2023 Summary of Benefits Salaried & Office Hourly Employees



EMPLOYEE BENEFIT	DESCRIPTION			COST	ELIGIBILITY DATE				
MEDICAL PLAN		IN-NETWORK	OUT-OF-NETWORK						
A) HSA Basic¹ Cigna	•Wellness/Preventive •Deductible Ind./Fam.² •Coinsurance - Medical³ •Copay - Rx Retail 30³ •Mail Order/Retail 90³ •OOP Max Ind./2-Person/Fam.	•100% •\$3,000/\$6,000 •80%/20% •\$15/\$30/\$60 •\$30/\$60/\$120 •\$6,000/\$9,1004 /\$12,000	•100% •\$6,000/\$12,000 •60%/40% •In-Network only •In-Network only •\$12,000/\$18,200 ⁴ /\$24,000	Employee contributions are based on salary,	Date of hire				
B) HSA Plus¹ Cigna	•Wellness/Preventive •Deductible Ind./Fam.² •Coinsurance - Medical³ •Copay - Rx Retail 30³ •Mail Order/Retail 90³ •OOP Max Ind./2-Person/Fam.	•100% •\$2,000/\$4,000 •80%/20% •\$15/\$30/\$60 •\$30/\$60/\$120 •\$6,000/\$8,150	•100% •\$4,000/\$8,000 •60%/40% •In-Network only •In-Network only •\$10,000/\$20,000	coverage level and wellness (tobacco or non-tobacco user) status and are deducted on a pretax basis. There is a spousal surcharge of \$50					
C) PPO Cigna	Wellness/Preventive Deductible Ind./Fam. Diagnosis/treatment office visit and specialist visit Coinsurance - Medical Covered Service ³ Copay - Rx Retail 30 Mail Order/Retail 90 OOP Max Ind./Fam.	•100% •\$750/\$1,500 •\$30 PCP/\$50 Specialist •75%/25% •\$15/\$30/\$60 •\$30/\$60/\$120 •\$3,000/\$6,000	•100% •\$4,000/\$8,000 •50% after deductible •50%/50% •In-Network only •In-Network only •\$5,000/\$10,000	per month if you choose to cover your spouse and they are eligible for coverage through an employer.	Date of hire				
		WELLNESS PR	OGRAM						
Castlight	Integrated health and well-bei shop" for your well-being need your activities, such as number in well-being challenges, and d	ds. Develop healthy h er of steps throughout	Company-paid	Date of hire					
SUPPLEMENTAL MEDICAL BENEFITS									
A) Critical Illness Insurance Voya Financial	Pays a lump-sum benefit if dia- on or after your coverage effec		Employee-paid. Age-based rates by coverage type and tobacco user status.	Date of hire					
B) Accident Insurance Voya Financial	Pays you benefits for specific i accident that occurs on or after		Employee-paid. Rates are determined by plan type elected (low or high plan).	Date of hire					
	EMPLOYEE ASSISTANCE PROGRAM (EAP)								
Employee Assistance Program (EAP) Cigna	Confidential 24-hour resource well as referrals to professional financial, child care, and elder of members, regardless of wheth Medical Plan.	al resources in your co care). Available to you	Company-paid	Date of hire					
DENTAL COVERAGE									
Delta Dental PPO Plus Premier	Diagnostic/Preventive Deductible Individual/Family Basic Restorative Major Services Calendar year maximum Orthodontics (up to age 19) Lifetime Orthodontic	•100% •\$50/\$150 •80% •50% •\$1,500 per person •50% •\$1,500		Employee contributions are determined by the level of coverage selected and are deducted on a pretax basis.	Date of hire				

NOTE: A Health Savings Account (HSA) is provided to all HSA participants. The Company provides base funding of \$200 for Individual or \$400 for 2-Person/Family coverage. For 2023, you may also contribute additional monies up to a combined total of \$3,850 for Individual or \$7,750 for 2-Person/Family coverage. Withdrawals from your HSA are not taxable if used to pay for qualified health care expenses. Unused funds roll over at year's end, and you may take them with you if you leave the plan or the Company. 2NOTE: If you elect 2-Person or Family coverage under the HSA, you must satisfy the Family deductible (collective) before the plan begins to share expenses for any individual.

