benefits2027

PRIMO BRANDS™

Associate Enrollment Guide

Take a fresh look at your benefits and enroll for 2027.

Annual Enrollment is October 26–November 6, 2026.

GET STARTED

This guide is intended for non-union associates. Benefits may vary for union groups. If you are a union associate, see your Collective Bargaining Agreement for details about your benefits.

Enroll

October 26–November 6

to get the benefits you want for 2027.

It's Time to Choose!

This is your once a year chance to review and choose benefits for the year ahead. After Annual Enrollment, you cannot change your benefit choices, unless you have a qualifying life event, like getting married, welcoming a child, or losing coverage elsewhere.

WHY TAKE A FRESH LOOK EVERY YEAR?

Paycheck costs for coverage, plan doctors, and covered medications can all change. Carriers can change the locations they serve, and your life may have changed too. It's important to review your current choices, check your options for next year, and make sure your coverage is still right for you and your family.

HOW MUCH WILL COVERAGE COST IN 2027?

While health plan costs continue to rise nationally, our approach to offering plan options through the benefits marketplace gives you more control over what you pay. You can choose coverage that best balances your needs for coverage and budget.

Your per-paycheck cost for medical, dental, and vision coverage depends on the plan and carrier you choose, who you cover, and where you live. You'll find costs for all your benefits options in the enrollment platform when you enroll.

If you are paid weekly, your benefit deductions will be spread out over all 52 paychecks.

If you are paid biweekly, you currently have 24 benefit deductions per year. Your per paycheck amount is the annual cost of your benefits divided by 24. Starting in 2027, your per paycheck amount will be the annual cost divided by 26, so your deductions will be spread out over all paychecks throughout the year. This change is automatic starting next year—there is nothing you need to do.



IMPORTANT!

If you don't enroll, you'll keep the same benefits you have now (with any cost/coverage updates). But **if you want to put money into a Health Savings Account (HSA) or Flexible Spending Account (FSA), you must choose those contributions for 2027**. Those choices never carry over.

ENROLLING IS AS EASY AS 1-2-3

1 EXPLORE

Explore your 2027 benefits here in this guide and at **PrimoBrandsBenefits.com**.

2 REVIEW

Starting October 26, go to **SuccessFactors** and select **My Benefits** to review your 2027 costs, use the Help Me Choose tool, and enroll. Review your beneficiary information too.

3 ENROLL

Make your choices at **SuccessFactors** > **My Benefits** by **November 6**.

If you choose a Bronze or Bronze Plus medical plan for the first time, you must accept the HSA terms and conditions when you enroll. That way, you can receive the HSA contribution from Primo Brands.



WHO CAN ENROLL

All regular, full-time associates who work at least 30 hours per week are eligible to enroll in any benefit plan offered in this guide, unless otherwise stated.

You can also enroll your dependents (when dependent coverage is available), which include:

- Your legally married spouse or domestic partner
- Your natural children, stepchildren, adopted children, children of your domestic partner, children for whom legal guardianship have been awarded, and children who are subject to a Qualified Medical Child Support Order to age 26
- Unmarried children who are incapable of self-care can be covered regardless of age

When you enroll a dependent for the first time you must verify their eligibility through the Dependent Verification Services (DVS) program. To avoid a loss of coverage, it is important that you respond to all requests from DVS in a timely manner.

Your Sources

FOR SUPPORT EVERY STEP OF THE WAY

Help Me Choose Tool

Get help picking the medical plan that meets your needs.

Look for **Help Me Choose** as you make your choices in the enrollment platform.

Ask Lisa, Your Virtual Assistant

Use this AI-powered virtual assistant to quickly get information or help while enrolling.

Look for the **Need Help?** icon in the enrollment platform.

Customer Service

Web chat or schedule a phone appointment with a customer service representative.

Look for **Customer Service** in the enrollment platform.

YOU CAN ALSO CALL THE PRIMO BRANDS BENEFITS SERVICE CENTER:

1-833-75PRIMO (1-833-757-7466), option 2

8 a.m. to 8 p.m. ET

Monday - Friday

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Medical Plans

We offer choice when it comes to our plans so you can pick the plan that works for how you prefer to receive and pay for care. You also get to choose your preferred insurance carrier.

FIRST: CHOOSE YOUR COVERAGE LEVEL

Some plans are Preferred Provider Organization (PPO) plans and some are High-Deductible Health Plans (HDHPs) that offer access to a Health Savings Account (HSA).

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
	HDHP	HDHP	HDHP	PPO	PPO
Savings or Spending Account Access	HSA (with company contributions)	HSA (with company contributions)	HSA	Health Care FSA	Health Care FSA
Out-of-Network Coverage Available	Yes	Yes	Yes	Yes	Limited*
In-Network Preventive Care Covered at 100%	Yes	Yes	Yes	Yes	Yes
Cost Per Paycheck	Lowest	Low	Low	High	Highest
Prescription Drug Coverage Included	Yes	Yes	Yes	Yes	Yes

* Some insurance carriers in CA, CO, DC, GA, MD, OR, and VA instead offer an HMO option that covers in-network care only.

THEN: CHOOSE YOUR CARRIER

Each plan type/coverage level is offered through a variety of carriers, at different costs.

Your carrier provides the network of doctors and facilities for your plan. So, you'll want to choose a carrier that includes your doctors and other health care providers. The carrier will also answer any questions you have about your coverage, billing, claims, and more.

As you enroll, you'll be able to see the carriers available to you based on your ZIP code.

- **Available nationally in most locations:** Aetna, Anthem, Cigna, UnitedHealthcare
- **Available regionally:** Dean/Prevea 360, Health Net, Kaiser Permanente, Medical Mutual, Priority Health, UPMC

IMPORTANT!

