

2023 Medical and Prescription Drug PLAN COMPARISON CHARTS

You and Sherwin-Williams share the cost of certain benefits—including medical coverage—and you have the opportunity to take advantage of group rates for others. You pay your share of the cost of medical coverage with pre-tax deductions from your paycheck.

Sherwin-Williams Medical Plan Comparison

See myswbenefits.com for HMO plan information.

PLAN FEATURES	ADVANTAGE PLAN		PRIME PLAN†		STANDARD PLAN	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Calendar Year Deductible						
Individual (employee coverage only)	\$1,750	\$3,500	\$1,500	\$3,000	\$1,000	\$2,000
Family (employee and spouse and/or dependent coverage)	\$3,500	\$7,000	\$3,000	\$6,000	\$2,000	\$4,000
How Deductible is met for Covered Services: The family deductible must be met before benefits are provided on family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the year.						
Out-of-Pocket Maximum (includes deductible)						
Individual (employee coverage only)	\$5,500	None	\$4,750	None	\$3,500	None
Family (employee and spouse and/or dependent coverage)	\$11,000	None	\$9,500	None	\$7,000	None
How Out-of-Pocket Maximum is met for Covered Services: For two-person or family coverage, when an individual out-of-pocket maximum is met, that individuals out-of-pocket maximum has been met for the remainder of the year.						
Health Savings Account† Employer Contribution	None	None	\$400 EE Only \$800 Family†	\$400 EE Only \$800 Family†	None	None
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

† For 2023, if you enroll in the Prime Plan at Open Enrollment or are a New Hire or change from Part-Time to Full-Time status on or before June 1, 2023, Sherwin-Williams will contribute the entire HSA employer contribution in early January 2023 or approximately three weeks after you open your account at Fidelity. Changes in coverage that occur during the year are not eligible for new or additional Employer Contributions after the initial deposit.

Summary of Benefits and Coverage

The Group Health Plan for The Sherwin-Williams Company (Plan) offers a variety of medical plan options. Choosing a medical plan option is an important decision, and to help you make an informed decision, your Plan makes available a Summary of Benefits and Coverage (SBC). The SBC summarizes important information about all of the medical plan options in a format that will assist you with making a comparison of the different medical plan options. The SBC is available online at myswbenefits.com. A paper copy is also available by calling (844) 358-0604.

This document presents only the highlights of some of the benefits Sherwin-Williams provides to U.S. employees. It is not intended to take the place of the official plan documents, insurance policies and contracts that govern the individual plans. Participation in any Company-sponsored benefit plan is not a promise, guarantee or agreement of continued employment with The Sherwin-Williams Company. As stated in the Plan's official documents, Sherwin-Williams reserves the right to amend, modify or terminate the Plan at any time and for any reason.

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Sherwin-Williams Medical Plan Comparison continued

PLAN FEATURES	ADVANTAGE AND PRIME PLANS		STANDARD PLAN	
	In-Network Benefits*	Out-of-Network Benefits**	In-Network Benefits*	Out-of-Network Benefits**
	You Pay:	You Pay:	You Pay:	You Pay:
Physician Services				
Office Visits internists, pediatricians, family and general practitioners	20% after deductible	40% after deductible	\$25 copay per office visit; no deductible [†]	40% after deductible
Specialist Office Visits	20% after deductible	40% after deductible	\$40 copay per visit; no deductible [†]	40% after deductible
Physician In-Hospital Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Other Physician Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Walk-in Clinics	20% after deductible	40% after deductible	\$25 copay per visit; no deductible	40% after deductible
Urgent Care				
Urgent Care Provider	Covered at 100% after deductible	20% after deductible	\$35 copay per visit; no deductible	20% after deductible
Non-Urgent Use of Urgent Care Provider	No coverage	No coverage	No coverage	No coverage
Virtual Visit (video and audio) Live Health Online: www.livehealthonline.com or 1-855-603-7985	With an internist, pediatrician, family or general practitioner, or specialist: 20% after deductible [†]	40% after deductible [†]	With an internist, pediatrician, and family or general practitioner: \$20 copay [†] With a specialist: \$35 copay [†]	40% after deductible [†]
Preventive Care Services				
Routine Physicals/Immunizations (7 exams in the first 12 mos. of life; 3 exams in the second 12 mos. of life; 3 exams in the third 12 mos. of life; 1 exam per calendar year thereafter)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Routine OB/GYN Exam (one routine exam per year; including Pap smear and related lab expenses)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Routine Mammography (one baseline mammogram for females age 35 to 39; one routine mammogram per calendar year age 40 and over)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Routine Digital Rectal Exam (DRE) and Prostate Antigen Test (PSA) (one per year for males age 40 and over)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Routine Colonoscopy (starting at age 45 – one every 10 years)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible

* In-network benefit is based on a percentage of Aetna negotiated fees.

** The out-of-network benefit is a percentage of the reasonable and customary (R&C) charge for a covered service or supply. Charges in excess of the R&C amount are the responsibility of the member. Please refer to the Summary Plan Description for additional information.

† Additional services are subject to deductible and coinsurance.

