

Annual Compliance Notices – Absopure Water Co. et. Al. Health Plan

HIPPA- Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact your local Talent Management Department.

HIPAA- Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed, as well as how you can get access to this information due to the fact that you may be enrolled in the Absopure Water Co., Et Al Health Plan (to be referred to from this point as "Health Plan"). Please review this Notice carefully.

The Health Plan is committed to protecting the confidentiality of any health information we collect about you. This Notice describes how the Health Plan may use and disclose your "protected health information" (PHI) - including genetic information. PHI is any information created or received by a health care provider, health plan, employer or health care clearinghouse that relates to your past, present or future physical or mental health or condition, or provision of or payment for health care. PHI is information that identifies the individual or may reasonably be used to identify the individual.

Employees of the plan sponsor who administer and manage this Health Plan may use your PHI only for appropriate plan purposes (such as for payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes of the plan sponsor. These people must comply with the same requirements that apply to the Health Plan to protect the confidentiality of PHI.

The Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to you. Additionally, the Health Plan is required by law to:

- maintain the privacy of your "protected health information" (PHI), and
- provide you with a Privacy Notice of its legal duties and privacy practices with respect to your PHI, and
- follow the terms of its Privacy Notice that is currently in effect.

If you have questions about any part of this Privacy Notice or if you want more information about the privacy practices of the Health Plan, please contact the Privacy Officer listed at the end of this Notice.

Uses and Disclosures of Protected Health Information (PHI)

The Health Plan is permitted by law to use and disclose your PHI in certain ways. These are described below. This Notice does not list every permitted use or disclosure the Health Plan may make.

- **Treatment Purposes:** The Health Plan may disclose PHI to a health care provider for the health care provider's treatment purposes, although it is more likely a health care provider would receive your PHI from another health care provider than from the Health Plan.
- **Payment Purposes:** The Health Plan may use your PHI to evaluate and process any requests for coverage and

claims for benefits you make, and may review PHI included with claims to reimburse providers for treatment and services rendered. Additionally, the Health Plan may disclose PHI to another group health plan or to a health care provider for payment purposes.

- **Health Care Operations Purposes:** The Health Plan may use PHI for its own health care operations and may disclose PHI to another group health plan, a health care provider, a medical group or a hospital for the health care operations purposes of this Health Plan or other entities.
- **To a Business Associate of the Health Plan:** The Health Plan may disclose PHI to a Business Associate (BA) of the Health Plan, if a valid Business Associate Agreement is in place between the Business Associate and the Health Plan. A Business Associate is an entity that performs a function on behalf of the Health Plan and that uses PHI in doing so, or provides services to the Health Plan such as legal, actuarial, accounting, consulting or administrative services.
- **To the Health Plan Sponsor:** The Health Plan may disclose PHI to the Plan Sponsor if the sponsor has amended its plan document as required by the Privacy Rule, certified to the Health Plan as required by the Privacy Rule, and established certain safeguards and firewalls to limit the classes of employees who will have access to PHI and to limit the use of PHI to plan purposes and not for non-permissible purposes. Any disclosures to the Plan Sponsor must be for purposes of administering Health Plan. The plan may also disclose enrollment & disenrollment information to the plan sponsor, for enrollment or disenrollment purposes only, and may disclose “summary health information” to the Plan Sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.
- **Where Required by Law or Requested as Part of a Regulatory or Legal Proceeding:** Health Plan may disclose PHI as required by law or when requested as part of a regulatory or legal proceeding.
- **For Public Health Activities or to avert a Serious Threat to Health or Safety:** The Health Plan may disclose PHI to public health authorities for purposes such as preventing or controlling diseases, injury or disability; reporting abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration on products and reactions to medications; and reporting disease or infection exposure.
- **For Law Enforcement or Specific Government Functions:** The Health Plan may disclose PHI to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes.
- **Other uses and disclosures will be made only with your written authorization or that of your legal representative, and you may revoke such authorization as provided by section 164.508(b)(5) of the Privacy Rule. Any disclosures that were made when your Authorization was in effect will not be taken back.**

Compliance with HIPAA Electronic Security Standards

Under the Security Standards for the Protection of Electronic Protected Health Information (45 CFR Part 164.300 et. seq., the “Security Standards”), your employer agrees to the following:

- To implement reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of Electronic Protected Health Information that the Employer creates, maintains or transmits on behalf of the Health Plan. Electronic Protected Health Information shall have the same definition as set out in the Security Standards, but generally shall mean Protected Health Information that is transmitted by or maintained in electronic media.
- To ensure that any agent or subcontractor to who it provides Electronic Protected Health Information shall

agree, in writing, to implement reasonable and appropriate security measures to protect the Electronic Protected Health Information.

