

# 2026 COBRA Enrollment

## Your once-a-year opportunity to change your benefits for 2026 is November 3-21.

We are committed to providing affordable options for you and your family, even as healthcare costs continue to rise nationally. You will experience a modest increase on premiums for medical.

If you do not actively enroll, your current COBRA elections for medical, prescription drug, dental and vision will carry over to 2026. Your next opportunity to enroll will be the next annual enrollment—the fall of 2026—unless you experience a qualified status change.

As a COBRA participant, if you elect to stop coverage you will not be eligible to enroll at a later date.

## What You Need To Do

WHEN	WHAT	HOW
<b>BEFORE</b> ANNUAL ENROLLMENT BEGINS	Update your address and phone number on file.	Call YBR Customer Service at <b>888.438.9271</b> .
	Locate or reset <b>Your Benefits Resources™</b> User ID or Password.	<ul style="list-style-type: none"> <li>Connect to <b>ybr.com/ryman</b>.</li> <li>Select <b>Forgot User ID or Password</b>.</li> <li>Enter the last four digits of your SSN and your date of birth.</li> <li>Follow the on-screen prompts.</li> </ul>
	Update your email address in the <b>Your Benefits Resources™</b> system.	Visit <b>ybr.com/ryman</b> and click on <b>Your Profile</b> , then <b>Personal Information</b> and enter or update your email address.
	Review 2026 enrollment information.	Visit <b>ybr.com/ryman</b> and click on <b>Plan Documents</b> to review your Summary Plan Descriptions.
<b>DURING</b> ANNUAL ENROLLMENT November 3-21	Review your benefit options and make any desired changes. If you do not enroll during annual enrollment, your current COBRA elections for medical/prescription, dental and vision will carry over to 2026.	<p>To enroll for benefits and/or update beneficiary information:</p> <ul style="list-style-type: none"> <li>Log on to <b>ybr.com/ryman</b>. This site is available 24/7.</li> <li>Call YBR Customer Service at <b>888.438.9271</b>, Monday through Friday from 8 am to 9 pm EST.</li> </ul> <p><b>Important Reminder:</b> You will need your YBR User ID and Password to enroll in or make changes to your benefits. If you don't have your User ID, have your SSN handy.</p>
<b>AFTER</b> ANNUAL ENROLLMENT ENDS	Make changes to your benefits if you experience a qualified status change.	Contact <b>Your Benefits Resources™</b> within 31 days of the event at <b>888.438.9271</b> .
	Take advantage of your preventive benefits. Take an active role in managing your health everyday.	Schedule a doctor's appointment. Ask your doctor about recommended preventive care.

## Medical Benefits

Administered by UMR

	<b>TRADITIONAL PPO \$750 / \$1,500</b>		<b>HDHP WITH COPAY \$2,750 / \$5,500</b>		<b>HDHP WITH HSA \$3,250 / \$6,500</b>	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>	\$750 single \$1,500 family	\$1,500 single \$3,000 family	\$2,750 single \$5,500 family	\$5,500 single \$11,000 family	\$3,250 single \$6,500 family	\$6,000 single \$12,000 family
<b>Annual Out-of-Pocket Maximum*</b>	\$4,000 single \$8,000 family	\$8,000 single \$16,000 family	\$6,500 single \$13,000 family	\$13,000 single \$26,000 family	\$4,000 single \$8,000 family	\$10,000 single \$20,000 family
<b>Coinsurance</b>	80%	60%	80%	60%	90%	50% after deductible
<b>MEDICAL SERVICES</b>						
<b>Primary Care Office Visit</b>	\$25 copay	60% after deductible	\$25 copay	60% after deductible	90% after deductible	50% after deductible
<b>Specialist Office Visit</b>	\$40 copay	60% after deductible	\$40 copay	60% after deductible	90% after deductible	50% after deductible
<b>Virtual Visit</b>	\$10 copay	No Coverage	\$10 copay	No Coverage	90% after deductible	No Coverage
<b>Urgent Care</b>	\$50 copay	60% after deductible	\$75 copay	60% after deductible	90% after deductible	50% after deductible
<b>Preventive Care**</b>	100%	No Coverage	100%	No Coverage	100%	No Coverage
<b>Fertility Services</b>	Up to \$10,000 lifetime max	No Coverage	Up to \$10,000 lifetime max	No Coverage	Up to \$10,000 lifetime max	No Coverage
<b>HOSPITAL CARE</b>						
<b>Emergency Room</b>	\$500 copay (waived if admitted)		\$500 copay (waived if admitted)		90% after deductible	90% after deductible
<b>Inpatient</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	50% after deductible
<b>Outpatient Surgery</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	50% after deductible
<b>Ambulance Service</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	50% after deductible

\* Annual out-of-pocket maximums include deductible, copayments, and coinsurance

\*\* Preventive Care includes routine exams, immunizations, well baby care and mammograms

The information in the table above is a Summary of Material Modifications (SMM) within the meaning of the Employee Retirement Income Security Act of 1974 (as amended). An SMM describes changes to the information provided in the most recent Summary Plan Description (SPD) for the Plan. An SMM is not the SPD, nor is it the plan document itself; rather, it is a supplemental document to your SPD. Please read this SMM carefully, share it with your family, and keep it, along with your SPD, in a safe place for future reference.

