

Tap into your **BENEFITS**

2024 Benefits Overview

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YOUR 2024 BENEFITS

From no-cost preventive care to getting the right care when an injury or illness occurs — having access to affordable health care provides peace of mind. Watts makes this investment to help you and your family stay as healthy as possible and to provide financial protection when the unexpected happens.

This overview provides a high-level summary of your key benefits. To learn more about the full range of your benefits visit tapintowattsbenefits.com.



WATTS[®]



Medical Benefits

Watts offers you high-quality medical and prescription drug benefits. All plans provide 100% coverage for routine annual physicals (and associated diagnostic lab tests) and well-woman exams. Routine, age- and gender-appropriate screenings, such as mammograms and colonoscopies, are also 100% covered. Watts pays the majority of the costs for coverage and services for both in- and out-of-network providers. However, choosing in-network providers helps keep your costs lower.

MEDICAL PLAN OPTIONS

1. Choice of Two Different Health Plans with a Health Savings Account (HSA): HSA Basic and HSA Plus

- Both plans are high-deductible health plans with a company-funded savings account. Watts provides base funding of \$200 for Individual or \$400 for 2-Person/Family coverage.
- You may also contribute additional pretax monies up to a combined total of \$4,150 for Individual or \$8,300 for 2-Person/Family coverage for current or future health care expenses. If you are age 55 or older, you may make additional pre-tax catch-up contributions of up to \$1,000 a year.
- Your HSA balance stays with you after you leave the plan or the company.
- Prescriptions are on a copay basis **after you've met your deductible**.
- The HSA Basic plan has a higher deductible and lower payroll contributions, while the HSA Plus plan has a lower deductible and higher payroll contributions, giving you the flexibility to decide how you want to pay for your health care.

2. Preferred Provider Organization (PPO)

- The PPO is a low-deductible health plan that uses copays for doctor visits and prescription drugs.
- There isn't a company-funded account, but you can contribute to a Health Care Flexible Spending Account (FSA) to set aside money using pretax dollars for eligible medical, dental, or vision expenses.

For More Information

Visit myuhc.com or call UnitedHealthcare at **855-619-6727**.

All medical plan options include prescription drug coverage, offered through Express Scripts.

Medical Plans At-a-Glance

	HSA BASIC		HSA PLUS		PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual/2-Person or Family	\$3,000/ \$6,000	\$6,000/ 12,000	\$2,000/ \$4,000	\$4,000/ \$8,000	\$750/ \$1,500	\$4,000/ \$8,000
Deductible Rules	If enrolled in 2-Person or Family coverage, Family deductible must be satisfied before the plan begins sharing expenses for any individual.				If enrolled in 2-Person or Family coverage, no individual in the family has to satisfy more than the individual deductible.	
2024 Company-Funding into HSA Individual/2-Person or Family	\$200/\$400				No – but FSA is available	
Out-of-Pocket Maximum Individual/2-Person or Family	\$6,000/ \$9,100*/ \$12,000	\$12,000/ \$18,200*/ \$24,000	\$6,000/ \$8,150	\$10,000/ \$20,000	\$3,000/ \$6,000	\$5,000/ \$10,000
Routine Preventive Care [†]	No charge					
Diagnosis/Treatment Office Visit and Specialist Visit	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$30 PCP/ \$50 Specialist	50% after deductible
Diagnostic/Imaging Tests	20% after deductible	40% after deductible	20% after deductible	40% after deductible	25% after deductible	50% after deductible
Emergency Room Visit	20% after deductible				\$150 copay	
Hospital Inpatient Services	20% after deductible	40% after deductible	20% after deductible	40% after deductible	25% after deductible	50% after deductible
Prescription Drugs (via Express Scripts)						
Network Only						
Generic	\$15 copay after deductible				\$15 copay	
Preferred Brand	\$30 copay after deductible				\$30 copay	
Non-preferred Brand	\$60 copay after deductible				\$60 copay	
Mail Order or 90-Day Retail Supply						
Generic	\$30 copay after deductible				\$30 copay	
Brand	\$60 copay after deductible				\$60 copay	
Non-preferred Brand	\$120 copay after deductible				\$120 copay	

* Individual within a family

† Includes pediatric, GYN, family planning, screenings, and immunizations

Consider Your Benefit Choices Carefully

Except during Open Enrollment, you can't change certain benefit elections unless you have a qualified change in status, such as marriage, divorce, the birth or adoption of a child, or certain employment-related status changes.

