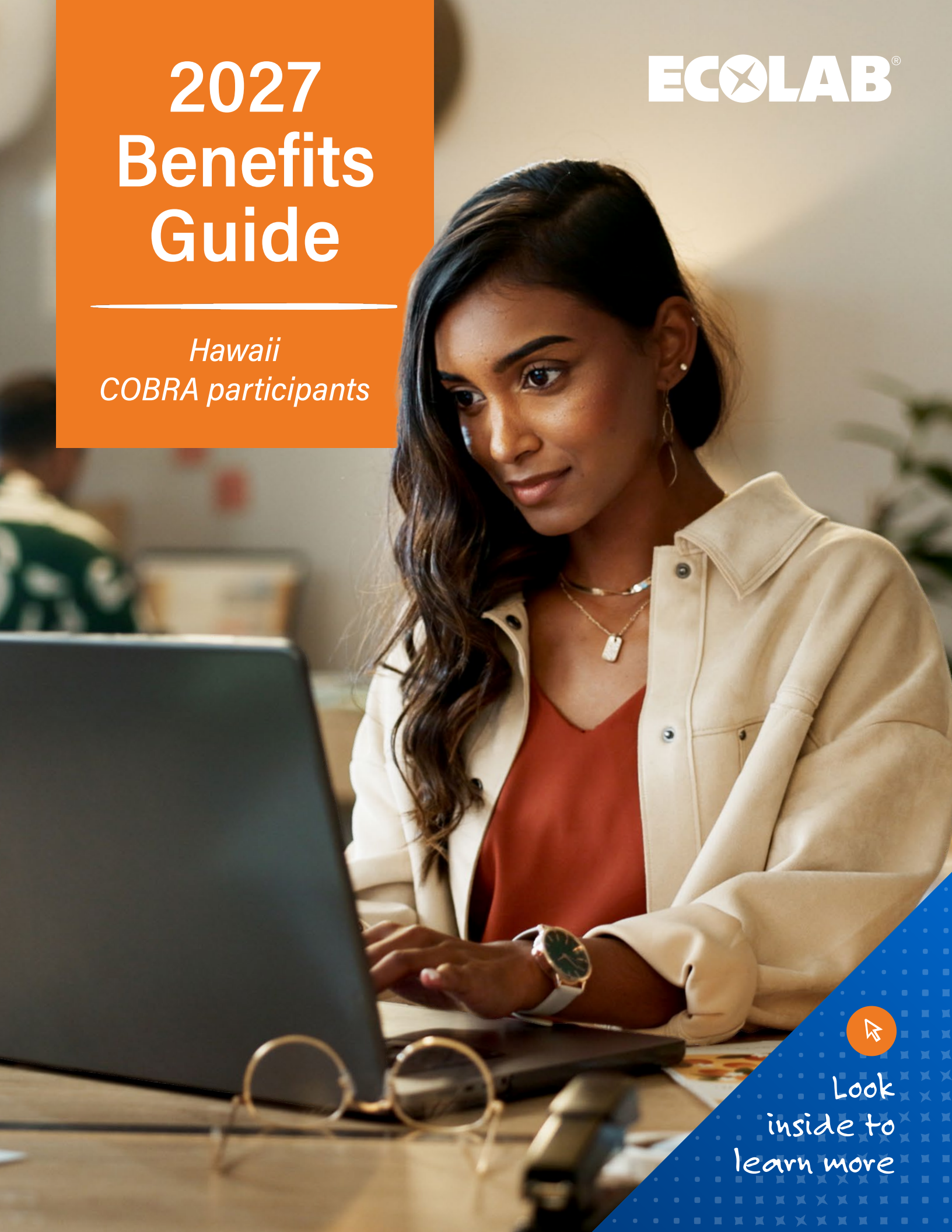
2027 Benefits Guide

Hawaii COBRA participants



Look inside to learn more

Benefits Overview

In this section

› Your 2027 COBRA Benefits
› 2027: Getting Started



Benefits Overview
Medical Plan
Prescription Drug Coverage
Dental Plans
Vision Plan
2027 COBRA Premiums
Employee Assistance Program (EAP)
Contact Information

Use this guide to learn about your Ecolab 2027 COBRA options and choose the benefits that best meet your needs.

