



Wellness & Benefits Guide 2024



Table of Contents



Stay Engaged

Welcome to your 2024 Benefit Guide	4
Who Pays	4
Benefit Offering Directory	5
Benefit Enrollment Information.....	6
Insurance Glossary	8



Physical Wellbeing

Medical Plans	10
Copay Plan	11
\$1,700 HSA Plan.....	12
\$2,400 HSA Plan.....	13
Wellness Incentive	15
Tobacco Cessation	16
Prescription Drug Coverage - Including Mail Order	17
Health Savings Account	18
Teladoc	19
Know Where to Go	20
Employee Assistance Program - Health Advocate.....	21
Dental Insurance - Delta Dental	22
Vision Insurance - VSP	23



Financial Wellbeing

Life and AD&D / Supplemental Life and AD&D	25
Short and Long-Term Disability.....	26
AFLAC	27
401(K) Retirement Plan.....	31



Work/Life Wellbeing

Corporate Discount Programs	33
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Stay
Engaged



Welcome to Your 2024 Benefit Guide

Watsco is proud to serve you and your family through our 2024 Health and Welfare Benefits Plan. We understand that our employees have diverse needs, and so we have developed a well-rounded plan capable of helping to protect you and your family members in the case of illness or injury.

This Benefits Information Guide provides necessary plan and program information to help you understand your many benefit options and ultimately enroll in the benefits that work best for you and your family for the 2024 Plan Year. We hope that our guide can be an effective and comprehensive resource while you consider your benefit elections.

Who Pays for Benefits?

Benefits	You Pay	Company Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	X
Employee Assistance Program		X
Health Savings Account (HSA)	X	X
Basic Life and AD&D Insurance		X
Supplemental Life & AD&D	X	
Short-Term Disability	X	X
Long-Term Disability	X	
AFLAC Supplemental Benefits	X	

Benefit Offering Directory

Benefits	Carrier	Contact Information
Medical Coverage	BlueCross/BlueShield	888-233-3197 myhealthtoolkitfl.com
Personal Health Advocate	Health Advocate	866-799-2655 healthadvocate.com
Telemedicine	Teladoc	1-800-835-2362 teladoc.com/go
Dental Coverage	Delta Dental	800-422-4234 deltadentalins.com
Vision Coverage	VSP	800-877-7195 vsp.com
Health Savings Account	Bank of America	866-791-0250 myhealth.bankofamerica.com
Employee Assistance Program	Health Advocate	866-799-2728 members.healthadvocate.com
Life & AD&D <i>Basic Life, AD&D, Short and Long Term Disability</i>	The Hartford	877-936-5340 abilityadvantage.thehartford.com
Supplemental Benefits <i>Critical Illness, Accident, Hospital</i>	AFLAC	800-433-3036 Aflacgroupinsurance.com

Questions?

If you have any questions regarding your benefits, or the material contained in this guide, please contact your Human Resources Department or Nancy Miceli, Watsco's Director of Wellness and Safety, at nmiceli@watsco.com or (954) 246-1107.

Benefit Enrollment Information

When do I Enroll?

Current colleagues will make all of their benefit elections for the upcoming plan year during Open Enrollment from November 8, 2023 to November 20, 2023. During this time, you will be able to enroll in new benefits, change your current elections, as well as add or remove dependents. Any of these changes or additions will be effective from January 1, 2024 through December 31, 2024.

New Hires must sign up for benefits by the first of the month following 30 days of service.

How do I Enroll?

You can enroll via Watsco Works at my.adp.com

Who Can Enroll?

There are certain restrictions surrounding eligibility for benefit enrollment.

- If you are a Full-Time Employee (defined as those who regularly work 30 hours or more per week)
- You will be eligible for benefits following 30 days of full-time employment.
- Spouses: Coverage is provided if their employer does not offer Health Care Coverage

Dependents: As defined by:

- your natural born child,
- legally adopted child,
- stepchild,
- a child you have been appointed legal guardian of as a foster parent,
- a child you are required to cover under

a Qualified Medical Child Support Order, or

- a child who is totally and permanently disabled, incapable of self-support because of a mental or physical handicap, and is financially supported by you

Please note that your dependent children are generally eligible only up until age 26.

Benefit Termination Rules

Should your employment terminate, or your work status change, making you ineligible for benefits, your benefits will terminate at the end of the month. Life and disability coverage will terminate on the date of employment termination

Your dependent children are generally eligible only up until age 26.

Benefit Enrollment Information

Making Plan Changes

Existing employees can only make plan changes during the Open Enrollment window and cannot make additional changes to their coverage during the year unless you experience a qualified family status change. Below, we have included a few examples of qualified family status change events:

1. Special Enrollment Events (Qualified Life Event) - add coverage for yourself and/or dependents.
 - Involuntary loss of other group coverage
 - Acquisition of new dependent through marriage, birth, or adoption
 - Change in Medicaid or CHIP eligibility
2. Section 125 Status Change Events (Add, cancel, or change coverage for yourself and/or dependents).
 - Involuntary loss or gain of other group coverage
 - Divorce
 - Death of covered spouse or child
 - Change in employment status
 - Medicare entitlement

If you think you have experienced a qualifying life event, you will need to verify the event with Human Resources within 30 days of its occurrence. (60 days in the case of Medicaid or CHIP eligibility).

IMPORTANT

This information is not accounting, tax, or legal advice—please contact your accounting, tax, or legal professional for such guidance. This information should not be relied upon as advice regarding any individual situation.

It is a general outline of covered benefits and does not include all the benefits, limitations, and exclusions of the policy. If there are any discrepancies between the illustrations contained herein and the insurance carrier proposal or contract, the insurance carrier materials prevail. See insurance company contract for full list of exclusions.

