FAQs

If you have a specific question, see if it's in the list below and click on the link to be taken directly to the answer you're looking for. Otherwise, feel free to browse and scan the FAQs at your own pace.

The Aon Active Health Exchange™ **1**

1. What is an exchange? 1
2. Is Aon's exchange sponsored by the government? 1
3. What are the advantages of the exchange? 1
4. Where can I get more information? 2

Enrollment **3**

5. What will I need to do? 3
6. What else do I need to know about enrollment? 3
7. How do I create my user ID and password for the enrollment website? 3
8. How do I reset my password for the enrollment website? 4

My Options **4**

9. What are my options for medical and prescription drug coverage? 4
10. What happens if I enroll in a Bronze or Silver medical option and have expenses early in the plan year? 4
11. I live in California. How are my medical options different? 4
12. Will I be able to use the same providers as I do today? 5
13. Why should I use in-network providers? 5
14. How should I choose a medical insurance carrier if my dependents and I live in different states? 5
15. How do I decide which medical option is right for me? 5
16. Will pre-existing conditions be covered? 6
17. How will my prescription drugs be covered? 6
18. What is "prior review" and when is it required? 6
19. Will I have separate medical and prescription drug ID cards? 7
20. What do I need to know about dental networks? 7
21. What do I need to know about vision networks? 7
22. What other benefit options are available to me through the exchange? 8
23. What else is available to me through the exchange? 8
24. Does BlueTriton offer pet insurance? 8

Paying for Coverage **9**

25. When will I find out the cost of coverage? 9
26. Do I get to keep the BlueTriton Employer Contribution if I don't enroll in coverage? 9
27. What's a deductible and how does it work? 9
28. What's an out-of-pocket maximum and how does it work? 10

29. Are there additional costs I need to be aware of? 10
30. What's a Health Savings Account (HSA)? 10
31. Why would I want to use an HSA? 11
32. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)? 11
33. Can I enroll in both an HSA and a Health Care FSA? 12
34. Why would I want to use both an HSA and a limited purpose Health Care FSA? 12
35. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA? 12
36. Can I contribute to an HSA? 12
37. Who will be my HSA administrator? 12
38. What do I need to know about covering my dependents? 13
39. Who will be my Health Care FSA administrator? 13

The BlueTriton Brands 401(k) Savings Plan 13

40. What is the eligibility for New Hires under the BlueTriton Brands 401(k) plan? 13
41. What happens if I do nothing? 13
42. How do I submit my beneficiaries? And where do I go to do this? 13
43. How do I check and/or update my personal information such as my address, email or phone number? 14
44. I lost my PIN. How do I get a new one? 14
45. If I contribute the maximum allowed by law to the 401(k) Plan, what happens? 14
46. Can I make changes to my investments or how much I'm contributing to the BlueTriton Brands 401(k) Savings Plan after the initial decision? Can changes be made at any time? 14
47. What is the vesting period for Employer contributions to the BlueTriton Brands 401(k) plan? 14
48. Can I open a new loan under the new BlueTriton Brands 401(k) Savings Plan through Voya? 14
49. Does the 401(k) match apply to my overtime, annual short-term bonus, etc.? 14
50. Where can I find additional plan details? 14

The Aon Active Health Exchange™

1. What is an exchange?

An exchange is a way for you to get medical, dental, vision, and other coverage. It is an online insurance marketplace where buyers like you can shop for coverage from multiple health insurance carriers who are competing for your business. An exchange merges the best of both worlds: group rates with more individual choice and price competitiveness that comes from free-market competition.

The Aon Active Health Exchange is America's first national, large-employer, multi-insurance carrier exchange. Its website is easy to navigate and, just like other online stores, you'll be able to see all your options and sort by the features that are most important to you. By the time you complete your enrollment, you should feel confident that you've selected the right coverage options for your circumstances and budget.

2. Is Aon's exchange sponsored by the government?

No. The Aon Active Health Exchange is a **private** exchange. It is unrelated to the government-run state and federal health insurance exchanges, or marketplaces. It does, however, provide benefits consistent with the law and guarantees coverage for those eligible, regardless of pre-existing conditions.