## Prescription Benefits

Administered by OptumRx

	TRADITIONAL PPO \$750 / \$1,500		HDHP WITH COPAY \$2,750 / \$5,500		HDHP WITH HSA \$3,250 / \$6,500	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS						
RETAIL PHARMACY COVERAGE (1-31 DAY SUPPLY)						
Generic	\$10 copay		\$10 copay		90% after deductible	
Preferred Brand	\$35 copay		\$35 copay		90% after deductible	
Non-Preferred Brand	\$70 copay		\$70 copay		90% after deductible	
Specialty Tier	\$140 copay		\$140 copay		90% after deductible	
RETAIL PHARMACY COVERAGE (32-90 DAY SUPPLY)						
Generic	\$25 copay		\$25 copay		90% after deductible	
Preferred Brand	\$87.50 copay		\$87.50 copay		90% after deductible	
Non-Preferred Brand	\$175 copay		\$175 copay		90% after deductible	
MAIL ORDER EXTENDED SUPPLY (1-90 DAY SUPPLY)						
Generic	\$25 copay		\$25 copay		90% after deductible	
Preferred Brand	\$87.50 copay		\$87.50 copay		90% after deductible	
Non-Preferred Brand	\$175 copay		\$175 copay		90% after deductible	
Fertility Drugs	\$10,000 lifetime max					

## 2026 COBRA Cost Chart

PLANS	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE, SPOUSE & CHILDREN
<b>Traditional Plan</b>	\$866.30	\$1,819.22	\$1,602.65	\$2,512.26
<b>HDHP with Copay</b>	\$738.61	\$1,551.10	\$1,366.45	\$2,142.00
<b>HDHP with HSA</b>	\$682.39	\$1,433.03	\$1,262.43	\$1,978.94
<b>Dental</b>	\$29.13	\$54.96	\$68.76	\$110.11
<b>Vision</b>	\$6.23	\$12.46	\$13.34	\$21.32

## Dental Benefits

Administered by Delta Dental of Tennessee

Services	In-Network and Out-Of-Network PPO
<b>Annual Deductible</b>	\$50 single \$100 family No deductible for preventive treatment
<b>Annual Benefit Maximum</b>	\$1,200 per person
<b>Preventive Dental Services</b> (cleanings, exams, x-rays)	100%; no deductible
<b>Basic Dental Services</b> (fillings, extractions, oral surgery)	80%
<b>Major Dental Services</b> (crowns, bridges*, implants* and dentures*)	50%
<b>Orthodontia Services</b>	50%, after deductible \$1,500 lifetime maximum per person
<b>Temporomandibular Joint Dysfunction (TMJ)</b>	50% coinsurance after deductible; Combined \$750 lifetime maximum
<b>Craniomandibular Disorder (CMD) Individual Maximum</b>	

\* Bridges, dentures and implants will be covered after 12 months of continuous participation in the plan.

## Vision Benefits

VSP Administered by DeltaVision

Service	In-Network (any VSP provider)	Out-of-Network
<b>Eye Exam</b> once every 12 months	\$10 copay; covered in full	up to \$45
<b>Digital Retinal Imaging</b> once every 12 months	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	Not Covered
<b>LENSES</b> (once every 12 months)		
<b>Single Vision Lenses</b>	\$10 copay; covered in full	up to \$30
<b>Lined Bifocal Lenses</b>	\$10 copay; covered in full	up to \$50
<b>Lined Trifocal Lenses</b>	\$10 copay; covered in full	up to \$65
<b>Progressive Lenses</b>	\$95-\$105 copay; covered in full	up to \$50
<b>Frames</b> once every 24 months	\$10 Copay; \$150 allowance for wide selection of frames 20% savings on amount over allowance \$80 Costco frame allowance	up to \$70
<b>Contact Lenses</b> once every 12 months	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$105
<b>Laser Vision Correction</b>	Discounted services	Not Covered

