benefits2027

PRIMO BRANDS™

COBRA Enrollment Guide

Annual Enrollment is October 26–November 6, 2026.

GET STARTED

Enroll

to continue your coverage with COBRA.

IMPORTANT!

If you want to continue your Primo Brands medical, dental, and/or vision coverage, you must enroll by the deadline provided in your COBRA materials.

Your COBRA Enrollment Checklist

1 Consider Your Needs and Options

When you're thinking about COBRA coverage, take a look at all your options. You might find a better fit through your spouse or domestic partner's employer plan or the **Health Insurance Marketplace**.

2 Understand Your Primo Brands COBRA Options

Explore this guide for details about your 2027 COBRA benefits and things to consider when making your choices.

3 Enroll if You Want COBRA Coverage

Enroll at **worklife.alight.com/PrimoBrands** by the deadline provided in your COBRA materials. If it's your first time visiting the site, select New User? to get started.

HOW MUCH WILL COVERAGE COST IN 2027?

Your 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.

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

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 Organizations (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
Premium Cost	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 10 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 page 18 for carrier contact information 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 premium 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 website (see **page 18**) 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.

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.

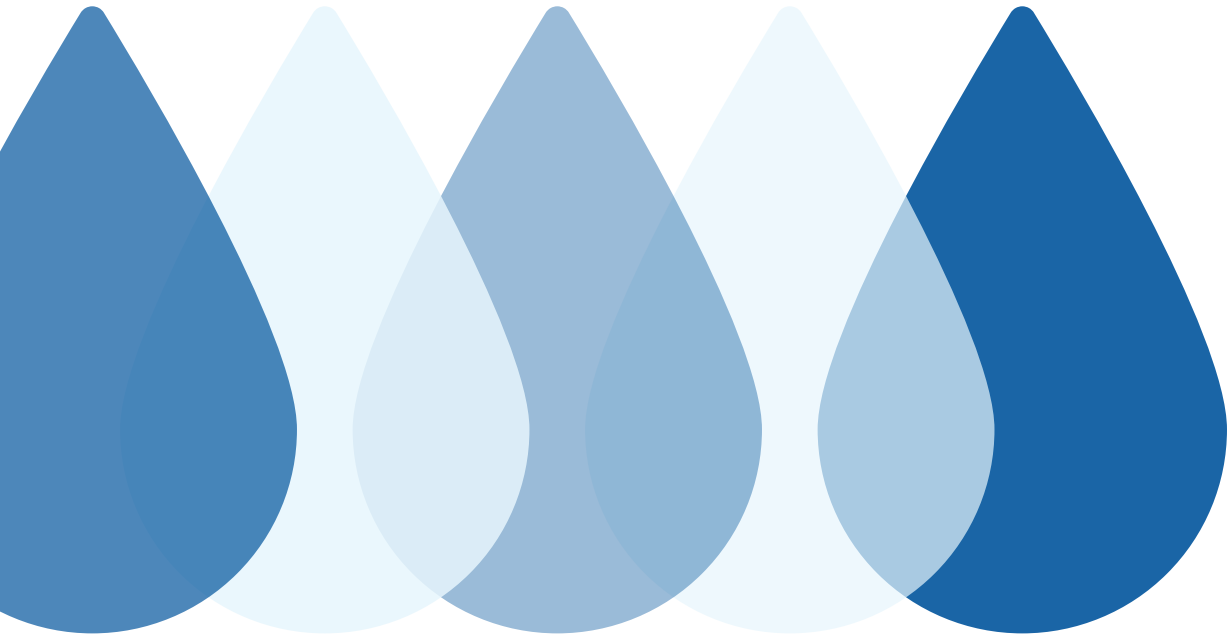
When you receive care out-of-network:

- **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)

See page 7 for details about how the deductibles and out-of-pocket maximums work when you include family members in your coverage.