- **If you live in California**, see page 12 for details about your options, which are different due to state requirements.
- **If you live outside the service area of all the carriers (based on your ZIP code)**, you can choose an out-of-area option through Aetna. As you enroll, you'll see if this applies to you.
- **If you choose Kaiser Permanente or Health Net**, you may need to select a primary care physician (PCP) to provide or coordinate all your care.

To find in-network doctors and other care providers, see the **carrier's pre-member website** or use the Help Me Choose tool as you enroll.



TIPS FOR CHOOSING

As you enroll, use the Help Me Choose tool. It's the easiest way to compare your options and choose the best coverage for you based on your health care needs and preferences, prescription drugs, preferred doctors and other providers, and your budget.

Think about how you want to pay.

Pay more now (your paycheck costs) and less when you need care—or pay less now and more if something happens? Want to put aside tax-free money for eligible health costs today or down the road? Look at a plan with an HSA.

Anticipate your healthcare needs.

You can't plan for everything, but you can plan for some things. Baby on the way? Need surgery on your knee? Factor those costs into your choice.

Save money by comparing carriers.

Carriers compete to win your business. That means each carrier has a different price for the exact same plan—and it can change every year. Consider a carrier that provides the coverage you need at the lowest cost.

Check with the carrier to make sure your doctors and other health providers are in-network.

You can save a lot of money by using in-network providers. You can use the carrier's provider search tool on their **pre-member website** to see if your care providers are in the carrier's network. When you enroll, you can use Help Me Choose to see which networks your providers participate in.

Confirm your prescription drugs.

If you take prescription drugs on a regular basis, confirm how those medications will be covered before you choose a plan. Have your prescription information—name, dosage, quantity per refill, frequency of refill—on hand when you use Help Me Choose for a more personalized recommendation.

HOW THE PLANS WORK

Eligible preventive care is covered 100% in all the plans when you use in-network providers. The next page describes how the plans provide coverage for other, non-preventive in-network care.

Terms to Know

- The **deductible** is what you pay out of pocket before your insurance starts paying its share of your costs.
- The **out-of-pocket maximum** is the most you pay annually. After you reach this amount, the plan pays 100% for covered expenses for the rest of the year.
- The **coinsurance** is how you and the plan share the cost of coverage until you reach the out-of-pocket maximum.
- Some services have flat **copay** amounts instead of coinsurance.

Deductibles and out-of-pocket maximums reset each year on January 1.

If You Cover Family Members

- **Bronze, Gold, and Platinum have an individual deductible and a family deductible.** Once a covered family member meets the individual deductible, insurance begins paying benefits for that family member. Once the family deductible is met by any combination of family members, the plan pays benefits for all family members.
- **Bronze Plus and Silver do not have an individual deductible when covering family members.** The entire family deductible must be met before your insurance pays benefits for covered family members. There are a couple of exceptions—in California, Health Net and Kaiser have an individual deductible and a family deductible/out-of-pocket maximum for Bronze Plus and Silver.



SOME CARRIERS MAY OFFER SLIGHTLY DIFFERENT COVERAGE

The charts on the following pages provide an overview of in-network standardized medical plan benefits across the benefits marketplace. Individual carriers may offer coverage that differs slightly from what is shown here. You can find specific coverage details by carrier and the Summaries of Benefits and Coverage when you enroll in the enrollment platform. If you have questions about any specific type of coverage, contact the insurance carrier for the most accurate and detailed information.

	Step 1	Step 2	Step 3
BRONZE	**Meet the Deductible** You pay all covered medical and prescription expenses up to the deductible. **Deductible Amounts** • Employee Only: **$3,500** • Employee + Any Family: **$7,000**	**Pay Coinsurance** After you reach the deductible, you pay **25% coinsurance** for covered medical and prescription expenses.	**Reach the Out-of-Pocket Maximum** You pay nothing more for covered in-network expenses! **Out-of-Pocket Maximum Amounts** • Employee Only: **$6,400** • Employee + Any Family: **$12,800**
BRONZE PLUS	**Meet the Deductible** You pay all covered medical and prescription expenses up to the deductible. **Deductible Amounts** • Employee Only: **$2,500** • Employee + Any Family: **$5,000**	**Pay Coinsurance** After you reach the deductible, you pay **25% coinsurance** for covered medical and prescription expenses.	**Reach the Out-of-Pocket Maximum** You pay nothing more for covered in-network expenses! **Out-of-Pocket Maximum Amounts** • Employee Only: **$4,500** • Employee + Any Family: **$9,000**
SILVER	**Meet the Deductible** You pay all covered medical and prescription expenses up to the deductible. **Deductible Amounts** • Employee Only: **$1,750** • Employee + Any Family: **$3,500**	**Pay Coinsurance** After you reach the deductible, you pay **25% coinsurance** for covered medical and prescription expenses.	**Reach the Out-of-Pocket Maximum** You pay nothing more for covered in-network expenses! **Out-of-Pocket Maximum Amounts** • Employee Only: **$4,250** • Employee + Any Family: **$8,500**
GOLD	**Pay Copays and Meet the Deductible** You pay a set copay for office visits, emergency room admissions, urgent care visits and prescription expenses. For other services, you pay all covered medical expenses up to the deductible. **Deductible Amounts** • Employee Only: **$800** • Employee + Any Family: **$1,600**	**Pay Coinsurance** After you reach the deductible, you pay **20% coinsurance** for covered medical expenses. You continue to pay copays for office visits, urgent care visits and prescription expenses.	**Reach the Out-of-Pocket Maximum** You pay nothing more for covered in-network expenses! **Out-of-Pocket Maximum Amounts** • Employee Only: **$3,600** • Employee + Any Family: **$7,200**
PLATINUM	**Pay Copays** You pay a set copay for office visits, emergency room admissions, urgent care visits, prescription expenses, and other covered services. There is no deductible for in-network care. **Deductible Amounts** • Employee Only: **$0** • Employee + Any Family: **$0**	**Continue to Pay Copays** You continue paying a set copay for all covered services. There is no coinsurance % for in-network care.	**Reach the Out-of-Pocket Maximum** You pay nothing more for covered in-network expenses! **Out-of-Pocket Maximum Amounts** • Employee Only: **$1,600** • Employee + Any Family: **$3,200**

