2025 Summary of Benefits Production Employees



EMPLOYEE BENEFIT	DESCRIPTION			соѕт	ELIGIBILITY DATE
MEDICAL PLAN		IN-NETWORK	OUT-OF-NETWORK		
A) HSA Basic¹ UnitedHealthcare	Wellness/Preventive Deductible Ind./Fam.² Coinsurance — Medical³ Copay — Rx Retail 30³ Mail Order/Retail 90³ OOP Max Ind./2-Person/Fam.	• 100% • \$4,000/\$8,000 • 80%/20% • \$15/\$30/\$60 • \$30/\$60/\$120 • \$6,000/\$9,1004/\$12,000	• 100% • \$8,000/\$16,000 • 60%/40% • In-Network only • In-Network only • \$12,000/\$18,200 ⁴ /\$24,000	Employee contributions are based on salary, coverage level and wellness (tobacco or non-tobacco user) status and are deducted on a	60 days from date of hire
B) HSA Plus¹ UnitedHealthcare	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	pretax basis. There is a spousal surcharge of \$50 per month if you choose to cover your spouse and they are eligible for coverage through an employer.	
C) PPO UnitedHealthcare	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% • \$1,000/\$2,000 • \$30 PCP/\$50 Specialist • 75%/25% • \$15/\$30/\$60 • \$30/\$60/\$120 • \$4,000/\$8,000	 100% \$4,000/\$8,000 50% after deductible 50%/50% In-Network only In-Network only \$8,000/\$16,000 		60 days from date of hire

¹ NOTE: A Health Savings Account (HSA) is provided to all eligible HSA participants. The Company provides one-time base funding of \$200 for Individual or \$400 for 2-Person/Family coverage. For 2025, you may also contribute additional monies up to a combined total of \$4,300 for Individual or \$8,550 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.

⁴ Individual within a family

WELLNESS PROGRAM	S				
A) Castlight	Integrated health and well-being pl needs. Develop healthy habits by t the day, participate in well-being c	racking your activities, such a	Company-paid	Date of hire	
B) Family Building Benefit Progyny	Support for building your family regardless of which path you choose, with benefits for fertility, adoption and surrogacy.			Company-paid, with employees paying some cost toward fertility benefits through medical claims.	60 days from date of hire
SUPPLEMENTAL MEDIC	CAL BENEFITS				
A) Critical Illness Insurance UnitedHealthcare	Pays a lump-sum benefit if diagnos coverage effective date.	sed with a covered illness or condition on or after your		Employee-paid. Age-based rates by coverage type and tobacco user status.	60 days from date of hire
B) Accident Insurance UnitedHealthcare	Pays you benefits for specific injurie or after your coverage effective date	you benefits for specific injuries and events resulting from a covered accident that occurs on er your coverage effective date.			60 days from date of hire
EMPLOYEE ASSISTANC	CE PROGRAM (EAP)				
Employee Assistance Program (EAP) Cigna	professional resources in your com	esource for counseling and support services as well as referrals to in your community (e.g., legal, financial, child care, and elder care). ur household members, regardless of whether or not you participate in a		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% • \$0% • \$1,500 per person • 50% • \$1,500		Employee contributions are determined by the level of coverage selected and are deducted on a pretax basis.	60 days from date of hire
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.		60 days from date of hire

² NOTE: 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.

³ After deductible

EMPLOYEE BENEFIT	DESCRIPTION		COST	
	ENT CARE FLEXIBLE SPENDING ACCOUNTS	3001		ELIGIBILITY DATE
A) Health Care Fidelity	Employee may contribute up to \$3,200 for reimbursement of eligible out-of-pocket health care expenses. Carryover up to \$660 into 2026, any balance above that is forfeited. "Use-it-or-Lose-it" account. Employees in an HSA plan cannot elect this benefit.		ntributions	60 days from date of hire
B) Dependent Care Fidelity	Employee may contribute up to \$5,000 for reimbursement of eligible dependent care expenses. "Use-it-or-Lose-it" account.		ntributions	60 days from date of hire
DISABILITY PAY				
A) Short-Term Disability (STD) Reliance Standard	Up to 26 weeks of disability benefits based on 60% of base salary. Your benefits will begin on the 1st day following a non-occupational accidental injury or the 8th day following a non-occupational sickness. If you're hospital confined due to your non-occupational disability, benefits will begin on your first day of hospital confinement.		id	60 days from date of hire
B) Long-Term Disability (LTD) Reliance Standard	If employee is enrolled in LTD and still disabled at end of 26 weeks, LTD pays monthly benefit equal to 60% of base salary. Minimum: \$100 per month. Maximum: \$3,000 per month. Subject to pre-existing condition limitations.	Employees pay full premium; contribution is post-tax and based on age and salary.		60 days from date of hire
EMPLOYEE AND FAMIL	Y LIFE AND ACCIDENT INSURANCE			
A) Basic Life and Accidental Death and Dismemberment (AD&D) Reliance Standard	Provides 1X your base annual salary. \$25,000 minimum.	Company-paid		60 days from date of hire
B) Optional Life Insurance Plan Reliance Standard	Provides up to \$1 million in additional life insurance for employees (capped at 8X base annual salary); up to \$250,000 for your spouse; up to \$10,000 for your dependent children. Guaranteed Issue when first eligible: Employee: lesser of 3X base annual salary or \$250,000; Spouse: \$50,000.	Employee-paid. Rates vary by age and amount of coverage.		60 days from 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 Ind. Plan Family Plan	Cost/ Month \$.045/\$1,000 \$.065/\$1,000	60 days from date of hire
D) Business Travel Accident Plan AIG	24/7 assistance services covering medical, travel, concierge assistance and more while traveling.	Company-paid		60 days from date of hire
RETIREMENT BENEFIT	s			
401(k) Savings Plan Fidelity	Employees may contribute between 1% and 60% of pay, up to federal limits. Watts matches \$1.00 for every dollar you contribute up to 4% of your pay. Watts makes an automatic contribution to your account equal to 2% of pay, whether or not you are making your own contributions.	N/A		First day of the month following three months of active employment
LEGAL INSURANCE BE	NEFIT			
ARAG Legal Insurance	Provides legal assistance with wills, divorce, traffic troubles, trusts and other covered legal matters. Coverage available in person or by phone.	Employee-paid \$18.78/month		60 days from date of hire
EDUCATION				
Educational Assistance	Tuition and expenses for undergraduate and graduate-level courses may be approved for reimbursement of up to \$5,250 (IRS limit) per calendar year if the policy criteria is met.	Company-paid		90 days from date of hire; prior approval required
TIME AWAY FROM WO	як			
A) Holiday Schedule	See the company or your location's calendar for the complete holiday schedule.		Company-paid	
В) РТО	s according to length of service. PTO days are accrued on a per-pay-period basis. Please act your HR Partner for more information about the PTO policy.		id	Date of hire
C) Maternity/Parental Leave	Up to 8 weeks of paid leave for birth or adoption of a child. Company-paid		id	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 consecutive months of membership in a calendar year.

EMPLOYEE DISCOUNT PROGRAMS					
Tickets at Work	Achieve significant savings on a wide variety of goods and services.	No-cost membership	Date of hire		
Perks at Work	In addition to significant savings on goods and services, you can take advantage of free, online classes (live and recorded) through the Community Online Academy (COA).	No-cost membership	Date of hire		

This summary contains highlights only and is subject to change. In the event of any conflict between the information in this summary and the official plan document, the plan document will govern. **NOTE:** Benefits are reviewed and updated annually, typically in November of each year. Open Enrollment information and any changes to contributions are communicated at that time.

Revised 2025 PRD