



BREAKTIME

Benefit Enrollment Guide 2021





A Message from HR at Pepsi-Cola Bottling Company of Corbin Kentucky

At Pepsi-Cola Bottling Company of Corbin Kentucky, we recognize our ultimate success depends on our talented and dedicated workforce. We understand the contribution each employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

You can also view overviews of our benefit plans by accessing our website, www.pepsicorbin.com

Sincerely,

Byron Brown

Eligibility

Eligible Employees:

You may enroll in the Pepsi Employee Benefits Program if you are a Full-Time employee working at least 30 hours a week as determined by the measurement period.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. Eligible dependents include your spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, step-children and children obtained through court-appointed legal guardianship.

When Coverage Begins:

The effective date for your benefits is January 1, 2021. Newly hired employees and dependents will be effective in Pepsi's benefits programs. All elections are in effect for the entire plan year and can only be changed during Open Enrollment, unless you experience a family status event.

Family Status Change:

A change in family status is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of some family status changes include:

- Change of legal marital status (i.e. marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e. birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.



Medical Insurance

	Humana Inc. HDHP		Humana Inc. PPO	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible				
Individual	\$3,000	\$9,000	\$2,500	\$7,500
Family	\$6,000	\$18,000	\$5,000	\$15,000
Coinsurance	80%	50%	80%	50%
Maximum Out-of-Pocket*				
Individual	\$6,350	\$19,050	\$6,500	\$19,500
Family	\$12,700	\$38,100	\$13,000	\$39,000
Physician Office Visit				
Primary Care	80% after deductible	50% after deductible	\$40 copay	50%
Specialty Care	80% after deductible	50% after deductible	\$65 copay	50%
Preventive Care				
Adult Periodic Exams	100%	50% after deductible	100%	50%
Well-Child Care	100%	50% after deductible	100%	50%
Diagnostic Services				
X-ray and Lab Tests	80% after deductible	50% after deductible	100%	50%
Complex Radiology	80% after deductible	50% after deductible	80%	50%
Urgent Care Facility	80% after deductible	50% after deductible	80%	50%
Emergency Room Facility Charges*	80% after deductible	80% after deductible	\$350 copay waived if admitted	\$350 copay waived if admitted
Inpatient/Outpatient Facility Charges	80% after deductible	50% after deductible	80%	50%
Mental Health and Substance Abuse				
Inpatient/Outpatient	80% after deductible	50% after deductible	80%	50%
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	80% after deductible	50% after deductible	\$10 copay	\$10 copay + 30%
Preferred (Tier 2)	80% after deductible	50% after deductible	\$40 copay	\$40 copay + 30%
Non-Preferred (Tier 3)	80% after deductible	50% after deductible	\$70 copay	\$70 copay + 30%
Preferred Specialty (Tier 4)	80% after deductible	50% after deductible	25%	55%
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	80% after deductible	50% after deductible	\$25 copay	\$25 copay + 30%
Preferred (Tier 2)	80% after deductible	50% after deductible	\$100 copay	\$100 copay + 30%
Non-Preferred (Tier 3)	80% after deductible	50% after deductible	\$175 copay	\$175 copay + 30%
Preferred Specialty (Tier 4)	80% after deductible	50% after deductible	25%	55%

Medical Insurance Contributions

Employee Contributions (Weekly)	
HDHP Contributions	
Employee	\$21.00
Employee & Spouse	\$43.00
Employee & Child(ren)	\$41.00
Family	\$53.00
Employee Contributions (Weekly)	
PPO Contributions	
Employee	\$35.00
Employee & Spouse	\$59.00
Employee & Child(ren)	\$56.00
Family	\$72.00

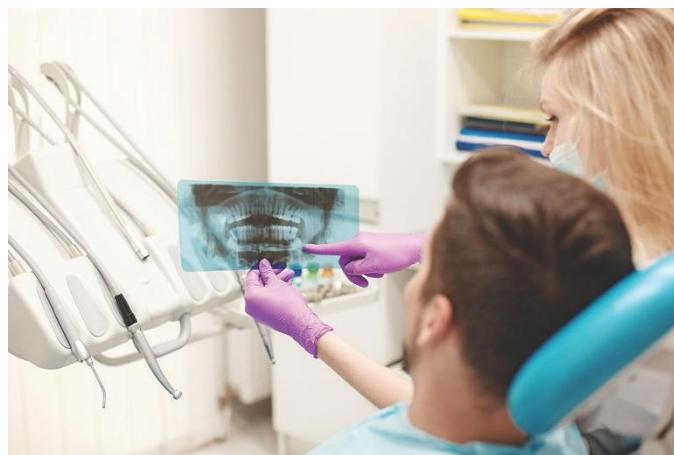
Dental Insurance

	Humana Inc. Dental	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible		
Individual	\$50	\$50
Family	\$100	\$100
Waived for Preventive Care	Yes	Yes
Annual Maximum		
Per Person / Family	\$1,000	\$1,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Adult (and Covered Full-Time Students, if Eligible)	Not covered	Not covered
Dependent Child(ren)	Covered	Covered
Lifetime Maximum	\$1,000	\$1,000

Employee Contributions (Weekly)	
Dental Contributions	
Employee	\$4.00
Employee & Spouse	\$6.00
Employee & Child(ren)	\$6.00
Family	\$8.00

Dental Benefits

Pepsi offers a dental program through Humana using the Preferred Network. A brief overview of benefits is above. Complete detail are available in your benefit summary.