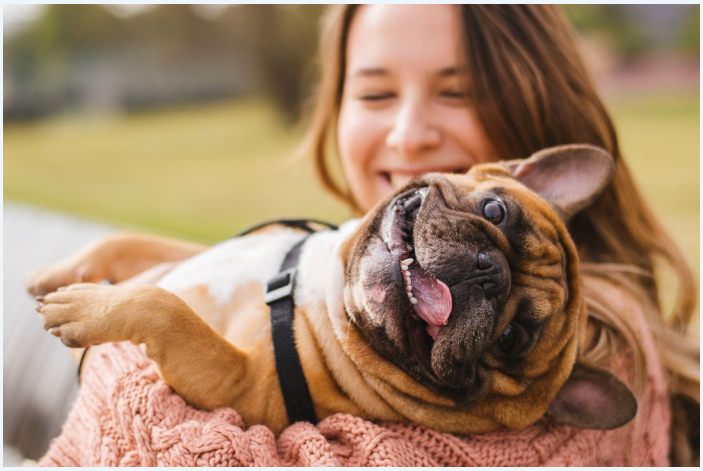


Your 2027 COBRA Benefits

COBRA Open Enrollment

October 26 – November 10, 2026

You are not required to take action during COBRA Open Enrollment unless you wish to make changes to your current benefits. Your 2026 coverage will automatically continue, with the exception of Flexible Spending Accounts (FSAs), which cannot be carried over into a new calendar year under COBRA.



ELIGIBILITY

As a COBRA participant, you are eligible to enroll or make changes to your medical, prescription drug, dental, and/or vision plan elections. You must participate in a benefit plan to enroll your dependents.

Eligible dependents include:

- Your spouse/domestic partner
- Your or your spouse/domestic partner's dependent child(ren), up to age 26
- Your or your spouse/domestic partner's disabled dependent child(ren) over age 26

This guide is designed to provide you with information regarding your COBRA health benefits. For a full description of the plans, please refer to the Summary Plan Descriptions, which can be found at ***thrivepass.com/ecolab-benefit-resources****. To request that a copy be sent to your home or email address, contact ThrivePass, Ecolab's COBRA and retiree health benefits administrator, at* ***1.866.855.2844*** *or* ***COBRA@thrivepass.com****.*



2027: Getting Started

HOW TO ENROLL

If you want to enroll or make changes to your COBRA benefits coverage for 2027, please visit **nexus.thrivepass.com** or contact ThrivePass at **1.866.855.2844** by the deadline provided on your *2027 COBRA Open Enrollment Notice.*

PAYING FOR BENEFITS

Paying for your COBRA benefits coverage is your responsibility. You will receive a monthly invoice from ThrivePass, and you have 30 days from the due date to pay your premium. ***If you do not pay the premium within the 30-day grace period, your COBRA coverage will terminate,*** and you will lose your right to COBRA continuation.

MAKING CHANGES DURING THE YEAR

The IRS limits the changes you can make to your coverage or the dependents you cover during the calendar year. You may not initiate a change during the year unless you have a qualified life event (e.g., a birth, divorce, marriage). You may request to discontinue COBRA coverage at any time. Cancellation of coverage will be processed effective the first of the month following the date on which the request is made.

WHAT TO EXPECT FOR 2027

For 2027, covered services under your core benefits will remain the same. The amount you pay for medical and dental coverage will increase. The annual out-of-pocket maximum for HMSA prescription drug coverage—the most you pay for covered prescriptions during the plan year—will also increase. The copay for an urgent care visit will increase from $12 to $17.

HMSA maternity coverage is expanding. Eligible routine maternity visits, delivery and postpartum visits will be covered at 100%, with no copay. The limit on the number of covered postpartum visits will also be removed.

As health care costs continue to rise, Ecolab remains focused on keeping coverage affordable, equitable and competitive.

Read on to learn more about your medical, prescription, dental, and vision plan options.