IN-NETWORK COVERAGE

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%, no deductible				
Doctor's Office Visit (primary care)	You pay 25% after deductible			You pay $25	You pay $25
Doctor's Office Visit (specialist)	You pay 25% after deductible			You pay $40	You pay $40
Emergency Room	You pay 25% after deductible			You pay $150, then 20% after deductible	You pay $200
Urgent Care	You pay 25% after deductible			You pay $40	You pay $25
Inpatient Care	You pay 25% after deductible			You pay 20% after deductible	You pay $350
Outpatient Care	You pay 25% after deductible			If not an office visit, you pay 20% after deductible	If not an office visit, covered 100% ($100 copay for outpatient surgery at a hospital or free-standing facility)

Looking for Out-of-Network Care?

You can find details about out-of-network coverage when you enroll.

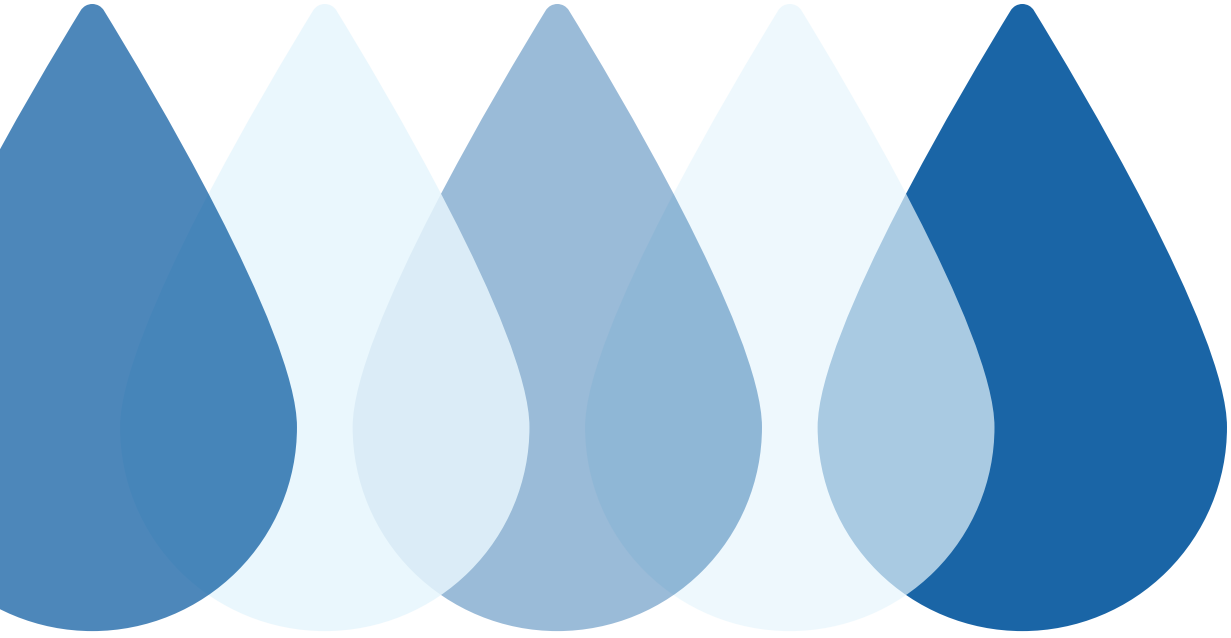
When you receive care out-of-network:

- **You'll pay more.** Out-of-network providers bill higher amounts and the plans generally cover less for out-of-network care.
- In the Platinum plans, **you may be responsible for the entire out-of-pocket cost** depending on your location and carrier.
- Out-of-network charges do not count toward your in-network annual deductible or out-of-pocket maximum. In-network charges do not count toward your out-of-network annual deductible or out-of-pocket maximum.

PLANS IN CALIFORNIA

In California, the insurance carriers can choose to offer in- and out-of-network benefits or in-network benefits only.

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Aetna	In- and out-of-network			In- and out-of-network (Gold I)	In- and out-of-network
Anthem	In- and out-of-network			In- and out-of-network (Gold I)	In- and out-of-network
Cigna	In- and out-of-network			In- and out-of-network (Gold I)	In-network only
Health Net	In- and out-of-network			In-network only (Gold II)	In-network only
Kaiser Permanente	In-network only			In-network only (Gold II)	In-network only
UnitedHealthcare (UHC)	In- and out-of-network			In- and out-of-network (Gold I)	In- and out-of-network



IN-NETWORK BENEFITS (CALIFORNIA)

	BRONZE	BRONZE PLUS	SILVER	GOLD	GOLD II	PLATINUM
Preventive Care	Covered 100%, no deductible					
Annual Deductible (In-Network)						
Individual	$3,500	$2,500	$1,750	$800	N/A	N/A
Family	$7,000	$5,000[1]	$3,500[1,2]	$1,600	N/A	N/A
Out-of-Pocket Maximum (In-Network)						
Individual	$6,400	$4,500	$4,250	$3,600	$5,400	$1,600
Family	$12,800	$9,000[1]	$8,500[1]	$7,200	$10,800	$3,200
What You Pay for In-Network Care						
Doctor's Office Visit (primary care)	You pay 25% after deductible			You pay $25 (no deductible)	You pay $25 (no deductible)	You pay $25
Doctor's Office Visit (specialist)	You pay 25% after deductible			You pay $40 (no deductible)	You pay $40 (no deductible)	You pay $40
Emergency Room	You pay 25% after deductible			You pay $150, then 20% after deductible	You pay $150, then 30% after deductible	You pay $200
Urgent Care	You pay 25% after deductible			You pay $40	You pay $40	You pay $25
Inpatient Care	You pay 25% after deductible			You pay 20% after deductible	You pay 30%	You pay $350
Outpatient Care	You pay 25% after deductible			If not an office visit, you pay 20% after deductible	If not an office visit, you pay 30%	If not an office visit, covered 100% ($100 copay for outpatient surgery)

[1] Under Health Net and Kaiser Permanente, the Bronze Plus and Silver coverage levels have an individual and family deductible and out-of-pocket maximum.
[2] Under Health Net, if you cover dependents under the Silver coverage level, the family deductible is $3,300.