Insurance Glossary

Here is a list of relevant insurance-related terms to help you navigate the information provided in this guide.

Health Care Provider

A health care provider is a person or company that provides a health care service to you, such as a dentist, primary care physician, chiropractor, clinical social worker, etc.

In-Network

Doctors, clinics, hospitals, and other providers are considered in-network when they have made an agreement to care for the health plan's members. Health plans cover a greater share of the cost for using in-network health care providers than for providers who are out of network.

Out-of-Network

A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out of pocket to use out-of-network providers than for in-network providers. Employees are also responsible for any difference between what the provider charges and the insurance company pays.

Preventive Care Services

Covered services intended to prevent disease or to identify disease while it is more easily treatable. Examples of preventive care services include screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems. Your policy specifies what qualifies as preventive coverage at a 100% level. This applies to in-network ONLY.

Copay

A copay is a fixed-dollar amount that a plan member pays to a participating network doctor, caregiver, or other medical provider or pharmacy each time health care services are received.

Coinsurance

The portion of an eligible medical bill a plan member must pay. Coinsurance amounts are usually a percentage of the total eligible medical bill. Coinsurance applies after the member meets a required deductible or copay amount. Coinsurance is part of certain health care plans.

Deductible

A fixed-dollar amount that a plan member must pay for eligible services before the insurer begins applying insurance benefits. Deductibles are part of certain health care plans and based on a plan member's specific benefit period.

Out-of-Pocket Maximum

The highest dollar amount you will need to pay during your benefit period for covered medical services from network providers. See your plan benefit for a list of services included.

Physical Wellbeing



Medical Plans

Watsco offers 3 Blue Cross Blue Shield medical plans:

- a Copay Plan
- a \$1,700 HSA Plan
- a \$2,400 HSA Plan

The following pages provide a closer look at how BCBS's medical plan options work. You will find more plan highlights as well as your payroll contributions on the following page. The Company's Wellness Incentive described on page 15 can help offset part of your annual deductible.

Setting up an account at www.myhealthtoolkitfl.com allows you to:

- Find an in-network Doctor
- Access your ID card
- View your benefits
- Track your deductible
- Review your Explanation of Benefits (EOB)
- Utilize the Cost Estimate Tool
- Price a prescription and more!

Copay Plan

www.myhealthtoolkitfl.com

Coverage	Copay Plan (NOT HSA Eligible)	
	IN-NETWORK ONLY	
BENEFIT YEAR DEDUCTIBLE		
Individual		\$2,000
Family Aggregate		\$4,000
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)		
Individual		\$4,000
Family		\$8,000
PHYSICIAN VISIT & LAB WORK		
Primary Care Physician Visit		\$25 copay
Laboratory (Blood Work)		\$0 copay
Specialist Office Visit		\$50 copay
Teladoc Consultation (General)		\$20 copay
Urgent Care		\$75 copay
PRESCRIPTION DRUGS - RETAIL (31 DAY SUPPLY)		
Generic		Up to \$5 copay
Brand		Up to \$35 copay
Non-Preferred		Up to \$65 copay
Specialty		Up to \$110 copay
PRESCRIPTION DRUGS - MAIL ORDER (90 DAY SUPPLY)		
Generic		\$10 copay
Brand		\$70 copay
Non-Preferred		\$130 copay
WELLNESS AND PREVENTIVE CARE		
Annual Wellness Exam		\$0 copay
Well Child Care (up to age 17)		\$0 copay
Colonoscopy		\$0 copay
Pap Smear/Prostate Screening		\$0 copay
Mammogram		\$0 copay
Vaccinations		\$0 copay
HOSPITAL SERVICES		
Inpatient/Outpatient Facility		20% after DED
Emergency Room Facility		20% after DED
Payroll Contributions*		
Employee Only		\$74.59
Employee + Spouse		\$210.30
Employee + Child(ren)		\$140.47
Employee + Family		\$297.34

*Smoker Rate adds \$36.92 per paycheck. All employees will be required to complete a spousal eligibility form and tobacco affidavit form prior to open enrollment and when first eligible for benefits.

\$1,700 HSA Plan

www.myhealthtoolkitfl.com

Coverage	\$1,700 HDHP Plan (HSA Eligible)	
	IN-NETWORK	OUT-OF-NETWORK
BENEFIT YEAR DEDUCTIBLE		
Individual	\$1,700	\$5,500
Family Aggregate	\$3,400	\$11,000
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)		
Individual	\$4,800	\$11,150
Family	\$9,600	\$22,300
PHYSICIAN VISIT & LAB WORK		
Primary Care Physician Visit	20% after DED	40% after DED
Laboratory (Blood Work)	20% after DED	40% after DED
Specialist Office Visit	20% after DED	40% after DED
Teladoc Consultation (General)	\$55	N/A
Urgent Care	20% after DED	40% after DED
PRESCRIPTION DRUGS - RETAIL (31 DAY SUPPLY)		
Generic	20% after DED	40% after DED
Brand	20% after DED	40% after DED
Non-Preferred	20% after DED	40% after DED
Specialty	20% after DED	40% after DED
PRESCRIPTION DRUGS - MAIL ORDER (90 DAY SUPPLY)		
Generic	20% after DED	No coverage
Brand	20% after DED	No coverage
Non-Preferred	20% after DED	No coverage
WELLNESS AND PREVENTIVE CARE		
Annual Wellness Exam	Covered 100%	40% after DED
Well Child Care (up to age 17)	Covered 100%	40% after DED
Colonoscopy	Covered 100%	40% after DED
Pap Smear/Prostate Screening	Covered 100%	40% after DED
Mammogram	Covered 100%	40% after DED
Vaccinations	Covered 100%	40% after DED
HOSPITAL SERVICES (PRE-CERTIFICATION REQUIRED)		
Inpatient/Outpatient Facility	20% after DED	40% after DED
Emergency Room Facility	\$200 copay after DED	\$200 copay after DED
Payroll Contributions*		
Employee Only		\$84.88
Employee + Spouse		\$266.31
Employee + Child(ren)		\$178.69
Employee + Family		\$378.35

*Smoker Rate adds \$36.92 per paycheck. All employees will be required to complete a spousal eligibility form and tobacco affidavit form prior to open enrollment and when first eligible for benefits.

