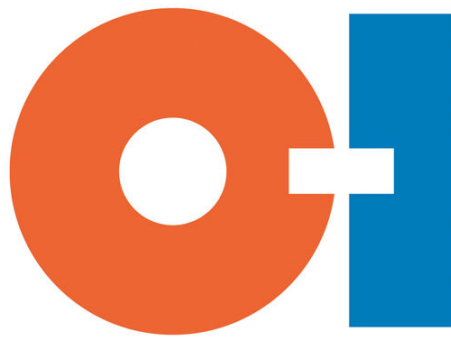


Summary of the Agreement

Between



And



OWENS BROCKWAY GLASS CONTAINER, INC.

P&M and AMD

April 1, 2025

Term of Agreement

3 Year Agreement: 4/1/2025 – 3/31/2028

Wage Increases

2.0% effective 4/1/2025

2.0% effective 4/1/2026

2.0% effective 4/1/2027

25 cent increase for Maintenance Journeyman effective 4/1/2025

LPA and Permanent Day Crew increased to \$1.00 over highest Machine Upkeep rate

Warehouse Auditor increased to Labor Grade 11

Health Insurance

Minimal changes to health insurance plans and premiums:

Traditional PPO	April 1, 2025	January 1, 2026	January 1, 2027	January 1, 2028
Deductible In-Network: Individual	\$250	\$275	\$300	\$325
Deductible In-Network: Family	\$750	\$825	\$900	\$975
Deductible Out-of-Network: Individual	\$600	\$650	\$700	\$750
Deductible Out-of-Network: Family	\$1,200	\$1,300	\$1,400	\$1,500
Co-Insurance In-Network	90%/10%	90%/10%	90%/10%	90%/10%
Co-Insurance Out-of-Network	70%/30%	70%/30%	70%/30%	70%/30%
Out of Pocket Max In-Network: Individual	\$1,750	\$1,800	\$1,900	\$1,900
Out of Pocket Max In-Network: Family	\$5,250	\$5,400	\$5,700	\$5,700
Out of Pocket Max Out-of-Network: Individ.	\$3,500	\$3,750	\$3,900	\$3,900
Out of Pocket Max Out-of-Network: Family	\$7,000	\$7,500	\$7,800	\$7,800
Copay: Primary Care Physician (PCP)	\$25	\$25	\$25	\$25
Copay: Specialist	\$40	\$40	\$40	\$40
Copay: Emergency Room	\$100	\$125	\$125	\$125

	Non-maintenance or Maintenance				Maintenance				Maintenance			
Pharmacy Type	Retail				Mail Order				Retail			
Maximum Days'	30 days				90 days				90 days			
Co-payments according to the plan's formulary:												
	Eff. 1-1- 2025	Eff. 1-1- 2026	Eff. 1-1- 2027	Eff. 1-1- 2028	Eff. 1-1- 2025	Eff. 1-1- 2026	Eff. 1-1- 2027	Eff. 1-1- 2028	Eff. 1-1- 2025	Eff. 1-1- 2026	Eff. 1-1- 2027	Eff. 1-1- 2028
Generic	\$17	\$17	\$18	\$18	\$20	\$20	\$22	\$22	\$25	\$25	\$29	\$29
Discounted Brand- Name	\$31	\$32	\$33	\$33	\$38	\$39	\$40	\$40	\$58	\$59	\$60	\$60
Non-Discounted Brand Name	\$41	\$42	\$43	\$43	\$53	\$54	\$55	\$55	\$83	\$84	\$85	\$85

Traditional PPO Weekly Premiums	April 1, 2025	January 1, 2026	January 1, 2027	January 1, 2028
Employee	\$37	\$38	\$39	\$40
Employee and child(ren)	\$46	\$48	\$50	\$52
Employee and spouse	\$52	\$54	\$56	\$58
Employee and family (child(ren) and spouse)	\$71	\$74	\$77	\$80

Account Based HSA Plan	April 1, 2025	January 1, 2026	January 1, 2027	January 1, 2028
Deductible In-Network: Individual	\$1,650	\$1,700	\$1,750	\$1,750
Deductible In-Network: Family	\$3,300	\$3,400	\$3,500	\$3,500
Deductible Out-of-Network: Individual	\$3,200	\$3,400	\$3,500	\$3,500
Deductible Out-of-Network: Family	\$6,400	\$6,800	\$7,000	\$7,000
Co-Insurance In-Network	90%/10%	90%/10%	90%/10%	90%/10%
Co-Insurance Out-of-Network	60%/40%	60%/40%	60%/40%	60%/40%
Out of Pocket Max In-Network: Individual	\$5,000	\$5,000	\$5,000	\$5,400
Out of Pocket Max In-Network: Family	\$10,000	\$10,000	\$10,000	\$10,800
Out of Pocket Max Out-of-Network: Indiv.	\$9,000	\$9,000	\$9,000	\$9,400
Out of Pocket Max Out-of-Network: Family	\$18,000	\$18,000	\$18,000	\$18,800

