

**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Watts Water Technologies, Inc.  
 Summary of Benefits: Accident Protection Plan  
 Policy # 932383  
 Plan Effective Date: 01/01/2025

**Accident Insurance - Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.**

The Accident Protection Plan helps protect you and your family from costly expenses associated with an accident. All benefits are paid directly to you and can be used towards any expense.

**Your Accident Protection Plan highlights:**

**All Active Regular Full Time Employees working a minimum of 30 hours per week**

<b>Benefits Payable*</b>	<b>Maximum Amount Payable per Insured</b>	
<i>*All Benefits are payable once per covered accident unless otherwise noted</i>		
<b>Initial Care</b>		
Ground Ambulance	\$300	\$600
Air Ambulance	\$1,250	\$2,500
Emergency Room Treatment	\$200	\$300
Physician Office/Urgent Care <i>(1 per covered accident)</i>	\$75	\$120
<b>Hospital Care</b>		
Hospital Admission <i>(1 per covered accident)</i>	\$1,125	\$2,000
Hospital Confinement <i>(up to 365 days per year)</i>	\$350	\$450
Hospital ICU Admission <i>(1 per covered accident)</i>	\$2,250	\$4,000
Hospital ICU Confinement <i>(up to 30 days per year)</i>	\$525	\$700
<b>Follow Up Care</b>		
<b>Appliances Benefit</b>		
- Wheelchair	\$225	\$300
- Knee Scooter	\$225	\$300
- Knee Immobilizer	\$225	\$300
- Lumbar Spine Brace	\$225	\$300
- Walking Boot	\$150	\$200
- Walker	\$150	\$200
- Crutches	\$150	\$200
- Leg Brace	\$150	\$200
- Cervical Collar	\$150	\$200
- Cane	\$75	\$100
- Ankle Brace	\$75	\$100
- Ankle Boot	\$75	\$100
- Air Cast	\$75	\$100
Follow up Physician Visit <i>(5 per covered accident)</i>	\$75	\$120

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Major Diagnostic Exam (1 per plan year)		
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	\$200	\$500
Minor Diagnostic Exam (1 per plan year)		
- X-ray; or a laboratory test	\$40	\$75
Prosthetic		
- One Device	\$625	\$1,500
- Two or More Devices	\$1,000	\$2,400
Rehabilitation Facility (per day up to 30 days)	\$150	\$225
Rehabilitation Therapy (per visit up to 10 Visits)	\$40	\$75
<b>Common Injuries</b>		
Abdominal/Thoracic Surgery		
- Surgery to repair	\$1,000	\$2,500
- Exploratory without repair	\$100	\$250
Arthroscopic Surgery	\$200	\$500
Cranial Surgery	\$200	\$500
Eye Surgery		
- Removal of foreign body	\$80	\$120
- Surgical Repair	\$275	\$420
Hernia Surgery	\$200	\$500
Non-Specific Surgery		
- General Anesthesia	\$200	\$500
- Conscious Sedation	\$100	\$250
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery		
- Surgery to repair one	\$400	\$1,000
- Surgery to repair more than one	\$800	\$2,000
- Exploratory without repair	\$133	\$375
Blood/Plasma/Platelets	\$500	\$650
Burns		
- 2nd Degree (at least 36% of body surface)	\$938	\$1,300
- 3rd Degree (9 to 34 sq. inches)	\$1,875	\$2,600
- 3rd Degree (35 or more sq. inches)	\$12,500	\$22,000
- Skin Graft pays 25% of burn benefit		

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Coma	\$14,500	\$20,000
Concussion	\$175	\$450
Dislocations	<b>Surgically Corrected/Non-Surgically Corrected</b>	
- Hip	\$6,400 / \$3,200	\$8,000 / \$4,000
- Knee Cap (Patella)	\$3,627 / \$1,813	\$4,000 / \$2,000
- Ankle	\$2,400 / \$1,200	\$2,667 / \$1,333
- Foot (except toes)	\$2,400 / \$1,200	\$2,667 / \$1,333
- Elbow	\$1,440 / \$720	\$1,600 / \$800
- Collar Bone (Sternoclavicular)	\$1,440 / \$720	\$1,600 / \$800
- Hand	\$1,440 / \$720	\$1,600 / \$800
- Lower Jaw	\$1,440 / \$720	\$1,600 / \$800
- Shoulder Blade	\$1,440 / \$720	\$1,600 / \$800
- Wrist	\$1,440 / \$720	\$1,600 / \$800
- Collar Bone (Acromioclavicular separation)	\$800 / \$400	\$889 / \$444
- Finger	\$800 / \$400	\$889 / \$444
- Toe	\$800 / \$400	\$889 / \$444
Emergency Dental Work		
- Crown(s)	\$300	\$480
- Extraction(s)	\$100	\$180
Family Child Daycare	\$30	\$72
- per day up to 30 days per covered accident		
Fractures	<b>Surgically Corrected/Non-Surgically Corrected</b>	
	<b>Chip Fractures: 25% of the Surgically Corrected Amount</b>	
- Skull (Depressed, except bones of face or nose)	\$5,000 / \$2,500	\$10,000 / \$5,000
- Sternum	\$5,000 / \$2,500	\$10,000 / \$5,000
- Hip, Thigh (Femur)	\$5,000 / \$2,500	\$10,000 / \$5,000
- Skull (Simple, except bones of face or nose)	\$2,708 / \$1,354	\$5,556 / \$2,778
- Leg (from top of tibia to ankle joint)	\$2,708 / \$1,354	\$5,000 / \$2,500
- Pelvis (Excluding Coccyx)	\$2,708 / \$1,354	\$5,000 / \$2,500
- Vertebrae (body of)	\$2,708 / \$1,354	\$5,000 / \$2,500
- Sacral Sacrum	\$1,000 / \$500	\$2,000 / \$1,000
- Face or Nose (except teeth)	\$1,000 / \$500	\$2,000 / \$1,000
- Upper Arm (Elbow to Shoulder)	\$1,000 / \$500	\$2,000 / \$1,000
- Upper Jaw (except Alveolar process)	\$1,000 / \$500	\$2,000 / \$1,000
- Ankle	\$1,000 / \$500	\$2,000 / \$1,000