Medical Plan

In this section

- How the HMSA Hawaii Plan Works
- Medical Plan Coverage Insured by HMSA



Benefits Overview

Medical Plan

Prescription Drug Coverage

Dental Plans

Vision Plan

2027 COBRA Premiums

Employee Assistance Program (EAP)

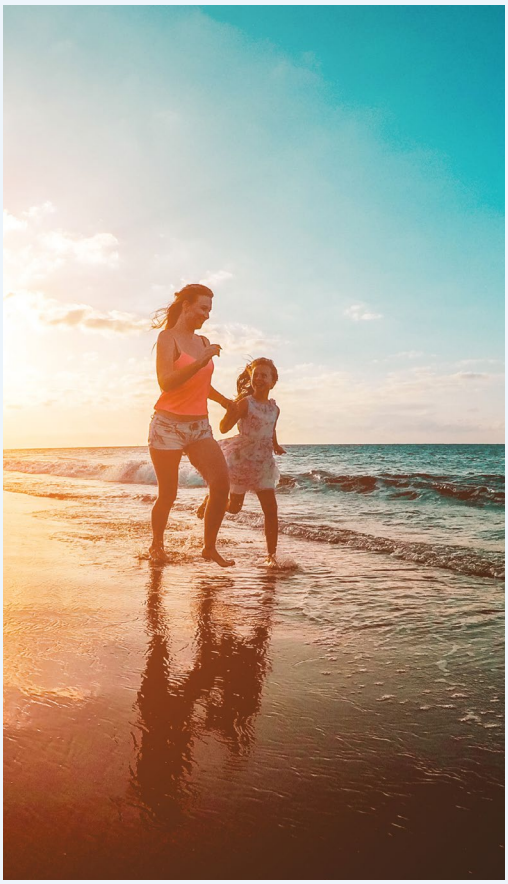
Contact Information

Ecolab offers medical coverage insured by the Hawaii Medical Service Association (HMSA).

The plan offers:

- Preventive care services covered at 100% with no deductible
- Access to a national network of high-quality providers through HMSA
- Prescription drug coverage through HMSA
- Freedom to see the health care provider of your choice with no referral





HOW THE HMSA HAWAII PLAN WORKS

1. In- and out-of-network preventive care is covered at 100%; no deductible or coinsurance applies.

With the exception of prescriptions

2. You pay a copayment for doctor visits. For most other services, you pay the full cost of all nonpreventive care, until you reach your deductible.
3. After you meet your deductible, the plan shares the cost of your nonpreventive care through coinsurance up to the annual out-of-pocket maximum. Doctor visit copayments also apply to your out-of-pocket maximum.
4. When you meet the out-of-pocket maximum, the plan will pay 100% of all covered in- and out-of-network expenses for the remainder of the calendar year.

Learn more about prescription drug coverage.

Medical Plan Coverage Insured by HMSA

	In-network and out-of-network[1]
Preventive care	Plan pays **100%**
Deductible	**$200** per covered member, up to **$600** family maximum
Coinsurance for nonpreventive medical care (i.e., primary care and specialist office visits, urgent care, hospital services, etc.)	Varies by service. Most inpatient hospital stays: Plan pays **80%**/you pay **20%** coinsurance after deductible for facility and surgeon's fees; you pay a **$12** copayment (no deductible) for physician visits – If stay is related to mental health or substance abuse, physician visits are covered at **80%** (no deductible) Most outpatient services: Plan pays **80%**/you pay **20%** coinsurance after deductible for facility and surgeon's fees; you pay a **$12** copayment (no deductible) for physician visits – If stay is related to mental health or substance abuse, the plan pays **100%** of the facility charge and you pay a **$12** copayment (no deductible) for physician visits
Annual copayment maximum	**$2,200** per covered member, up to **$6,600** family maximum
Copayment for nonpreventive medical care (primary care and specialist office visits)	Most office/clinic visits: You pay a **$12** copayment (no deductible) Urgent care: You pay a **$17** copayment (no deductible)
Copayment for emergency care	You pay a **$12** copayment (no deductible) for physician visits You pay **20%** coinsurance after deductible for emergency room and ground or air emergency transportation

[1] When you see a nonparticipating provider, you will owe any copayment that applies to the service plus the difference between HMSA's eligible charge and the provider's actual charge. Also, nonparticipating providers have not agreed to HMSA's payment policies and can bill you for services or other charges that HMSA does not cover. Participating providers agreed not to charge you for these services. These amounts will be included in the nonparticipating provider's actual charge. The difference between the actual charge and the eligible charge that you pay when you get services from a nonparticipating provider does not apply toward meeting the nonparticipating provider annual deductible or the copayment maximum.