\$2,400 HSA Plan

www.myhealthtoolkitfl.com

Coverage	\$2,400 HDHP Plan (HSA Eligible)	
	IN-NETWORK	OUT-OF-NETWORK
BENEFIT YEAR DEDUCTIBLE		
Individual	\$2,400	\$8,300
Family Aggregate	\$4,800	\$16,600
OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)		
Individual	\$4,800	\$16,000
Family	\$9,600	\$32,000
PHYSICIAN VISIT & LAB WORK		
Primary Care Physician Visit	20% after DED	40% after DED
Laboratory (Blood Work)	20% after DED	40% after DED
Specialist Office Visit	20% after DED	40% after DED
Teladoc Consultation (General)	\$55	N/A
Urgent Care	20% after DED	40% after DED
PRESCRIPTION DRUGS - RETAIL (31 DAY SUPPLY)		
Generic	20% after DED	No coverage
Brand	20% after DED	No coverage
Non-Preferred	20% after DED	No coverage
Specialty	20% after DED	No coverage
PRESCRIPTION DRUGS - MAIL ORDER (90 DAY SUPPLY)		
Generic	20% after DED	No coverage
Brand	20% after DED	No coverage
Non-Preferred	20% after DED	No coverage
WELLNESS AND PREVENTIVE CARE		
Annual Wellness Exam	Covered 100%	40% after DED
Well Child Care (up to age 17)	Covered 100%	40% after DED
Colonoscopy	Covered 100%	40% after DED
Pap Smear/Prostate Screening	Covered 100%	40% after DED
Mammogram	Covered 100%	40% after DED
Vaccinations	Covered 100%	40% after DED
HOSPITAL SERVICES		
Inpatient/Outpatient Facility	20% after DED	40% after DED
Emergency Room Facility	\$200 copay after DED	\$200 copay after DED
Payroll Contributions*		
Employee Only		\$43.70
Employee + Spouse		\$154.29
Employee + Child(ren)		\$102.25
Employee + Family		\$216.34

*Smoker Rate adds \$36.92 per paycheck. All employees will be required to complete a spousal eligibility form and tobacco affidavit form prior to open enrollment and when first eligible for benefits.

Preventive Care

In-network preventive care is at no cost for all medical plan members.

The company's medical plans pay 100% of the cost of preventive care when received from an **in-network** provider. This means you won't have to pay anything out of your pocket.

Examples of No Cost Preventive Care

Annual Physicals, Blood work, Mammograms at age 40, Colonoscopy at age 45, Prostate Screening at age 50, Heart Screening at age 65, Bone Density Screening at age 65, Vaccines, Generic Preventive Drugs.

What is Preventive Care?

The focus of preventive health care is to PREVENT illnesses, disease, and other health problems, and to DETECT issues at an early stage when treatment is likely to be most effective.

Why is Preventive Care Important?

It is important that you have a preventive exam each year-even if you feel healthy and are symptom free-in order to IDENTIFY FUTURE HEALTH RISKS.

What is covered?

Covered preventive services will VARY BY AGE AND GENDER. Your provider will help determine which screening tests and vaccines will be covered, along with when and how often you should get them.

To Get Preventive Care and to Save Money on your Health Care

Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. Why? Because in-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.

Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur additional out-of-pocket expenses.

Check your explanation of benefits.

After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

NOTE

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Wellness Incentive

Wellness - Know Your Numbers

Knowing your numbers is the first step towards prevention. In order to know your numbers you would need to get your annual blood work. Learning your numbers in comparison to healthy numbers allows you to take action towards leading a healthier life. As you will see, you can know your numbers at no cost to you.

HSA Contributions in 2024

As summarized on page 18, you will have an HSA account in your name from which you can pay eligible medical expenses (including deductibles and co-pays) using a debit card.

As a benefit to you, we will make a contribution to your HSA depending on your coverage.

You can earn Watsco's Wellness Incentive if you (and your spouse if he or she has coverage) complete the simple process below.

Basic HSA Contribution (if you do not complete the Wellness Incentive)

- Individual coverage - a \$200 contribution to your HSA
- Family coverage - a \$400 contribution to your HSA

2024 Wellness Incentive for \$1700 and \$2400 plans

- Individual coverage - a \$500 additional contribution for a total of \$700
- Family coverage - a \$500 additional contribution for you plus \$500 for your covered spouse, for a total possible contribution of \$1400

For copay plan employees and spouse participants, complete the Wellness Incentive in 2024 to avoid non-wellness rates in 2025.

- Employee only participants will have a non-wellness rate of \$19.23/paycheck added in 2025
- Employee and spouse will have a non-wellness rate of \$38.46/paycheck added in 2025

It's easy!

Get your annual in-network wellness exam and blood work between November 1, 2023 and October 31, 2024, and ask your doctor to sign the Quest "Biometric Screening Form", which is available on-line at [My.QuestForHealth.com](https://www.MyQuestForHealth.com). To create an account use the registration key **Watsco2024**. Once your form is complete upload or fax no later than November 30, 2024.

