



## 2023 Benefits at a Glance

Benefits are an integral part of the overall compensation package provided by Carrier Enterprise (CE). This bulletin provides an overview of the CE benefit package.

### Eligibility

Associates working at least 30 hours per week are eligible to enroll in **Medical, Dental, Vision, Optional Life, AD&D, Aflac, and Disability** benefits. In addition, associates working at least 30 hours per week are enrolled in company-paid **Basic Life and AD&D and Basic Short-Term Disability** benefits. All benefits enrollment is done online at <https://my.adp.com> and can be completed from any available computer with internet access.

### Effective Date

Coverage for insurance benefits begins the 1<sup>st</sup> of the month following 30 calendar days from your date of hire. For example: if your hire date is April 9<sup>th</sup>, your benefits effective date is June 1<sup>st</sup>.

### Dependent Coverage

In addition to electing coverage for yourself, you can elect to cover your eligible dependents. Your eligible dependents include your spouse and your children. Your children up to age 26, regardless of marital, employment or student status, may be covered. Note: *If your spouse is eligible for coverage through their employer, they are not eligible to enroll in the Watsco medical plan.*

### HSA (Health Savings Account)

A Health Savings Account (HSA) is a special tax-advantaged account that you can use to pay for qualified medical expenses. In most cases, you qualify to open an account if you are enrolled in one of the company’s high-deductible health plans (HDHP). You can make pre-tax contributions to your HSA via payroll deduction. You are not eligible for a Health Savings Account if you enroll in the Copay plan. In addition, if you do enroll in one of the company’s HDHP, you will be eligible for an Employer HSA Contribution, but you must have an open account to receive the funds. *Bank of America is the custodian of our Health Savings Accounts.*

**Note: Due to IRS regulations, contributions to an HSA are not permitted once enrolled in Medicare Part A and/or B.**

### Watsco Wellness Rewards

Associates enrolled in one of the company’s high-deductible health plans are eligible for Wellness Rewards in the form of Employer Contributions to your HSA. This amount is in addition to the Basic Employer Contribution. See the chart below for details. In order to earn the Wellness Rewards you and/or your spouse must submit the results of a Biometric Screening (completed by your physician)

Coverage Level	Automatic Contribution (paid quarterly)	Employee Wellness (paid lump sum)	Spouse Wellness (paid lump sum)	Total Possible Employer HSA Contribution
Employee only	\$200	\$500		\$700
Employee + Children	\$400	\$500		\$900
Employee + Spouse	\$400	\$500	\$500	\$1,400
Family	\$400	\$500	\$500	\$1,400

### Teladoc

For a nominal fee of \$55/visit on the HDHP plans or \$20/ visit on the Copay plan, you can speak with a doctor anytime, 24/7/365, without leaving the comfort of your home. Licensed doctors can treat cold and flu symptoms, respiratory infections, sinus problems and more. It’s an easy convenient, and affordable option for quality medical care. You can reach a physician at 866-789-8155 or download their app to your Smart Phone. For more information log onto [www.teladochealth.com](http://www.teladochealth.com)

### Medical Benefits

You may choose from two “High Deductible” health plans, or a “Copay” plan offered through Blue Cross and Blue Shield of Florida (BCBS). All plans offer comprehensive medical coverage including physician services, hospitalization, mental health, prescription Rx and other services, such as chiropractic, physical, speech and occupational therapies.