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- Foot (except Toes)	\$1,000 / \$500	\$2,000 / \$1,000
- Forearm, Hand, Wrist (except Fingers)	\$1,000 / \$500	\$2,000 / \$1,000
- Kneecap	\$1,000 / \$500	\$2,000 / \$1,000
- Lower Jaw (except Alveolar process)	\$1,000 / \$500	\$2,000 / \$1,000
- Shoulder Blade or Collarbone	\$1,000 / \$500	\$2,000 / \$1,000
- Vertebral Process	\$1,000 / \$500	\$2,000 / \$1,000
- Coccyx	\$833 / \$417	\$1,556 / \$778
- Finger or Toe	\$375 / \$188	\$667 / \$333
<b>Lacerations</b>		
- Greater Than 15 cm	\$30	\$60
- 5 cm - 15 cm	\$50	\$120
- Less Than 5 cm	\$200	\$480
- Not Requiring Sutures	\$400	\$960
<b>Lodging</b>		
- per day up to 30 days per covered accident for treatment more than 100 miles away	\$150	\$225
<b>Medical Supplies</b>		
- Over-the-counter (1 time per plan year)	\$13	\$36
<b>Paralysis</b>		
- Hemiplegia	\$5,000	\$12,000
- Paraplegia	\$5,000	\$12,000
- Quadriplegia	\$10,000	\$24,000
<b>Ruptured / Herniated Disc</b>		
	\$400	\$960
<b>Transportation</b>		
- 3 trips per covered accident for treatment more than 100 miles away	\$400	\$400
<b>Organized Sporting Activity Injury</b>		
Payable for all covered persons	Increases Follow Up Care and Common Injuries benefits by 25%	
<b>Plan Provisions</b>		
Portability - Included	You can take your coverage with you if you leave Watts Water Technologies	

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## Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur on or after the effective date and while coverage is in force.
Who pays for my coverage?	Your employer has made coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, working a minimum of 30 hours per week, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

### Other Important Details:

**This Summary of Benefits sheet is an overview of the coverage being offered. This is not a contract. For detailed information, please refer to your certificate of coverage.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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**If you need to file a claim or have any questions:**

- Call 800-539-0038 or visit the member portal at myuhcfc.com to file a claim
- Employees enrolled in both UHC health and supplemental health plan will receive support through UHC's Benefit Assist service following a qualifying critical illness diagnosis, or serious accident. Benefit Assist reviews and auto-adjudicates Wellness and some Accident/Critical Illness claims and/or connects you with a claims specialist to guide you through the process and ensure timely benefit payouts
- Watch this video on Benefit Assist by scanning the QR code to the right



## Exclusions and Limitations\*

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for treatment received outside of the United States.

*\*The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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### Accident Protection Plan Cost Summary

Monthly Rates	Voluntary	
Quoted Rates - Per Employee Per Month	Option A	Option B
Employee Only	\$4.92	\$8.22
Employee & Spouse	\$7.85	\$13.12
Employee & Children	\$10.64	\$17.70
Employee & Spouse & Children	\$16.16	\$26.91

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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## Actively working to get your benefit payout to you

### With UnitedHealthcare Benefit Assist in your corner, the claims process is easier

If you're a UHC health plan member with a supplemental health plan – like Accident and Critical Illness – it's good to know you've got Benefit Assist looking out for you. The service, included at no additional cost, is designed to help make sure you get the benefits you're eligible for – and get them easier.

#### Here's how Benefit Assist does the heavy lifting for you:



#### Review

Benefit Assist will review your eligible medical claims



#### Support

If any of your medical claims appear to qualify for a supplemental health plan benefit payout, you will either be paid automatically or contacted directly\*



#### Connect

When an eligible event is not paid automatically, a claims specialist may help you submit your supplemental health plan claim and get your eligible benefit payout

If you have any questions or have not heard from UHC Benefit Assist after an eligible event, please call 800-539-0038 for assistance

\*Calls may appear on caller ID as Personify Health, Unknown or an 888 number.  
continued

## There's no obligation to use Benefit Assist to file your supplemental health plan claim



### Watch this video on Benefit Assist

Watch this video on Benefit Assist  
Click the image or scan the QR code to the right with  
your smartphone



## Initiate a claim

Visit the member portal at [myuhcfc.com](https://myuhcfc.com) or call 1-800-539-0038

United  
Healthcare®

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy. For more details, contact your broker or UnitedHealthcare sales representative.

Specialty benefits and programs may not be available in all states or for all group sizes. Components subject to change.

These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, contact your company or UnitedHealthcare.

**UnitedHealthcare Accident Protection** product is provided by UnitedHealthcare Insurance Company. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

**UnitedHealthcare Critical Illness** product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits and terms under which the policy may be continued in force or discontinued. For costs and complete coverage details, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

**UnitedHealthcare Hospital Indemnity** product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: Hospital indemnity coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. UnitedHealthcare Insurance Company is located in Hartford, CT.