Know before you go:

- We advise you get your blood work before your annual physical in order to discuss the results with your doctor.

Tobacco Cessation

Upon completion of the *Quit for Life* Program provide your Human Resources Department with a copy of your certificate to save \$80 a month/\$960 a year in smoking surcharge fees.

The decision to stop smoking or using any form of tobacco is one of the best steps you can take for your health. It isn't easy, but the benefits are numerous, and you don't have to do it alone. Watsco is committed to provide the very resources to support a healthy lifestyle.

The American Cancer Society's *Quit for Life* Program is a voluntary program that provides on line tools, support, personal coaching and services to quit tobacco use. It can be hard to quit on your own. That's why the program offers powerful tools and support at no cost to you.

Contact your Human Resources Department for enrollment and support available to you at no cost.

The *Quit for Life* Program is a confidential tobacco cessation program that you can enroll in to receive a free eight-week supply of nicotine patches or gum.

The *Quit For Life* Program helps people learn to live without tobacco for all kinds of reasons. Enroll now to receive:

Coach Support

Connect with a coach who will help create a personalized Quit Plan and guide you at every step. Chat online or call 1-866-784-8454.

Nicotine Replacement Therapy

Overcome cravings with gum or patches at no additional cost, based on eligibility. Must be 18 or older.

Online Program

Follow a personalized Quit Plan and manage triggers with trackers and more, all at your fingertips.

Long-Term Success

Overcome your cravings for good with ongoing coach support beyond your quit.

1-866-QUIT-4-LIFE or visit www.quitnow.net

Pharmacy Programs

ID Cards

You will use the same card for your health and pharmacy benefits. If you are new to the program you will receive your card in the mail. You can always get an electronic version of your ID card by logging in to www.myhealthtoolkitfl.com

How to get your prescriptions

1. Retail: 30 Day
2. CVS Retail 90
3. Mail Order: 90 Day
4. Specialty Pharmacy

Maintenance (Long-Term) Medications

Maintenance (long-term) medications can be filled for a 90-day supply. Filling a 90 day supply saves time and money and the Watsco plan offers two convenient options.

1. Fill your 90-day supply using Optum's Mail Service Program and have your medications delivered to your home.
2. Fill your 90-day supply at a participating CVS pharmacy.

Mail Service

You can save yourself some money and some time by utilizing Optum's Mail Service Program. To verify if your 90-day supply of prescriptions are eligible call 855-811-2218 to set up this free service.

Send medications right to your home.	Search, compare, and save.	Manage your medicine cabinet from anywhere.	Take your medication on time.
You may be eligible for the convenience of Home Delivery, avoiding trips to the pharmacy to pick up your medications.	With our easy-to-use tools, you'll get the info you need to find the right drug and pricing options for you.	Easily manage your medications, claims, and orders on any device - whether at home or on the go.	Set your own customized notification schedules with the My Medication Reminders tool.

Health Savings Account (HSA)

If you participate in our High Deductible Health Plan (HDHP), you may be eligible to open a Health Savings Account (HSA). An HSA allows you to make tax-free contributions and earn tax-free growth of interest or investment earnings. You can use these contributions to pay for eligible expenses, such as medical and pharmacy expenses. Please refer to IRS publication 502 for a full list of eligible expenses.

According to treasury regulations, you are allowed to revoke or change your HSA contribution election throughout the year. Any unused funds in your HSA will roll over annually. Additionally, your account is portable, which allows you to take your funds with you from job to job or at retirement.

The IRS allows an annual maximum contribution to your HSA. Below are the annual maximum contributions for 2024.

	2024
Single	\$4,150
Family	\$8,300
Catch Up provision if age 55 or Older	\$1,000

Eligibility

To be eligible to contribute into an HSA account, you cannot:

- Be covered by any other non-HSA-compatible health coverage plan including, but not limited to, a Traditional Medical FSA or an HRA held by a spouse or partner
- Be claimed as a dependent on another person's tax return (excluding spouses)
- Be "entitled" (enrolled in) to Medicare (A, B, C, or D)
- Be aware – if you delay Medicare Part A enrollment after turning age 65, your Medicare Part A coverage will begin up to 6 months retroactively but not earlier than Medicare eligibility
- Receiving Social Security benefits causes automatic Medicare Part A enrollment when eligible
- Have prior year FSA dollars carryover / rollover into a current year general purpose FSA
- Have a positive general purpose FSA grace period balance

Frequently Asked Questions

How do I contribute to my HSA? You can make a contribution to your HSA through payroll deduction by requesting that your employer deduct a set amount from your paycheck.

When can I start to use the funds in my HSA?

Once your account is open and you have available funds from a personal or company contribution, you can start using your HSA for eligible expenses. As soon as funds are deposited, you are 100 percent vested and in control of the funds.

What happens to my HSA if I leave my employer? You can keep your current HSA or transfer your funds to another qualifying HSA. If you choose to transfer your funds to a new HSA, you should complete the transfer within 60 days of withdrawing the funds in order to avoid taxes and an additional 20 percent penalty.

NOTE: you must be enrolled in an HDHP to continue to contribute to your HSA.
Please consult your tax professional for any personal tax advice.

Teladoc

The Doctor is in Anytime, Anywhere

Teladoc gives you 24/7/365 access to quality care by web, phone or mobile app. That means you can get care anytime, anywhere. Teladoc is the nation's first and largest telemedicine platform and provides on-demand and scheduled visits with the U.S. board-certified doctors via phone or online video. You can easily get resolution to a wide range of health issues, including cold, flu, upper respiratory infections, cough, pink eye, allergies, and more.

