

# COBRA Continuation of Coverage

COBRA continuation of coverage gives you and your covered dependents the option to keep your Benefit coverage, at your own expense, after a qualifying life event ends your eligibility. Coverage stops at the end of the month after termination or loss of plan eligibility. You have 60 days from receiving your COBRA Notice to elect coverage by returning the signed COBRA Election Agreement.

| Qualifying Life Events for COBRA                                                                                                                                                       |                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Team Members:</b> <ul style="list-style-type: none"><li>Termination of Team Member employment</li><li>A reduction in hours resulting in no longer being benefits-eligible</li></ul> | <b>Covered Dependents:</b> <ul style="list-style-type: none"><li>The death of a covered Team Member</li><li>The covered dependent turns 26</li><li>Divorce or legal separation from a covered spouse</li><li>The covered Team Member becomes eligible for Medicare</li></ul> |

COBRA coverage begins only after your first payment is made; you must pay within 45 days of signing the agreement. Ongoing coverage requires timely monthly payments. You and your dependents may elect coverage separately and for any combination of available plans.

COBRA rights are established by federal law (Consolidated Omnibus Budget Reconciliation Act of 1985). For details about your coverage or rights, review your Summary Plan Description or contact **One Source Virtual** at **1-844-462-2236**.

## 2026 COBRA Monthly Rates

### Team Member Monthly COBRA Rates

#### For Full-time Team Members

| Benefit Plan   | Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Team Member + Family |
|----------------|------------------|----------------------|--------------------------|----------------------|
| Medical        |                  |                      |                          |                      |
| Cigna HSA      | \$617.78         | \$1,351.23           | \$1,167.55               | \$2,023.55           |
| Cigna PPO      | \$727.44         | \$1,591.11           | \$1,374.79               | \$2,220.24           |
| Cigna PPO High | \$780.64         | \$1,707.46           | \$1,475.34               | \$2,557.03           |
| Dental         |                  |                      |                          |                      |
| Delta PPO Low  | \$23.00          | \$47.30              | \$56.43                  | \$80.67              |
| Delta PPO High | \$37.84          | \$76.24              | \$87.17                  | \$128.79             |
| Vision         |                  |                      |                          |                      |
| VSP Low        | \$4.84           | \$9.66               | \$10.35                  | \$16.53              |
| VSP High       | \$8.03           | \$16.08              | \$17.28                  | \$27.48              |

### Team Member Monthly COBRA Rates

#### For Part-time Team Members, Seasonal, or Interns

| Benefit Plan  | Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Team Member + Family |
|---------------|------------------|----------------------|--------------------------|----------------------|
| Medical       |                  |                      |                          |                      |
| Cigna HSA     | \$617.78         | \$1,351.23           | \$1,167.55               | \$2,023.55           |
| Dental        |                  |                      |                          |                      |
| Delta PPO Low | \$23.00          | \$47.30              | \$56.43                  | \$80.67              |
| Vision        |                  |                      |                          |                      |
| VSP Low       | \$4.84           | \$9.66               | \$10.35                  | \$16.53              |