



Employee Benefit Guide | **2019**



## Service Provider Information

### Health

HUMANA  
1.800.833.6917  
[www.humana.com](http://www.humana.com)

### Dental

DELTA DENTAL  
1.800.955.2030  
[www.deltadentalky.com](http://www.deltadentalky.com)

### Vision

HUMANA  
1.800.833.6917  
[www.humanavisioncare.com](http://www.humanavisioncare.com)

### Long Term Disability

UNUM  
1.800.858.6843  
[www.unum.com](http://www.unum.com)

### Basic Life/ Voluntary Term Life

METLIFE  
1.800.275.4638  
[www.metlife.com](http://www.metlife.com)

### Supplemental Benefits

Critical Illness / Cancer, Accident  
Manhattan Life  
1.855.448.6982  
[www.manhattanlife.com](http://www.manhattanlife.com)

### Short Term Disability

MUTUAL OF OMAHA  
1.800.858.6843  
[www.mutualofomaha.com](http://www.mutualofomaha.com)

## TABLE OF CONTENTS

Welcome .....	2
Benefit Eligibility .....	2
Health Insurance .....	3
Dental Insurance .....	4
Vision Insurance .....	5
Long Term Disability .....	6
Basic Life .....	6
Voluntary Term Life .....	6
Voluntary Life Rates .....	7
<b>Supplemental Insurance</b>	
Short Term Disability .....	8
Cancer / Critical Illness .....	8
Accident .....	9
Additional Company Benefits .....	10
Notices .....	11

The information in this Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996.

For additional questions or comments about our programs, please contact your Human Resources Department.

## OUR COMMITMENT TO YOU | a plan designed for your needs

Pepsi Bottling of Corbin plans are designed to recognize the diverse needs of our workforce. As we strive to provide superb benefit coverage and enhance our benefit options, we have to constantly look at new ways to make this possible. Our plan continues to:

- Provide competitive and comprehensive benefits options that allow you to design your own plan based on your individual needs;
- Offer plans to provide long-term financial security for you and your family.

Only you can determine which benefits are the best for you and your family. We want you to understand all your options and make informed decisions.

## BENEFIT BASICS

### Eligibility

If you are a full-time employee, you are eligible to elect a variety of benefits described in this guide. New hire eligibility is the first day of the month following 60 days of employment for medical, dental and vision, and 1<sup>st</sup> day of the month after 90 days for dental, long term disability and life insurance. Dependent children may be covered until age 26 on the medical and vision plans regardless of student status. Children may be covered under dental until age 19 or 23 if a full-time student. Spouses are eligible for coverage.

### Qualifying Events

Your elections for the plan year will remain in effect for the full year unless you experience a Qualifying Life Event. If you experience a Qualifying Life Event as listed below, you may change or cancel your coverage during the plan year to meet your needs. You must notify Human Resources within 30 days of the event to ensure there is no disruption of your coverage:

Birth/Adoption	Dependent Child Age Limit
Divorce	Marriage
Death	Spouse Loss of Coverage
FMLA related Leave	

For a complete list of qualifying events contact your Human Resources Department.

It is important that you notify Human Resources upon any life event change so that we can ensure there is no interruption or error in your benefits. Any request for coverage change or cancellation must be consistent with your Qualifying Life Event and you must have the proper documentation to support this change (i.e. birth certificate, marriage license, final divorce paperwork, etc.).

## HEALTH BENEFITS



You will have the ability to elect coverage under a \$1,000 Deductible PPO plan or a \$2,500 PPO plan. For more information on coverage or to find out if your provider is in the network visit [www.humana.com](http://www.humana.com)

	Plan 1 \$1,000 / \$2,000	Plan 2 \$2,500 / \$5,000
	In Network	In Network
<b>Deductible</b> <i>(Single / Family)</i>	\$1,000 / \$2,000	\$2,500 / \$5,000
<b>Out-of-Pocket Maximum</b> <i>(Single / Family)</i>	\$4,500 / \$9,000	\$6,250 / \$12,500
<b>Physician Office Services</b>	\$40 Copay	\$40 Copay
<b>Speciality Office Services</b>	\$55 Copay	\$55 Copay
<b>Routine Preventive Care Visit</b>	No Cost Share	No Cost Share
<b>Emergency Room Services</b> <i>(copay waived if admitted)</i>	\$250 Copay	\$150 Copay
<b>Urgent Care Services</b>	\$100 Copay	\$75 Copay
<b>Inpatient &amp; Outpatient Professional Services</b>	20% after Deductible	0% after Deductible
<b>Outpatient Surgery Hospital / Alternative Care Facility</b>	20% after Deductible	0% after Deductible
<b>Lifetime Maximum</b> <i>(Combined Network &amp; Non Network)</i>	Unlimited	Unlimited
<b>Retail Prescription Drugs</b> 31 day supply (1 / 2 / 3 / 4 tier)	\$15 / \$35 / \$55 / 25%	\$15 / \$35 / \$55 / 25%
<b>Mail Order</b> 90 day supply (1 / 2 / 3 / 4 tier)	\$37.50 / \$87.50 / \$137.50 / 25%	\$37.50 / \$87.50 / \$137.50 / 25%