PRESCRIPTION DRUG COVERAGE

Who Provides Your Prescription Drug Coverage?

If you choose Aetna, Anthem, Cigna, or UnitedHealthcare:	If you choose another carrier:
Prescription drug benefits are managed by CVS Caremark	The carrier manages their own prescription drug benefits

How Does Prescription Drug Coverage Work?

BRONZE, BRONZE PLUS, AND SILVER	GOLD AND PLATINUM
You pay **0% for preventive drugs** when you have a doctor's prescription and use in-network retail pharmacies or mail order.	
For other prescription drugs: • You pay the full cost until you reach the annual medical deductible. • Then you pay coinsurance. • Once you reach the out-of-pocket maximum, you pay nothing.	For other prescription drugs: • You pay a copay. • Once you reach the out-of-pocket maximum, you pay nothing.

What You Pay for Covered Non-Preventive Prescription Drugs

Tier 1 Generally lower cost medications

Tier 2 Generally medium cost medications

Tier 3 Generally highest cost medications

	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
30-Day Retail Supply					
Tier 1	You pay 100% until you meet the deductible, then 25%			You pay $10	You pay $8
Tier 2	You pay 100% until you meet the deductible, then 25%			You pay $40	You pay $30
Tier 3	You pay 100% until you meet the deductible, then 25%			You pay $60	You pay $50
90-Day Mail Order Supply					
Tier 1	You pay 100% until you meet the deductible, then 25%			You pay $25	You pay $20
Tier 2	You pay 100% until you meet the deductible, then 25%			You pay $100	You pay $75
Tier 3	You pay 100% until you meet the deductible, then 25%			You pay $150	You pay $125

EXTRA SUPPORT TO HELP YOU FEEL YOUR BEST

All of the insurance carriers offer special programs to support your health and wellbeing goals—**some at no cost to you**.

Access care and get help using your coverage with **personalized care support.**	Visit with a doctor by phone or computer with **virtual care/ telemedicine.**	Recover, build strength, and manage pain from the convenience of your home with **digital physical therapy.**	**Save money and get fit with discounts** on gyms, fitness and wellness classes, and weight-loss programs.
Have a healthy pregnancy and postpartum journey with **maternity and new baby programs.**	Build healthy habits and reach your goals with **wellbeing resources.**	Strengthen your mental health with **digital therapy programs and virtual counseling.**	**Get support** for cancer, diabetes, heart health, and more.
Build your family with **fertility and family-building benefits**.	Quit tobacco for good with **tobacco cessation support**.		

Learn more about the **Medical Plan Extras** or check with the insurance **carrier** directly for details.

NEED TRANSITION OF CARE?

If you or a family member is being treated for a medical condition and your current provider is not in the new carrier network, you may be able to temporarily continue care with your current provider for a period of time. For information about transition of care, check with the carriers you're considering.

Dental Plans

You can choose your coverage level based on the kind of dental care you and your family need. For each coverage level, you can choose your insurance carrier too.

FIRST: CHOOSE YOUR COVERAGE LEVEL

BRONZE	SILVER	GOLD
What's Covered	**What's Covered**	**What's Covered**
• In-network and out-of-network providers • Annual exams/cleanings	• In-network and out-of-network providers • Annual exams/cleanings • Major services • Orthodontic expenses for children under age 19	• In-network and out-of-network providers • Annual exams/cleanings • Major services • Orthodontic expenses for children and adults

THEN: CHOOSE YOUR CARRIER

Each coverage level is offered through a variety of carriers, at different costs.

Your carrier provides the network of dentists and other dental care providers for your plan. So, you'll want to choose a carrier that includes your dentist if you have one. The carrier will also answer any questions you have about your coverage, billing, claims, and more.

As you enroll, you'll be able to see the carriers and costs available to you based on your ZIP code.

- **Available nationally in most locations:** Aetna, Cigna, Delta Dental, MetLife, UnitedHealthcare

SAVE MONEY BY STAYING IN-NETWORK

All of the plans cover in-network and out-of-network dental care, but you save money by visiting in-network dentists because they charge pre-negotiated discounted amounts.

If you choose Delta Dental, there are two networks—PPO and Premier. You can save the most money by visiting a dentist who participates in both the PPO and Premier networks.

To find in-network dentists, see the **carrier's pre-member website** or use the Help Me Choose tool as you enroll.

HOW THE PLANS WORK

Terms to Know

- The **deductible** is what you pay out of pocket before your insurance starts paying its share of your costs.
- The **annual maximum** is the most the insurance carrier will pay in a year for dental costs.
- The orthodontia **lifetime maximum** is the total amount the insurance carrier will pay per person.

In-Network and Out-of-Network Benefits

	BRONZE	SILVER	GOLD
Annual Deductible Individual/family	$100/$300	$100/$300	$50/$150
Annual Maximum (excludes orthodontia)	$1,000 per person	$1,500 per person	$2,500 per person
Orthodontia Lifetime Maximum	Not covered	$1,500 per child (up to age 19)	$2,000 per person (children and adults)
What You Pay For Covered Dental Care			
Preventive Care	Covered 100%, no deductible		
Minor Restorative Care	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Major Restorative Care	Not covered	You pay 40% after deductible	You pay 20% after deductible
Orthodontia	Not covered	You pay 50%, no deductible (children up to age 19)	You pay 50%, no deductible (children and adults)



Vision Plans

You can choose your coverage level based on the kind of vision care you and your family need. For each coverage level, you can choose your insurance carrier too.