## It's Easy to Make Your Premium Payments

Option 1: Pay Now	Option 2: Monthly Debit	Option 3: Pay by Mail
<p>Through Pay Now, you can make your payments online, 24 hours a day, seven days a week. To access Pay Now:</p> <ul style="list-style-type: none"> <li>Log on to <b>ybr.com/ryman</b>.</li> <li>Select the <b>Health Insurance Tab</b></li> <li>Click on <b>Billing Information</b></li> <li>Begin your transaction by clicking on <b>Pay Now</b>.</li> </ul> <p>You will receive an email confirmation of your payment.</p>	<p>Set up a recurring monthly debit from your checking or savings account for our premium payments. If you sign up for Monthly Debit, your monthly premium payment will automatically be deducted on the date that it is due. Keep an eye on your account to ensure that there are sufficient funds in your account to cover these payments.</p> <p>To enroll in Monthly Debit, call the <b>Your Benefits Resources™</b> Customer Service Center at <b>888.GET.YBR1</b>. If you later want to cancel the recurring monthly debit option, call the Customer Service Center.</p>	<p>If you would like to send your payments by mail, send a check or money order payable to Ryman Hospitality Properties to:</p> <p><b>Ryman Hospitality Properties</b> P.O. Box 1083 Carol Stream, IL 60132-1083</p> <p>Please allow 7 to 10 business days for mailing and processing when sending your payment.</p> <p>Remember all premium payments are due on the first day of each month. Late payments may cause your benefits to be canceled.</p>

## Important Legal Notices & Summary Annual Reports

### 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed, you can 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, you can contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at **www.askebsa.dol.gov** or by calling toll-free **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 July 31, 2021. Contact your state for more information on eligibility.**

**To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:**

**U.S. Department of Labor**  
Employee Benefits Security Administration  
**www.dol.gov/agencies/ebsa**  
866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
**www.cms.hhs.gov**  
877.267.2323, Menu Option 4, Ext. 61565

## Special Enrollment Rights

If you decline 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 the Ryman Hospitality Properties Inc. Employee Health and Welfare 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). You must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, 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 in the Ryman Hospitality Properties, Inc. Employee Health and Welfare Plan. You must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

The plan also will allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days-instead of 31-from the date of the Medicaid/CHIP eligibility change to request enrollment in the plan. Note that this 60-day extension doesn't apply to enrollment opportunities other than the Medicaid/CHIP eligibility change.

To request special enrollment or learn more, contact **Your Benefits Resources™ (YBR)** at **888.GET.YBR1**. You also can log on to YBR at [www.ybr.com/ryman](http://www.ybr.com/ryman). Note that you will be required to submit documentation related to the special enrollment event.

## Patient Protection

The Ryman Hospitality Properties, Inc. Employee Health and Welfare 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 and your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, contact UMR at **800.207.3172**.

You also can log on to [umr.com](http://umr.com).

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

You do not need prior authorization from the Ryman Hospitality Properties, Inc. Employee Health and Welfare Plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetric or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, follow a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professional who specialize in obstetrics or gynecology, contact UMR at **800.807.3172**. You also can log on to [umr.com](http://umr.com).

## Health Insurance Portability and Accountability Act (HIPAA)

### Notice of Privacy Practices for Protected Health Information

We respect your privacy! The Ryman Hospitality Properties Employee Health and Welfare Plan Privacy Notice describes how protected health information about you may be used or disclosed and how you can obtain access to your protected health information. To view the HIPAA Privacy notice, go to [www.ybr.com/ryman](http://www.ybr.com/ryman), Plan Documents. To request a printed copy of your HIPAA rights, please contact your HR office.

## Mastectomy-Related Benefits

The Women's Health and Cancer Rights Act of 1998 requires medical plans that offer mastectomy benefits to also provide coverage for reconstructive surgery. Our medical plans provide benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For details about the mastectomy-related services available under your healthcare option, refer to the Plan Overview and Administrative booklet of the Ryman Hospitality Properties Inc. Employee Health and Welfare Plan Summary Plan Description (SPD) at [www.ybr.com/ryman](http://www.ybr.com/ryman), Plan Documents.

## Summary Annual Report for Ryman Hospitality Properties, Inc. Employee Health and Welfare Plan

This is a summary of the annual report of the Ryman Hospitality Properties, Inc. Employee Health and Welfare Plan, EIN 73-0664379, Plan No. 507, for period January 1, 2023 through December 31, 2023. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

## Insurance Information

The plan has contracts with Aetna Behavioral Health, LLC, Life Insurance Company of North America and Delta Dental of Tennessee to pay Dental, Vision, Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment, Employee Assistance Program and Business Travel Accident claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2023 were \$1,026,701.

## Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the office of Ryman Hospitality Properties, Inc., Plan Administrator at One Gaylord Drive, Nashville, TN 37214, or by telephone at (615) 316-6000.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both.

If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Ryman Hospitality Properties, Inc., One Gaylord Drive, Nashville, TN 37214) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or your human resources department.

Benefit	Administrator	Phone	Website
Medical	UMR	800.207.3172	<a href="http://umr.com">umr.com</a>
Prescription Drug Coverage	OptumRx	800.368.0699	<a href="http://optumrx.com">optumrx.com</a>
Dental	Delta Dental of TN	800.223.3104	<a href="http://detladentaltn.com">detladentaltn.com</a>
Vision	VSP	800.877.7195	<a href="http://vsp.com">vsp.com</a>
COBRA	Your Benefits Resources (YBR)	888.438.9271	<a href="http://ybr.com/ryman">ybr.com/ryman</a>

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.