	BRONZE	BRONZE PLUS	SILVER	GOLD I	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[1]	$5,000	$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[1]	$9,000	$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	You pay $25
Doctor's Office Visit (specialist)	You pay 25% after deductible			You pay $40 (no deductible)	You pay $40	You pay $40
Emergency Room	You pay 25% after deductible			You pay $150, then 20% after deductible	You pay $150, then 30%	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

If you take any prescription drugs on an ongoing basis, you can check to see how your prescription will be covered by using the prescription drug checker in the enrollment platform. For CVS Caremark, you can also look up your medications **online**.

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**.	Check with the insurance carrier directly for details. See page 18 for carrier contact information.	

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 **page 18** for carrier contact information 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 (under 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 under 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 page 18 for carrier contact information 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.

Contacts

CARRIER CONTACTS

Medical

AETNA
Available in all states except AK, ID, MT, SD, WY
Before You Are a Member: Learn More, 1-855-496-6289
After You Are a Member: Log In, 1-855-496-6289

ANTHEM
Available in all states
Before You Are a Member: Learn More, 1-844-404-2165
After You Are a Member: Log In, 1-844-404-2165

CIGNA
Available in all states except MN and ND
Before You Are a Member: Learn More, 1-855-694-9638
After You Are a Member: Log In, 1-855-694-9638

DEAN/PREVEA 360
Available in South Central and Northeastern WI
Before You Are a Member: Learn More, 1-877-357-3164
After You Are a Member: Log In, 1-877-357-3164

HEALTH NET
Available in CA (excluding retirees)
Before You Are a Member: Learn More, 1-888-926-1692
After You Are a Member: Log In, 1-888-926-1692

KAISER PERMANENTE
Generally available in CA, CO, DC, GA, MD, OR, VA, WA
Before You Are a Member: Learn More, 1-877-580-6125, 1-855-407-0900 (WA, except southwest WA)
After You Are a Member: Log In, see the applicable phone number on your ID card

MEDICAL MUTUAL
Generally available in OH
Before You Are a Member: Learn More, 1-800-677-8028
After You Are a Member: Log In, 1-800-541-2770

PRIORITY HEALTH
Available in the lower peninsula of MI
Before You Are a Member: Learn More, 1-833-207-3211
After You Are a Member: Log In, 1-833-207-3211

UNITEDHEALTHCARE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-888-297-0878
After You Are a Member: Log In, 1-888-297-0878

UPMC
Generally available in PA
Before You Are a Member: Learn More, 1-844-252-0690
After You Are a Member: Log In, 1-844-252-0690

Dental

AETNA
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-855-496-6289
After You Are a Member: Log In, 1-855-496-6289

CIGNA
Available in all states except MN and ND
Before You Are a Member: Learn More, 1-855-694-9638
After You Are a Member: Log In, 1-855-694-9638

DELTA DENTAL
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-877-881-6084
After You Are a Member: Log In, 1-877-881-6084

METLIFE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-888-309-5526
After You Are a Member: Log In, 1-888-309-5526

UNITEDHEALTHCARE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-888-571-5218
After You Are a Member: Log In, 1-888-571-5218

Vision

EYEMED
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-844-739-9837
After You Are a Member: Log In, 1-844-739-9837

METLIFE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-888-309-5526
After You Are a Member: Log In, 1-888-309-5526

UNITEDHEALTHCARE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-888-571-5218
After You Are a Member: Log In, 1-888-571-5218

VSP VISION CARE
Generally available in all states, but availability in some states may be limited
Before You Are a Member: Learn More, 1-877-478-7559
After You Are a Member: Log In, 1-877-478-7559

SUPPORT FOR YOU

IF YOU NEED HELP WITH...

General benefits and enrollment questions	**Contact the Primo Brands Benefits Service Center.** Log in to the enrollment platform at **worklife.alight.com/PrimoBrands** 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** on the previous page.

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 company reserves the right to change, amend, or discontinue benefits at any time.

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.