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Sherwin-Williams Medical Plan Comparison continued

Plan Features	Advantage and Prime Plans		Standard Plan	
	In-Network Benefits*	Out-of-Network Benefits**	In-Network Benefits*	Out-of-Network Benefits**
	You Pay:	You Pay:	You Pay:	You Pay:
Preventive Care Services continued				
Nutritional Counseling (3 visits per calendar year)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Obesity Screening and Counseling (To age 22: unlimited visits. Age 22 and older: up to 26 visits per 12 months, 10 of which can be for healthy diet counseling)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Tobacco Cessation Counseling (up to 8 visits per 12 months)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Dermatologist — Screening Only (one office visit per calendar year) [†]	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Alcohol/Drug Screening and Counseling (up to 5 visits per 12 months)	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Allergy Testing	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Allergy Injections	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Maternity				
Prenatal visits	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
Hospital and related expenses	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Infertility Must be enrolled in the WINFertility program before treatment begins at 1-855-255-7197	Covered at the benefit level of the services billed. Some services have a cycle lifetime limit. Contact WINFertility at 1-855-255-7197 for more information before treatment begins.	Not covered	Covered at the benefit level of the services billed. Some services have a cycle lifetime limit. Contact WINFertility at 1-855-255-7197 for more information before treatment begins.	Not covered
Hospital Services				
Inpatient Coverage	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Coverage	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Emergency Room	20% after deductible	20% after deductible	20% after deductible and \$100 per-visit copay (copay waived if admitted)	20% after deductible and \$100 per-visit copay (copay waived if admitted)
Non-Emergency Use of the Emergency Room	No coverage	No coverage	No coverage	No coverage
Surgical Services - Inpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Surgical Services - Outpatient	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Diagnostic X-ray and Laboratory	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Chiropractic Care (20 visits per calendar year)	50% after deductible	50% after deductible	50% after deductible	50% after deductible

* In-network benefit is based on a percentage of Anthem negotiated fees.

** The out-of-network benefit is a percentage of the reasonable and customary (R&C) charge for a covered service or supply. Charges in excess of the R&C amount are the responsibility of the member. Please refer to the Summary Plan Description for additional information.

† Additional services are subject to deductible and coinsurance.

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Sherwin-Williams Medical Plan Comparison continued

Plan Features	Advantage and Prime Plans		Standard Plan	
	In-Network Benefits*	Out-of-Network Benefits**	In-Network Benefits*	Out-of-Network Benefits**
	You Pay:	You Pay:	You Pay:	You Pay:
Durable Medical Equipment	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Oral Surgery	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Bariatric Surgery (covered expenses not subject to out-of-pocket maximum)	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Mental Health Care				
Inpatient Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Office Visit	20% after deductible	40% after deductible	\$20 copay per visit	40% after deductible
Chemical Dependency Care				
Inpatient Care	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Office Visit	20% after deductible	40% after deductible	\$20 copay per visit	40% after deductible

* In-network benefit is based on a percentage of Anthem negotiated fees.

** The out-of-network benefit is a percentage of the reasonable and customary (R&C) charge for a covered service or supply. Charges in excess of the R&C amount are the responsibility of the member. Please refer to the Summary Plan Description for additional information.

Sherwin-Williams Prescription Drug Coverage Comparison

Administered by CVS/caremark

Prescription Drug	Advantage and Prime Plans*		Standard Plan		
	Caremark	Other	Generic Prescription	Preferred Brand-Name Prescription	Non-Preferred Brand-Name Prescription
Prescription Out-of-Pocket Maximum	Not applicable			\$3,100 single \$6,200 family	
Retail Limited to 30-day supply	You pay 20% after meeting deductible†	Not covered	You pay the first \$15 for each prescription	You pay the first 35% (\$35 min/\$130 max) for each prescription†	You pay the first 45% (\$50 min/\$155 max) for each prescription†
Mail Order Limited to 90-day supply	You pay 20% after meeting deductible†	Not covered	You pay the first \$25 for each prescription	You pay the first 25% (\$65 min/\$240 max) for each prescription†	You pay the first 35% (\$80 min/\$280 max) for each prescription†
Preventive Drugs	100% no deductible†	Not covered	Subject to plan provisions listed above		
Oral Contraceptives	Oral contraceptives covered at 100% for generic and brand name if no generic available				

Note: Sherwin-Williams uses the Caremark formulary drug list. Refer to the medical Summary Plan Description for exclusions. Long-term maintenance medications must be filled in 90 day quantities through mail order at Caremark or at your local CVS pharmacy.

* The cost you pay towards prescription drugs is applied toward satisfying the Advantage and Prime plan deductible. The family deductible must be met before co-insurance is provided on a two-person or family coverage. Once the family deductible is met, all family members will be considered as having met their deductible for the remainder of the calendar year.

† If a brand-name drug is dispensed when a generic drug is available, you must pay the difference between the brand-name drug and the generic drug, plus the generic drug copayment. Does not apply towards prescription out-of-pocket maximum. Certain brand-name drugs are subject to the Step Therapy program; the program requires to fill for a generic drug before a brand-name drug can be filled.