\*\* In-Network benefits are listed above, when administering benefits out of network, cost will increase.

Rates Per Pay Period	Plan 1	Plan 2
Employee	\$31.00	\$21.00
Employee + Spouse	\$55.00	\$43.00
Employee + Child(ren)	\$52.00	\$41.00
Family	\$68.00	\$53.00

## DENTAL INSURANCE



You and your family have the opportunity to enroll in a dental plan through **Delta Dental**. For more information visit: [www.deltadentalky.com](http://www.deltadentalky.com)

	In Network	Out of Network
Calendar Year Deductible <i>Individual / Family</i>	\$50 / \$100	\$50 / \$100
Annual Maximum Benefit	\$1,000	\$1,000
Preventive Services <i>(Oral exams / Routine Cleanings / X-Rays)</i>	100%	100%
Basic Services <i>(Fillings / Denture Repairs / Simple</i>	80%	80%
Major Services <i>(Crowns/Inlays/Bridges/Dentures)</i>	50%	50%
Orthodontia Services <i>(Braces)</i>	50%	50%
Annual Plan Maximum Benefit	\$1,000	\$1,000
Orthodontia Age Limit	Dependent children to the end of the month of age 19	
Rates Per Pay Period		
Employee	\$4.00	
Employee / Spouse	\$6.00	
Employee / Child(ren)	\$6.00	
Employee / Spouse	\$8.00	

To locate a participating provider visit:  
[www.deltadentalky.com](http://www.deltadentalky.com)  
 or call  
 1.800.955.2030



## VISION INSURANCE



You have the option to elect vision insurance offered through Humana. For more information visit [www.humanavisioncare.com](http://www.humanavisioncare.com).

Humana Vision 100		
Copay	In Network	Out of Network
Exams with dilation (as necessary)	\$10 Copay, then covered in full	Up to \$30
Eyeglass Frames	\$100 allowance 20% off balance over \$100	\$50 allowance
Single Vision Lenses ( <i>standard plastic</i> )	\$25 Copay, then covered in full	Up to \$25
Bifocal Lenses ( <i>standard plastic</i> )	\$25 Copay, then covered in full	Up to \$40
Trifocal Lenses ( <i>standard plastic</i> )	\$25 Copay, then covered in full	Up to \$60
Lenticular	\$25 Copay, then covered in full	Up to \$100
Contact Lenses ( <i>Elective Conventional</i> )	\$100 allowance 15% off balance over \$100	\$80 allowance
Contact Lenses ( <i>Elective Disposable</i> )	\$100 allowance	\$80 allowance
Contact Lenses ( <i>Medically Necessary</i> )	100%	\$200 allowance
For a complete listing of upgrades and discounts please refer to your Humana benefit summary		
Service Frequencies		
Exams	Every 12 months	
Lenses ( <i>for glasses or contact lenses</i> )	Every 12 months	
Frames	Every 24 months	

Rates Per Pay Period	
Employee	\$1.43
Employee + Spouse	\$2.85
Employee + Child(ren)	\$2.85
Family	\$3.81





## LONG TERM DISABILITY



Unum long term disability insurance pays a portion of your earnings if you cannot work due to a serious illness or injury. You must meet the definition of disability for benefits to be payable. For more detailed information regarding LTD benefits please refer to your UNUM certificate of coverage.

### Unum Long Term Disability

Benefits Begin	LTD Benefits begin after 180 days of disability
Maximum Benefit Duration	If your disability occurs before age 60 your benefits will be payable to age 65. If your disability occurs after age 60, benefits would be paid according to a benefit duration schedule shown on the certificate of coverage
Maximum Benefit You Receive	50% of your monthly earnings up to a maximum of \$6,000

### Rates\* per \$100 of Covered Salary

Age	Rate	Age	Rate
<25	\$0.37	50 - 54	\$1.31
25 - 29	\$0.38	55 - 59	\$1.63
30 - 34	\$0.44	60 - 64	\$2.77
35 - 39	\$0.54	65 - 69	\$2.77
40 - 44	\$0.71	70+	\$2.77
45 - 49	\$0.96		

\*LTD rates based on five-year increments. Rates increase as you age.

