

benefits2026

Associate Enrollment Guide

Annual Enrollment is November 3 – 14, 2025.



ACTION REQUIRED!

Make sure you and your family have the coverage you need in 2026.

GET STARTED



Enroll

November 3 – 14

to get the benefits you want for 2026.



IMPORTANT!

Your coverage may not continue in 2026 if you don't enroll. Keep reading to understand actions to take!

It's Time to Choose!

This is your once a year chance to review and choose benefits for the year ahead. If you don't take action, you may not have coverage in 2026, unless you have a qualifying life event, like getting married, welcoming a child, or losing coverage elsewhere.

Legacy Primo Water Associates

Your current benefits end on December 31, 2025, so you must enroll in new benefits if you want coverage in 2026.

If you don't enroll, you will not have medical, dental, vision, or other benefits next year. You also won't be able to contribute to a Health Savings Account (HSA) or Flexible Spending Account (FSA).

Legacy BlueTriton Associates

Your current benefits continue with cost and coverage updates for 2026, and there's a new Bronze Plus medical plan.

Review your current elections to make sure they're still right for you and your family. Choose your HSA and FSA contributions too—those must be reelected every year.

HOW MUCH WILL COVERAGE COST IN 2026?

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 biweekly, your benefit deductions will come out of the first two paychecks every month. In the extra paycheck months, your last paycheck will have no deductions.

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

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.

ENROLLING IS AS EASY AS 1-2-3

1

Learn what's new

All associates will have the same benefit options for 2026. What's changing for you depends on whether you're a legacy Primo Water or legacy BlueTriton Brands associate. See What's Changing at PrimoBrandsBenefits.com.

2

Understand your options

Explore this guide for details about your 2026 benefits and things to consider when making your choices.

3

Enroll November 3 – 14

When you're ready, see How to Enroll at PrimoBrandsBenefits.com.

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

Health Care

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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 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
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

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

- **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 11](#) 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.

TIPS FOR CHOOSING

As you enroll, use the Help Me Choose tool. It's the easiest way 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.

Consider your budget and how you prefer to pay for care.

Do you prefer to pay higher payroll contributions and pay less when you receive care—or lower payroll contributions and pay more when you receive care? Do you want an HSA to help pay current and future health care expenses with tax-free money?



TAKE ACTION!

Compare your options based on your preferences and budget by using the Help Me Choose tool, which is available in the enrollment platform.

Consider your health care needs.

Are you planning on having a baby or an elective procedure that may change your coverage needs next year?



TAKE ACTION!

When you use Help Me Choose, you can answer questions about the types of care you and your family may need next year—and receive recommendations on which plans may be the best match for you.

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.



TAKE ACTION!

Before you enroll, collect the names and addresses of your doctors and other health care providers. That way you'll be ready to enter that information in the Help Me Choose tool in the enrollment platform. You can also use a carrier's provider search tool on their **pre-member website**.

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.



TAKE ACTION!

Before you enroll, see the **Annual Enrollment FAQs** for tips and collect information about your prescription medication (name, dosage, quantity per refill, frequency of refill). That way you'll be ready to enter that information in the Help Me Choose tool in the enrollment platform.

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: **\$3,400**
- Employee + Any Family: **\$6,800**

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: **\$1,700**
- Employee + Any Family: **\$3,400**

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 copy 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

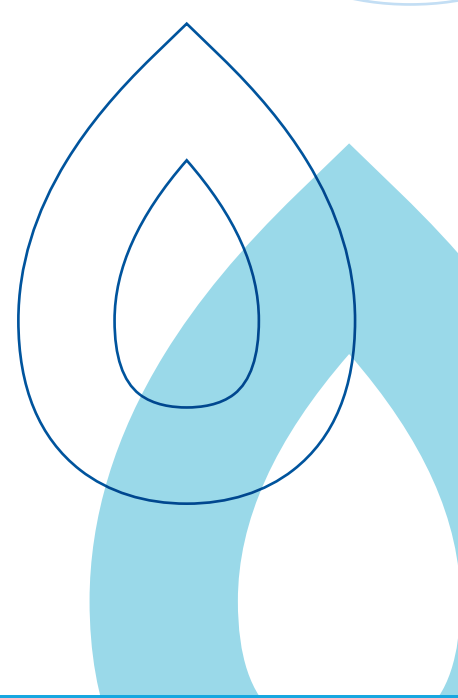
	BRONZE	BRONZE PLUS	SILVER	GOLD	PLATINUM
Preventive Care	Covered 100%, no deductible				
Doctor's Office Visit (primary care)	You pay 25% after deductible			You pay \$25	You pay \$25
Doctor's Office Visit (specialist)	You pay 25% after deductible			\$40	\$40
Emergency Room	You pay 25% after deductible			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. And 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- and out-of-network
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 8](#) 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	GOLD II	PLATINUM
Preventive Care	Covered 100%, no deductible					
Annual Deductible (In-Network)						
Individual	\$3,400	\$2,500	\$1,700	\$800	N/A	N/A
Family	\$6,800	\$5,000	\$3,400 ^{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	\$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

