

Dear Tracey,

Bloomin' Brands has partnered with ThrivePass to administer their arrears billing services. You are receiving this notice because this is the first time you have an arrears payment due through ThrivePass. Moving forward, all arrears payments from your Bloomin' Brands benefit plan(s) will be billed and collected by ThrivePass.

ThrivePass offers a secure online portal for you to manage your account and make payments electronically. Visit <https://nexus.thrivepass.com> or scan the QR code below to register your account and set your payment preferences on the ThrivePass Nexus portal.



Your first payment due date is 01/01/2026. Going forward, arrears payments are due within 45-days of the invoice date. You can make your payment easily in the ThrivePass Nexus portal using either ACH or credit card. Check payments must be made payable to ThrivePass and mailed to the address on your invoice.

You may not have an arrears payment due every month. However, if any premiums are missed from your paycheck, you'll be responsible for making that payment through ThrivePass to keep your Bloomin' Brands coverage active.

If you've chosen to receive monthly invoices, ThrivePass will send you a reminder through your chosen method (mail or email) whenever a payment is due. If you choose not to receive monthly invoices, you will need to check your ThrivePass account each month to see if an arrears payment is due.

Paying arrears on time will help ensure your Bloomin' Brands coverage continues.

Coverage may end under certain circumstances like failure to pay arrears payments or fraud. Payment attempts returned or declined for any reason do not constitute payment. Failure to make a complete and timely payment will result in termination of coverage.

For any questions about the information in this notice or your coverage options, contact ThrivePass via email or phone at premiumbilling@ThrivePass.com or (866) 855-2844.

ThrivePass business hours:

7:30AM – 5:30PM CT, Monday – Thursday; 7:30AM – 5:00PM CT, Friday



Your self-service portal is now available.

THE PORTAL MAKES IT EASY TO SELECT YOUR COVERAGE.


We've notified you of your rights to continue coverage. Now you have access to the portal to elect and pay for whichever benefits you want to continue. Here's all you need to get started.

Registration Code: NEXUS1

1. Visit <https://nexus.thrivepass.com>
2. Click 'Set Up Account.'
3. Follow the on-screen instructions.
 - You'll be prompted to enter your registration code, shown above. Note that the code will be valid for 60 days from the date of your notice. After that, you'll need to contact ThrivePass to reset the code.
 - You'll be asked to enter your birthdate, the last four digits of your Social Security Number (SSN), and the zip code that appears on your Notice. After you create your credentials, these items will no longer be necessary.

Need help?

Our world-class customer support team is here to help. Here's how you can get in touch:

 866-855-2844

 cobra@thrivepass.com




CONTINUATION COVERAGE STATEMENT*
**Payments & balances continue on next page*
Premiums Due for Coverage Period 09/01/2025 thru 01/31/2026

DUE DATE	PLAN NAME	AMOUNT DUE	CURRENT COVERAGE AMOUNT
09/01/2025	Medical Plan Premium	\$135.87	\$665.94
09/01/2025	Dental Plan Premium	\$39.12	
09/01/2025	Vision Plan Premium	\$6.63	
10/01/2025	Medical Plan Premium	\$90.58	

Payment is due the 1st of each month for coverage during that month. Payments not submitted within 60 days of the Due Date will result in termination of coverage that cannot be reinstated. Check payments must be made payable to ThrivePass and mailed to the address on this notice. Payment attempts returned for insufficient funds or that otherwise cannot be completed do not constitute payment for coverage. You also have the opportunity to set-up electronic payments through your member portal. Simply login at www.nexus.thrivepass.com to make payments and manage your account online. If you have any questions, please reach out to our team: COBRA@thrivepass.com.

Please detach and return stub with your check to ensure payment is properly credited.

Bloomin' Brands Coverage(s)

Tracey Gross
Account# 000370873-996

Coverage Period 09/01/2025 thru 01/31/2026 : \$665.94

Total Due: \$665.94

Thrivepass
P.O. Box 84724
Seattle, WA 98124-6024
866-855-2844

Amount Paid: _____

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Bloomin' Brands CONTINUATION COVERAGE STATEMENT**Premiums Due for Coverage Period 09/01/2025 thru 01/31/2026**

DUE DATE	PLAN NAME	AMOUNT DUE	CURRENT COVERAGE AMOUNT
09/01/2025	Medical Plan Premium	\$135.87	\$665.94
09/01/2025	Dental Plan Premium	\$39.12	
09/01/2025	Vision Plan Premium	\$6.63	
10/01/2025	Medical Plan Premium	\$90.58	
10/01/2025	Dental Plan Premium	\$26.08	
10/01/2025	Vision Plan Premium	\$4.42	
11/01/2025	Medical Plan Premium	\$90.58	
11/01/2025	Dental Plan Premium	\$26.08	
11/01/2025	Vision Plan Premium	\$4.42	
12/01/2025	Medical Plan Premium	\$90.58	
12/01/2025	Dental Plan Premium	\$26.08	
12/01/2025	Vision Plan Premium	\$4.42	
01/01/2026	Medical Plan Premium	\$90.58	
01/01/2026	Dental Plan Premium	\$26.08	
01/01/2026	Vision Plan Premium	\$4.42	