3. What are the advantages of the exchange?

The medical and prescription drug, dental, and vision benefits available through the exchange offer you:

- **Lots of choices.** Traditionally, you got to choose from the health plan options offered by the company. However, through the exchange, you're able to choose from several coverage levels, a variety of insurance carriers, and a range of costs. As a result, you have more **control** over your health care coverage and costs—putting **you** in charge and responsible for getting the best coverage for your individual needs and budget.
- **Competitive pricing.** The insurance carriers are competing for your business. So, it's in their best interests to offer their best prices. In addition, BlueTriton will provide an Employer Contribution to use toward the cost of your medical, dental, and vision coverage (a minimum payroll deduction for coverage is required).

In addition, you have the option to enroll in other valuable benefits—including critical illness insurance, hospital indemnity insurance, accident insurance, legal services, and identity theft protection. You can also get discounted rates for auto and home insurance, pet insurance, and international vacation medical coverage through the exchange.

You also have help when you need it. There are great tools and resources to help you every step of the way. See question #4 for details about tools and resources.

4. Where can I get more information?

There are lots of resources available to help before, during, and after enrollment.

Before and during enrollment:

- **Make It Yours website**—Visit **bluetriton.makeityoursource.com** to learn about the exchange, your coverage options, and choosing the right coverage for you and your family. This website does not require a password, so the information can be easily accessed by anyone in your family.
- **Your Carrier Connection** (available through the Make It Yours website)—Visit each carrier's preview site to get up to speed on provider networks, prescription drug information, and other carrier resources.
- **The enrollment website through the My Benefits tile** (from the SuccessFactors home page) **and Alight Mobile app**—Once your account is activated, log on to the SuccessFactors home page at **associate.btbsuccessfactors.com** and click the **My Benefits** tile (or from outside of BlueTriton's network, at **digital.alight.com/bluetritonbrands**) or the Alight Mobile app (available through the Apple App Store or Google Play) to compare your options and prices, get helpful decision support, and enroll.
- **BlueTriton Brands Benefits Service Center**—You can reach a customer service representative through web chat or by scheduling an appointment through the **My Benefits** tile on the SuccessFactors home page. You can also call the BlueTriton Brands Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE)**, option 2, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back.

Managing your benefits throughout the year:

- **Make It Yours website**—Visit year-round for practical tips that help you and your family get the most out of your benefits. Get "**The Inside Scoop**" on how to work the health care system, be a savvy shopper, and save money.
- **Your Carrier Connection** (available through the Make It Yours website)—Take advantage of the tools, resources, and information offered through your insurance carrier. For questions about your coverage, always start with your carrier.
- **The enrollment website through the My Benefits tile** (from the SuccessFactors home page) **and Alight Mobile app**—Access your personalized coverage details and manage your benefits throughout the year.

Additional support: If you need help with more complex coverage issues, call **1-888-286-8014** and ask to be connected with a Health Pro. Health Pros can explain how benefits work and help resolve issues. Bill negotiation representatives can help review and negotiate out-of-network medical bills.

Enrollment

5. What will I need to do?

You must enroll during your enrollment period, or you will not have medical, dental, or vision coverage, critical illness insurance, hospital indemnity insurance, accident insurance, legal services, or identity theft protection through BlueTriton in 2024. Keep in mind, if you don't select medical coverage, you won't have prescription drug coverage, either. And, to contribute to a Health Savings Account (HSA) (if eligible) or to a flexible spending account, you must make an active election.

To enroll, log on to the SuccessFactors home page at **associate.btbsuccessfactors.com** and follow the prompts to **activate your BlueTriton access account**. *This is a required step before you can enroll for benefits!* Once your account is activated, you will be able to enroll in benefits by clicking the **My Benefits** tile (or from outside of BlueTriton's network, by going to **digital.alight.com/bluetritonbrands**) during your enrollment period. Over the course of the enrollment process, you'll need to:

- Enroll the eligible dependents you want to cover in 2024. If you are adding a dependent, you will be asked to submit verification documents. If the BlueTriton Brands Benefits Service Center does not receive the requested verification documents from you by the deadline stated in your verification notice, your dependent(s) will be dropped from coverage retroactively.
- Choose the insurance carriers and coverage levels you want for your medical, dental, and vision benefits.
- Enroll in the rest of your benefits.

You can get information about enrollment on the Make It Yours website at **bluetriton.makeityoursource.com**.