## BASIC TERM LIFE



Pepsi Bottling Company of Corbin provides employees with life insurance in the amount of 1 ½ times their basic annual earnings to a maximum of \$200,000. This benefit is at **no cost** to the employee.

## SUPPLEMENTAL TERM LIFE



In addition to the basic term life provided by Pepsi Bottling Company of Corbin, you can also purchase additional life insurance for yourself, spouse and dependent children.

Coverage Options	Supplemental Term Life
Employee Benefit	<p>Increments of \$10,000 to a maximum of 5x basic annual earnings or \$500,000</p> <p>Guarantee Issue – \$100,000</p>
Spouse Benefit	<p>Increments of \$10,000 to a maximum of \$250,000</p> <p>Guarantee Issue – \$25,000</p>
Child Benefit – <i>Child benefits for children under 6 months of age are limited</i>	<p>Flat Amount: \$2,500, \$5,000, \$7,500 or \$10,000</p> <p>Guarantee Issue – \$25,000</p>

Please refer to chart on following page for payroll deductions.

Employee Coverage	Employee Age Monthly Premium For:										
	< 30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
<b>\$5,000</b>	\$0.25	\$0.30	\$0.40	\$0.60	\$0.95	\$1.50	\$2.40	\$3.70	\$6.10	\$11.90	\$11.90
<b>\$10,000</b>	\$0.50	\$0.60	\$0.80	\$1.20	\$1.90	\$3.00	\$4.80	\$7.40	\$12.20	\$23.80	\$23.80
<b>\$20,000</b>	\$1.00	\$1.20	\$1.60	\$2.40	\$3.80	\$6.00	\$9.60	\$14.80	\$24.40	\$47.60	\$47.60
<b>\$30,000</b>	\$1.50	\$1.80	\$2.40	\$3.60	\$5.70	\$9.00	\$14.40	\$22.20	\$36.60	\$71.40	\$71.40
<b>\$40,000</b>	\$2.00	\$2.40	\$3.20	\$4.80	\$7.60	\$12.00	\$19.20	\$29.60	\$48.80	\$95.20	\$95.20
<b>\$50,000</b>	\$2.50	\$3.00	\$4.00	\$6.00	\$9.50	\$15.00	\$24.00	\$37.00	\$61.00	\$119.00	\$119.00
<b>\$60,000</b>	\$3.00	\$3.60	\$4.80	\$7.20	\$11.40	\$18.00	\$28.80	\$44.40	\$73.20	\$142.80	\$142.80
<b>\$70,000</b>	\$3.50	\$4.20	\$5.60	\$8.40	\$13.30	\$21.00	\$33.60	\$51.80	\$85.40	\$166.60	\$166.60
<b>\$100,000</b>	\$5.00	\$6.00	\$8.00	\$12.00	\$19.00	\$30.00	\$48.00	\$74.00	\$122.00	\$238.00	\$238.00
<b>\$200,000</b>	\$10.00	\$12.00	\$16.00	\$24.00	\$38.00	\$60.00	\$96.00	\$148.00	\$244.00	\$476.00	\$476.00
<b>\$300,000</b>	\$15.00	\$18.00	\$24.00	\$36.00	\$57.00	\$90.00	\$144.00	\$222.00	\$366.00	\$714.00	\$714.00
<b>\$400,000</b>	\$20.00	\$24.00	\$32.00	\$48.00	\$76.00	\$120.00	\$192.00	\$296.00	\$488.00	\$952.00	\$952.00
<b>\$500,000</b>	\$25.00	\$30.00	\$40.00	\$60.00	\$95.00	\$150.00	\$240.00	\$370.00	\$610.00	\$1,190.00	\$1,190.00

Dependent Child Coverage <sup>3</sup> - Monthly Premium For:				
<b>\$1,000</b>	<b>\$2,000</b>	<b>\$4,000</b>	<b>\$5,000</b>	<b>\$10,000</b>
\$0.17	\$0.34	\$0.67	\$0.84	\$1.68

*Due to rounding, your actual payroll deduction amount may vary slightly*





## SUPPLEMENTAL INSURANCE

### SHORT TERM DISABILITY



Mutual of Omaha short term disability insurance pays a portion of your earnings if you cannot work due to a non work-related illness or injury. You must meet the definition of disability for benefits to be payable.

