

Medical Benefits

**Note on rates:** Standard rates apply to any employee who did not complete the Healthy Hillman program requirements by the September 19th deadline. If you did not qualify for the Health Hillman rates for 2026, you can qualify for 2027. See hillman.mywellportal.com for more details.

PPO Medical Plan

PPO stands for Preferred Provider Organization. This plan type provides a more predictable experience for members by using co-pays for most interactions. The premiums for this plan type are higher than the High Deductible plans. Hillman's PPO premiums are on average more than the High Deductible plan. Generally PPO plans can be most useful for members with a chronic condition or ongoing treatment with cost that will exceed the deductible and out of pocket amounts.

PPO MEDICAL PLAN RATES		
PREMIUMS PER PAY PERIOD		
	STANDARD RATES	HEALTHY HILLMAN RATES
ANNUAL SALARY OF LESS THAN \$50,000		
EMPLOYEE ONLY	\$128.00	\$68.00
EMPLOYEE + SPOUSE	\$226.00	\$166.00
EMPLOYEE + CHILD(REN)	\$189.00	\$129.00
EMPLOYEE + FAMILY	\$297.00	\$237.00
ANNUAL SALARY OVER \$50,000		
EMPLOYEE ONLY	\$145.00	\$85.00
EMPLOYEE + SPOUSE	\$273.00	\$213.00
EMPLOYEE + CHILD(REN)	\$228.00	\$168.00
EMPLOYEE + FAMILY	\$366.00	\$306.00

PPO MEDICAL PLAN HIGHLIGHTS		
DEDUCTIBLE		
	IN-NETWORK	OUT OF NETWORK
INDIVIDUAL	\$750	\$1500
FAMILY	\$1500	\$3,000
OUT-OF-POCKET MAXIMUM (SYMBOL)		
INDIVIDUAL	\$3,000	\$6,000
FAMILY	\$6,000	\$12,000
COPAYS		
PREVENTIVE CARE	\$0	30% After Deductible
PRIMARY	\$25	30% After Deductible
SPECIALIST	\$40	30% After Deductible
TELADOC	\$25	NOT COVERED
URGENT CARE	\$25	30% After Deductible
EMERGENCY ROOM	\$300	\$300
ALL OTHER	30% After Deductible	30% After Deductible
PHARMACY		
	RETAIL	MAIL ORDER
GENERIC	\$10/30 Day Supply	\$20/90 Day Supply
PREFERRED	\$30/30 Day Supply	\$60/90 Day Supply
NON-PREFERRED	\$60/30 Day Supply	\$120/90 Day Supply
SPECIALTY	\$100/30 Day Supply	\$200/90 Day Supply

If you use a non-network pharmacy, you are responsible for payment up front. You may be reimbursed based on the lowest contracted amount minus any applicable deductible or copayment amount.

HDHP Medical Plan

HDHP stands for High Deductible Health Plan. These plans offer lower premiums but have a higher deductible and out of pocket maximum and do not offer co-pays. The lack of co-pays makes the cost of care much more volatile because the member is responsible for 100% of the cost until they hit their deductible and 20% after the deductible. The HDHP does grant access to the HSA account with contributions from Hillman to help cover costs. Generally HDHP plans can be most useful for members who have little or no ongoing care and use their insurance primarily for preventive care.

HDHP MEDICAL PLAN RATES		
PREMIUMS PER PAY PERIOD		
	STANDARD RATES	HEALTHY HILLMAN RATES
ANNUAL SALARY OF LESS THAN \$50,000		
EMPLOYEE ONLY	\$112.00	\$52.00
EMPLOYEE + SPOUSE	\$185.00	\$125.00
EMPLOYEE + CHILD(REN)	\$158.00	\$98.00
EMPLOYEE + FAMILY	\$238.00	\$178.00
ANNUAL SALARY OVER \$50,000		
EMPLOYEE ONLY	\$127.00	\$67.00
EMPLOYEE + SPOUSE	\$228.00	\$168.00
EMPLOYEE + CHILD(REN)	\$190.00	\$130.00
EMPLOYEE + FAMILY	\$294.00	\$234.00

The HDHP provides access to an HSA account, which is a specialized savings account employees can contribute money to without paying taxes. The account is intended to help save up money to cover medical expenses. Hillman will contribute the amounts in the following chart for any employee enrolled in the HDHP that sets up an HSA account with Fidelity. Employer contributions are made each pay check. You must set-up your HSA within 90-days of eligibility.