6. What else do I need to know about enrollment?

The enrollment system functions on CENTRAL time, so **don't wait until the last minute** to enroll, or you will miss out on getting the coverage you need! That means you must submit and confirm your benefit elections by no later than 9:59 p.m. PACIFIC time (11:59 p.m. Central time) on the last day of your enrollment period.

If you have questions, you can reach a customer service representative through web chat or by scheduling an appointment through the **My Benefits** tile on the SuccessFactors home page. You can also call the BlueTriton Brands Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE)**, option 2, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back.

As a reminder, you will receive an Employer Contribution from BlueTriton toward the cost of your medical coverage. But please note that you will have a minimum payroll deduction for the cost of your coverage.

7. How do I create my user ID and password for the enrollment website?

You will need to set up your user ID and password, which are needed to access your account through the Alight Mobile app (available through the Apple App Store or Google Play).

- Go to the SuccessFactors home page at **associate.btbsuccessfactors.com** and click the **My Benefits** tile (or from outside of BlueTriton's network, go to **digital.alight.com/bluetritonbrands**) and select **New User**;
- Enter the last four digits of your Social Security number and your date of birth to authenticate your account;
- Create your user ID and password; and
- Create answers to security questions to verify your identity if you forget your user ID or password in the future.

8. How do I reset my password for the enrollment website?

To reset your password, go to the SuccessFactors home page at **associate.btbsuccessfactors.com** and click the **My Benefits** tile (or from outside of BlueTriton's network, go to **digital.alight.com/bluetritonbrands**), click **Forgot User ID or Password**, and follow the prompts to reset your password. You will need your user ID and password to access your account on the Alight Mobile app (available through the Apple App Store or Google Play).

My Options

9. What are my options for medical and prescription drug coverage?

You have several coverage levels to choose from, including Bronze, Silver, Gold, and Platinum. Each coverage level is available from multiple insurance carriers at different costs. When you enroll, you'll be able to compare benefits and features across your medical options.

10. What happens if I enroll in a Bronze or Silver medical option and have expenses early in the plan year?

If you enroll in a high-deductible medical option, you should be prepared to pay up to the cost of your deductible—in case you have significant medical expenses shortly after the plan year begins. Even if you start contributing to an HSA right away, your HSA may not yet have enough money to cover costly services early in the year. One option is to pay for those early expenses out of pocket and then, when your account balance grows enough to cover the qualified expense, reimburse yourself from your HSA. This is a good reason to make sure you're saving enough in an HSA.

11. I live in California. How are my medical options different?

Your options will be different, depending on the insurance carrier you choose.

For starters, each insurance carrier in California can choose to offer each coverage level either as an option that offers in- and out-of-network benefits (e.g., a PPO) **or** as an option that offers in-network benefits only (e.g., an HMO).

Also, insurance carriers can choose to offer **either the standard Gold option or a Gold II option—not both**. The Gold II option **only** offers in-network benefits.

The Gold option is offered by Aetna, Anthem, Cigna, and UnitedHealthcare. The Gold II option is offered by Health Net and Kaiser Permanente.

Learn more about your California coverage options and insurance carriers here.

12. Will I be able to use the same providers as I do today?

It depends. Each insurance carrier has its own network of preferred providers (e.g., doctors, specialists, hospitals). If you want to keep seeing your current doctors, select an insurance carrier that includes your preferred providers in its network. If you are comfortable changing doctors, select an insurance carrier whose network includes providers critical to your care.

Do not rely on your provider's office to know the carriers' network(s). To see whether your doctor is in network:

- Check out the insurance carrier preview sites.
- When you enroll, check the networks of each insurance carrier you're considering through the **My Benefits** tile (on the SuccessFactors home page). You can access this information by clicking **Find Doctors** when you're selecting your medical plan. **For** the best results:
  - Search for your provider by name—not medical practice.
  - Check only the office location(s) you are willing to visit.
  - When searching for a facility, use the complete facility name and confirm whether the specialty of the facility is covered in-network.

Important! If you have **any** uncertainty (for instance, you will cover out-of-area dependents) or you need the network name, you need to call the insurance carrier.

13. Why should I use in-network providers?

Seeing out-of-network providers will very likely cost you substantially more than seeing in-network providers. For example, you will pay more through a higher deductible and higher coinsurance. You'll also have to pay the entire amount of the out-of-network provider's charge that exceeds the maximum allowed amount, even after you've reached your annual out-of-network out-of-pocket maximum. And certain Platinum options won't cover out-of-network services at all.