REGISTER WITH EXPRESS SCRIPTS FOR EASY ACCESS TO YOUR PRESCRIPTION DRUG BENEFITS

Manage your medications from anywhere, any time through [express-scripts.com](https://www.express-scripts.com) and the Express Scripts mobile app. Get access to:

- **Savings:** Compare prices of medications at multiple pharmacies and get free standard shipping.
- **Convenience:** Get up to a 90-day supply of long-term medication sent to your home. Order refills, check order status, track shipments, and print forms and ID cards.
- **Expert assistance from a pharmacist:** Get the latest information on your medication, including possible side effects and interactions.
- **Flexibility:** With the mobile app, find nearby pharmacies, get directions, and use your virtual ID card while on the go.



Well-Being Support Services

SERVICE	DESCRIPTION	CONTACT
UHC Medical Benefits	A fast and easy way to find in-network health care providers, learn about your medical coverage or check on claims.	855-619-6727 or myuhc.com
CIGNA Employee Assistance Program (EAP)	Access 24/7 free, confidential assistance for you and your family on a variety of personal, work, or family issues.	888-371-1125
Behavioral Health	Tools and resources at your fingertips — learn about a variety of behavioral health solutions and well-being topics at myuhc.com/mental-health .	855-619-6727 or myuhc.com/liveandworkwell.com
Virtual Care Providers	Optum Virtual Care Teladoc AmWell Doctor on Demand Walmart Health Virtual Care	844-852-9510 or myuhc.com 800-835-2362 or uhc.teladoc.com 855-635-1393 or patients.amwell.com 800-997-6196 or doctorondemand.com 888-262-0118 or walmarthealth.com/virtualcareuhc

Flexible Spending Accounts (FSAs)

Watts offers two Flexible Spending Accounts (FSAs) to enable you to save for eligible expenses with pretax dollars:

HEALTH CARE FSA

Health Care FSA contributions may be used to pay for eligible out-of-pocket health care expenses (e.g., your plan deductible and coinsurance). You might consider contributing to a Health Care FSA if you're in the PPO or if you decline medical coverage with Watts. You're not eligible to contribute to the Health Care FSA if you're enrolled in one of the HSA medical plan options.

DEPENDENT CARE FSA

Dependent Care FSA contributions may be used to pay for eligible caregiving expenses for a child or adult that enable you to work, such as day care or elder care. (Health care expenses can't be reimbursed through this account.)

FSA Reminders

- **You must enroll every year during Open Enrollment:** If you want to contribute to a Health Care and/or Dependent Care FSA, you must enroll. Your elections don't carry over from one year to the next.
- **Maximum Contributions:** You can contribute up to \$3,050 in a Health Care FSA and up to \$5,000 in a Dependent Care FSA for 2024.
- **Keep Receipts:** FSAs are governed by IRS regulations, which require you to be able to substantiate purchases made on a Health Care FSA debit card.
- **"Use It or Lose It":** FSAs are not savings accounts. Remaining balances in the Health Care FSA up to \$610 will carry over into the 2024 plan year (provided you elect a Health Care FSA for the 2024 plan year), but any amount above that will be forfeited. Any amount remaining in the Dependent Care FSA as of December 31 after all eligible expenses have been reimbursed will be forfeited; there is no opportunity to carry over any amount from the Dependent Care FSA.
- **Enrolling in an HSA with a Prior Year Health Care FSA Balance:** If you have a balance in your Health Care FSA and enroll in the HSA medical plan the following calendar year, your carryover funds will be placed into an HSA-compatible Limited Purpose FSA. This will allow you to maintain HSA eligibility while keeping your Health Care FSA funds for vision and dental expenses.