Be aware that a participating provider might use an out-of-network provider for some services (e.g., lab work, etc.). Check with your provider before you get services.

For questions or to find an in-network provider, call **1.800.776.4672** or visit hmsa.com.

Prescription Drug Coverage

In this section

- How the Prescription Drug Plans Compare
- Managing Your Medications



Benefits Overview

Medical Plan

Prescription Drug Coverage

Dental Plans

Vision Plan

2027 COBRA Premiums

Employee Assistance Program (EAP)

Contact Information

Prescription drug benefits are included in your medical plan option — there is no need to enroll separately. Your cost for prescription drugs will depend on what type of prescriptions you need: generic, formulary, nonformulary, or specialty drugs. Some preventive prescription drugs are covered at 100% with no deductible.

There is no deductible applicable to prescription drug coverage. However, there is a separate out-of-pocket maximum of **$5,000** per person up to a **$7,500** family maximum that applies.

Prescription Drug Coverage Provided by HMSA

	HMSA participating providers (up to 30-day supply)	HMSA non-participating providers (up to 30-day supply)	HMSA 90-Day Retail Network or Mail Order Prescription Drug Program (up to 90-day supply)
Tier 1: Mostly generic	▪ **$7** copayment per prescription paid by you ▪ Plan pays **100%** for contraceptives in this tier	You pay the entire cost of the drug. HMSA reimburses you **80%** of the remaining eligible charge after deducting a **$7** copayment per drug when you submit the claim.	▪ **$11** copayment per prescription paid by you ▪ Plan pays **100%** for contraceptives in this tier
Tier 2: Preferred formulary (Drugs on the HMSA Essential Prescription Formulary)	**$30** copayment per drug paid by you	**You pay the entire cost of the drug.** HMSA reimburses you **80%** of the remaining eligible charge after deducting a **$30** copayment per drug when you submit the claim.	**$65** copayment per drug paid by you
Tier 3: Nonpreferred formulary drugs (Brand name drug not on the formulary)	**$30** copayment per drug and a **$45** Tier 3 cost share per drug paid by you If you have a qualifying condition that lasts at least 3 months, you may qualify to purchase Tier 3 drugs at the lower Tier 2 copayment. Contact HMSA for more information.	**You pay the entire cost of the drug.** HMSA reimburses you **80%** of the remaining eligible charge after deducting a **$30** copayment and **$45** Tier 3 cost share per drug when you submit the claim.	**$65** copayment per drug and a **$45** Tier 3 cost share per retail drug paid by you for 1-30 day supply.
Tier 4: Preferred formulary specialty drugs (Specialty drugs on the HMSA Essential Prescription Formulary)	**20%** coinsurance, limited to a 30-day supply.	Not covered	N/A

Prescription Drug Coverage Provided by HMSA (Cont.)

	HMSA participating providers (up to 30-day supply)	HMSA non-participating providers (up to 30-day supply)	HMSA 90-Day Retail Network or Mail Order Prescription Drug Program (up to 90-day supply)
Tier 5: Nonpreferred formulary specialty drugs (Specialty drugs not on the formulary)	**25%** coinsurance, limited to a 30-day supply.	Not covered	N/A
Other (For example, some drugs and supplies, like oral chemotherapy drugs, on the preferred formulary, certain contraceptives, and others)	Plan pays **100%** and you pay nothing (in some cases, quantities may be limited).	When you submit a claim from a nonparticipating provider, all or part of the claim may be reimbursed, depending on the drug.	If the drug is available via mail order, the plan pays **100%** and you pay nothing (in some cases, quantities may be limited).

Managing Your Medications

Your prescription drug program through HMSA includes drug utilization management programs.

HMSA 90-DAY RETAIL NETWORK OR MAIL ORDER PRESCRIPTION DRUG PROGRAM

HMSA has contracted with selected providers to make prescription maintenance medications available for pickup or by mail. Specialty Drugs, including Specialty oral chemotherapy drugs, are not available through HMSA's 90-Day Retail Network or Mail Order Prescription Drug Program.

FACTORS AFFECTING PRESCRIPTION COSTS

Drugs are added and removed from the formulary brand list throughout the year, which may impact your cost if your prescription is reclassified. Prescription drug costs are also subject to price changes from the manufacturer.

For more information

If you have a question about the cost of a prescription or to find an in-network provider, call **1.800.776.4672** or visit **hmsa.com**.