1

You register yourself and your dependents and then complete a quick general health summary questionnaire.

2

You request a visit with a board-certified doctor through mobile app, web, or phone. An on-demand session or a scheduled visits can be set up to meet and discuss.

3

The consulting physician asks questions, diagnoses the condition or problem and treats the patient, which may or may not include ordering a prescription medication.

4

The physician posts a visit summary to the member's file and sends details of the member's visit to their primary care physician.

Register with Teladoc today!

www.teladoc.com/go or download the App
once registered, you can speak with a
licensed doctor within minutes.

The Teladoc Difference

Convenience

24/7/365 access to U.S. board-certified physicians by phone or online video.

Members can be diagnosed, treated and prescribed medication during their visit.

Clinical Quality

Perfect score from the National Committee for Quality Assurance (NCQA) for two consecutive certifications.

3,100+ U.S. board-certified physicians with 20 years experience on average.

Cost

\$55/visit on the \$1,700 HSA and \$2,400 HSA plans

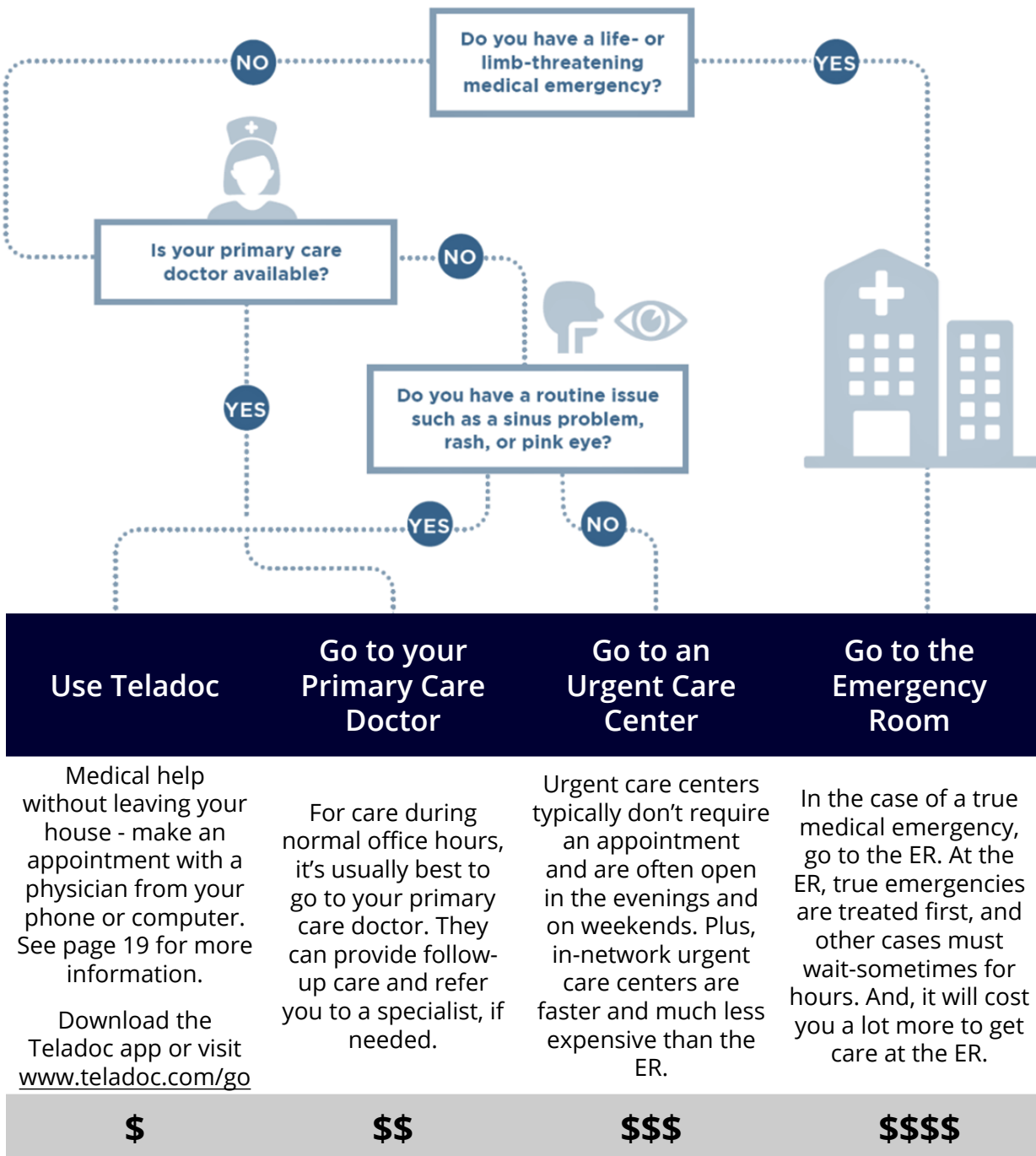
\$20/visit on the Copay plan

Teladoc[™]
HEALTH

Health Care Options

Know where to go for your health care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use chart below to help you choose where to go for care.



Health Advocate

Health Advocate is available to answer any questions you have about how your benefits work and the difference between your plan offerings. All benefit-eligible employees and their covered family members have access to Health Advocate at NO COST. Health Advocate can help you and your family navigate the health care system online or over the phone.

With Health Advocate, you have unlimited calls, with confidential access to a Personal Health Advocate. They can assist you in getting to the bottom line of a wide variety of health care and insurance-related issues, no matter how long it takes.

Your Personal Health Advocate can help:

- Explain benefits coverage and health conditions.
- Find the right doctors and hospitals.
- Schedule tests and appointments.
- Secure second opinions.
- Research the latest treatments.
- Resolve billing and claims issues.
- Access Medicare specialists.
- Parents and parents-in-law with Medicare decisions.
- Clarify your costs with the Health Cost Estimator+ tool.