EMPLOYER HSA CONTRIBUTIONS				
PREMIUMS PER PAY PERIOD				
	ANNUAL SALARY UNDER \$50,000		ANNUAL SALARY OVER \$50,000	
	Annual	Per Pay Period	Annual	Per Pay Period
EMPLOYEE ONLY	\$650.00	\$25.00	\$350.00	\$13.46
EMPLOYEE + SPOUSE	\$1,300.00	\$50.00	\$700.00	\$26.92
EMPLOYEE + CHILD(REN)	\$1,300.00	\$50.00	\$700.00	\$26.92
EMPLOYEE + FAMILY	\$1,300.00	\$50.00	\$700.00	\$26.92

HDHP MEDICAL PLAN HIGHLIGHTS		
DEDUCTIBLE		
	IN-NETWORK	OUT OF NETWORK
INDIVIDUAL	\$2,000	\$4,000
FAMILY	\$4,000	\$8,000
OUT-OF-POCKET MAXIMUM (SYMBOL)		
INDIVIDUAL	\$4,000	\$8,000
FAMILY	\$8,000	\$16,000
COPAYS		
PREVENTIVE CARE	\$0	30% After Deductible
PRIMARY	20% After Deductible	30% After Deductible
SPECIALIST	20% After Deductible	30% After Deductible
TELADOC	20% After Deductible	NOT COVERED
URGENT CARE	20% After Deductible	30% After Deductible
EMERGENCY ROOM	20% After Deductible	\$300
ALL OTHER	20% After Deductible	30% After Deductible
PHARMACY		
	RETAIL	MAIL ORDER
PREVENTIVE	No Cost	Not Covered
GENERIC	\$10/30 Day Supply	20% After Deductible
PREFERRED	20% After Deductible	20% After Deductible
NON-PREFERRED	20% After Deductible	20% After Deductible
SPECIALTY	20% After Deductible	20% After Deductible

If you use a non-network pharmacy, you are responsible for payment up front. You may be reimbursed based on the lowest contracted amount minus any applicable deductible or copayment amount.

Virtual Medicine

We provide a virtual medicine benefit through TELADOC for you and your covered dependents. TELADOC offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$25 (PPO plan) or \$45 (HDHP plan) per consultation. Virtual medicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling.

Visit www.teladoc.com to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room.



Hillman offers supplemental health plans through Sun Life, including Accident, Critical Illness, and Hospital Indemnity coverage. Each plan includes a \$50 annual Wellness Benefit for every covered family member who completes an eligible wellness screening, such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

For a detailed overview of these plans, scan the QR code.

Accident Coverage

Accident coverage provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. While health insurance helps with medical expenses, this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

PREMIUMS PER PAY PERIOD	
EMPLOYEE ONLY	\$3.46
EMPLOYEE + SPOUSE	\$6.45
EMPLOYEE + CHILD(REN)	\$7.37
EMPLOYEE + FAMILY	\$9.16



Critical Illness

Critical illness coverage provides a lump-sum payment if you're diagnosed with a covered illness or condition. This payment gives you the flexibility to use the money however you need it. Whether that's helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses. This plan offers guaranteed issue coverage, meaning there are no medical questions required to enroll. Benefits are only payable if the diagnosis or health event happens after your coverage begins. If the condition occurs before the coverage is effective, no benefits will be paid.

**Premiums Per Pay period**  
To see a detailed list of premiums by age for these plans refer to the benefits guide.

	BASE PLAN - \$15,000	PLUS PLAN - \$30,000
CONDITIONS SUCH AS: HEART ATTACK, KIDNEY FAILURE, STROKE, MAJOR ORGAN TRANSPLANT, CORONARY ARTERY BYPASS GRAFT AND ADVANCED ALZHEIMER'S DISEASE	\$15,000	\$30,000
CANCER BENEFITS		
INVASIVE CANCER	\$15,000	\$30,000
CARCINOMA IN SITU	\$3,750	\$7,500
SPECIFIED CHRONIC ILLNESSES*		
ILLNESSES SUCH AS: ADDISON'S DISEASE, CEREBRAL PALSY, CYSTIC FIBROSIS, HUNTINGTON'S CHOREA, LOU GEHRIG'S DISEASE (ALS), MULTIPLE SCLEROSIS AND MUSCULAR DYSTROPHY	\$3,750	\$7,500

\*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

Hospital Indemnity

Hospital Indemnity plans provide cash payments when an enrolled employee or their covered dependent are hospitalized. For more details on benefits and rates see benefits guide.