#### Mutual of Omaha Short Term Disability

Benefits Begin	15 <sup>th</sup> Day after your accident or illness
Maximum Benefit Duration	26 weeks
Maximum Benefit You Receive	50% of your weekly salary up to a maximum of \$1,000

Age Band	Rates per \$10 of weekly benefit
0 - 24	\$0.73
25 - 29	\$0.73
30 - 34	\$0.73
35 - 39	\$0.66
40 - 44	\$0.57
45 - 49	\$0.62
50 - 54	\$0.69
55 - 59	\$0.78
60 - 64	\$0.87
65+	\$0.95

### CRITICAL ILLNESS / CANCER



Critical Illness / Cancer offers specialized benefits to supplement traditional medical coverage at a time when you and your family may be most vulnerable during your working years. Benefit payments assist in covering a variety of expenses associated with a critical illness: out of pocket medical care cost, home healthcare, travel to and from treatment facilities, training and rehabilitation. Loss of income, child care and other expenses.

Health Screening Benefit includes one annual \$150 Wellness Reward per insured, after 90 day waiting period.

#### Health Screening Benefit pays when you have one of the following tests completed:

- Bone Marrow Testing
- CA 15-3 (blood test for breast cancer)
- CA – 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible Sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap Smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis
- Biopsy for skin cancer
- Stress Test
- Electrocardiogram
- Lipid Panel
- Blood test for triglycerides
- Oral cancer screening

#### Annual Health Screening \$150

To file your claim:  
Call: 855-448-6982

Email:

[VBCLaimsSubmissions@  
manhattanlife.com](mailto:VBCLaimsSubmissions@manhattanlife.com)

Fax: 502-405-7107

Mail: Manhattan Life  
Claims

PO Box 926169  
Houston, TX 77092

## ACCIDENT



As healthcare cost continue to rise, the value of increasing your supplemental insurance coverage becomes more important. Accident coverage helps address your concerns by offering supplemental coverage for accidents, injuries, ambulance services, accidental death and dismemberment.

### Plan features of Accident:

	Level 1	Level 2	Level 3	Level 4
<b>Accidental Medical Expense</b> - pays actual charges for physicians treatment or other emergency room treatment	\$500	\$1,000	\$1,500	\$2,000
<b>Ambulance Benefit</b> - pays actual charges, up to coverage amount, for ground ambulanceservice within 100-mile radius and emergency air transportation	\$250	\$500	\$750	\$1,000
<b>Hospital Confinment</b> - provides a daily benefit for hospital room charges for a minimum of 30 days, when injury is a result of a covered accident	\$75	\$150	\$225	\$300

Accidental Death, Dismemberment, and Loss of Sight					
Provides a death benefit up to \$20,000 as a result of and accidental death. A percentage of the benefit is paid for dismemberment or loss of sight due to and accidental injury.	Loss of Life	\$5,000	\$10,000	\$15,000	\$20,000
	Any combination of two or more hands, feet or eyes	\$5,000	\$10,000	\$15,000	\$20,000
	Loss of single hand, foot or eye	\$2,500	\$5,000	\$7,500	\$10,000
	Multiple fingers and/or toes	\$500	\$1,000	\$1,500	\$2,000
	Single finger or toe	\$240	\$500	\$750	\$1,000



## **ADDITIONAL COMPANY BENEFITS**

### **Holidays**

6 regular holidays, New Year's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, Christmas.

### **Personal Days**

0 personal days, however we give 3 days we call Floating Holidays that can be used as such.

### **Sick Days**

0 sick days per year, may use Floating Holidays or Vacation time.

\$200 sick pay for approved medical leave for surgery, hospitalization, maternity.

### **Vacation**

1 week after 1 year anniversary, 2 weeks second year, 3 weeks after 8 years, 4 weeks after 15 years.

### **Uniform Allowance**

Leased or purchased through Aramark, company pays 70% of cost, employee pays 30%.

### **401K Plan**

After 1 year of service, and attaining age 21, you are eligible to participate in the 401K Plan

For the first 2% of salary you contribute, Pepsi will also contribute 2%

For the next 4% of salary you contribute, Pepsi will contribute another 2%





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Sharon Gant, Human Resources Manager.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc.</b>		4. Employer Identification Number (EIN) <b>61-0601744</b>	
5. Employer address <b>1000 Cumberland Falls Hwy</b>		6. Employer phone number <b>606-528-1630</b>	
7. City <b>Corbin</b>	8. State <b>KY</b>	9. ZIP code <b>40701</b>	
10. Who can we contact about employee health coverage at this job? <b>Sharon Gant, Human Resources Manager</b>			
11. Phone number (if different from above) <b>same number, extension 8839</b>		12. Email address <b>sgant@pepsicorbin.com</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

☒ All employees. Eligible employees are:

Employees who work a minimum of 30 hours per week and have been with the company for at least 60 days. The coverage begins the first of the month following 60 days of eligible service.