Health Cost Estimator

When it comes to medical care, costs can really vary, depending on where you go for care. The Health Cost Estimator+ tool makes it easy to find the right care at the right price. Simply enter a procedure service and get detailed cost estimates, quality scores, and consumer ratings for hospitals and doctors in the area. You'll even get a current view of your benefits, so you can project your out-of-pocket costs no matter which plan you enroll in. Contact Health Advocate by calling 866-799-2728, emailing answers@HealthAdvocate.com, or visiting www.healthadvocate.com.

You can also download the Health Advocate app for support anywhere you are.

Employee Assistance Program

Employee assistance program (EAP) services are provided to you and your household members at NO COST through Health Advocate. Health Advocate is a confidential program available 24 hours a day, 7 days a week to help you and your family members handle stress, depression, addiction, child care, elder care, legal questions, grief and loss, family relationships, parenting, and more.

- The services are accessible through toll-free phone calls and online access.
- You can also receive up to three free face-to-face counseling sessions, per incident, per year.
- No personal information is ever shared with the Company.

The free EAP can support you
Call the EAP 24/7 at 866-799-2728
www.healthadvocate.com

Dental Plans

www.deltadentalins.com

Watsco offers two dental plans through Delta Dental:

- A Dental Preferred Provider Organization (DPPO) and
- A Dental Health Maintenance Organization (DHMO) plan

We have included an explanation of each plan below. The next page provides plan highlights and your payroll contributions.

DPPO Plan

The DPPO plan gives you the freedom to receive dental care from any licensed dentist of your choice. You will receive the highest level of benefit from the plan if you select an in-network, contracted PPO dentist versus an out-of-network dentist who has not agreed to provide services at the negotiated rates. A calendar year maximum benefit will apply to in- and out-of-network services.

primary care dentist who participates in the plan's network. To receive benefits in the DHMO plan, your primary care dentist must provide your dental care or refer you to a specialist for services. If you receive services outside of these requirements, you would be responsible for paying the entire dental bill yourself. A DHMO plan provides you with an unlimited benefit maximum. This plan is a lower cost alternative with only In-Network coverage.

DHMO Plan

If you decide to enroll in the DHMO plan, please keep in mind that you and your enrolled dependents will need to select a

NOTE: You can search for providers by visiting www.deltadentalins.com and clicking "Find a Dentist", and entering your search criteria.

Coverage	DPPO Plan		DHMO Plan
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Calendar Year Deductible <i>Individual/Family</i>	\$50/\$150	\$100/\$300	\$0
Calendar Year Benefit Maximum/person	\$1,500	\$1,500	\$0
Preventive Care <i>Oral Exams, Cleanings, X-Rays</i>	Plan pays 100%	Plan pays 80%	\$0
Basic Services <i>Periodontal services, endodontic services, oral surgery, fillings</i>	Plan pays 80%	Plan pays 60%	Discounted Rate
Major Services <i>Bridges, crowns, dentures</i>	Plan pays 50%	Plan pays 40%	Discounted Rate
Orthodontia Services*	Plan pays 50%	Plan pays 40%	Discounted Rate
Orthodontia Lifetime Maximum	\$1,000	\$1,000	Discounted Rate
Payroll Contributions			
Employee Only	\$4.94		\$3.37
Employee + Spouse	\$12.93		\$5.83
Employee + Child(ren)	\$13.48		\$5.84
Employee + Family	\$21.56		\$8.80

*Dependent to age 19

Vision Plan

www.vsp.com

You can receive the following vision benefits when enrolled in VSP's vision plan:

- Every 12 months, VSP covers your eye exam and either lenses or contact lenses
- Every 24 months, VSP covers your frames

NOTE: You can search for providers by visiting www.vsp.com and clicking "Find a Doctor", and entering your search criteria.

Below are plan highlights and your payroll contributions.

Coverage	Vision Plan
	IN-NETWORK
Well Vision Exam <i>Calendar Year</i>	\$20 copay
Standard Plastic Lenses Single / Bifocal / Trifocal <i>Every 12 months</i>	\$20 copay
Frames <i>Every 12 months</i>	Retail Frame Allowance - up to \$180 Feature Frame Brand Allowance - up to \$200 Costco Frame Allowance - up to \$80
Contact Lenses <i>Every 12 months in lieu of standard plastic lenses</i>	Covered in full up to the retail allowances of \$130
Payroll Contributions	
Employee Only	\$1.61
Employee + Spouse	\$2.91
Employee + Child(ren)	\$3.08
Employee + Family	\$4.86

1 Print a Member Vision Card - if you'd like one. No ID card is necessary - just tell your provider you have VSP.

2 Check your VSP vision coverage and find a VSP network doctor to get the most out of your vision benefit.

3 The Company's vision network has expanded to include Wal-Mart and Sam's Club.

Financial Wellbeing



Life & AD&D Insurance abilityadvantage.thehartford.com

We provide Basic Life and AD&D insurance for all benefits-eligible employees AT NO COST. You have the option to purchase supplemental life and AD&D insurance.

Basic Life & AD&D Insurance – Employer Paid

As a full-time, benefits-eligible employee, you are eligible for Group Life & AD&D Insurance that will cover one times your covered annual earnings up to a maximum of \$100,000 through The Hartford. This insurance benefit is reduced by 35% at age 70 and 55% at age 75.

Be sure to keep your beneficiary designations up to date! You can change your beneficiary designation at any time, even outside of the Open Enrollment period. You are also able to designate full payment to a sole beneficiary or payment percentages to multiple beneficiaries.