HOSPITAL INDEMNITY		
TIER	Premiums Per Pay Period	
EMPLOYEE	\$2.82	
EMPLOYEE + CHILD(REN)	\$4.70	
EMPLOYEE + SPOUSE	\$5.94	
EMPLOYEE + FAMILY	\$7.83	

Disability Insurance

Hillman Group offers disability coverage to protect you financially in the event you cannot work due to a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost to eligible employees. STD insurance protects a portion of your income if you become partially or totally disabled for a short period of time. You must be sick or disabled for at least seven (7) days before you can receive a benefit payment. Payments may last up to six (6) months. Certain exclusions and/or pre-existing condition limitations may apply. Please refer to your Summary Plan Description for details or contact the HR Department for specific benefits.

Basic and Voluntary Long Term Disability (LTD) Insurance

The Hillman Group provides Basic LTD at no cost to benefit eligible employees. This coverage replaces 50% of your income up to a maximum of \$2,000 per month depending on your annual earnings on the date of disability.

The Hillman Group also offers one Buy-Up LTD option shown below. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or the HR Department for details.

	LTD BUY-UP OPTION
MONTHLY MAXIMUM BENEFIT	\$10,000
ELIMINATION PERIOD	6 months
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
MONTHLY RATES	\$0.41 per \$100 of Covered Payroll

Pet Insurance

Hillman has partnered with Nationwide to provide access to pet insurance. Enrollment information will be posted on the 2026 Benefits Showcase.



Dental Benefits

Hillman Group offers affordable dental plan options for routine care and beyond. Coverage is available nationwide from Delta Dental of Ohio.



PREMIUMS PER PAY PERIOD		BASE PLAN	ENHANCED
EMPLOYEE ONLY		\$4.75	\$8.50
EMPLOYEE + SPOUSE		\$10.25	\$18.00
EMPLOYEE + CHILD(REN)		\$10.75	\$19.25
EMPLOYEE + FAMILY		\$14.50	\$25.50

ANNUAL DEDUCTIBLE		BASE PLAN		ENHANCED	
		IN-NETWORK	PREMIER & OUT-OF-NETWORK	IN-NETWORK	PREMIER & OUT-OF-NETWORK
INDIVIDUAL		\$50	\$50	\$25	\$25
	FAMILY	\$150	\$150	\$75	\$75

ANNUAL MAXIMUM					
PER PERSON		\$1,250	\$1,250	\$2,000	\$2,000

COVERED SERVICES						
Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	PREVENTIVE SERVICES		100%; deductible waived		80%; deductible waived	100%; deductible waived
	BASIC SERVICES					
Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	75%*	50%*	90%*		80%*	
Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	MAJOR SERVICES		\$1,250		\$1,250	\$2,000
	ORTHODONTICS					
ORTHODONTIC LIFETIME MAXIMUM	Not covered		50%*			
	Not covered		\$1,500			

\*After deductible

**In-Network dentist** offer the deepest discounts. **Premier Network dentists** offer significant discounts. Both will not balance-bill you and will file your claims. **Out of Network dentist** may balance-bill you for the difference between their submitted fee and Delta Dental's allowed amount, there are no discounts and you may need to file your own claims.

Vision Benefits

Hillman Group offers a comprehensive vision benefit provided by Vision Service Plan.



PREMIUMS PER PAY PERIOD		VSP CHOICE		
EMPLOYEE ONLY		\$1.75		
EMPLOYEE + SPOUSE		\$3.25		
EMPLOYEE + CHILD(REN)		\$3.75		
EMPLOYEE + FAMILY		\$5.50		
		NETWORK	NON-NETWORK REIMBURSEMENT	FREQUENCY

EXAMS			
COPAY	\$10	Up to \$45	ONCE EVERY PLAN YEAR

LENSES			
SINGLE VISION	\$25 copay	Up to \$30	ONCE EVERY PLAN YEAR
BIFOCAL	\$25 copay	Up to \$30	
TRIFOCAL	\$25 copay	Up to \$30	

CONTACTS (IN LIEU OF LENSES AND FRAMES)			
FITTING AND EVALUATION	Elective Contact Lens fitting and evaluation** services are covered in full once every other plan year, after a \$60 copayment	Not covered	ONCE EVERY PLAN YEAR
ELECTIVE	Up to \$150 allowance	Up to \$105 allowance	
MEDICALLY NECESSARY	Plan covers 100%*	Up to \$210	ONCE EVERY PLAN YEAR

FRAMES			
ALLOWANCE	Plan covers 100%, up to \$150 allowance*	Up to \$70 allowance	ONCE EVERY PLAN YEAR

\*After copay  
\*\*Fitting and Evaluation fee applied to contact lens allowance.

Life and Accidental Death Insurance

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

At no cost Hillman Group provides full-time employees Basic Life and AD&D insurance through Sun Life at 1 times your annual salary rounded to the next higher \$1,000, up to \$200,000.