14. How should I choose a medical insurance carrier if my dependents and I live in different states?

Because you and your dependents must enroll in the same option, you may want to consider one of the national insurance carriers (Aetna, Anthem, Cigna, or UnitedHealthcare) that offer national provider networks so that your dependents have access to in-network providers in most locations. (Regional insurance carriers *may* offer in-network coverage outside of their regional service area through partnerships with other carriers. You can contact the insurance carrier for details.)

Do not rely on your provider's office to know the carriers' network(s). You need to call the insurance carrier to confirm whether an out-of-area provider participates in a carrier's network.

15. How do I decide which medical option is right for me?

You'll have access to a number of resources to help you make smart decisions. You should start by visiting the Make It Yours website at **bluetriton.makeityoursource.com** to access videos, details about your options, comparison charts, and more.

Then, when you enroll, you'll be able to see the Employer Contribution amount from BlueTriton and your price options through the **My Benefits** tile on the SuccessFactors home page (or from outside of

BlueTriton's network, at **digital.alight.com/bluetritonbrands**) or on the Alight Mobile app. You'll also be able to access tools that give you a personalized suggestion, help compare the details of your options, let you see insurance carrier ratings, and more.

If you need additional help, you can reach a customer service representative by web chat or by scheduling an appointment through the **My Benefits** tile (on the SuccessFactors home page). You can also call the BlueTriton Brands Benefits Service Center at **1-855-282-2583 (1-855-BTB-BLUE)**, option 2, Monday through Friday, from 8:00 a.m. to 8:00 p.m. ET. If you don't connect with a representative right away, you will be given the option to save your place in line and be called back once a representative is available. You can also call the carrier with specific questions about the options they offer.

16. Will pre-existing conditions be covered?

Yes. When you enroll in medical coverage through the exchange, coverage is guaranteed, regardless of whether you and/or your eligible dependents have pre-existing conditions.

17. How will my prescription drugs be covered?

Your prescription drug coverage will be provided through your medical insurance carrier's pharmacy benefit manager (PBM)—which could be a separate prescription drug company. **Employees who enroll under Aetna, Anthem, Cigna, or UnitedHealthcare will have their pharmacy benefits managed by CVS Caremark, while the pharmacy benefits for those who enroll with other carriers will be managed by the carrier.**

Each pharmacy benefit manager has its own rules about how prescription drugs are covered. That's why you need to do your homework to determine how your medications will be covered before choosing an insurance carrier.

If you or a covered family member regularly takes medication:

Before you enroll, it is strongly recommended that you call the appropriate company to better understand how your particular prescription drug(s) would be covered.

- If you're considering coverage under Aetna, Anthem, Cigna, or UnitedHealthcare, call **CVS Caremark**; or
- If you're considering coverage under other carriers, call the medical insurance carrier directly.

Do not assume that your generic or brand name medication will be covered the same way by each carrier each year. Visit the Make It Yours website for a list of questions to ask.

Note: If you are enrolled in the Gold, Gold II, or Platinum options, then certain specialty medications of yours could qualify for copay assistance through PrudentRx. If applicable, PrudentRx will contact you directly once you start a therapy that qualifies. Once enrolled in the program, you will receive a copay card for your specialty medication and a $0 out-of-pocket cost for the prescriptions covered under the program.

18. What is "prior review" and when is it required?

Before getting certain types of care, you or your doctor may be required to run it by your insurance carrier first. Getting "prior review" (also referred to as prior authorization or precertification) allows the carrier to make sure you're eligible for the services, ensure you're getting care that makes sense for your condition, and confirm how the bill is going to be paid.

Who completes the process depends on where you get care:

- When you stay in network, your doctor usually completes the process on your behalf when it's required. But you should always confirm with your doctor to be sure they are handling it.
- If you go out of network, you are usually responsible for completing the process. You may have to work with your doctor or directly with your insurance carrier to fill out paperwork and receive the appropriate approval before getting care.

When prior review is required and you don't get preapproved, you could get stuck paying most or **all** of the bill or a penalty. For that reason, it's always in your best interest to ask your doctor whether you need to do anything in advance and confirm that services you need will be covered by your insurance carrier.