³After deductible

⁴Individual within a family





EMPLOYEE BENEFIT	DESCRIPTION		соѕт		ELIGIBILITY DATE			
VISION CARE	FREQUENCY	COPAY						
Vision Service Plan (VSP) Choice	•Exam: every calendar year •Lenses: every calendar year •Frames: every other calendar year •Contacts (instead of glasses): every calendar year •Contact lens exam •\$15 copay •\$30 copay •\$130 allowance •\$120 allowance		Employee contributions are determined by the level of coverage selected. NOTE: Certain vision benefits are also available from non-VSP providers.		Date of hire			
	HEALTH AND DEPEND	ENT CARE FLEXIBLE SPENDING A	CCOUNTS					
A) Health Care Employees in an HSA plan cannot elect this benefit.	Employee may contribute up to \$3 out-of-pocket health care expensionext year, any balance above that	Employee contributions		Date of hire				
B) Dependent Care	Employee may contribute up to \$5 dependent care expenses. "Use-i	Employee contributions		Date of hire				
		DISABILITY PAY						
A) Short-Term Disability (STD) Reliance Standard	Up to 26 weeks of disability benef length of service. Your benefits will l occupational accidental injury or the sickness. If you're hospital confined disability, benefits will begin on yo	Company-paid		Date of hire				
B) Long-Term Disability (LTD) Reliance Standard	If employee is enrolled in LTD and LTD pays monthly benefit equal to per month. Maximum: \$10,000 per condition limitations.	Employees pay full premium; contribution is post-tax and based on age and salary.		Date of hire				
EMPLOYEE AND FAMILY LIFE AND ACCIDENT INSURANCE								
A) Basic Life and Accidental Death and Dismemberment (AD&D) Reliance Standard	Provides 2X your base annual sala	Company-paid		Date of hire				
B) Optional Life Insurance Plan Reliance Standard	Provides up to \$1 million in addition (capped at 8X base annual salary spouse; up to \$10,000 for your d Issue when first eligible: Employe or \$250,000; Spouse: \$50,000.	Employee-paid. Rates vary by age and amount of coverage.		Date of hire				
C) Personal Accident Insurance Life Ins. of North America	Additional AD&D coverage is available for employees and dependents in increments of \$10,000, up to \$500,000. Benefit amounts over \$150,000 cannot be greater than 10X your base annual salary.		Employee-paid Individual Plan Family Plan	Cost/Month \$.045/\$1,000 \$.065/\$1,000	Date of hire			
D) Business Travel Accident Plan Axis Ins. Company	Additional AD&D coverage is pro dismembered or dies while travel Benefit is 4X base annual salary. N	Company-paid		Date of hire				
	R	ETIREMENT BENEFITS						
401(k) Savings Plan Fidelity	Employees may contribute betwee matches \$1.00 for every dollar you Watts makes an automatic contribution of pay, whether or not you are material water and the second seco	N/A		First day of the month following three months of active employment				
EDUCATION								
Educational Assistance	Watts reimburses eligible employees for 100% of tuition plus the cost of books/lab fees for each business-related degree course they complete with a grade of "C" or better in an undergraduate course, and a minimum grade of "B" or better in a graduate course. Tuition reimbursement is subject to a maximum of two classes per semester and/or four classes per calendar year (up to the IRS limit of \$5,250 per calendar year).		Company-paid		90 days from date of hire; prior approval required			
	TI	ME AWAY FROM WORK						
A) Holiday Schedule	10 holidays are observed each year. See the company or your location's calendar for the complete schedule.		Company-paid		Date of hire			
В) РТО	Varies according to length of serv per-pay-period basis. Please see t	Company-paid		Date of hire				
FITNESS BENEFIT								

Watts reimburses you up to \$250 per year in health/fitness facility membership dues, exercise class fees or virtual fitness class subscriptions after four months of membership.