Voluntary Life and AD&D Insurance

You may purchase additional Life and AD&D insurance through Sun Life. For rates and details on plan see the benefits guide:

- Employee coverage for up to 5 times annual salary, not to exceed \$750,000
- Spouse coverage in \$10,000 increments, up to \$100,000, not to exceed 50% of employees' basic and additional life coverage combined. Ends when spouse turns 70.
- Children in increments of \$5,000, up to \$10,000
- EOI form is required if employee elections exceed the lesser of 3 times annual salary or \$300,000 and for spouse elections exceeding \$10,000. Company and voluntary life benefits reduce after age 70.



Lyra EAP & Mental Health

All Hillman Employees and dependents have access to mental health care from Lyra Health, anytime and anywhere, at no cost.

Lyra's offerings include:

- 12 coaching and/or therapy sessions for you, your family and dependents (per person per year). Additional sessions and medication management support are available to those enrolled in the Hillman medical plan.
- Guided self-care with a coach who will create a plan specific to your mental health needs.
- On-demand access to Lyra Essentials, a self-care library for help with sleep, medication, stress relief and more.
- 24/7 confidential support for managers who have concerns about an employee's mental well-being.
- Work-Life services – Financial, Legal, Identity Theft, and Child, elder, pet care.



Create an account:



Hinge Health

Employees enrolled in a Hillman medical plan are automatically eligible for access to Hinge Health. Hinge Health offers virtual physical therapy for acute and chronic musculoskeletal issues as well as preventative offerings to keep joints healthy. Enroll at [hinge.health/enroll-today](https://hinge.health/enroll-today)



Open Enrollment 2026

OCTOBER 22 - OCTOBER 31 BY 5 PM ET



This brochure is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal Plan document and does not imply a guarantee of employment or a continuation of benefits. While this brochure is a tool to answer most of your questions, full details of the Plans are contained in the Summary Plan Descriptions (SPDs) which govern each Plan's operation. Whenever an interpretation of a Plan benefit is necessary, the actual Plan documents will be used.

Key Information for Open Enrollment

If you are a full-time employee of Hillman Group who is regularly scheduled for more than 30 hours a week, you are eligible for benefits. The elections you make are effective on the first day of month following date of hire.

Open Enrollment is the only time of year for all eligible employees to make insurance elections for the upcoming year.

All insurance elections must be made in Dayforce either through the Dayforce app or [dayforcehcm.com](https://dayforcehcm.com). To log into Dayforce use company code Hillman and your Dayforce employee ID number as your user name.

Important Terms

- Premium - the amount of money you pay to have insurance protection.
- Deductible - an amount you pay each year for eligible medical services or medications before the plan begins to pay its percentage.
- Out of Pocket Maximum - the most you could pay for covered medical expenses in a year. This includes deductibles, copays and coinsurance. Once you meet out of pocket max, the plan will pay all costs for the rest of the year towards medical and Rx that is covered under the plan.
- Co-Pay - a flat fee you pay on the spot each time you go to the doctor or fill a prescription.
- Coinsurance - percentage of the medical cost you pay after your deductible is met.
- EAP - employee assistance program.
- Spouse - legally married partner or State recognized domestic partner.
- Dependents - children up to age 26, biological, adopted, stepchild, disabled child over 26, or you are the legal guardian.



Important Contacts

Medical

UMR  
800-826-9781  
[www.umar.com](https://www.umar.com)

UMR Nurseline

877-950-5083  
[www.umar.com](https://www.umar.com)

Pharmacy

CVS Caremark  
833-844-5649  
[www.caremark.com](https://www.caremark.com)

Dental

Delta Dental of Ohio  
800-524-0149  
[www.memberportal.com](https://www.memberportal.com)

Vision

Vision Service Plan  
800-877-7195  
[www.vsp.com](https://www.vsp.com)

Health Savings Account

Fidelity  
800-835-5097  
[www.401k.com](https://www.401k.com)

Telemedicine

TELADOC  
800-Teladoc  
[www.teladoc.com](https://www.teladoc.com)

Life and AD&D

Sun Life  
888-444-0239  
[www.sunlife.com/account](https://www.sunlife.com/account)

Disability

Sun Life  
888-444-0239  
[www.sunlife.com/account](https://www.sunlife.com/account)

Mental Health and Employee Assistance

Lyra Health  
[www.hillman.lyrahealth.com](https://www.hillman.lyrahealth.com)

Virtual Physical Therapy

Hinge Health  
855-902-2777  
[www.hingehealth.com](https://www.hingehealth.com)

Hillman Group Benefits Department

513-851-4900 (or toll free at 800-800-4900) select option 4, then option 3 | [Benefits@hillmangroup.com](mailto:Benefits@hillmangroup.com)