19. Will I have separate medical and prescription drug ID cards?

If you enroll in medical coverage with Aetna, Anthem, Cigna, or UnitedHealthcare, you will have a medical ID card from your insurance company and a separate prescription drug ID card from CVS Caremark. If you enroll in medical coverage with another insurance carrier, you will have one ID card for both medical and prescription drugs.

For questions about ID cards, contact the pharmacy benefit manager or insurance carrier.

20. What do I need to know about dental networks?

Just like the medical insurance carriers, each dental carrier has its own provider networks that can vary by the coverage level you choose. If it's important that you continue using the same dentist, you should check to see whether your dentist is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' network(s). To see whether your dentist is in network:

- Check out the insurance carrier preview sites.
- When you enroll, check the networks of each insurance carrier you're considering through the **My Benefits** tile (on the SuccessFactors home page).

21. What do I need to know about vision networks?

Each vision insurance carrier has its own provider network. If it's important that you continue using the same eye doctor or retail store, you should check to see whether your eye doctor or retail store is in the network before you choose a carrier.

Do not rely on your provider's office to know the carriers' networks. To see whether your eye doctor or retail store is in network:

- Check out the insurance carrier preview sites.
- When you enroll, check the network of each insurance carrier you're considering through the **My Benefits** tile (on the SuccessFactors home page).

22. What other benefit options are available to me through the exchange?

You can choose to supplement your medical coverage with:

- **Critical illness insurance:** Pays a benefit if you or a covered family member is treated for a major medical event (such as a heart attack or stroke) or diagnosed with a critical illness (such as cancer or end-stage kidney disease)
- **Hospital indemnity insurance:** Pays a benefit in the event you or a family member covered under this plan is hospitalized
- **Accident insurance:** Pays a benefit in the event you or a family member covered under this plan is in an accident

Important! The above benefits are not a replacement or substitute for medical coverage. They are intended as supplemental coverage in addition to your medical coverage.

You can also choose to enroll in:

- **Legal services:** Covers attorney fees for things like wills, real estate matters, and more
- **Identity theft protection:** Monitors your personal information and takes steps to protect you from fraud

During your enrollment process through the **My Benefits** tile on the SuccessFactors home page, you can also elect spouse and child life insurance, supplemental life insurance, supplemental and dependent accidental death and dismemberment insurance, and supplemental disability coverage. In order to buy certain levels of insurance coverage, evidence of insurability (EOI) may be required.

For more details about the benefits listed here, visit the Make It Yours website at **bluetriton.makeityoursource.com**.

23. What else is available to me through the exchange?

As part of our participation in the exchange, we are able to take advantage of group negotiated discounts. You can obtain discounted coverage for:

- **Auto and home insurance:** Offers you special group rates and policy discounts on auto and home insurance
- **International vacation medical:** Covers any medical needs that arise during travel outside the United States
- **Bill negotiation services:** Offers assistance reviewing out-of-network medical bills, negotiating medical bill costs with doctors and hospitals, and creating a payment plan for medical-related expenses

You can get more details on the Make It Yours website at **bluetriton.makeityoursource.com**.

24. Does BlueTriton offer pet insurance?

Yes. Administered by MetLife, pet insurance is a voluntary benefit that you can add or drop at any time during the year. It helps pay veterinary expenses for your sick or injured dog or cat.

Paying for Coverage

25. When will I find out the cost of coverage?

During your enrollment window, you'll be able to see the Employer Contribution amount from BlueTriton and your price options when you enroll through the **My Benefits** tile on the SuccessFactors home page at **associate.btbsuccessfactors.com** (or from outside of BlueTriton's network, at **digital.alight.com/bluetritonbrands**) or the Alight Mobile app.

26. Do I get to keep the BlueTriton Employer Contribution if I don't enroll in coverage?

No. The Employer Contribution you get from BlueTriton is for the medical/prescription drug, dental, and vision coverage you purchase through the exchange (a minimum payroll deduction for coverage is required). A cash refund or credit for other benefits is not available.

27. What's a deductible and how does it work?

The deductible is what you pay out of your own pocket before your insurance carrier begins to pay a share of your costs. If you have a deductible, you pay the full "negotiated" costs of all in-network services until you meet your deductible. The "negotiated" costs are the payments providers (doctors, hospitals, labs, etc.) have agreed to accept from the insurance carrier for providing a particular service.