FIRST: CHOOSE YOUR COVERAGE LEVEL

BRONZE	SILVER	GOLD
What's Included	**What's Included**	**What's Included**
Annual eye exam only with in-network discounts for eyeglasses	• Covers in-network and out-of-network • Coverage for an annual eye exam • Allowances for eyeglasses and contact lenses	• Covers in-network and out-of-network • Higher coverage for an annual eye exam • Higher allowances for eyeglasses and contact lenses

THEN: CHOOSE YOUR CARRIER

Each coverage level is offered through a variety of carriers, at different costs.

Your carrier provides the network of eye care providers for your plan. So, you'll want to choose a carrier that includes your eye doctor if you have one. The carrier will also answer any questions you have about your coverage, billing, claims, and more.

As you enroll, you'll be able to see the carriers and costs available to you based on your ZIP code.

- **Available nationally in most locations:** EyeMed, MetLife, UnitedHealthcare, VSP



SAVE MONEY BY STAYING IN-NETWORK

All of the vision plans cover in-network and out-of-network vision care, but you save money by visiting in-network eye doctors because they charge pre-negotiated discounted amounts. To find in-network eye doctors and other eye care providers, see the **carrier's pre-member website** or use the Help Me Choose tool as you enroll.

HOW THE PLANS WORK

In-Network Benefits	BRONZE	SILVER	GOLD
Routine Vision Exam (once per plan year)	You pay $0	You pay $10	You pay $0
Frames (once per plan year)	Discount may apply	$150 allowance*	$200 allowance*
Lenses (once per plan year; premium lenses may cost more) and **lens enhancements** (e.g., UV treatment, tint)			
Single vision, bifocal, trifocal, standard progressive, lenticular	Discount may apply	Varies by carrier	Varies by carrier
Contact Lenses			
Medically Necessary	Not covered	You pay $20	You pay $10
Elective	Not covered	$150 allowance*	$200 allowance*
Fit and Evaluation	Discount may apply	You pay $20	You pay $10
Laser Surgery			
	15% off regular price or 5% off promotional price		

* Allowance can be used for frames or elective contact lenses, but not both.

Health Savings Account (HSA)

If you enroll in a Bronze, Bronze Plus, or Silver medical plan option (the high-deductible plans), you can open a Health Savings Account (HSA). An HSA lets you set aside before-tax money to pay your health care expenses today or in the future, so you pay less in taxes.

CONTRIBUTING TO YOUR HSA

If you enroll in a Bronze or Bronze Plus plan, Primo Brands will also contribute to your HSA (even if you don't contribute). Your contributions and the company's contributions cannot exceed the annual limit set by the IRS. If you are age 55 or older, you can contribute an additional $1,000.

	BRONZE AND BRONZE PLUS		SILVER	
	If You Cover Yourself Only	**If You Cover Yourself + 1 or More Dependents**	**If You Cover Yourself Only**	**If You Cover Yourself + 1 or More Dependents**
2027 IRS Limit	$4,500	$9,000	$4,500	$9,000
Primo Brands Contribution (funded quarterly)	**$350**	**$700**	**$0**	**$0**
Your Contribution (under age 55)	Up to $4,150	Up to $8,300	Up to $4,500	Up to $9,000
Your Contribution (age 55+)	Up to $5,150	Up to $9,300	Up to $5,500	Up to $10,000

IMPORTANT!

If you want an HSA contribution from Primo Brands, you must enroll in a Bronze or Bronze Plus plan. There is no company HSA contribution in the Silver plans.

If you choose a Bronze or Bronze Plus medical plan for the first time, you must accept the HSA terms and conditions in the enrollment process to receive the Primo Brands' contribution.

After you enroll, you'll receive a welcome letter and HSA debit card in the mail. If you don't receive your HSA debit card before your benefits begin, contact Optum at **1-866-234-8913** to request one be mailed to you.

3 GREAT FEATURES OF AN HSA

1. Your HSA balance rolls over from one year to the next.
2. It's your money forever. You can take it with you even when you leave the company.
3. You invest your savings once your balance reaches $1,000. Any earnings are tax-free.

USING YOUR HSA MONEY

The money in your HSA can be used tax-free to pay for eligible medical, prescription drug, dental, and vision expenses like deductibles, copays, coinsurance, and contact lenses.

You can find a complete list of eligible expenses in **IRS Publication 502**.

To spend your HSA money:

- Use the HSA debit card to have funds taken directly from your HSA.
- Pay for your expenses up front and transfer money from your HSA to your regular bank account later.