Well-Being Program

Watts is committed to helping you and your family live your healthiest lives, with a wide range of plans and programs to support you on your health journey.

HEALTH AND WELL-BEING PLATFORM (VIA CASTLIGHT)

An integrated health and well-being platform, Castlight provides a “one-stop shop” for your well-being needs. Develop healthy habits by tracking your activities, participate in well-being challenges, and earn rewards. Visit tapintowattsbenefits.com for more information.

DIABETES PREVENTION PROGRAM (VIA LIVONGO*)

Livongo helps members focus on lifestyle and behavior changes to prevent diabetes. It's available at no cost to you and your covered dependents when you're enrolled in a Watts medical plan and meet the program eligibility requirements. When you register, you'll get access to:

- Advanced tracking technology
- Guidance on healthy habits
- Unlimited one-on-one coaching

NEW FOR 2024! WEIGHT MANAGEMENT PROGRAM (VIA LIVONGO)

Smart technology combined with one-on-one coaching helps you establish life-long healthy habits so you can achieve your weight-loss and other health goals. A convenient app syncs with your smart watch and other activity trackers, and an advanced smart scale automatically updates your weight to generate health summary reports you can choose to share with your care team. Receive immediate feedback on your food choices when you log your meals through the app, which you can easily do through photos or voice. Livongo's weight management program provides an easy, seamless experience that is based on your own individual needs — all at no cost to you.

BACK AND JOINT HEALTH (VIA HINGE HEALTH*)

Physical therapy is available in the privacy of your own home with a customized plan that may include:

- App-guided exercise therapy
- Free wearable sensors
- Personal care team

* Available to you and your covered dependents when you're enrolled in a Watts medical plan and you meet the program eligibility requirements.



PARENTING AND CAREGIVING TECHNIQUES (VIA RETHINK)

Learn how to raise more resilient children, including those with developmental and learning challenges, as well as how to manage other challenges of modern day parenting. Through the Rethink app, enjoy daily sessions and over 260 science-based mini-courses covering a wide array of parenting and caregiving topics. Learn and apply new skills to improve your health, happiness, and well-being. In addition to digital training, you'll have access to expert consultations with board certified behavior analysts.

NEW FOR 2024! FAMILY BUILDING BENEFIT (VIA PROGYNY)

There are many different ways to build a family. Now, regardless of which path you choose, help is available:

- Receive up to \$20,000 per lifetime in financial assistance toward adoption or surrogacy.
- Access a network of top fertility specialists across the U.S.
- Get unlimited clinical and emotional support from a dedicated Patient Care Advocate.
- Receive up to two “Smart Cycles” to cover a variety of fertility needs such as in-vitro fertilization, frozen embryo transfer, and egg freezing.

Adoption benefits are available to all regular full-time employees; surrogacy and fertility benefits are available to employees and their spouses enrolled in a Watts medical plan. Some benefits may be taxable when you use them.



Employee Contributions

While Watts pays most of the cost of your medical and dental coverage, you also share in the cost. Watts offers lower employee contributions for medical coverage for non-tobacco users. Simply certify that you and your eligible dependents are tobacco-free, which includes cigarettes, e-cigarettes, pipes, cigars, chew, or any other tobacco product. If you don't make a change to your current wellness election during Open Enrollment, you'll have the same tobacco or non-tobacco user status in the following year.

If your spouse has coverage available through an employer and you enroll your spouse in the Watts plan, there will be a \$50/month surcharge for enrollment. Be sure to consider any changes to your spouse's employment status that may have occurred during the last year and update your election accordingly. Otherwise, you'll have the same spousal election for the following year.