Supplemental Life & AD&D Insurance

You have the option to purchase Supplemental Life and AD&D insurance for yourself, your spouse, and your dependent children on your own. Supplemental Life costs are based on age.

The insurance benefit is reduced by 35% at age 70 and by 55% at age 75.

How much Supplemental Insurance can I purchase?

- **Employee:** \$10,000 increments up to the lesser of \$1,000,000 or 5x annual salary.
- **Spouse:** \$10,000 increments up to \$100,000 or 100% of the employee's election, whichever is less.
- **Dependent children:** Upon birth to age 26: \$5,000 increments up to a maximum of \$10,000

NOTE: Guarantee issue amount means you do not need to complete a statement of health (evidence of insurability) to get coverage for this amount. If you wish to purchase more insurance or if you do not enroll when first eligible, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by our insurance carrier.

Disability Insurance

abilityadvantage.thehartford.com

Disability insurance provides income protection in the event that you are unable to work due to a qualified disability. Below are the two types of disability insurance that we provide:

Short-Term Disability (STD) – Employer Paid*

Our short-term disability program with The Hartford provides financial assistance for up to 13 weeks if you are unable to work. ** Below are the benefit highlights.

Plan Highlights	Level of Coverage
Percentage of Wage Replacement	60% of base weekly salary
Maximum per Week	\$500 per week with an option to buy up to \$1,731 per week
Elimination Period	7 days
Maximum Benefit Period	Up to 13 weeks

Long-Term Disability (LTD) – Employee Paid*

Long-Term Disability Insurance with The Hartford provides extended financial coverage if you are unable to work. ** Below are the benefit highlights.

Plan Highlights	Level of Coverage
Percentage of Wage Replacement	60% of base monthly salary
Maximum per month	\$7,500
Elimination Period	LTD starts when STD ends
Maximum Benefit Period	Social Security Normal Retirement Age, as long as you meet the plans disability requirements

NOTE: This information is not intended to be tax or legal advice. Specific questions about tax-related matters should be referred to your tax accountant, legal counsel and the IRS.

* Your benefit will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

**Pre-existing conditions may be exempt from coverage

Voluntary Benefits

www.aflacgroupinsurance.com

When life hits you with the unexpected, the Aflac duck can help you take care of your expenses while you take care of yourself.

Aflac pays you cash when you become ill or injured off the job, to help you cover expenses your major medical does not. You can use the money to pay for things like your deductible, daycare, groceries, or living expenses.

For the 2024 plan year, we will be offering 3 different voluntary insurance options from Aflac. You can select the policies that work best for you and your family. More information is available at www.aflacgroupinsurance.com or by consulting with your HR team.

Critical Illness

Get help with the cost of treating covered critical illnesses.

- Pays you for things like heart attacks, stroke, or cancer.
- Aflac will pay you \$50 to get your annual wellness exam.
- Kids are covered at no additional cost.
- Up to \$30k in coverage for employee and \$15k for your spouse with no health questions asked!

Biweekly rates starting at \$1.20 - check with your HR team for complete details.

Accident

Get help paying for emergency treatment for covered injuries

- Pays you for things like ER visits due to an off the job injury, stitches, dog bites, broken bones, and cracked teeth.
- Benefits are paid directly to you (unless assigned otherwise) and paid quickly.
- You can elect coverage for you and your dependents.

**Biweekly Rates:
Employee: \$4.54
Employee & Spouse: \$7.86
Employee & Child: \$10.34
Family: \$13.66**

Hospital

Get help with high deductible covered hospital stays.

- Pays you when you are admitted inpatient to the hospital for a covered illness or injury.
- When combined with other products, it provides the most financial support.
- You can elect coverage for you and your dependents.

**Biweekly Rates:
Employee: \$5.42
Employee & Spouse: \$9.91
Employee & Child: \$8.19
Family: \$12.68**

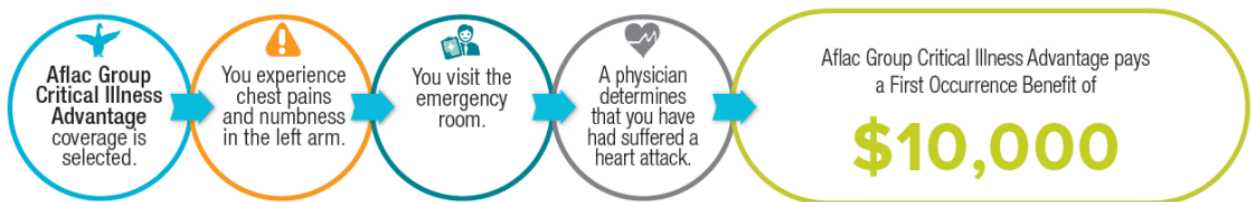
AFLAC Critical Illness

www.aflacgroupinsurance.com

Plan benefits include:

- Cancer
- Heart Attack (Myocardial Infarction)
- Stroke
- Kidney Failure (End-Stage Renal Failure)
- Major Organ Transplant
- Paralysis
- Loss of Sight/Hearing/Speech
- Bone Marrow Transplant (Stem Cell Transplant)
- Sudden Cardiac Arrest
- Coronary Artery Bypass Surgery
- Non-Invasive Cancer
- Skin Cancer
- Severe Burn
- Paralysis
- Coma

How it works



Amount payable based on \$10,000 First Occurrence Benefit.

Critical Illness pays a lump sum amount upon initial diagnosis for a covered condition. Coverage amounts vary from \$5,000 to \$30,000 for an employee and up to \$15,000 for your spouse. Children are covered at no additional cost. This plan includes a wellness benefit that will pay you when you have a qualified wellness visit.