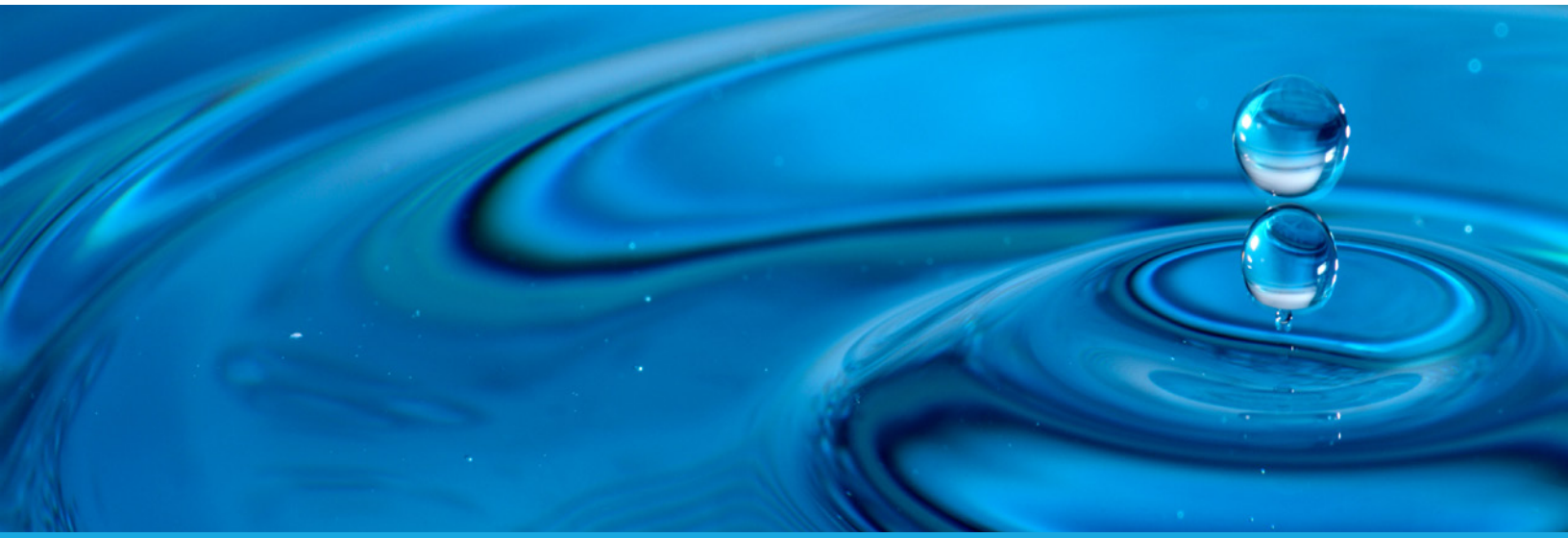
If HSA money is used for ineligible expenses, you pay ordinary income tax on the amount withdrawn plus a 20% penalty tax before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax.

SPECIAL ELIGIBILITY RULES

HSAs have strict rules about who's eligible. You **cannot** contribute to an HSA (and Primo Brands cannot contribute to your HSA) if you're covered by other insurance, including Medicare or Tricare (military coverage), or if you are a dependent on anyone else's tax return. Learn more when you enroll or by reading the **IRS rules for HSAs**.

REMINDER

An HSA is not the same as a Health Care Flexible Spending Account (FSA). Also, if you have an HSA, you can have a Health Care FSA too but only for dental and vision expenses. See the following page for FSA information.



Flexible Spending Accounts (FSAs)

You can set aside pre-tax dollars from your pay to lower your taxable income for the year and save money on eligible health care and dependent day care expenses.

HEALTH CARE FSA	DEPENDENT CARE FSA
• **If you are not contributing to an HSA:** You can use the Health Care FSA for medical, dental, and vision expenses. • **If you are contributing to an HSA:** Your Health Care FSA is considered "limited purpose" and can only be used for dental and vision expenses. • You can contribute up to $3,400. • Your entire contribution amount is credited to your account and available to use starting January 1, 2027.	• You can use the Dependent Care FSA eligible day care expenses for a child under age 13 or an adult family member who needs caregiver support—including in-home care, nursery schools, day care centers, before and after-school care programs. • You can contribute up to $7,500 (or $3,750 if you are married and file taxes separately). • You must have money available in your account (from payroll deductions) to be reimbursed.

5 THINGS TO KNOW ABOUT FSAs

1. To enroll in an FSA, you do **not** need to be enrolled in a Primo Brands medical plan.
2. After you enroll, **you cannot change** your FSA contribution amount, unless you have a qualifying life event like marriage or birth/adoption.
3. Unused dollars **do not roll over** to the next year.
4. You **lose any unused money** at the end of the year.
5. If you want to contribute, **you must re-enroll** every year.

HOW THE FSA AND HSA COMPARE

	HSA	HEALTH CARE FSA	LIMITED PURPOSE FSA	DEPENDENT CARE FSA
Available if you enroll in...	Bronze, Bronze Plus, or Silver medical plan (with an HSA)	Gold or Platinum medical plan (or no medical plan)	Bronze, Bronze Plus, or Silver medical plan (with an HSA)	Any medical plan or no medical plan
Eligible expenses	IRS-approved medical, dental and vision expenses	IRS-approved medical, dental and vision expenses	IRS-approved dental and vision expenses	IRS-approved childcare/elder care services provided while you are at work
Eligible for company contributions	Yes for Bronze/ Bronze Plus No for Silver	No	No	No
Change your contribution amount anytime	Yes	No	No	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes	Yes	No
Access only funds that have been deposited	Yes	No	No	Yes
"Use it or lose it" at year-end	No	Yes	Yes	Yes
Money is always yours to keep	Yes	No	No	No

Medical Supplement Options

Available through Securian

These options provide a cash payment that you can use for anything you'd like including everyday expenses—childcare, groceries, rent, etc.—or to pay your deductible and other out-of-pocket medical expenses.

You can see your costs and coverage amounts when you enroll.

	PAYS A BENEFIT IF YOU (or a covered family member):
Accident Insurance	are injured in an accident, including slips and falls, sports injuries, and car accidents
Critical Illness Insurance	are diagnosed with a certain serious illness, such as cancer, heart attack, or stroke
Hospital Insurance	are hospitalized, including for labor and delivery, inpatient surgery, and for illnesses and injuries

WHY YOU MIGHT NEED THIS COVERAGE

Do you or your children play a lot of sports?

