Dear Fresh Hospitality Benefit Member,

We have received your full initial premium payment for enrollment in the Fresh Group Holdings, LLC. COBRA continuation plan. The benefits for which you are eligible are fully explained in the 'Summary Plan Description'. This document was given to all Fresh Group Holdings, LLC. employees when they first became eligible for employee health benefits. If you need a copy of the 'Summary Plan Description', please contact the Customer Service Department of your BCBS of AL or Fresh Group Holdings, LLC.

If a carrier enrollment form, or other form, is attached to this letter or sent to you separately, it must be completed, signed and returned, just like your election form, in order for your COBRA coverage to be activated. Your COBRA continuation plan cannot be turned on until this form is received. You may be able to continue this COBRA continuation plan through Fresh Group Holdings, LLC. if you and your covered dependents, if any, become covered under a new plan that limits benefits due to a pre-existing condition. If you have questions regarding the benefits or pre-existing condition clause of your new plan, please contact their Plan Administrator for more information.

Included with this letter please find your premium payment coupon booklet. To ensure proper posting of your payment, it is required that you return your coupon remittance stub with your payments. You should pay the premium before the due date. Please note that premium payments are due on the first day of each month regardless of receipt of a premium notice. You will have a grace period each month to remit your premium for that month's coverage. The grace period begins the day after the due date for that month's coverage. Please refer to the information below to determine the premium payment grace period for each plan under which you are enrolled. Failure to pay premiums by premium due dates will terminate your participation in the Fresh Group Holdings, LLC. COBRA continuation plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Plan Name** | **Coverage Level** | **Paid Through Date** | **First Day of COBRA** | **Last day of COBRA** | **Month of COBRA** | **PMT Grace Period** |
|  |  |  |  |  |  | 30 Days |
|  |  |  |  |  |  | 30 Days |
|  |  |  |  |  |  | 30 Days |
|  |  |  |  |  |  | 30 Days |

***PROJECTED PLAN PREMIUMS***

|  |  |
| --- | --- |
| **Premium Due Date** | **Total Amount Owed to BCBS** |
| 4/01/2021 |  |
| 5/01/2021 |  |
| 6/01/2021 |  |
| 7/01/2021 |  |
| 8/01/2021 |  |
| 9/01/2021 |  |
| 10/01/2021 |  |
| 11/01/2021 |  |
| 12/01/2021 |  |
| 1/01/2022\* |  |
| 2/01/2022 |  |
| 3/01/2022 |  |
| 4/01/2022 |  |
| 5/01/2022 |  |
| 6/01/2022 |  |
| 7/1/2022 |  |
| 8/1/2022 |  |
| 9/1/2022 |  |

|  |  |
| --- | --- |
| **Premium Due Date** | **Total Amount Owed to WAC** |
| 4/01/2021 |  |
| 5/01/2021 |  |
| 6/01/2021 |  |
| 7/01/2021 |  |
| 8/01/2021 |  |
| 9/01/2021 |  |
| 10/01/2021 |  |
| 11/01/2021 |  |
| 12/01/2021 |  |
| 1/01/2022\* |  |
| 2/01/2022 |  |
| 3/01/2022 |  |
| 4/01/2022 |  |
| 5/01/2022 |  |
| 6/01/2022 |  |
| 7/1/2022 |  |
| 8/1/2022 |  |
| 9/1/2022 |  |

**\*COBRA premiums will increase on this date.**

We have used the information supplied by Fresh Group Holdings, LLC. to calculate your maximum continuation period under the plan(s) you were insured under prior to your qualifying event. If there is a discrepancy between our calculation and the underwriting insurance carrier, the insurance carrier always governs. Please contact your insurance carrier(s) to determine the exact end of your maximum continuation period.

COBRA premiums should be made payable to and mailed to:

**Medical Payment:**

BCBS of AL

450 Riverchase Parkway East

P.O. Box 995

Birmingham, AL 35298-001

**Dental, Vision and/or Supplemental Payment:**

WAC Management

11097 Kingston Pike

Suite 102

Knoxville, TN 37934

**SCHEDULED ACH PREMIUM PAYMENT OPTION- *Only for Dental, Vision and Supplemental Insurance***

Did you know you can set up scheduled ACH for your payments? ACH is a safe, fast, and secure way to ensure your payment is made on time. To sign up, please contact Stephanie Roberts at (865) 805-5174, or [Stephanie@wacmanagement.com](mailto:Stephanie@wacmanagement.com). Also, you may contact our offices and we will help you with any questions or concerns.

**Please remember that it can take 7-10 business days from the time your full initial payment is received to the time your coverage will be reinstated**. If you have questions about your COBRA coverage, please contact our Member Service Department at (855) 542-3779 during business hours.

Sincerely,

The JH Berry Team

\*if you elect medical COBRA, you will receive a premium coupon book from BCBS of AL for medical premiums only.

Remit Payment to:

WAC Management

11097 Kingston Pike

Suite 102

Knoxville, TN 37934

**PREMIUM PAYMENT COUPON – Fresh Group Holdings, LLC.**

|  |
| --- |
| **COBRA Premium Due** |
| Due Date: |
| Amount Due: $ |

Qualified Beneficiary

Name:

SSN:

I hereby certify that any qualified beneficiaries, including myself, remain eligible for participation in Fresh Group Holdings, LLC. COBRA continuation plan.

Signature Date

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WAC Management

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