	Preventive		Non-Preventive	
Pharmacy Type	Retail	Mail Order	Retail	Mail Order
Maximum Days Supply	30 days	90 days	30 days	90 days
Co-payments according to the plan's formulary:				
	2025/2026/2027/2028	2025/2026/2027/2028	Subject to the calendar year deductibles and co-insurance.	
Generic	\$0 / \$0 / \$0 / \$2	\$0 / \$0 / \$0 / \$4		
Discounted Brand-Name	\$10 / \$15 / \$15 / \$20	\$20 / \$30 / \$30 / \$40		
Non-Discounted Brand Name	\$15 / \$25 / \$25 / \$30	\$30 / \$50 / \$50 / \$60		
If generic is available and a brand name is elected, the non-discounted brand name copay plus difference per order between generic and brand name applies. Participants will not be required to pay more than the full cost for generic drugs.				

Account Based HSA Plan Weekly Premiums	April 1, 2025	January 1, 2026	January 1, 2027	January 1, 2028
Employee	\$8	\$9	\$10	\$11
Employee and child(ren)	\$20	\$22	\$24	\$26
Employee and spouse	\$26	\$28	\$30	\$32
Employee and family (child(ren) and spouse)	\$38	\$41	\$44	\$47

No changes on Dental insurance

Vision Plan

An employee and his eligible dependents will be eligible for the following eye care benefits.	
	Effective January 1, 2026
Frequency (Exam/Lenses/Frame)	12 / 12 / 12
Copayments (Exam/Lenses/Fitting)	\$10/\$10/\$10
Frames/Lenses Allowance	\$150
Contact Lenses (in lieu of glasses)	\$150
Services and supplies must be received from an in-network provider.	
The deductible and co-insurance do not apply to these benefits.	
If the Company requires an examination more frequently for issuance of safety glasses, such examination will also be covered up to the same maximum.	

Vision Plan Weekly Premiums	January 1, 2026	January 1, 2027	January 1, 2028
Employee	\$0.50	\$0.50	\$0.50
Employee and child(ren)	\$0.75	\$0.75	\$1.00
Employee and spouse	\$0.75	\$0.75	\$1.00
Employee and family (child(ren) and spouse)	\$1.50	\$1.50	\$1.50

Other Insurance Benefits

The amount of Life and AD&D benefit will be increased by \$4,000, to **\$40,000**.

The weekly amount of the Sick & Accident benefit will be increased by \$50, to **\$500**.

Pension (Hired before 4/1/2011)

Future service multiplier increased \$1 effective 4/1/25, \$1 effective 4/1/26, \$1 effective 4/1/27

Amount Per Month For Each Year of Credited Service	Labor Grade 1-10	Labor Grade 11-15	Labor Grade 16 and above
On or After 4-1-2025	\$68	\$69	\$70
On or After 4-1-2026	\$69	\$70	\$71
On or After 4-1-2027	\$70	\$71	\$72

401(k) Company Contributions (Hired on or after 4/1/2011)

For employees hired on or after April 1, 2011, the Company's automatic contributions into a 401(k) account will be **increased by 1/4 %** for each Service tier, as follows:

Full Years of Service	401(k) Contribution
0-8	4.25% of pay
9-15	4.75% of pay
16 or more	5.25% of pay

Holidays

No changes to Holidays!

Vacation

All hours worked shall count toward vacation eligibility. In addition, an employee on a Company approved leave for any of the following reasons may accrue up to a total of one thousand (1,000) hours a year, (not to exceed forty (40) hours per week) toward vacation eligibility that can be credited as hours worked:

- (1) occupational illness or injury;
- (2) non-occupational illness or injury if approved as Family Medical Leave Act (FMLA), short-term disability and/or long-term disability;
- (3) official Union Business if approved by the Company; and
- (4) as otherwise required by law.

Bereavement Leave

Added "an employee's former legal guardian" for one paid shift off to attend the funeral.

Other

Increases boot allowance by \$50 per year.

12 hour shift options will include Gallo and Goodyear shift schedules

New letter on hot end employees who are displaced and working in the cold end being able to cover absences of 5 days or more in the hot end

Seniority now will terminate after 60 months for both occupational and non-occupational illness or injury.

Union leave up to a max of 4 years.

Relocation allowance of \$5,000 grossed up if you move to another plant as the result of a plant or department closing.

Grievances may be moved to the next step of the grievance procedure if the Company fails to respond in any of the time frames specified.