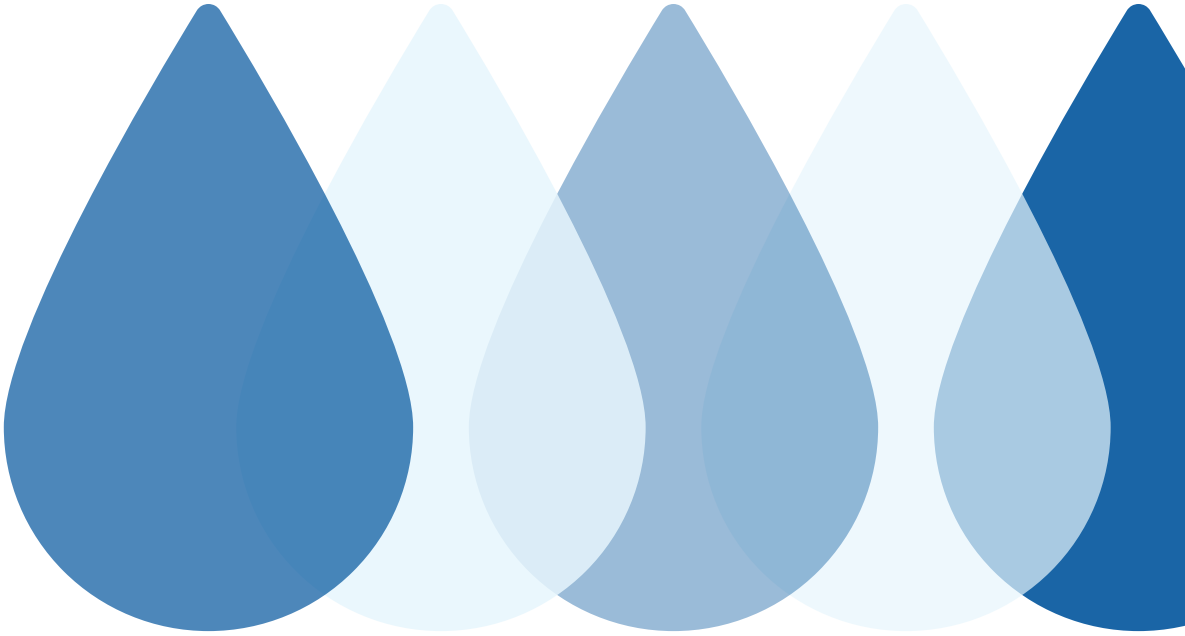
Accident insurance covers sports-related injuries like sprains and breaks.

Would your family struggle financially?

Critical illness insurance pays a cash benefit after a cancer diagnosis, heart attack, or stroke.

Are you or your spouse/ domestic partner pregnant?

Hospital insurance pays a cash benefit for hospitalization for labor and delivery.



More Options

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Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) insurance protect your income if something happens to you or a covered family member.

BASIC COVERAGE IS FULLY PAID BY PRIMO BRANDS

This coverage for associates costs you nothing and is automatic—you don't need to enroll. Most associates receive the following basic coverage (specific benefits may vary):

BASIC LIFE	BASIC AD&D
1.5 X your covered base earnings	1 X your covered base earnings (up to $100,000)

IRS rules require employer-paid basic coverage over $50,000 to be treated as taxable income. This is called "imputed income."

IF YOU WANT MORE PROTECTION

You can buy additional voluntary Supplemental Life and AD&D coverage for yourself and your dependents. You can see your specific options and costs when you enroll.

Depending on your elections, **you may need to provide information about your health—called "evidence of insurability" or EOI**—to the insurance company before your life insurance can be approved. If this applies to you, you'll be notified as you enroll.

WHY YOU MIGHT NEED MORE LIFE INSURANCE

If your family relies on your income for mortgage/rent payments, childcare, or other everyday expenses, supplemental life and AD&D insurance beyond the basic coverage can provide added financial protection for them if the unexpected happens.

Benefits may vary for union groups. If you are a union associate, see your Collective Bargaining Agreement for details about your Life and AD&D Insurance.

REMINDER

Even if you have basic coverage only, **keep your beneficiary information up to date** so your benefit gets distributed quickly and according to your wishes. You can review and update your life insurance beneficiary on the enrollment platform.

Legal and ID Theft

LEGAL SERVICES
Offered through MetLife Legal Plans

You can choose to enroll in the Legal Services benefit, which provides protection against the high cost of legal fees.

Coverage includes attorney fees for things like wills, real estate matters, and more. If you use a network attorney, the plan pays the full cost. If you use an out-of-network attorney, you are reimbursed for part of the cost.

ID THEFT PROTECTION
Offered through ID Watchdog

If you enroll in the ID Theft Protection benefit, ID Watchdog will monitor your personal and financial information and take steps to protect you from fraud.

The benefit helps you recover if your identity is stolen and provides up to $1 million to cover financial losses and expenses related to identity theft.

WHY YOU MIGHT NEED LEGAL SERVICES

If you expect to buy a home or other property, create or update your will, handle estate issues, or deal with any other legal issues, consider how the legal services benefit could save you time, money, and stress.

WHY YOU MIGHT NEED ID THEFT PROTECTION

If you shop online, use social media, or store financial information on your phone, ID theft protection can help you keep your identity safe and avoid fraud.

COST

You can enroll in these benefits as a new hire, during Annual Enrollment, or after a qualifying life event. You can find your cost for Legal Services and ID Theft Protection when you enroll.

Retirement Savings Plan

The Primo Brands Retirement Savings Plan, administered by Empower, makes it easy for you to **save for your retirement and be well financially**.

IMPORTANT!

Contribute at least 5% to your 401(k) account in 2027 to receive the full Primo Brands matching contribution!

KEY FEATURES

- **Matching contributions:** Primo Brands matches 100% of the first 5% you contribute.
- **Fast vesting:** You're 100% vested in company matching contributions after 2 years of service, meaning you own those contributions after 2 years.
- **Focus on your financial wellbeing:** You have access to financial education and modern, easy-to-use resources to help you prepare for retirement.

ADDITIONAL PLAN FEATURES

- You are always 100% vested in your own contributions.
- Contribute up to 90% of your earnings through before-tax, after-tax Roth, and/or traditional after-tax contributions.
- New participants are automatically enrolled at a 6% pre-tax contribution rate, which increases 1% each year up to 15%.
- You can change your contribution amount(s) and type(s) at any time and as often as you'd like.
- Your total before-tax and after-tax contributions cannot exceed the IRS maximum of $24,500.*
- If you are age 50 or older, you may make additional catchup contributions of $8,000.* If you are age 60-63, you can contribute even more—up to $11,250 in catchup contributions.* Under a new law, if your income exceeds $150,000 in 2026, your catchup must be made as Roth after-tax contributions.
- Provide your beneficiary information and keep it updated.
- **New for 2027:** You won't need to max out your before-tax contributions before you can contribute after-tax dollars
- **New for 2027:** In Plan Roth Conversion feature

* These are 2026 amounts, which the IRS may increase for 2027.