# 2023 Benefits at a Glance

## HIGH DEDUCTIBLE HEALTH PLAN – OPTION 1

### Watsco, Inc. - \$1,700 Plan

	In-Network	Out-of-Network*
<b>2023 - Benefit Year Deductible</b>		
Individual Deductible	\$1,700	\$5,500
Family Aggregate	\$3,400	\$11,000
<i>In-Network and Out-of-Network will cross apply.</i>		
<b>Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual Maximum	\$6,500	\$11,150
Family Maximum	\$13,000	\$22,300
<i>All services will pay at 100% of allowed covered expenses when the Out-of-Pocket Maximum is satisfied. In-Network and Out-of-Network Maximum will cross apply. ER Copay, Coinsurance and Deductible will apply to the Out-of-Pocket Maximum.</i>		
<b>Coinsurance</b>		
Coinsurance Percentage	80%	60%
<b>Lifetime Maximum</b>		
Lifetime Maximum	No Maximum	
<b>Physician Services</b>		
Office Visit Services exclude surgery, obstetrical delivery, psychiatric care, dialysis treatment and second surgical opinion.	80% after deductible	60% after deductible
Inpatient/Outpatient Hospital Allergy injections, diagnostic lab, x-ray, anesthesia services, radiology, pathology, obstetrical delivery, initial newborn, pediatric exam, and all other outpatient – office services	80% after deductible	60% after deductible
<b>Preventative Care</b>		
Adult Routine Physical Exam	100%, no deductible or coinsurance	60% after deductible
Well Child Care	100%, no deductible or coinsurance	60% after deductible
	Covered up to age 17	
Pap Smear/Prostate Screening	100%, no deductible or coinsurance	60% after deductible
Mammogram	100%, no deductible or coinsurance	60% after deductible
<b>Hospital</b>		
Inpatient Facility (pre-certification required)	80% after deductible	60% after deductible
Outpatient Facility (pre-certification required for certain services)	80% after deductible	60% after deductible
<b>Skilled Nursing Facility</b>		
Inpatient Facility	80% after deductible	60% after deductible
	Plan pays maximum of 136 days	
<b>Emergency Room (ER)</b>		
Emergency Room Visit	\$200 copay Subject to deductible & coinsurance. Once deductible is reached, the copay applies.	\$200 copay Subject to deductible & coinsurance. Once deductible is reached, the copay applies.
Urgent Care Center	80% after deductible	60% after deductible
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient (pre-certification required)	80% after deductible	60% after deductible
Outpatient (pre-certification required)	80% after deductible	60% after deductible

## 2023 Benefits at a Glance

### HIGH DEDUCTIBLE HEALTH PLAN – OPTION 1 - *continued*

	In-Network	Out-of-Network*
<b>Other Services</b>		
Home Health Care	80% after deductible	60% after deductible
	Plan pays maximum of 30 days	
Hospice Care	80% after deductible	60% after deductible
Dialysis Services and Treatment	80% after deductible	Not Covered
Durable Medical Equipment (Pre-authorization required for charges in excess of \$500)	80% after deductible	60% after deductible
	No Maximum	Plan pays maximum of \$5,000 per Benefit Year
Outpatient Physical, Speech and Occupational Therapies	80% after deductible	60% after deductible
	Plan pays maximum of 48 visits	
Chiropractic	80% after deductible	60% after deductible
	Plan pays maximum of 20 visits	
Ambulance	80% after deductible	
	No Maximum	
<b>Prescription Drugs - Retail (31 day supply)**</b>		
Deductible	Subject to deductible & coinsurance	
Generic	20% after deductible	No Coverage
Brand	20% after deductible	No Coverage
Non-Preferred	20% after deductible	No Coverage
<b>Preventive Medications**</b>		
Deductible	The deductible is waived for Preventive Medications	
Generic	100%, no coinsurance, no deductible	No Coverage
Brand	20% of the prescription price - deductible waived	No Coverage
Non-Preferred	20% of the prescription price - deductible waived	No Coverage
<b>Prescription Drugs - Mail Order (90 day supply)**</b>		
Deductible	Subject to deductible & coinsurance	
Generic	20% after deductible	No Coverage
Brand	20% after deductible	No Coverage
Non-Preferred	20% after deductible	No Coverage

\*The BCBS plan limits the maximum charge allowed for out-of-network benefits to 125% of the Medicare rates where the service is provided. You are responsible for paying any amounts above this limit, and these amounts do not count toward the out-of-network annual out-of-pocket maximum.

\*\*Eligible prescriptions purchased while traveling outside of the United States may be filed for reimbursement subject to In-Network benefits. This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.

