into your account

From Coca-Cola

Once you enroll in one of our medical plan options paired with an HSA and authorize the company to open an account for you with PayFlex through **BenefitConnect**, Coca-Cola will add contributions, **up to \$100** (individual) or **up to \$200** (family) and will **match 100%** of what you contribute, **up to an additional \$100** for an individual and **up to an additional \$200** for a family, for a total company contribution of **up to \$200** (individual) / **\$400** (family). Contributions from the company are pro-rated if you open your account mid-year.

From You

If you elect one of the medical plan options that is paired with an HSA, you can contribute up to \$3,450 for yourself only or up to \$6,900 for yourself and your eligible dependents through convenient payroll deductions over the course of the year.



If you have an HSA today

Remember, unused dollars from 2021 roll over to 2022. These dollars do not count toward the 2022 IRS contribution limits and give you a head start toward covering 2022 expenses. Similarly, unused 2022 dollars will rollover to 2023.

Remember, you can also save this money for your future healthcare expenses, even into retirement.

If you are opening an HSA for the first time, be sure to read your HSA Welcome Kit from PayFlex with details on using your account and your Health Savings Account MasterCard in 2022.

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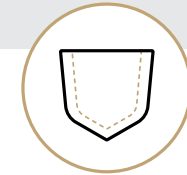
Debit card

- Use the PayFlex Card to have money directly withdrawn from your HSA to pay for care
- You can use your debit card at the pharmacy to have dollars withdrawn directly from your HSA
- Don't forget to activate your HSA debit card by following the instructions that are provided with your card!



Online

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

PayFlex Savings Account Calculators and Tax Resource Center

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

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Qualified expenses

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

For a complete list, go to payflex.com.

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.

Money left at the end of the plan year

The money in your HSA is yours to use — for expenses now and in the future. That means if you don't use it all during the year, it will roll over, helping you build savings to pay for future eligible expenses.

How your HSA balance can grow

When you contribute to your HSA, contributions are deposited into your HSA and begin to earn interest right away. Once you reach \$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.



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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.)

Claiming your HSA expenses on your taxes

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.



Checking your HSA balance is easy!

1. Start by visiting [payflex.com](https://www.payflex.com)
2. Click "Your Accounts"

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Health and well-being

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 in-network and out-of-network 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)
- Routine gynecological (GYN) exams and PAP smears
- Routine mammograms and prostate exams (one per year)
- Routine child and adult immunizations
- Routine colonoscopies (one every 10 years, after you reach age 50)

Lifestyle and condition management coaching programs

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

To get started, call **1-888-230-2653 (COKE)**.

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. The service is free and confidential — Aetna does not share any personal information with the company.



Get a preventive screening

Contact your doctor to talk about which screenings are right for your age and gender and schedule an appointment today.

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Seeing your dentist regularly can help you avoid large dental expenses in the future.

Preventive services are covered at 100% and **do not count toward your annual benefit maximum in either dental plan option**, and include:

- Exams
- Cleanings (covered twice per year)
- X-rays (covered once every five years)

When you see a dental provider, remember to keep your Delta Dental ID card handy. It will help speed up your visit and make things a bit more seamless for your dental provider.

Avoid surprises! Ask what your care will cost

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.

Find an in-network dental provider

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

Remember: You save money when you get dental care in the network.

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



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!

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Visualize savings 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 and they're 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
- You can 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
- Buy without risk! Eyeconic offers free shipping and returns. Plus, if you find the same merchandise at a lower price, Eyeconic will refund the difference
- Each qualifying purchase includes a complimentary frame adjustment or contact lens consultation

Save on hearing aids through VSP

Your vision benefit also allows you to **save up to 60%** on a pair of hearing aids with **TruHearing™**. TruHearing makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. What's more, your dependents and even extended family members are eligible, too.

TruHearing provides:

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

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call **1-877-396-7194** with questions.

For more great 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.



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

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HEALTH		
Aetna's Health Concierge	1-888-230-COKE (2653) https://welcometotcccbenefits.com	Mobile app: Search for 'Aetna Health'
CVS Caremark	1-855-465-0028 caremark.com Drug pricing tool: info.caremark.com/coca-cola	Mobile app: Search for 'CVS Caremark'
Delta Dental – Dental	1-855-505-COKE (2653) deltadentalins.com	Mobile app: Search for 'Delta Dental'
Vision Service Plan (VSP)	1-800-877-7195 vsp.com	Mobile app: Search for 'VSP Global'
PayFlex – HRA, FSAs, DCRA, and Commuter Benefit	1-844-729-3539 payflex.com	Mobile app: Search for 'PayFlex'
2nd.MD	1-866-410-8649 https://2nd.md/aetna	
Onduo	onduo.com/coca-cola 1-833-446-6386 Email: support@onduo.com	Mobile app: Search for 'Onduo'
Progyny	1-833-203-7998 progyny.com	
SimpleTherapy	https://www.simpletherapy.com	
Teladoc	1-855-TELADOC (835-2362) teladoc.com/aetna	Mobile app: Search for 'Teladoc'

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WELL-BEING		
AbleTo	aetna.com	Mobile app: Search for 'Aetna Health'
Cleo	https://hicleo.com Email: support@hicleo.com	
ComPsych – Employee Assistance Program (EAP)	1-888-243-8917 guidanceresources.com (Company web ID COLA715)	Mobile app: Search for 'GuidanceNow'
SleepCharge (a Nox Health program)	sleepcharge.com/tccc	
Lifestyle and condition management coaching programs	1-888-230-COKE (2653) aetna.com	Mobile app: Search for 'Aetna Health'
Sparkfly Purchase and Discount Program	Coca-Cola.sparkfly.com	
Member Engagement Well-Being platform (including Well-Being Rewards)	1-888-230-COKE (2653) aetna.com	
Virgin Pulse Employee Well-Being	1-888-870-7818 Existing members: member.virginpulse.com New registrations: engage.virginpulse.com/coca-cola	Mobile app: Search for 'Virgin Pulse'

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FINANCIAL WELL-BEING		
Ayco Financial Counseling	1-888-432-9261 ayco.com/login/Coca-Cola	Mobile App: Search for 'Ayco Mobile'
MetLife Life Insurance, AD&D and BTA	1-800-638-6420	
MetLife Legal Assistance Plan	1-800-821-6400 members.legalplans.com	
ID Watchdog Identity Theft Protection	1-866-513-1518 idwatchdog.com/myplan/TCCC	
The Coca-Cola Company – Pension Plan	1-877-676-7656 1-404-676-7656 (in Atlanta) TCCCBenefitConnect.ehr.com	
Transamerica – 401(k) Plan	1-888-898-8766 mycoca-cola401k.com	
The Hartford – Leaves of Absence & Disability	1-888-437-8662 https://abilityadvantage.thehartford.com	
HR HELP		
Coca-Cola HR Help	1-877-676-7656 1-404-676-7656 (in Atlanta)	
BenefitConnect	Access through: Coca-Cola Connect Click Pay & Benefits > Benefits & Plans > Benefits Enrollment TCCCBenefitConnect.ehr.com	

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 [BenefitConnect](#).