



8/6/2025

Bob Sample  
222 Main Street  
Sim City, CO 33333

Dear Bob Sample:

Welcome!

Effective October 1, 2025, WEX Health is making changes to the Direct Bill service platform to better support administration of your Direct Bill coverage. As part of this transition, a new account was created for you. **You will need to register for a new online account, using the registration code found below.**

If you had recurring payments set up in your previous account, your banking account information should have been moved to your new account. **We recommend that you log into your new online account to verify the payment information and avoid any disruptions in payment.**

As a reminder, your payment options are:

- Set up recurring ACH or debit/credit card payments through the online account (cobralogin.wexhealth.com) or mobile app (COBRA + Direct Bill by WEX).
  - o Note: If you were previously making recurring payments via ACH, your premiums should automatically be withdrawn. We recommend that you log into your new online account to confirm the recurring payment information was properly transferred to the new account and if you'd like to make changes to the withdrawal date.
  - o A surcharge for payments made by credit card may apply.
- Make a one-time payment through the online account, mobile app, or using our automated phone system.
  - o Note: One-time payments include a \$20 processing fee.
- Mail a check or money order to WEX Health, Inc., PO Box 2079, Omaha NE 68103-2079.
  - o Include a payment coupon or write your Member ID on the memo line of your payment.
  - o Note: If you choose to mail a payment, it must be postmarked by the last day of the payment grace period.

Please note that premium payments are due on the first day of each month, regardless of whether you have received any premium coupon(s). To ensure timely and proper posting of a mailed premium payment, please mail the payment on or before the due date.

If you have questions or require further assistance, please call the WEX Participant Services team from 6 a.m. to 9 p.m. Central time, Monday through Friday, at 866.451.3399 or submit your questions securely at <https://wexhealthinc.my.site.com/WEXbenefitscontactus/s/>.

Our records show you are eligible to elect the plan(s) below.

Plan Name	Coverage Level	Plan Start Date	Plan End Date	Premium Amount	Payment Grace Period
UHCMedicareSupplement&RXPlan-UHR-RET	Member Only	8/1/2025	12/31/2025	\$35.00	
Total Premium:				\$35.00	

Important: Now that ABC Restaurants, Inc. has partnered with WEX Health, Inc. to administer their Retiree billing, you will need to send your payment to WEX Health, Inc. See payment options below.



**You must make your coverage election by the Last Day to Elect listed on your Election Form in order to continue coverage.** You can elect through your online account, mobile app, or by completing the enclosed Election Form. Online election is available until 11:59 PM Central Time on the Last Day to Elect listed on your Election Form. Electing online is a safe, fast and secure way to ensure your elections are processed. Please visit <https://cptstage.benaissance.com> to register and complete your online election, or download the WEX COBRA Mobile App to elect through your smartphone.

Monthly payments are due on the first day of each month, with the grace period(s) listed above. Please note, your first payment may be prorated if your coverage begins mid-month.

As a reminder, in addition to the premium you may be charged administrative fees. Any such fees will be included in your premium payment amount due. If you have questions about the fees, please contact your employer or former employer.

### **ONLINE ACCOUNT AND MOBILE APP**

Easily make one-time or recurring payments, view your coverage status, and review any communications sent through your online account or the WEX COBRA Mobile app, our mobile app for COBRA and Direct Bill members.

To log in to your online account, visit <https://cptstage.benaissance.com> and select "New user registration." Enter your unique registration code listed below and follow the instructions. To access the mobile app, search for **COBRA by WEX** in your app store. After you download the app, select the "Register Here" link and follow the registration process as described. Please note, you will be asked to provide your social security number (SSN) in order to log in.

**Registration Code:** z123K5Hg

To protect your privacy, please do not share your registration code.

Once you have accessed your account, sign up for automatic payments through the recurring payments page or by completing the attached ACH form and sending to WEX Health, Inc. for processing.

### **SIGN UP FOR EMAIL NOTIFICATIONS**

Receive account updates faster through email notifications! Simply log in to your online account, go to "Preferences" and click "Communications" to make the update.

### **QUESTIONS ON YOUR ACCOUNT?**

If you have any questions regarding your account or this notice, please contact our Participant Services Department at (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

Please retain a copy of this letter for future reference. A copy will also be available in your online account.

Sincerely,

WEX Health, Inc.

**CONTINUATION COVERAGE ELECTION FORM****ABC Restaurants, Inc.**

**IMPORTANT: PLEASE RETAIN A COPY OF THIS ELECTION FORM FOR FUTURE REFERENCE.  
THIS FORM CONTAINS INFORMATION ABOUT YOUR RIGHTS.**



To elect coverage, you must complete and submit this election form to WEX Health, Inc. no later than the Last Day To Elect listed below. If this election form is not returned by that date, you will lose your right to elect coverage.

To become fully enrolled, you must pay any premiums owed from your first day of coverage through the end of the current billing period.

If you waived coverage, you can still decide to elect by completing this form and sending it in before the Last Day To Elect listed below.

**QUESTIONS?**

If you have questions about coverage or need assistance to complete your election form, please contact our Participant Services team by email at [cobraadmin@wexhealth.com](mailto:cobraadmin@wexhealth.com), live chat or call (866) 451-3399 during business hours (Monday through Friday, 6 a.m. to 9 p.m. Central time).

**Special Plan Member (SPM):**

Bob Sample  
222 Main Street  
Sim City, CO 33333

**Premium Information:**

Plan Name	Coverage Level	Monthly Premium
UHCMedicareSupplement&RXPlan-UHR-RET	Member Only	\$35.00
Total Premium:		\$35.00

**Continuation Information:**

Plan Name	First Day of Coverage	Last Day of Coverage	Last Day To Elect	Initial Grace Period Days	Subsequent Grace Period Days
UHCMedicareSupplement&RXPlan-UHR-RET	8/1/2025		10/5/2025	45	

**Election Options:**

Please indicate the coverage you are electing by checking the applicable box(es).

Name	Relationship	Date of Birth	SSN
Bob Sample	SPM	10/16/1950	xxx-xx-5593
Accept <input type="checkbox"/> Waive <input type="checkbox"/> UHCMedicareSupplement&RXPlan-UHR-RET			

**Alternative Election Options:**

Plan Name	Coverage Level	First Day of Coverage	Monthly Premium
UHCMedicareSupplement&RXPlan-UHR-RET	Member Only	8/1/2025	\$35.00



Completed election forms and premium payments should be sent to the address below. Payment must be in the form of a check or money order. DO NOT send cash.

WEX Health, Inc.  
PO Box 2079  
Omaha, NE 68103-2079

[    ] I have read this form and the notice of my election rights. I understand my rights to elect coverage and would like to take the action indicated above. I understand that if I elect coverage, my coverage may terminate under several circumstances, including but not limited to: non-payment of premium or on the date which this group plan ends.

I understand future premiums are due on the date included on each payment coupon. I also understand that failure to pay the required premiums will result in termination of coverage rights and coverage.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*NOTE: If signature line is on a second page, be sure to include all pages of the election form. We will not be able to process your election without the entire form.