If you take any prescription drugs on an ongoing basis, see the [Annual Enrollment FAQs](#) for steps you should take as you transition to your new coverage.

Who provides your prescription drug coverage?

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

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

THEN: CHOOSE YOUR CARRIER

As you enroll, you'll be able to see the carriers available to you.

- **Available nationwide 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.

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 Annual eye exam only with in-network discounts for eyeglasses	What's Included - Covers in-network and out-of-network - Coverage for an annual eye exam - Allowances for eyeglasses and contact lenses	What's Included - 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

As you enroll, you'll be able to see the carriers available to you.

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

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
2026 IRS Limit	\$4,400	\$8,750	\$4,400	\$8,750
Primo Brands Contribution (funded quarterly)	\$350	\$700	\$0	\$0
Your Contribution (under age 55)	Up to \$4,050	Up to \$8,050	Up to \$4,400	Up to \$8,750
Your Contribution (age 55+)	Up to \$5,050	Up to \$9,050	Up to \$5,400	Up to \$9,750



TAKE ACTION!

Legacy Primo Water associates, you can transfer your HSA funds starting January 1, 2026.

If you currently have an HSA balance, you can transfer your HSA funds from HSA Bank to Optum HSA starting January 1, 2026. If you make the transfer by March 31, 2026, Primo Brands will pay the account closure fee for you by making a contribution to your HSA.

To begin the transfer process, first enroll in an HSA during Annual Enrollment. Then starting January 1, 2026, download the HSA Transfer Form at Optum's [HSA Transfer Support website](#) and follow the instructions on the form to complete the transfer.

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 can earn tax-free interest on your savings once your balance reaches \$1,000.

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

- **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 \$3,300.
- Your entire contribution amount is credited to your account and available to use starting January 1, 2026.

DEPENDENT CARE FSA

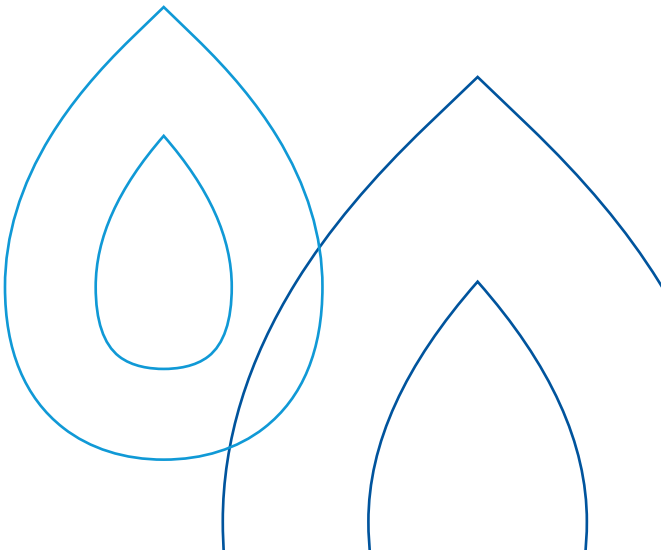
- You can use the Dependent Care FSA eligible day care expenses for a child under age 13 or an adult family member who needs caregiver support—including in-home care, nursery schools, day care centers, before and after-school care programs.
- You can contribute up to \$7,500 (or \$3,750 if you are married 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 qualified 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	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?