How the medical deductible works depends on your coverage level:

- **The Bronze and Gold medical coverage levels have a "traditional deductible."** Once a covered family member meets the *individual* deductible, your insurance will begin paying benefits for that family member. Charges for all other covered family members will continue to count toward the family deductible. Once the family deductible is met, your insurance will pay benefits for all covered family members.
- **The Silver medical coverage level has a "true family deductible."**[1] This means that the entire family deductible must be met before your insurance will pay benefits for any covered family members. There is no "individual deductible" in this coverage level when you have family coverage.

  To clarify, if you choose a Silver coverage level, the individual deductible only applies if you cover just yourself. If you choose to cover dependents too, though, you must satisfy the family deductible before coinsurance will kick in, even if only one family member has expenses.
- **The Platinum coverage level does not have an in-network deductible.** Keep in mind, though, that as a trade-off for no deductible, the Platinum coverage level is usually the most expensive coverage level per paycheck.

The annual deductible doesn't include copays or amounts taken out of your paycheck for health coverage.

Do you use out-of-network providers? Out-of-network charges do **not** count toward your in-network annual deductible; they only count toward your out-of-network deductible.

[1]Exception: If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Silver coverage level, you will have a *traditional* annual deductible.

28. What's an out-of-pocket maximum and how does it work?

The annual out-of-pocket maximum is the most you and your covered family members would have to pay in a year for health care costs. The annual out-of-pocket maximum doesn't include amounts taken out of your paycheck for health coverage or certain copays under the Gold and Platinum coverage levels. How the medical out-of-pocket maximum works depends on your coverage level.

The Bronze, Gold, and Platinum coverage levels have a "traditional out-of-pocket maximum." Once a covered family member meets the *individual* out-of-pocket maximum, your insurance will pay the full cost of covered charges for that family member. Charges for all covered family members will continue to count toward the family out-of-pocket maximum. Once the family out-of-pocket maximum is met, your insurance will pay the full cost of covered charges for all covered family members.

The Silver coverage level has a "true family out-of-pocket maximum."[1] This means that the entire family out-of-pocket maximum must be met before your insurance will pay the full cost of covered charges for any covered family member. There is no "individual out-of-pocket maximum" in this coverage level when you have family coverage.

Do you use out-of-network providers? Out-of-network charges do **not** count toward your in-network annual out-of-pocket maximum; they only count toward your out-of-network out-of-pocket maximum.

[1]**Exception:** If you live in California, cover dependents, and enroll under Health Net or Kaiser Permanente at the Silver coverage level, you will have a *traditional* annual out-of-pocket maximum.

29. Are there additional costs I need to be aware of?

If you or your covered spouse/domestic partner use tobacco (including e-cigarettes), an additional $50 per month per tobacco user (called a "surcharge") will be added to your cost of medical coverage. That means that if both you and your spouse/domestic partner use tobacco, $100 per month will be added to your cost of medical coverage. If a tobacco user is enrolled in an approved tobacco cessation program, their surcharge will be waived.

If you cover a spouse/domestic partner who has access to group medical coverage with their employer, an Alternative Coverage Fee (ACF) of $90 per month will be added to your medical contributions. The ACF does not apply if you both work at BlueTriton Brands.

30. What's a Health Savings Account (HSA)?

An HSA is a special bank account that you can use when you enroll in a Bronze or Silver coverage level. It allows you to set aside tax-free money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. Because you'll be responsible for 100% of your medical and prescription drug expenses until you meet your deductible in the Bronze or Silver coverage levels, an HSA is a great way to pay less for those out-of-pocket expenses because you're using tax-free money.

Just make sure you use money in your HSA only for qualified health care expenses. If you use money in your HSA for unqualified expenses, you'll pay income taxes on that money and an additional 20% penalty tax if you're under age 65. Keep careful records of your health care expenses and withdrawals from your HSA, in case you ever need to provide proof that your expenses were qualified.

You can decide whether to enroll in an HSA and how much (if any) money you want to contribute. If you don't have a lot of health care expenses, your money can stay in your account year to year and earn tax-free interest. And, you can invest your HSA balance that exceeds $2,000.

Also, the money is yours to keep even after you no longer work for the company. If you have questions about the use and appropriateness of an HSA as it applies to your specific situation, you should consult a tax professional.