Your contributions are made on a pretax basis through automatic payroll deductions as follows (\$50 spousal surcharge is not included in the costs below).

Your 2024 Medical, Dental, and Vision Contributions (Monthly)*

MEDICAL OPTIONS – WITH TOBACCO-FREE PLEDGE						
	HSA BASIC		HSA PLUS		PPO PLAN	
	Annual salary less than \$50k	Annual salary \$50k or more	Annual salary less than \$50k	Annual salary \$50k or more	Annual salary less than \$50k	Annual salary \$50k or more
Employee Only	\$60	\$90	\$122	\$183	\$309	\$463
Employee + Child(ren)	\$94	\$140	\$192	\$287	\$486	\$730
Employee + Spouse	\$117	\$176	\$241	\$357	\$590	\$884
Family	\$180	\$270	\$325	\$509	\$741	\$1,112

MEDICAL OPTIONS – WITHOUT TOBACCO-FREE PLEDGE						
	HSA BASIC		HSA PLUS		PPO PLAN	
	Annual salary less than \$50k	Annual salary \$50k or more	Annual salary less than \$50k	Annual salary \$50k or more	Annual salary less than \$50k	Annual salary \$50k or more
Employee Only	\$78	\$117	\$159	\$238	\$402	\$601
Employee + Child(ren)	\$122	\$183	\$250	\$373	\$633	\$948
Employee + Spouse	\$152	\$228	\$292	\$464	\$767	\$1,150
Family	\$234	\$351	\$400	\$662	\$963	\$1,445

* Your contributions for 2024 will be based on your salary as of Dec. 31, 2023.

DENTAL PLAN	
Employee Only	\$11.00
Employee + Child(ren)	\$21.50
Employee + Spouse	\$32.00
Family	\$43.00

VISION PLAN	
Employee Only	\$9.86
Employee + Child(ren)	\$15.86
Employee + Spouse	\$15.53
Family	\$25.56

Choosing Your Benefits

Enroll on UltiPro by going to tapintowattsbenefits.com > **New for 2024** > **Enroll in benefits now.**

IMPORTANT INFORMATION ABOUT DEPENDENTS

Eligible dependents include:

- **Lawful spouse:** A former spouse isn't eligible.
- **Dependent child:** A child born to you; a child legally adopted by you; a stepchild; or a grandchild, who is considered your dependent for federal income tax purposes.

- **Disabled child:** A child who's 26 or more years old, unmarried, and primarily supported by you, and who's incapable of self-sustaining employment by reason of mental or physical disability, which arose while the child was covered as a dependent under this plan or covered as a dependent under a prior plan, with no break in coverage. Proof must be submitted to the carrier within 31 days if the child ceases to qualify as a dependent.

Required Notices

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIP)

Signed into law in order to expand state CHIP eligibility to more children and expectant mothers with an extended 60-day time frame to coordinate any changes to employer health elections in the event of gain or loss of eligibility and/or a subsidy under Medicaid or CHIP.

CONTINUED COVERAGE UNDER COBRA

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you and your covered dependents may be able to continue your health coverage if you lose your health care coverage as the result of certain qualifying events. Contact the Human Resources Department for more information.

HIPAA REGULATIONS HELP TO PROTECT YOUR PRIVACY

The privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) help to ensure that your health care-related information stays private. New employees will receive a Privacy Practice Notice, which outlines the ways in which the medical plan may use and disclose protected health information (PHI). The notice also describes your rights. For more information, contact the Human Resources Department.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under federal law, health care plans may not restrict any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother and with the mother's consent, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

Under the Women's Health and Cancer Rights Act, group health plans must make certain benefits available to participants of health plans who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy was performed
- Any necessary surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical conditions related to the mastectomy, including lymphedema

Our medical plans comply with these requirements. Benefits for these items are similar to those provided under the plan for similar types of medical services and supplies.