# 2023 Benefits at a Glance

## HIGH DEDUCTIBLE HEALTH PLAN – OPTION 2

### Watsco, Inc. - \$2,700 Plan

	In-Network	Out-of-Network*
<b>2023 - Benefit Year Deductible</b>		
Individual Deductible	\$2,700	\$8,300
Family Aggregate	\$5,400	\$16,600
<i>In-Network and Out-of-Network will cross apply.</i>		
<b>Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual Maximum	\$6,500	\$16,000
Family Maximum	\$13,000	\$32,000
<i>All services will pay at 100% of allowed covered expenses when the Out-of-Pocket Maximum is satisfied. In-Network and Out-of-Network Maximum will cross apply. ER Copay, Coinsurance and Deductible will apply to the Out-of-Pocket Maximum.</i>		
<b>Coinsurance</b>		
Coinsurance Percentage	70%	60%
<b>Lifetime Maximum</b>		
Lifetime Maximum	No Maximum	
<b>Physician Services</b>		
Office Visit Services exclude surgery, obstetrical delivery, psychiatric care, dialysis treatment and second surgical opinion.	70% after deductible	60% after deductible
Inpatient/Outpatient Hospital Allergy injections, diagnostic lab, x-ray, anesthesia services, radiology, pathology, obstetrical delivery, initial newborn, pediatric exam, and all other outpatient – office services	70% after deductible	60% after deductible
<b>Preventative Care</b>		
Adult Routine Physical Exam	100%, no deductible or coinsurance	60% after deductible
Well Child Care	100%, no deductible or coinsurance	60% after deductible
Covered up to age 17		
Pap Smear/Prostate Screening	100%, no deductible or coinsurance	60% after deductible
Mammogram	100%, no deductible or coinsurance	60% after deductible
<b>Hospital</b>		
Inpatient Facility (pre-certification required)	70% after deductible	60% after deductible
Outpatient Facility (pre-certification required for certain services)	70% after deductible	60% after deductible
<b>Skilled Nursing Facility</b>		
Inpatient Facility	70% after deductible	60% after deductible
Plan pays maximum of 136 days		
<b>Emergency Room (ER)</b>		
Emergency Room Visit	\$200 copay Subject to deductible & coinsurance. Once deductible is reached, the copay applies.	\$200 copay Subject to deductible & coinsurance. Once deductible is reached, the copay applies.
Urgent Care Center	70% after deductible	60% after deductible
<b>Mental Health &amp; Substance Abuse</b>		
Inpatient (pre-certification required)	70% after deductible	60% after deductible
Outpatient (pre-certification required)	70% after deductible	60% after deductible

## 2023 Benefits at a Glance

### HIGH DEDUCTIBLE HEALTH PLAN – OPTION 2 - *continued*

	In-Network	Out-of-Network*
<b>Other Services</b>		
Home Health Care	70% after deductible	60% after deductible
	Plan pays maximum of 30 days	
Hospice Care	70% after deductible	60% after deductible
Dialysis Services and Treatment	70% after deductible	Not Covered
Durable Medical Equipment (Pre-authorization required for charges in excess of \$500)	70% after deductible	60% after deductible
	No Maximum	Plan pays maximum of \$5,000 per Benefit Year
Outpatient Physical, Speech and Occupational Therapies	70% after deductible	60% after deductible
	Plan pays maximum of 48 visits	
Chiropractic	70% after deductible	60% after deductible
	Plan pays maximum of 20 visits	
Ambulance	70% after deductible	
	No Maximum	
<b>Prescription Drugs - Retail (31 day supply)**</b>		
Deductible	Subject to deductible & coinsurance	
Generic	30% after deductible	No Coverage
Brand	30% after deductible	No Coverage
Non-Preferred	30% after deductible	No Coverage
<b>Preventive Medications**</b>		
Deductible	The deductible is waived for Preventive Medications	
Generic	100%, no coinsurance	No Coverage
Brand	30% of the prescription price - deductible waived	No Coverage
Non-Preferred	30% of the prescription price - deductible waived	No Coverage
<b>Prescription Drugs - Mail Order (90 day supply)**</b>		
Deductible	Subject to deductible & coinsurance	
Generic	30% after deductible	No Coverage
Brand	30% after deductible	No Coverage
Non-Preferred	30% after deductible	No Coverage

\*The BCBS plan limits the maximum charge allowed for out-of-network benefits to 125% of the Medicare rates where the service is provided. You are responsible for paying any amounts above this limit, and these amounts do not count toward the out-of-network annual out-of-pocket maximum.