31. Why would I want to use an HSA?

An HSA lets you set aside money to pay for qualified health care expenses, like your medical, dental, and vision copays, deductibles, and coinsurance. You decide how much money you want to contribute, and you can change your contribution election at any time. If you don't have a lot of health care expenses, your money can stay in your account year to year.

The HSA has the following tax advantages:

- Your contributions to an HSA are tax-free, meaning that they are deducted from your paycheck before taxes are taken out.
- Interest earnings on your HSA balance are not taxed.
- You are not taxed on the HSA dollars when you use them to pay qualified expenses.

32. How is an HSA different from a Health Care Flexible Spending Account (Health Care FSA)?

While both accounts offer a tax-free benefit when you pay for eligible medical, dental, and vision expenses, they differ in several key ways. Compare their differences on the Make It Yours website or refer to this chart.

	HSA	Health Care FSA
Do I need to be enrolled in a particular medical coverage level to participate?	Yes, you must be enrolled in a Bronze or Silver coverage level.	No, but if you enroll in a Bronze or Silver medical coverage level and contribute to an HSA, your health care FSA must be limited to dental and vision expenses.
Can I contribute to my account before taxes?	Yes	Yes
Do unused dollars roll over from year to year?	Yes	No
Does the money in the account earn interest?	Yes	No
Can I use a debit card to pay for expenses?	Yes	Yes
Can I use the account to pay for vision or dental expenses?	Yes	Yes
How much can I contribute to the account per year?	For 2024, the annual limits set by the IRS are $4,150* for individual coverage, and $8,300* for family coverage. If you're age 55 or older (or will turn age 55 during the plan year), you can also contribute an	$3,200

	additional $1,000* catch-up contribution.	
When are funds available to me?	You can use up to the total amount you have contributed to your HSA.	The total amount of your annual election is available at the beginning of the plan year.

*Limits subject to mid-year changes per IRS regulations. For more information, go to **irs.gov**.

33. Can I enroll in both an HSA and a Health Care FSA?

Yes. If you enroll in the Bronze or Silver medical option, you can participate in an HSA, a Health Care FSA, or both an HSA and a "limited purpose" Health Care FSA. If you have an HSA and a Health Care FSA, in order to contribute to an HSA, your FSA will be "limited purpose" and can only be used to pay for qualified dental and vision expenses.

34. Why would I want to use both an HSA and a limited purpose Health Care FSA?

Both accounts allow you to pay for eligible expenses with tax-free dollars. The biggest difference between the accounts is that your HSA balance rolls over from year to year, even if you change medical plans, leave the company, or retire. With the Health Care FSA (whether limited purpose or not), any unused balance is forfeited at the end of the year.

It may not be advantageous to enroll in both, except in unique situations. For example, if you expect to have higher expenses than your HSA balance can cover (based on the maximum you can contribute each year), you may also want to contribute to the limited purpose Health Care FSA to pay for those expenses with tax-free money once the medical deductible is reached.

35. Can I contribute to an HSA if I am covered under my spouse's general purpose Health Care FSA?

No. If your spouse's general purpose Health Care FSA covers your medical expenses, it would be considered other health coverage and you would not be eligible to contribute to an HSA.

36. Can I contribute to an HSA?

Yes. In order to contribute to an HSA, you need to meet the following criteria:

- You must be enrolled in a high-deductible option at the Bronze or Silver coverage level;
- You cannot be enrolled in Medicare or a veteran's medical plan (TRICARE);
- You cannot be claimed as a dependent on someone else's tax return; and
- You cannot be covered by any other health insurance plan, such as a spouse's plan, that is not a high-deductible option.

Although you can enroll your children up to age 26 in your medical coverage, you can't use money from your HSA to pay their health care expenses unless you claim them as dependents on your federal income taxes (generally children up to age 19 or under age 24 if they are full-time students).

37. Who will be my HSA administrator?

HSAs are administered by **Optum**. If you enroll in a Bronze or Silver medical option for 2024 and you contribute to the HSA that comes with your coverage, your contributions will be made to your Optum

health savings account. For questions or to access your account, visit **optumbank.com** or call **1-866-234-8913** (available 24/7).

38. What do I need to know about covering my dependents?

All eligible dependents that you wish to cover for 2024 must be entered during enrollment in order to have benefits coverage for 2024. Social Security numbers are required for each new dependent over the age of three months. You will be prompted for this information during your enrollment process.