For more information and to see the outline of coverage, including wellness benefit specifics, you can download the Aflac brochure from the Benefits tab in Watsco Works.

You have access to Aflac's customer services and claims teams 24/7 at 1-800-433-3036.

To file a claim call the claims department at 1-866-849-2970 or email your completed claims form to groupclaimfiling@aflac.com

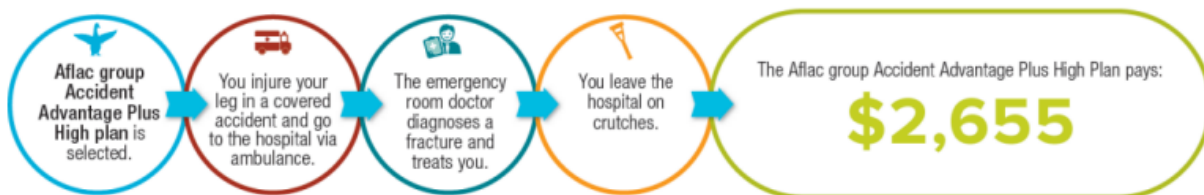
AFLAC Accident Plan

www.aflacgroupinsurance.com

Plan benefits include:

- Ambulance rides
- Emergency room visits
- Surgery and anesthesia
- Prescriptions
- Major Diagnostic Testing
- Burns
- Medical Equipment, like crutches and braces
- Eye Injuries
- Fractures
- Dislocations
- Lacerations/Cuts/Stitches
- Outpatient Surgery
- Concussion and TBI
- Coma
- Chiropractic
- Physical Therapy
- Accidental Death Benefit

How it works



Amount payable was generated based on benefit amounts for: Closed-Reduction Leg Fracture (\$1,800), Emergency Room Treatment (\$125), one Follow-Up Treatment (\$30), Ambulance (\$400) and Appliance (\$300)

Payable when insured receives initial and follow-up treatment from a provider for a covered accidental injury. The accident plan includes a wellness benefit that will pay you when you have a qualified well visit.

For more information and to see the outline of coverage, including wellness benefit specifics, you can download the Aflac brochure from the Benefits tab in Watsco Works.

You have access to Aflac's customer services and claims teams 24/7 at 1-800-433-3036.

To file a claim call the claims department at 1-866-849-2970 or email your completed claims form to groupclaimfiling@aflac.com

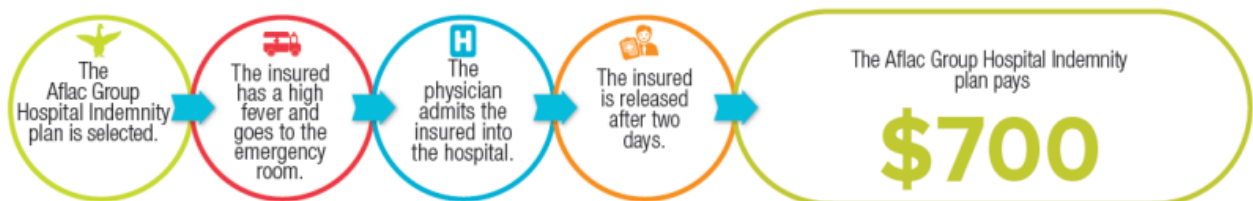
AFLAC Hospital Plan

www.aflacgroupinsurance.com

Plan benefits include:

- Confinement Benefit
- Admission Benefit
- Intensive Care Benefit (paid in addition to the confinement benefit)
- Successor Insured Benefit
- \$100 per day, up to 10 days
- \$500/occurrence
- \$50/day, up to 10 days
- Included with spousal coverage

How it works



Amount payable was generated based on benefit amounts for: Hospital Admission (\$500), and Hospital Confinement (\$100 per day).

There is no such thing as a small trip to the hospital. Any hospital visit can have a big impact on your finances. This plan pays you in the event you are hospitalized due to pregnancy, an illness, or an off the job injury.

For more information and to see the outline of coverage, including wellness benefit specifics, you can download the Aflac brochure from the Benefits tab in Watsco Works.

You have access to Aflac's customer services and claims teams 24/7 at 1-800-433-3036.

To file a claim call the claims department at 1-866-849-2970 or email your completed claims form to groupclaimfiling@aflac.com

Retire with Confidence

The Basics

- Eligible employees are automatically enrolled the first of the month after 90 days of service.
- You are auto-enrolled to contribute 3% of eligible pay - but you can change this amount at any time by logging into your account at www.troweprice.com
- You will be auto-enrolled in one of the retirement target date funds, but you can change this at any time.
- You can contribute 50% of your eligible pay up to the 2024 IRS limit of \$23,000. If you are 50 or older, you can defer an additional “catch up” of \$7,500.
- To be eligible for the company match, you must contribute during the plan year, have one year of service by the end of the plan year, and be actively employed during the plan year.
- Watsco matches 50% of your contributions up to 5% of your eligible pay.
- Eligible pay of \$50,000 times your 5% contribution = \$2,500.00.
- The company match of 50% = \$1,250.00 so total 401k contributions would be \$3,750.00

Highlights of the plan

- The match vests (becomes yours) immediately and is made in company stock.
- You will also receive the dividend from those stocks paid into your 401k account
- If you choose, you can sell the stock inside your 401k and invest those funds in one of the other T-Rowe investments.
- You can manage your account - investment allocations, deferrals, distributions, etc. online at www.troweprice.com
- T Rowe Price has all kinds of tools on their site to help you manage your retirement.
- **You can also call T. Rowe’s Customer Service line 1-800-922-9945, or your local HR team for assistance.**



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