- To ensure reasonable and appropriate security measures are implemented to comply with the conditions and requirements set forth.

Your Rights Regarding Your PHI

You have the following rights with respect to your PHI. To submit one of the requests listed below, you must submit a written request to the Corporate Benefits Manager, PO Box 2500C, Plymouth, MI, 48170.

- The right to inspect and copy PHI, as provided by section 164.524 of the Privacy regulations.
- The right to request restrictions on certain uses and disclosures of PHI, as provided by section 164.522(a) of the Privacy regulations (although the Group Health Plan is not required to agree to a requested restriction).
- The right to receive confidential communications of PHI, if you believe Health Plan's usual method of communicating PHI may endanger you, as provided by section 164.522(b) of the Privacy regulations.
- The right to amend PHI you feel is incorrect, as provided by section 164.526 of the Privacy regulations.
- The right to receive an accounting of disclosures we have made of your PHI, as provided by section 164.528 of the Privacy regulations. We are not required to, and we will not, account for disclosures made for treatment, payment or health care operations, national security, law enforcement or to corrections personnel, pursuant to your Authorization, or to you. Note that we will not account for disclosures made more than six years prior to your request, nor for disclosures made before HIPAA became effective for Health Plan [April 14, 2003]. We will provide one accounting of disclosures free of charge once every twelve months.
- The right to file a complaint if you feel your privacy rights have been violated.
- The right to receive a paper copy of this Notice of Privacy Practices upon request.

The Health Plan's Responsibilities Regarding Your PHI

The Health Plan is a "covered entity" (CE) and has responsibilities under HIPAA regarding use and disclosure of PHI. The Health Plan has a legal obligation to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. The Health Plan is required to abide by the terms of the current Notice of Privacy Practices (the "Notice"). The Health Plan reserves the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Health Plan maintains, even PHI obtained prior to the effective date of the revisions. If the Health Plan revises its Notice, it will notify you of these changes by a payroll insert or first class mailing to your home address.

The Group Health Plan's Grievance Procedures

If you believe your PHI has been impermissibly used or disclosed, or that your privacy rights have been violated in any way, you may file a complaint with the Health Plan or with the Secretary of Health and Human Services (HHS). To file a complaint, you must submit it in writing to Corporate Benefits Manager, PO Box 2500C, Plymouth, MI, 48170. You will not be retaliated against for filing a complaint. Additionally, you can file a complaint with the Secretary of HHS at the following addresses: www.hhs.gov/ocr or Department of Health and Human Services, The Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201

Medicare Part D Creditable Coverage Notice

This notice has information about your current prescription drug coverage with the Absopure Water Co., Et Al Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Absopure Water Co., Et Al has determined that the prescription drug coverage offered by the Absopure Water Co., Et Al Health Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Absopure Water Co., Et Al coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Absopure Water Co., Et Al coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Absopure Water Co., Et Al and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage:

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Absopure Water Co., Et Al changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 30, 2025
Name of Entity/Sender:	Plastipak Packaging, Plan Administrator
Contact:	Corporate Benefits
Address:	41605 Ann Arbor Road Plymouth, MI 48170
Phone Number:	(734) 354-7294

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com HIBI Customer Service: 1-855-692-6442	
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/healthinsurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-partyliability/childrens-health-insurance-program-reauthorizationact-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaida-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	LOUISIANA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid	MISSOURI – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-andfamilies/health-care/health-care-programs/programs-andservices/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPPProgram.aspx Phone: 1-800-692-7462 CHIP Website: https://www.pa.gov/en/agencies/dhs/resources/chip.html CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premiumassistance/famis-select https://coverva.dmas.virginia.gov/learn/premiumassistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms http://mywvhipp.com Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-andeligibility Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Wellness Program Notice

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all associates. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Talent Management if you have any questions about the wellness program, or available reasonable alternative for the incentive.