\*\*Eligible prescriptions purchased while traveling outside of the United States may be filed for reimbursement subject to In-Network benefits. This is a summary of benefits and not a contract. All benefits are subject to the provisions, exclusions and limitations set forth in the master contract.

## 2023 Benefits at a Glance

### COPAY PLAN

#### Watsco, Inc. - Copay Plan

2023 Copay Plan		In-Network Coverage Only
<b>Physician Services</b>		
Primary Care Physician Office Visit		\$35 copay
Laboratory (blood work)		\$0 copay
Specialist Office Visit		\$70 copay
Teladoc Consultation [General]		\$20 copay
Urgent Care		\$100 copay
<b>Prescription Drugs - Retail (31 day supply)</b>		
Generic		Up to \$10 copay
Brand		Up to \$50 copay
Non-Preferred		Up to \$85 copay
Specialty		Up to \$150 copay
<b>Prescription Drugs - Mail Order (90-day supply)</b>		
Generic		\$20 copay
Brand		\$100 copay
Non-Preferred		\$170 copay
<b>Wellness and Preventive Care</b>		
Annual Wellness Exam		\$0 copay
Well Child Care		\$0 copay
		Covered 100% up to age 17
Pap Smear/Prostate Screening		\$0 copay
Mammogram		\$0 copay
Immunizations / Flu / Pneumonia Vaccine (Doctor's office)		\$0 copay
<b>Benefit Year Deductible</b>		
Individual Deductible		\$4,000
Family Aggregate		\$8,000
<b>Out-of-Pocket Maximum (Includes Deductible)</b>		
Individual Maximum		\$6,500
Family Maximum		\$13,000
<i>All services will pay at 100% of allowed covered expenses when the Out-of-Pocket Maximum is satisfied, Copays, Coinsurance and Deductible will apply to the Out-of-Pocket Maximum.</i>		
<b>Hospital Services (Pre-certification Required)</b>		
Inpatient Facility		70% after deductible
Outpatient Facility		70% after deductible
Inpatient/Outpatient Hospital		70% after deductible
Allergy injections, diagnostic lab, x-ray, anesthesia services, radiology, pathology, obstetrical delivery, initial newborn, pediatric exam, and all other outpatient – office services		

## 2023 Benefits at a Glance

### COPAY PLAN - continued

Emergency Room (ER)	
ER Facility	70% after deductible
Other Services	
Home Health Care	70% after deductible Plan pays maximum of 30 days
Hospice Care	70% after deductible
Dialysis Services and Treatment	70% after deductible
Durable Medical Equipment (Pre-authorization required for charges in excess of \$500)	70% after deductible No Maximum
X-Ray / ultrasound Imaging	70% after deductible
High End Imaging (Includes MRI, PET, CT Scan, etc.)	70% after deductible
Outpatient Physical, Speech and Occupational Therapies	70% after deductible Plan pays maximum of 48 visits
Chiropractic	70% after deductible Plan pays maximum of 20 visits
Ambulance	70% after deductible No Maximum
Skilled Nursing Facility	
Inpatient Facility	70% after deductible Plan pays maximum of 136 days
Mental Health & Substance Abuse (Pre-certification Required)	
Inpatient	70% after deductible
Outpatient	70% after deductible

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## 2023 Benefits at a Glance

### Health Advocate

This is a third-party company contracted by Watsco to provide assistance and support to associates, spouses, dependents, parents and parents-in-law at no cost to you. Health Advocate’s goal is to take the hassle out of healthcare, provide confidential support for personal problems, and assist with work/life issues to make life easier and find balance. You can contact Health Advocate 24/7 for billing assistance, help in finding a doctor, to resolve benefit issues, schedule appointments, and much more.

### Vision Benefits

A vision benefit is available through Vision Service Plan (VSP). The plan allows you to receive a complete eye examination and materials (if needed). VSP provides associates with access to eye care services through its network of private practice optometrists, ophthalmologists, and retail locations (including Walmart, Sam’s Club & Costco). If you choose a non-network provider, you will receive a lesser benefit and typically pay more out-of-pocket.

#### VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$120 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

#### Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization’s contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



## 2023 Benefits at a Glance

### Dental Benefits

CE offers associates two dental plan options through Delta Dental, the Delta Dental PPO Plan and the DHMO Plan (Delta Care USA). PPO participants can choose from two Delta Dental Networks – the Delta Dental PPO Network and the Delta Dental Premier Network.

The Delta PPO Plan gives participants the freedom to receive care from a participating Delta network dentist or from any dentist of their choosing.

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	<b>Delta Dental PPO dentists:</b> \$50 per person / \$150 per family each calendar year <b>Non-Delta Dental PPO dentists:</b> \$100 per person / \$300 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
<b>Maximums</b>	\$1,500 per person each calendar year			
D & P counts toward maximum?	Yes			
<b>Waiting Period(s)</b>	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Benefits and Covered Services*</b>	<b>Delta Dental PPO dentists**</b>	<b>Non-Delta Dental PPO dentists**</b>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	80 %
<b>Basic Services</b> Fillings	80 %	60 %
<b>Endodontics (root canals)</b> Covered Under Basic Services	80 %	60 %
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	80 %	60 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	60 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	40 %
<b>Prosthodontics</b> Bridges and dentures	80 %	60 %
<b>Orthodontic Benefits</b> Dependent children	50 %	40 %
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.



## 2023 Benefits at a Glance

The Delta DHMO Plan provides benefits ONLY when a participating dentist performs covered dental services. You are required to select a participating dentist and if you do not go to that dentist or someone, he refers you to, nothing is paid by the plan. This plan offers participants higher benefit coverage levels and lower per pay period contributions but does not include coverage for care and services obtained outside of the Delta Care USA network of participating dentists.

See below how the two Dental plans compare:

PPO	In Network	Out of Network
Calendar Year Maximum	\$1,500	\$1,500
Annual Deductible Individual	\$50 per person	\$100 per person
Annual Deductible Family	\$150 per family	\$300 per family
Class I - Preventive & Diagnostic	100%	80%
Class II - Basic Restorative	80%	60%
Class III - Major Restorative	50%	40%
Class IV - Orthodontia	50% \$1000 dependent children to age 19	40% \$1000 dependent children to age 19
DHMO	In Network	Out of Network
Calendar Year Maximum	N/A	No Coverage
Annual Deductible	\$0	No Coverage
Individual	\$0	No Coverage
Family	\$0	No Coverage
Class I - Preventive & Diagnostic	100%	No Coverage
Class II - Basic Restorative	Predetermined Co-Pay per fee schedule	No Coverage
Class III - Major Restorative	Predetermined Co-Pay per fee schedule	No Coverage
Class IV - Orthodontia	Predetermined Co-Pay per fee schedule	No Coverage

### Basic Life/AD&D Insurance (Employer Paid)

Life insurance is an important part of your financial security, especially if others depend on you for support. That's why CE provides all eligible associates with Basic Life Insurance in an amount that equals one times (1x) base annual earnings to a maximum of \$100,000. An equal amount of Accidental Death and Dismemberment (AD&D) Insurance is also provided. These benefits are insured through Symetra Life and are 100% company-paid. If the value of your basic life policy exceeds \$50,000, the amount CE pays in premiums for coverage above \$50,000 will be considered taxable income and will appear on your annual W-2 Form.

### Optional Life Insurance

If you need additional protection beyond the Basic Life Insurance provided to you at no cost, you can purchase Optional Life Insurance through The Hartford Life for yourself, your spouse, and your dependent child(ren). You can purchase coverage for yourself in increments of \$10,000 to a maximum benefit of \$1,000,000. **The Guaranteed Issue amount for newly eligible associates is the lesser of 3 times (3x) base annual earnings or \$250,000.**

### Spouse Optional Life Insurance (\*Only available if you elect Optional Life for yourself)

You can purchase coverage for your spouse in increments of \$10,000 to a maximum benefit of \$100,000. When you enroll your spouse within 31 days of becoming eligible (i.e., at hire), you are guaranteed up to \$30,000 of Optional Life Insurance—no medical information is required. Coverage cannot exceed 100% of the associate's combined basic and optional term life insurance coverage.

### Dependent Child(ren) Optional Life Insurance (\*Only available if you elect Optional Life for yourself)

You can purchase coverage for your dependent child(ren) in a flat dollar amount of \$5,000 or \$10,000 (for each child) – no medical information is required.