Dental Plans



Benefits Overview
Medical Plan
Prescription Drug Coverage
Dental Plans
Vision Plan
2027 COBRA Premiums
Employee Assistance Program (EAP)
Contact Information



Ecolab's dental plans provide the comprehensive coverage necessary to help you and your family maintain good dental health. Ecolab offers two dental plan choices: the Standard Plan and the Premier Plan. The benefit is insured by MetLife.

The Standard Plan doesn't include coverage for child orthodontia, has a lower annual maximum benefit for nonpreventive dental procedures, and has a lower premium. Coverage under the current Standard and Premier Plans will remain unchanged.

You have the flexibility to see any dentist you choose. However, discounted rates are available when you see an in-network dentist. Preventive care such as exams and cleanings is covered at no cost to you. For care beyond preventive, you pay the plan deductible, then both plans have coinsurance where you and the plan share the cost.

DENTAL COVERAGE INSURED BY METLIFE	Standard Dental Plan In- and out-of-network*	Premier Dental Plan In- and out-of-network*
Annual deductible	Associate only: **$50** All other coverage tiers: **$50** per person to a maximum of **$150**	Associate only: **$50** All other coverage tiers: **$50** per person to a maximum of **$150**
Preventive	**100%** (no deductible), 2 exams per year	**100%** (no deductible), 2 exams per year
Diagnostic exam	**100%** (no deductible), 1 exam per year	**100%** (no deductible), 1 exam per year
Basic	**50%** after deductible	**80%** after deductible
Major	**50%** after deductible	**50%** after deductible
Orthodontia	N/A	• For children only • **50%** after deductible • **$2,000** lifetime maximum per child
Annual maximum benefit (excluding orthodontia)	**$1,000** per person	**$1,500** per person

** If you receive dental services from an out-of-network provider, the dental plan will only cover usual, customary, and reasonable (UC&R) charges as determined by MetLife, and based on your geographic area. You will be responsible for any fees in excess of what is considered UC&R charges.*

For more information

For questions or to find a dentist in the MetLife network, call **1.800.942.0854** or visit **mybenefits.metlife.com**.

Vision Plan



Benefits Overview
Medical Plan
Prescription Drug Coverage
Dental Plans
Vision Plan
2027 COBRA Premiums
Employee Assistance Program (EAP)
Contact Information

Ecolab offers coverage to help you pay vision expenses, such as annual exams, eyeglasses (lenses and frames) or contacts. The benefit is insured by EyeMed.

You have the freedom to receive services from any provider. You will, however, receive a greater level of benefit if you use a provider who participates in the EyeMed network. By using a network provider, you may also receive discounts for services otherwise not covered by the vision plan (e.g., sunglasses, laser vision correction).



VISION COVERAGE INSURED BY EYEMED	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam Services		
Eye Exam	**$10** copay	Up to **$45**
Eye Exam at PLUS Providers	**$0** copay for PLUS Providers	Not covered
Retinal Imaging	Up to **$39**	Not covered
Contact Lenses (instead of glasses)		
Contact Lenses	**$0** copay; **15%** off balance over **$200** allowance	Up to **$105**
Contact Lenses at PLUS Providers	**$0** copay; **15%** off balance over **$250** allowance	Up to **$105**
Frames (instead of contacts)		
Frames	**$0** copay; **20%** off balance over **$200** allowance	Up to **$100**
Frames at PLUS Providers	**$0** copay; **20%** off balance over **$250** allowance	Up to **$100**
Standard Plastic Lenses (instead of contacts)		
Standard Single Vision Lenses	**$20** copay	Up to **$30**
Standard Bifocal Lenses	**$20** copay	Up to **$50**
Standard Trifocal/Lenticular Lenses	**$20** copay	Up to **$70**
Standard Progressive	**$20** copay	Up to **$50**
Premium Tier 1-4 Progressive	**$20-$20**	Up to **$50**

For more information

To find a provider in the EyeMed network, visit **EyeMed** (Code: ECOLAB) or call **1.833.918.1259**.