The your journeySM wellness program is a voluntary wellness program available to all associates. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a biometric screening, which will include a blood test for HDL/LDL/total cholesterol, glucose, A1c, triglycerides, blood pressure, cotinine, prostate-specific antigen (males 40+), and waist circumference. You are not required to participate in the biometric screening.

However, associates who choose to participate in the wellness screening will receive an incentive of \$390 for participating and receiving a negative cotinine result. Although you are not required to complete the biometric screening, only associates and covered spouses who do so will receive the incentive.

If you are unable to achieve the health outcome required to earn an incentive (i.e., negative cotinine result), you have access to a reasonable alternative. You can complete the reasonable alternative by completing 5 calls with a Quit coach through the Quit for Life program (866) 784-8454, or www.quitnow.net.

The information from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to communicate programs available to you through the wellness program, such as the Quit for Life tobacco cessation, WW weight management, Livongo diabetes management, and Hinge Health MSK programs. You are encouraged to share your biometric results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and employer may use aggregate information it collects to design a program based on identified health risks in the workplace, the third party administrator (Quest Diagnostics) will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

All medical information will be electronically secured and encrypted by the biometric screening third party administrator (Quest Diagnostics). Additionally, appropriate processes will be followed to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, you will be notified immediately.

You may not be discriminated against in employment because of the biometric results from participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, please contact your local Talent Management.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, please reference your plan's benefits summary to know what deductible and coinsurance amounts apply. If you would like more information on WHCRA benefits, call your plan administrator at (734) 354-7294.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Internal Claims/Appeals and External Review Notice

Under the Affordable Care Act, you have the right to appeal a health insurance company's decision to deny payment for a claim or to terminate your health coverage. The following rules for appeals apply to health plans created after March 23, 2010. You can appeal your insurance company's decision through an internal appeal, in which you ask your insurance company to do a full and fair review of its decision. When your insurance company receives your request, it is required to review and explain its decision. The insurance company must also let you know how you can disagree with its decision. It is required to start and complete the process in a timely manner. If your insurance company still denies payment or coverage, the law permits you to have an independent third party decide to uphold or overturn the plan's decision. This final process is often referred to as an external review.

SUMMARY ANNUAL REPORT
For Absopure Water Company Group Life Insurance Plan

This is a summary of the annual report for the Absopure Water Company Group Life Insurance Plan, (Employer Identification No. 38-2418014, Plan No. 501) for the period January 1, 2024 to December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Lincoln National Life Insurance Company to pay all Life, Disability, AD&D and Voluntary coverage claims incurred under the terms of the plan. The total premiums paid for the plan year beginning January 1, 2024 and ending December 31, 2024 were \$2,837,884.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carrier.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor:

Plastipak Packaging, Inc. – Plan Administrator
Attn: Corporate Benefits
41605 Ann Arbor Road
Plymouth, MI 48170
38-2418126 (Employer Identification Number)
734-455-3600

The charge to cover copying costs will be \$2.00 for the full report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

For Absopure Water Company Et. Al. Health Insurance Plan

This is a summary of the annual report for the Absopure Water Company Et. Al. Health Insurance Plan, (Employer Identification No. 38-2418014, Plan No. 502) for the period January 1, 2024 to December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Absopure Company has committed itself to pay the following types of claims incurred under the terms of the plan: Certain Health, Dental, Vision, and Rx Claims.

INSURANCE INFORMATION

The plan has contracts with Aetna Life Insurance Company, CIGNA, BCBS-LA, HAMP and Lincoln National Life Insurance Company to pay the following types of claims incurred under the terms of the plan: certain health (including dental and vision) and Rx above stop-loss limit claims, plus insured Travel Abroad, Hospital Indemnity, Critical Illness and Accident claims. The total premiums paid for the plan year beginning January 1, 2024 and ending December 31, 2024 were \$3,860,156.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carrier.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator.