You will need to provide proof of the dependent relationship. Documentation may include marriage certificate, birth certificate, joint tax return, or other documents as described in the verification request.

If the BlueTriton Brands Benefits Service Center does not receive the requested verification documents from you by the deadline stated in your verification notice, your dependent(s) will be removed from coverage retroactively.

39. Who will be my Health Care FSA administrator?

Alight Smart-Choice Accounts administers BlueTriton **employees' health care flexible spending accounts and dependent care flexible spending accounts,** as well as **commuter and tuition reimbursement benefits**. With Alight Smart-Choice Accounts, you have the power to make smart choices with your money and get the maximum value from your account(s). The website provides you with quick and simple access to manage your Health Care FSA and commuter benefits—with no need for an additional password if you click from the SuccessFactors home page > **My Benefits** tile. And for access anytime, from anywhere, you can download and use the Alight Smart-Choice Accounts mobile app. From the app, it's easy to manage your requests for reimbursement, receive instant texts confirming activity on your account(s), scan health-related items (when you're in the store, for example) to see if they're eligible for reimbursement, and save receipts by snapping a picture with your phone and saving it in the app.

Once you're enrolled, you'll receive a welcome packet with important account access and management information, along with a debit card to use for eligible expenses if you wish.

You will have until March 31, 2025, to submit eligible 2024 expenses for reimbursement.

The BlueTriton Brands 401(k) Savings Plan

40. What is the eligibility for New Hires under the BlueTriton Brands 401(k) plan?

New hires become eligible to participate on the first of the month following one month of service.

41. What happens if I do nothing?

If you do not take action, after 30 days of eligibility you will be automatically enrolled in the BlueTriton Brands 401(k) Savings Plan at a 6% before-tax contribution rate in an age-appropriate Target Date Fund. You will receive an additional notification and have the ability to opt out of automatic enrollment.

42. How do I submit my beneficiaries? And where do I go to do this?

You can access and update your beneficiary information at any time by logging in to **BlueTritonBrands.voya.com** and go to Personal Info > Beneficiary Information > Add/Edit Beneficiary and follow the instructions.

43. How do I check and/or update my personal information such as my address, email or phone number?

You can go to **BlueTritonBrands.voya.com** and go to Personal Info > Address Information.

44. I lost my PIN. How do I get a new one?

Voya will send a Personal Identification Number (PIN) to your address on file in a plain security mailer upon eligibility. You will need your PIN to access the Plan website and the Customer Service Center to make automated transactions or speak to a customer service associate.

If you do not have your PIN, visit **BlueTritonBrands.voya.com** or call the BlueTriton Brands Retirement Service Center at 844-981-0827 to request a new one.

45. If I contribute the maximum allowed by law to the 401(k) Plan, what happens?

This Plan automatically switches your before-tax contributions to after-tax contributions once you hit the IRS annual limit. If you are age 50 or over, your contributions will automatically convert to catch-up contributions until the catch-up limit is reached and then they will convert to after-tax contributions. The before-tax 2024 IRS contribution limit is $23,000 for people aged 49 and younger and $30,500 for people aged 50 or over. The 2024 IRS total contribution limit is $68,000. You can also refer to **voyadelivers.com/IRSlimits**.

46. Can I make changes to my investments or how much I'm contributing to the BlueTriton Brands 401(k) Savings Plan after the initial decision? Can changes be made at any time?

Yes, you can change your investments and your contribution rate at any time.

47. What is the vesting period for Employer contributions to the BlueTriton Brands 401(k) plan?

Your contributions and rollover funds are always 100% vested. Company matching contributions and related earnings become 100% vested after three years of service.

48. Can I open a new loan under the new BlueTriton Brands 401(k) Savings Plan through Voya?

Yes, as long as you have adequate funds in your new BlueTriton Brands 401(k) Savings Plan. You need a minimum account balance of at least $2,000 to take a loan. You may borrow up to 50% of your vested account balance with a minimum of $1,000 and a maximum of $50,000.

49. Does the 401(k) match apply to my overtime, annual short-term bonus, etc.?

Yes. There are no changes to eligible earnings considerations.

50. Where can I find additional plan details?

For more information, visit the Make It Yours website at **bluetriton.makeityoursource.com** > **Helpful Documents** and refer to the **401(k) Savings Plan Enrollment Guide** posted under **Benefits Information**.