2027 COBRA Premiums



Benefits Overview
Medical Plan
Prescription Drug Coverage
Dental Plans
Vision Plan
2027 COBRA Premiums
Employee Assistance Program (EAP)
Contact Information

	Monthly COBRA Premium
MEDICAL & PRESCRIPTION	
Hawaii Medical Service Association (HMSA)	
Associate Only	$648.25
Associate + Spouse/Domestic Partner	$1,483.79
Associate + Child(ren)	$1,230.73
Family	$2,067.46
DENTAL	
MetLife Standard Dental Plan	
Associate Only	$26.68
Associate + Spouse/Domestic Partner	$56.36
Associate + Child(ren)	$60.12
Family	$91.51
MetLife Premier Dental Plan	
Associate Only	$38.51
Associate + Spouse/Domestic Partner	$81.36
Associate + Child(ren)	$86.76
Family	$132.09
VISION	
EyeMed Vision Plan	
Associate Only	$12.75
Associate + Spouse/Domestic Partner	$18.26
Associate + Child(ren)	$19.26
Family	$30.89



Employee Assistance Program (EAP)



Benefits Overview
Medical Plan
Prescription Drug Coverage
Dental Plans
Vision Plan
2027 COBRA Premiums
Employee Assistance Program (EAP)
Contact Information

The Employee Assistance Program (EAP) can help with navigating through big events in your life, but it's also there to help find solutions to more routine tasks.

- Provided for you and your family members at no cost
- You do not need to be enrolled in the Ecolab medical plan
- EAP advocates are available anytime, day or night, to answer your questions, direct you to valuable resources, and connect you with a mental health professional, if necessary. You can also access a concierge service to help you to make connections and schedule related appointments



These services are free and confidential and include:

- **Counseling:** receive phone consultations and five virtual or in-person sessions with a licensed mental health professional on the Cigna Behavioral Health network, all at no cost to you
  - An EAP network of more than 120,000 providers, including over 60,000 that offer virtual services
  - Condition-specific support for autism, substance abuse disorders, depression, anxiety, stress, eating disorders, and more
  - Immediate 24/7 access to self-paced programs available online or via mobile app
- **Child care referrals:** day care centers and homes, preschool programs, nannies, prenatal classes, and more
- **Eldercare:** onsite assessment of the elder's own living environment, assess possible housing options such as assisted living, and more
- **Pet care:** find a veterinarian, pet sitter, obedience training location, or pet insurance
- **Identity theft support:** two 30-minute consultations with a fraud resolution specialist
- **Legal assistance:** two 30-minute consultations and up to 25% discount on select fees*
- **Financial management:** two 30-minute consultations
- And more!

** Legal consultations and discounts are not eligible for employment-related issues.*

For more information

Learn more about how the Employee Assistance Program (EAP) can help. Visit **myCigna.com** (employer ID: Ecolab), download the myCigna® app, or call **1.800.900.3791**.

Contact Information



Ecolab's COBRA administrator, ThrivePass, is available to answer enrollment questions:

1.866.855.2844

Monday - Thursday 7:30 a.m. – 5:30 p.m. Central Time;
Friday 7:30 a.m. – 5:00 p.m. Central Time

nexus.thrivepass.com | COBRA@thrivepass.com

Please contact the providers below directly for claims or coverage information.

	Vendor	Phone	Web Address	Mobile Apps*
Dental	MetLife	**1.800.942.0854**	**mybenefits.metlife.com**	
Employee Assistance Program	Confide	**1.800.900.3791**	**myCigna.com** (Enter employer ID: Ecolab)	
Medical and Prescription Drug	HMSA	**1.800.776.4672**	**hmsa.com**	
Summary Plan Descriptions	ThrivePass	**1.866.855.2844**	**thrivepass.com/ecolab-benefit-resources**	No app available
Vision	EyeMed	**1.833.918.1259**	**member.eyemedvisioncare.com/ecolab**	

**You can easily access the apps by searching in the Apple® App Store® or Google Play® store.*

This guide is a summary of the Ecolab U.S. benefits program. It highlights the main provisions of your benefit plans, which are subject to the terms of the official Plan Documents and insurance policies and may be modified from time to time. A more complete summary of all benefit plans is provided in the Summary Plan Descriptions required by law. Where this summary and the official Plan Documents vary, the official Plan Documents are the final authority. This guide (nor its related documents) is not a guarantee of benefits. Ecolab reserves the right to amend or discontinue the plans or reduce, suspend, or discontinue future contributions or benefits at any time.