Vision Insurance

Humana Inc. Vision	
Copay	
Routine Exams (Annual)	\$10 copay
Vision Materials	
Materials Copay	\$25 copay
Lenses	Benefit varies by type of lens. Covered every 12 months
Contacts Covered in lieu of frames. Medically necessary contacts may be covered at a higher benefit level	Elective contacts covered \$100 allowance, 15% discount off balance every 12 months
Frames	Covered at \$100 allowance, 20% discount off balance every 24 months

Employee Contributions (Weekly)	
Vision Contributions	
Employee	\$1.43
Employee & Spouse	\$2.85
Employee & Child(ren)	\$2.85
Family	\$3.81

Vision Benefits

Pepsi provides Vision Insurance through Humana using the Humana Vision 100 network. A brief overview of benefits is above. Complete detail are available in your benefit summary.



Group Term Life Insurance

Group Term Life Benefits

Pepsi provides Basic Life benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

Guardian Group Life	
You	
Benefit Maximum	\$200,000
Guaranteed Issue	1.5 X salary
Your Spouse	
Benefit Maximum	\$5,000
Guaranteed Issue	\$5,000
Your Child(ren)	
Benefit Maximum	\$2,500
Guaranteed Issue	\$2,500



Short-Term Disability Insurance

Pepsi offers a short-term disability option through Guardian. This benefit covers 50% of your weekly base salary up to \$1,000/week. The benefit begins after 14 days of injury or illness and lasts up to 26 weeks. Please see the summary plan description for complete plan details.

Long-Term Disability Insurance

Pepsi offers long-term income protection through Guardian in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 50% of your monthly base salary up to \$6,000. Benefit payments begin after 180 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Voluntary Offerings

You may elect up to the Guarantee Issue amount with no medical questions this year. If you do not elect coverage now and choose to enroll later, Evidence of Insurability will be required, and you may be denied coverage.

Voluntary Term Life Insurance

You may elect coverage for yourself in \$10,000 increments, for your spouse in \$5,000 increments and for your child(ren) in \$2,500. Your spouse's benefit cannot exceed 50% of your benefit.

You may elect an additional \$50,000 annually for yourself up to the Guarantee Issue amount without Evidence of Insurability.

Rates are available through the enrollment site. Please see the summary plan description for complete plan details.

Guardian Voluntary Life	
You	
Benefit Maximum	\$500,000
Guaranteed Issue	\$250,000
Your Spouse	
Benefit Maximum	\$100,000
Guaranteed Issue	\$50,000
Your Child(ren)	
Benefit Maximum	\$10,000
Guaranteed Issue	\$10,000

Voluntary Disability

Long-Term Disability Insurance

Pepsi offers long-term income protection through Guardian in the event you become unable to work due to a non-work-related illness or injury. This benefit covers 60% of your monthly base salary up to \$10,000. Benefit payments begin after 90 days of disability. See Certificate of Coverage for benefit duration. Please see the summary plan description for complete plan details.

Worksite Products

Accident & Injury

No one plans to have an accident. But it can happen at any moment throughout the day, whether at work or at play. Most major medical insurance plans only pay a portion of the bills. Our policy can help pick up where other insurance leaves off and provide cash to cover the expenses. Our accident coverage helps offer peace of mind when an accidental injury occurs. You may cover yourself, your spouse, and your children on this plan. Rates are available through the enrollment site. Please see the summary plan description for complete plan details.

Critical Illness

The signs pointing to a critical illness are not always clear and may not be preventable, but our coverage can help offer financial protection in the event you are diagnosed. Guardian group voluntary critical illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. You may choose a lump sum benefit of \$10,000, \$20,000, or \$30,000 for yourself and your spouse. Your child is eligible for 25% of your benefit amount. Rates are available through the enrollment site. Please see the summary plan description for complete plan details.

Changes in Benefit Elections

Open Enrollment:

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on the first day of the plan year. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add, or drop dependents from coverage
- Enroll, or re-enroll in dependent or health care flexible spending accounts. To continue your FSA benefits, you must re-enroll each plan year.

This year, open enrollment is online. EVERYONE MUST complete the online enrollment process to have benefits in 2021.

www.employeenavigator.com/benefit/account/register

Company ID: PEPSI-CORBIN

You will need DOB and SSN of any dependent you wish to cover ready to enter into the system

Contact Information

Have Questions? Need Help?

Pepsi is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time at 855-874-0829 or via e-mail at BRCMidwest@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Carrier Customer Service

Additional information regarding benefit plans can be found at www.employee navigator.com. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical PPO	Humana Inc.	1-800-448-6262	www.humana.com
Dental PPO	Humana Inc.	1-877-877-1051	www.humana.com
Vision	Humana Inc.	1-877-877-1051	www.humana.com
Life	Guardian	1-888-482-7342	www.guardianlife.com
Disability	Guardian	1-888-482-7342	www.guardianlife.com
Accident & Critical Illness	Guardian	1-888-482-7342	www.guardianlife.com

This brochure summarizes the benefit plans that are available to Pepsi-Cola Bottling Company of Corbin Kentucky, Inc eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.