2027 Monthly Benefit Rates

Active Employee and COBRA Plans

Medical & Prescription	Employee Rate	Ecolab Employer Contribution	Total Monthly Premium	Bi-Weekly (26 pays)	Weekly (52 pays)	Total Monthly COBRA Premium
Cigna Health Savings Plan with CVS Caremark Prescription						
Monthly Employee Payroll Contributions: Annual Pay < $70K*						
Employee Only	$191.00	$658.98	$849.98	$88.15	$44.08	$866.98
Emp + Spouse	$403.00	$1,381.96	$1,784.96	$186.00	$93.00	$1,820.66
Emp + Child(ren)	$309.00	$1,305.97	$1,614.97	$142.62	$71.31	$1,647.27
Family	$557.00	$2,077.93	$2,634.93	$257.08	$128.54	$2,687.63
Monthly Employee Payroll Contributions: Annual Pay $70K-$130K*						
Employee Only	$214.00	$635.98	$849.98	$98.77	$49.38	$866.98
Emp + Spouse	$449.00	$1,335.96	$1,784.96	$207.23	$103.62	$1,820.66
Emp + Child(ren)	$348.00	$1,266.97	$1,614.97	$160.62	$80.31	$1,647.27
Family	$621.00	$2,013.93	$2,634.93	$286.62	$143.31	$2,687.63
Monthly Employee Payroll Contributions: Annual Pay > $130K*						
Employee Only	$235.00	$614.98	$849.98	$108.46	$54.23	$866.98
Emp + Spouse	$491.00	$1,293.96	$1,784.96	$226.62	$113.31	$1,820.66
Emp + Child(ren)	$386.00	$1,228.97	$1,614.97	$178.15	$89.08	$1,647.27
Family	$681.00	$1,953.93	$2,634.93	$314.31	$157.15	$2,687.63
Cigna Traditional Plan with CVS Caremark Prescription						
Monthly Employee Payroll Contributions: Annual Pay < $70K*						
Employee Only	$271.00	$640.88	$911.88	$125.08	$62.54	$930.12
Emp + Spouse	$565.00	$1,349.93	$1,914.93	$260.77	$130.38	$1,953.23
Emp + Child(ren)	$467.00	$1,265.53	$1,732.53	$215.54	$107.77	$1,767.18
Family	$783.00	$2,043.79	$2,826.79	$361.38	$180.69	$2,883.33
Monthly Employee Payroll Contributions: Annual Pay $70K-$130K*						
Employee Only	$297.00	$614.88	$911.88	$137.08	$68.54	$930.12
Emp + Spouse	$618.00	$1,296.93	$1,914.93	$285.23	$142.62	$1,953.23
Emp + Child(ren)	$514.00	$1,218.53	$1,732.53	$237.23	$118.62	$1,767.18
Family	$857.00	$1,969.79	$2,826.79	$395.54	$197.77	$2,883.33
Monthly Employee Payroll Contributions: Annual Pay > $130K*						
Employee Only	$320.00	$591.88	$911.88	$147.69	$73.85	$930.12
Emp + Spouse	$663.00	$1,251.93	$1,914.93	$306.00	$153.00	$1,953.23
Emp + Child(ren)	$557.00	$1,175.53	$1,732.53	$257.08	$128.54	$1,767.18
Family	$924.00	$1,902.79	$2,826.79	$426.46	$213.23	$2,883.33

Dental	Employee Rate	Ecolab Employer Contribution	Total Monthly Premium	Bi-Weekly (26 pays)	Weekly (52 pays)	Total Monthly COBRA Premium
MetLife Dental - Standard Plan						
Employee Only	$16.00	$10.16	$26.16	$7.38	$3.69	$26.68
Emp + Spouse	$33.00	$22.25	$55.25	$15.23	$7.62	$56.36
Emp + Child(ren)	$35.00	$23.94	$58.94	$16.15	$8.08	$60.12
Family	$54.00	$35.72	$89.72	$24.92	$12.46	$91.51
MetLife Dental - Premier Plan						
Employee Only	$23.00	$14.75	$37.75	$10.62	$5.31	$38.51
Emp + Spouse	$48.00	$31.76	$79.76	$22.15	$11.08	$81.36
Emp + Child(ren)	$51.00	$34.06	$85.06	$23.54	$11.77	$86.76
Family	$78.00	$51.50	$129.50	$36.00	$18.00	$132.09

Vision	Employee Rate	Ecolab Employer Contribution	Total Monthly Premium	Bi-Weekly (26 pays)	Weekly (52 pays)	Total Monthly COBRA Premium
EyeMed Vision Plan						
Employee Only	$12.50	$0.00	$12.50	$5.77	$2.88	$12.75
Emp + Spouse	$17.90	$0.00	$17.90	$8.26	$4.13	$18.26
Emp + Child(ren)	$18.88	$0.00	$18.88	$8.71	$4.36	$19.26
Family	$30.28	$0.00	$30.28	$13.98	$6.99	$30.89

Rates highlighted in yellow indicate amounts to be paid by the Ecolab Employee while actively employed

COBRA rates apply to Employees choosing to continue coverage following the end of employment with Ecolab

Pre-65 Post Retirement Benefits Plan

Coverage Tier	Medical/Rx Monthly Premium Cost	Dental Monthly Premium Cost	Vision Monthly Premium Cost
Retiree Only	$1,148.00	$37.75	$12.50
Retiree + Spouse	$2,295.00	$79.76	$17.90
Retiree + Child(ren)	$2,180.00	$85.06	$18.88
Family	$3,328.00	$129.50	$30.28

If you retire after you reach age 55 with at least 10 years of service or are age 62 at retirement, you will be eligible to participate in the Post Retirement Benefits Plan (PRBP). If you elect coverage under PRBP, you pay the full cost of your premiums unless you qualify for a Grandfathered premium subsidy. [Please refer to the Summary Plan Description for further information on whether you qualify for a Grandfathered premium subsidy.]

If you qualify for a Grandfathered subsidy, you may contact the Ecolab Pension Center at **1-877-854-6541** or visit the *My Benefits* portal at **mybenefits.us.ecolab.com** and click on the *Your Pension Resources Portal* link under *My Carrier Accounts*.

Benefits for eligible post-65 retirees are available through Via Benefits. Information can be found at **www.my.viabenefits.com/ecolab** or by calling **1-866-202-9731**.

**Annual pay is based on your eligible earnings paid during the 2024 calendar year, including base salary, eligible overtime pay, shift differential premium, commissions, annual incentive bonuses paid in the form of cash(but not long-term incentive bonuses), vacation pay and personal leave. If you were hired after January 1, 2024, your annual pay on the date of hire in Workday will be used to determine your monthly premium amount.*