The charge to cover copying costs will be \$2.00 for the full report, or \$0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

Plastipak Packaging, Inc. – Plan Administrator
Attn: Corporate Benefits
41605 Ann Arbor Road
Plymouth, MI 48170
38-2418126 (Employer Identification Number)
734-455-3600

and at the U.S. Department of Labor in Washington, D.C, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

For Absopure Water Company Et. Al. Employee Assistance Plan

This is a summary of the annual report for the Absopure Water Company Et. Al. Employee Assistance Plan, (Employer Identification No. 38-2418014, Plan No. 503) for the period January 1, 2024 to December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Absopure Company has committed itself to pay the following types of claims incurred under the terms of the plan: All Employee Assistance Program claims.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator:

Plastipak Packaging, Inc. – Plan Administrator
Attn: Corporate Benefits
41605 Ann Arbor Road
Plymouth, MI 48170
38-2418126 (Employer Identification Number)
734-455-3600

The charge to cover copying costs will be \$1.00 for the full report.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan and at the U.S. Department of Labor in Washington, D.C, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

SUMMARY ANNUAL REPORT

For Absopure Water Company Et. Al. Mental Health Plan

This is a summary of the annual report for the Absopure Water Company Et. Al. Mental Health Plan, (Employer Identification No. 38-2418014, Plan No. 504) for the period January 1, 2024 to December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Absopure Company has committed itself to pay the following types of claims incurred under the terms of the plan: All Mental Health Care Lyra claims.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Administrator:

Plastipak Packaging, Inc. – Plan Administrator
Attn: Corporate Benefits
41605 Ann Arbor Road
Plymouth, MI 48170
38-2418014 (Employer Identification Number)
734-455-3600

The charge to cover copying costs will be \$1.00 for the full report, or \$0 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan and at the U.S. Department of Labor in Washington, D.C, or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to the collection of information unless it displays a currently valid OMB control number. See 44 U.S.C.3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

Employer Name:	Plastipak Packaging, Inc. Absopure Water Co. Whiteline Express LTD Waters of America LLC
Employer State of Situs:	Headquartered in Illinois with employees located across the United States including Illinois
Name of Issuer:	Plastipak Packaging, Inc., Absopure Water Co., Whiteline Express LTD and Waters of America LLC self-funded plan
Plan Marketing Name:	Absopure Water Co., et. al., Welfare Plan
Plan Year:	The fiscal year of the plan is January 1 through December 31.
Benefit Year:	Cost sharing (deductibles, copayments & coinsurance) begins January 1 and runs through December 31 of each year.

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit Under The Following Plan Options?		
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	PPO Plan	PPO HSP1	PPO HDHP
1	Accidental Injury -- Dental	Ambulatory	Pgs. 10 & 17	Yes	Yes	Yes
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Yes	Yes	Yes
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	No	No	No
4	Durable Medical Equipment	Ambulatory	Pg. 13	Yes	Yes	Yes
5	Hospice	Ambulatory	Pg. 28	Yes	Yes	Yes

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit Under The Following Plan Options?		
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	PPO Plan	PPO HSP1	PPO HDHP
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	No	No	No
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Yes	Yes	Yes
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Yes	Yes	Yes
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	No	No	No
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Yes	Yes	Yes
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Yes	Yes	Yes
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	No	No	No
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Yes	Yes	Yes
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Yes	Yes	Yes
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	No	No	No
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	Yes	Yes	Yes
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Yes	Yes	Yes
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Yes	Yes	Yes
19	Skilled Nursing Facility	Hospitalization	Pg. 21	Yes	Yes	Yes
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	Yes	Yes	Yes
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Yes	Yes	Yes
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Yes	Yes	Yes
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Yes	Yes	Yes
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Yes	Yes	Yes
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Yes	Yes	Yes

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered Benefit Under The Following Plan Options?		
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	PPO Plan	PPO HSP1	PPO HDHP
26	Tele-Psychiatry	MH/SUD	Pg. 11	Yes	Yes	Yes
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	Yes	Yes	Yes
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	No	No	No
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	No	No	No
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Yes	Yes	Yes
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	Yes	Yes	Yes
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes	Yes
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	Yes	Yes	Yes
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	Yes	Yes	Yes
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	Yes	Yes	Yes
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	Yes	Yes	Yes
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	Yes	Yes	Yes
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	Yes	Yes	Yes
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	Yes	Yes	Yes
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	Yes	Yes	Yes
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	Yes	Yes	Yes
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	Yes	Yes	Yes
Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person. For the purpose of this disclosure: The term "Covered" means benefits are available based on plan terms, such as cost sharing requirements, preauthorization and other plan provisions and limitations.						