### Optional AD&D Insurance

You can also enroll for Optional AD&D coverage in increments of \$10,000, not to exceed five times (5x) your base annual earnings or \$1,000,000. Optional AD&D Insurance provides additional coverage in the event of an accident resulting in death, dismemberment, loss or sight, loss of hearing, coma, or other severe injury. Proof of good health is never required for this coverage.

### Short-Term Disability (Employer Paid)

Short-Term Disability benefits replace a portion of your income when you are unable to work due to an off-the-job accident or illness.



## 2023 Benefits at a Glance

This coverage provides a weekly benefit that equals 60% of your earnings up to a weekly benefit maximum of \$500 (covers up to \$43K of base annual earnings). Short-Term Disability benefits will begin on the eighth day of disability due to an accident or illness and are payable for a maximum duration of 13 weeks. This coverage is through The Hartford and is provided at no cost to you.

### Optional Short-Term Disability Buy-Up

You may purchase additional Short-Term Disability coverage that provides a weekly benefit of 60% of your earnings up to a maximum weekly benefit of \$1,731 (covers up to \$150K of base annual earnings).

*Note: Base annual earnings include commissions.*

### Long-Term Disability

You can purchase Long-Term Disability Insurance that pays you a benefit of 60% of your earnings, up to a maximum of \$7,500 per month (covers up to \$150K of base annual earnings). Long-Term Disability benefits replace a portion of your income when you are disabled beyond 13 weeks. This coverage is through The Hartford. *Note: Base annual earnings include commissions.* If you are a new hire and do not enroll within 31 days of your first eligibility, you will be considered a “late entrant”. Typically, coverage for late entrants requires completion of a medical questionnaire and is subject to “pre-existing” limitations for the first 12 months.

### Aflac Voluntary Benefits

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. Carrier Enterprise offers 3 voluntary plans. A Critical Illness plan that offers associates coverage up to \$30k, \$15K for your spouse and children are covered at no additional cost. An Accident plan and a hospital plan that offers coverage for associates and their dependents. Benefits are paid directly to associates.

### 401(k) Watsco, Inc. Profit Sharing Retirement Plan & Trust (The Plan)

Carrier Enterprise understands how important it is for associates to prepare for a more financially secure future. All newly eligible associates are automatically enrolled in the company 401(k) plan shortly after 90 days of employment. An initial deferral contribution of 3% of your eligible pay will be deducted from each paycheck. Your contributions will be allocated to one of the T. Rowe Price “Target Date Funds” (based upon the date closest to the year you turn 65).

The Plan allows you to contribute up to 50% of your pay each year on a before-tax basis, subject to IRS limits. There are more than 25 investment options available to select from. In addition, the Plan provides for an annual discretionary employer match, to eligible associates with one year of service, which vests 100% immediately. Typically, the employer match is made in the form of Watsco, Inc. stock (WSO). The employer matching calculation (that has been used previously) is 50% of the participant contributions up to a maximum matching contribution of 5% of participant compensation. The employer matching contribution is deposited to accounts once per year by March 15th. You are eligible for the employer match if you have contributed to the plan within the plan year, have at least one year of service as of the last day of the plan year and are actively employed on the last day of the plan year.

Matching calculation is one-half of the participant contributions up to a maximum matching contribution of 5% of participant compensation.

*Example:*

Employee Annual Pay	\$50,000
Employee Contributes 5%	\$2,500
One-half of EE Contributions	\$1,250
5% of \$50,000	\$2,500 ( <i>Note: ER Match is ½ of EE contributions up to a max of 5% of pay</i> )
Employer Match	\$1,250 ( <i>Note: ER Match is made in the form of Watsco, Inc. stock (WSO)</i> )



## 2023 Benefits at a Glance

### [ESPP - Watsco Fourth Amended and Restated 1996 Employee Stock Purchase Plan](#)

The plan offers eligible associates an inexpensive and convenient way to purchase Watsco Common Stock for as little as \$10 per week via payroll deduction. Associates are eligible to participate after 90 days of employment. Stock is purchased quarterly and the price is discounted 5%.