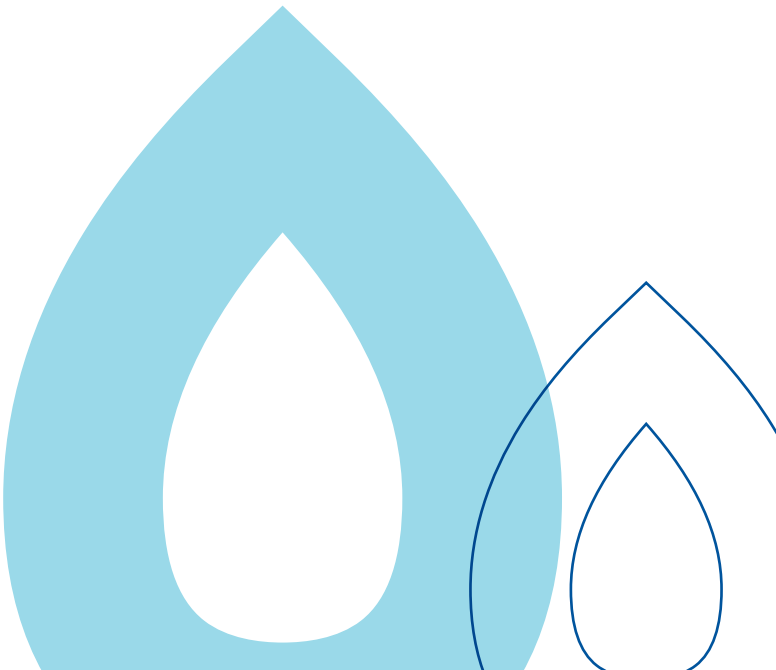
Accident insurance covers sports-related injuries like sprains and breaks.

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)

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

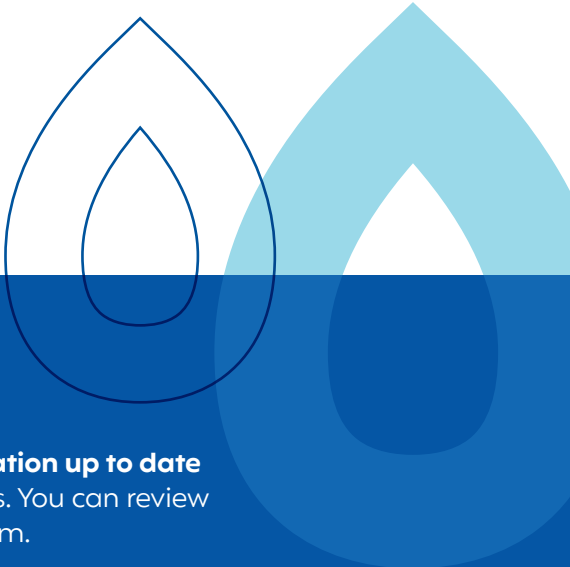
If your family relies on your income for mortgage/rent payments, childcare, or other everyday expenses, supplemental life and AD&D insurance beyond the basic coverage can provide added financial protection for them if the unexpected happens.

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 find your cost for Legal Services and ID Theft Protection when you enroll.

Retirement Savings Plan

Beginning in 2026, all benefits-eligible associates will participate in the **new** Primo Brands Retirement Savings Plan, administered by Empower. There are **enhancements for everyone**, to help make it even easier for you to **save for your retirement and be well financially!**



IMPORTANT!

If you are a legacy BlueTriton associate, our BlueTriton Brands, Inc. 401(k) Savings Plan account will move from Voya to the Primo Brands Retirement Savings Plan at Empower in January 2026. Watch for communications from Empower, with everything you need to know about this transition.

ENHANCEMENTS FOR 2026

- **Increased matching contributions for all associates** — Primo Brands will match 100% of the first 5% you contribute.
- **Faster vesting for all associates** — You'll be 100% vested in company matching contributions after 2 years of service, meaning you own those contributions after 2 years.
- **Refreshed focus on your financial wellbeing** — You'll have access to new education and modern, easy-to-use resources to help you prepare for retirement.

Contribute at least 5% to your 401(k) account in 2026 to receive the full Primo Brands matching contribution!

ADDITIONAL PLAN FEATURES

- You are always 100% vested in your own contributions.
- You can 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 \$23,500.*
- If you are age 50 or older, you may make additional catchup contributions of \$7,500.* If you are age 60-63, you can contribute even more — up to \$12,000 in catchup contributions.* Under a new law, if your income exceeds \$145,000 in 2025, your catchup must be made as Roth after-tax contributions.

* These are 2025 amounts, which the IRS may increase for 2026.



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

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.

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 benefits 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**.

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 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 2026 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.