☐ Some employees. Eligible employees are:

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legal spouses and dependent children up to age 26.

☐ We do not offer coverage.

- ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

- ☐ **Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)  
☐ **No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

- ☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_  
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year?** \_\_\_\_\_

- ☐ Employer won't offer health coverage  
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

- a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_  
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

**Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. Health Benefit Plan  
NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE  
USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.  
PLEASE REVIEW IT CAREFULLY.**

## **Our Company's Pledge to You**

This notice is intended to inform you of the privacy practices followed by the Pepsi-Cola Bottling Co. of Corbin, Kentucky Health Benefit Plan, and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective September 3, 2014.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

## **Protected Health Information**

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment or health care, whether past, present or future.

## **How We May Use Your Protected Health Information**

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

**Payment.** We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Health Care Operations.** We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

**Treatment.** Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

**As permitted or required by law.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health- related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale or acquisition. We will

also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

***Pursuant to your Authorization.*** When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

***To Business Associates.*** We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

***To the Plan Sponsor.*** We may disclose protected health information to certain employees of Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

## Your Rights

***Right to Inspect and Copy.*** In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

***Right to Amend.*** If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

***Right to an Accounting of Disclosures.*** You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

***Right to Request Restrictions.*** You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

***Right to Request Confidential Communications.*** You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

***Right to be Notified of a Breach.*** You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

***Right to Receive a Paper Copy of this Notice.*** If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## **Our Legal Responsibilities**

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Sharon Gant, Human Resources Mgr.  
Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc.  
1000 Cumberland Falls Hwy.  
Corbin, KY 40701  
606-528-1630 ext. 8839  
[sgant@pepsicorbin.com](mailto:sgant@pepsicorbin.com)

## **Complaints**

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U. S. Department of Health and Human Services – Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562



<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b>	
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

**Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc.**  
**1000 Cumberland Falls Hwy, Corbin, KY 40701 606-528-1630**

## **HIPPA SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Sharon Gant, Human Resources Manager, (606) 528-1630, ext. 8839 or [sgant@pepsicorbin.com](mailto:sgant@pepsicorbin.com).

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, refer to the Summary Plan Description for the health plan you chose through Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc. Group Health Plan. If you would like more information on WHCRA benefits, call Sharon Gant, Human Resources Mgr, (606) 528-1630, ext. 8839.

## **PATIENT PROTECTION CHOICE OF PROVIDERS**

Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc. Group Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you as a participant or your family members.

Until you make this designation, Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc. Group Health Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Sharon Gant, Human Resources Manager, (606) 528-1630, ext. 8839.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc. Group Health Plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Sharon Gant, Human Resources Manager, (606) 528-1630, ext. 8839.

## Important Notice from Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc. has determined that the prescription drug coverage offered by the Humana, Inc. is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

---

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc.** coverage will not be affected. The current prescription drug plan provided through Humana, Inc. has four different levels with corresponding co-payment amounts. Level One is the lowest copayment for low cost generic and brand-name drugs, with a copayment of \$15 per prescription or refill. Level Two has a higher copayment (\$35) and is for higher cost



generics or brand-name drugs. Level Three has a copayment of \$55 and is for brand-name drugs that may have generic or brand-name alternatives to Level One and Level Two. Level Four is the highest copayment for high-technology drugs and self-administered injectable medications and is 25% of the total required payment to the dispensing pharmacy per prescription or refill up to a maximum of \$2500 per year. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage; for those individuals who elect Part D coverage, coverage under the entity's plan will end for the individual and all covered dependents, etc. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **Pepsi-Cola Bottling Co. of Corbin, Kentucky Inc.** coverage, be aware that you and your dependents will be able to get this coverage back during open enrollment or as a result of a qualifying event.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Humana, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### **CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information, look on the [www.PepsiCorbin.com](http://www.PepsiCorbin.com) website for a copy of this notice, or call Sharon Gant at (606) 528-1630. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc.** changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 5, 2018  
Name of Entity/Sender: Pepsi-Cola Bottling Co. of Corbin, Kentucky, Inc.  
Contact--Position/Office: Sharon Gant, Human Resources Manager  
Address: 1000 Cumberland Falls Hwy  
Corbin, Kentucky 40701  
Phone Number: 606-528-1630

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**CMS Form 10182-CC**

**Updated April 1, 2011**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.