WHAT YOU GET AT EMPOWER

- A user-friendly website with a personalized dashboard and planning tools
- A mobile app for easy access to track your savings and manage your investments
- Personalized planning tools to model different saving and investing scenarios
- 24/7 access to balances, transactions, and contribution changes
- Free professional advice and financial coaching to help you reach your goals

Log in to your **Empower account** or call 1-833-75PRIMO.

Additional Support

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Disability Income Replacement

Short-Term Disability (STD) and Long-Term Disability (LTD) benefits protect your income in the event you are disabled and unable to work.

BASIC COVERAGE IS FULLY PAID BY PRIMO BRANDS

This coverage costs you nothing and is automatic—you don't need to enroll.

BASIC STD	BASIC LTD
Week 1: waiting period (no benefit but you can use paid sick days) **Weeks 2 – 5:** 100% of your base pay **Weeks 6 – 26:** 60% of your base pay	**After 26 Weeks:** 50% of your base pay, up to $1,250 per month

IF YOU WANT MORE PROTECTION

You can buy additional "buy-up" LTD coverage to replace more of your income. If you elect buy-up LTD, **you'll need to provide information about your health—called "evidence of insurability" or EOI**—to the insurer before your coverage can be approved. You'll receive EOI details as you enroll.

BUY-UP LTD
60% of your base pay, up to $15,000 per month

WHY YOU MIGHT NEED MORE DISABILITY INCOME REPLACEMENT

If you rely on your paycheck to cover daily expenses, the LTD buy-up benefit can provide extra income protection if an illness or injury keeps you out of work. The basic LTD benefit would cover 50% of your income. With the buy-up option, you could increase that protection to 60%, giving you more financial security when you need it most.

Benefits may vary for union groups. If you are a union associate, see your Collective Bargaining Agreement for details about your disability benefits.

More Benefits Available to You

Primo Brands provides many additional benefits to support you and your family. These are available to you anytime—you don't need to enroll in them during Annual Enrollment.

CARE FOR YOURSELF AND YOUR FAMILY

- Access free support for everyday needs, your mental health, and overall wellbeing through the **Employee Assistance Program (EAP) and Work/Life Services**.
- Grow your family with financial help from the **Adoption Reimbursement benefit**.
- Get help with Medicare, Medicaid, Social Security, and other state and federal benefit programs through **FEDlogic**, available at no cost to you.

SAVE MONEY ON EXPENSES TODAY

- Save on **auto, home, and pet insurance** with discounted coverage options.
- Go back to school to further your career with **tuition reimbursement**.
- Receive discounts on everyday expenses, products, and experiences and free virtual classes from **Perks at Work through NextJump**.
- Use tax-free money to pay transit and parking expenses with **commuter benefits**.
- Save money on out-of-network medical bills with **Bill Negotiation Services**.

TAKE PAID TIME OFF TO REST AND RECHARGE

Primo Brands provides:

- Paid **vacation** and paid **sick days**
- 9 paid **holidays** and 3 paid floating holidays per year
- Paid **leave** for when you or your partner have a baby, adopt a child, or become a foster parent

SHARE IN OUR SUCCESS

With the **Employee Stock Purchase Plan (ESPP)**, you can share in Primo Brands' success by purchasing company stock at a discounted price.

Visit **PrimoBrandsBenefits.com** for details.

Support for You

IF YOU NEED HELP WITH...

General benefits and enrollment questions	**Contact the Primo Brands Benefits Service Center.** Log in through SuccessFactors* at **sf.PrimoBrands.com** (select My Benefits) and use Ask Lisa, web chat with a customer service representative, or schedule an appointment for a one-on-one call. 1-833-75PRIMO (1-833-757-7466), option 2 8 a.m. – 8 p.m. ET Monday - Friday
Navigating the health care system after you are enrolled	**Connect with a Health Pro Advocate.** 1-888-286-8014
A particular plan or carrier's coverage or provider network	**Contact your carrier directly,** by phone or through their pre-member website. Once you are enrolled as a plan member, you can create and log in to your member account. See **Carrier Contacts**.

* If you are logging into SuccessFactors for the first time or have trouble logging in, please call the Service Desk at 833-75PRIMO.



To explore all the 2027 benefits, carriers, what's changing, and how to enroll, visit **PrimoBrandsBenefits.com**.

Legal Notices

This document is an overview of the benefits offered. It provides a summary of recent changes to benefits and is treated as a summary of material modifications under the Employee Retirement Income Security Act (ERISA). In many cases, more details about what's covered by the company's plans are provided by plan documents, summary plan descriptions (SPDs), and Summaries of Benefits and Coverage (SBCs), which take precedence over the summary versions provided in this guide. The SPDs and SBCs can be found on the benefits enrollment website. In addition, you may have a hard copy mailed to an address of your choosing free of charge by calling the Primo Brands Benefits Service Center at 1-833-75PRIMO (1-833-757-7466), option 2.

Every effort has been made to ensure that the information in this guide is accurate. If, however, there is any discrepancy between this guide and the SPDs, plan documents, and/or any company policy, the applicable SPD, plan document, or company policy shall govern.

The provision of benefits does not guarantee continued employment. The company reserves the right to change, amend, or discontinue benefits at any time.

This guide is intended for non-union associates. Benefits may vary for union groups. If you are a union associate, see your Collective Bargaining Agreement for details about your benefits.

Primo Brands is required to provide you with disclosure documents regarding the company's benefit programs in accordance with the Department of Labor and other federal agencies. You can access this information through the enrollment platform.