



2026

BENEFITS GUIDE

OPEN ENROLLMENT
OCTOBER 31-NOVEMBER 14

**COMFORT
SYSTEMS USA**

CENTURY

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Working together is what makes Comfort Systems USA a success, and this teamwork extends to your benefits. We are proud to support you and your family's overall wellbeing with a variety of benefit options. This guide offers details on our offerings for 2026. Contact the Human Resources department with any questions.

In this Guide, we use the term company to refer to Comfort Systems USA, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

ELIGIBILITY AND ENROLLMENT

Our goal at Century Contractors has always been to provide quality benefits to our employees. For 2026, we will be offering several new benefits through Comfort Systems National Plan. We encourage you to use the tools and resources mentioned here. We are excited about this opportunity, in hopes it will help you through your healthcare journey!

When Does Coverage Begin?

OPEN ENROLLMENT

Benefit elections you make during Open Enrollment are effective on January 1, 2026, and will remain effective through December 31, 2026, unless you or a dependent experience an IRS approved qualifying event.

NEW HIRE

If you enroll for benefits during your initial eligibility period, your benefits are effective the first of the month following your date of hire (with the exception of Employer paid Short-Term Disability).

If you choose to enroll in Voluntary Life coverage exceeding the guaranteed issue limits, coverage will be subject to Evidence of Insurability (EOI) and will be effective upon approval.

STATUS CHANGES

Coverage changes due to a qualifying family status event become effective the first of the month following the date the change in status occurs. You must enroll or make changes within 31 days of the event. Birth/adoption, death of spouse or child, and divorce/legal separation will be effective on the date that the event occurs.

When Coverage Ends

Medical, dental, and vision coverage will end on the last day of the month coinciding with or following your last day of employment. All other benefits will end on your last day of employment.

Who Is Eligible?

To be eligible for the medical plans offered, you must:

- Have satisfied the waiting period (first of the month following date of hire); and
- Be a regular, full-time salaried or hourly employee regularly scheduled to work at least 30 hours per week or more; or
- Be classified as a part-time employee.

NOTE: Part-time employees:

- Are only eligible to participate in the Silver or Bronze plans;
- Are not eligible to participate in the HSA or the CSUSA contribution to the HSA; and
- Must have satisfied the waiting period (first of the month following date of hire).

To be eligible for Employer paid Short-Term Disability, you must:

- Be a regular, full-time salaried or hourly employee regularly scheduled to work at least 30 hours per week or more; and
- Have satisfied the waiting period (first of the month following one year of continuous full-time employment).
- Voluntary Short-Term Disability can be purchased during your first year of employment. Please see page 32 for more details.

To be eligible for all other plans offered, you must:

- Be a regular, full-time salaried or hourly employee regularly scheduled to work at least 30 hours per week or more; and
- Have satisfied the waiting period (first of the month following date of hire).



ENROLLMENT

This is your **one opportunity** outside of a qualifying life event to review, make changes, and/or confirm your benefits coverage for 2026!

Eligible Dependents

Dependents eligible for coverage in the Comfort Systems USA benefit plans include:

- Your legal spouse (or common-law spouse or domestic partner where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children 26 or more years old, unmarried, who are primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability that arose while the child was covered as dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

Now's the Time to Enroll!

WHAT ARE QUALIFYING LIFE EVENTS?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

Reach out to Comfort Systems USA's Human Resources with questions regarding specific life events and your ability to request changes. **Dependents need to be verified upon enrollment. Documentation, such as marriage license/certificate or birth certificate for children, is required.** Don't miss out on a chance to update your benefits!

When a Qualifying Life Event occurs, you have 31 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace (Healthcare.gov)
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

TOBACCO USER ADDITIONAL PREMIUM

In an effort to promote healthy life choices and discourage the use of tobacco products, Comfort Systems USA has a Tobacco User Additional Premium of \$100 per month.



What Is the Definition of a “Tobacco User”?

A tobacco user is any employee who currently uses or has used any tobacco product an average of more than four times per month within the past six months. This does not include the tobacco use of any of the employee’s dependents.

What You Need to Know:

Employees who opt in for medical coverage will be required to submit a Tobacco-Use Affidavit.

- Employees must verify their status by signing a Tobacco-Use Affidavit every year during annual open enrollment.
- New Hires must verify their status by signing a Tobacco-Use Affidavit during the initial benefits enrollment period.
- If an employee fails to sign the Tobacco-Use Affidavit, then they will be considered a tobacco user.

Need Help?

Your HealthyGuidance Tobacco Cessation Program offers the support you need to stop using tobacco and to improve your health and the health of your loved ones. Certified tobacco counselors provide:

- One-on-one telephone counseling
- Individualized assistance plan
- Techniques and strategies to quit tobacco use for good

Promoting Healthy Choices:

For tobacco users interested in eliminating the Tobacco User Additional Premium:

- The premium can be removed by completing five tobacco coaching calls conducted by ComPsych’s HealthyGuidance Tobacco Cessation Program during the calendar year in which the premium is being applied.
- The premium will be removed after the Benefits Department receives a report from ComPsych identifying those participants who have completed 5 tobacco coaching calls. Removal of the premium will occur as soon as administratively practical after receiving the report.
- If an employee quits through any other method, then he or she will need to contact ComPsych for certification. ComPsych will report this completion, and the additional premium will be removed for the rest of the plan year.
- If completed in the first 120 days of plan year 2026, or, for new hires, 90 days after starting, then the premiums paid during the plan year will also be reimbursed to the employee through payroll.

An employee who intentionally falsifies his/her non-tobacco use will be immediately subject to the premium upon CSUSA learning of the falsification and may face termination of employment and/or termination of the medical plan.

**WE ARE HERE
WHEN YOU NEED US**

📞 888-270-9025

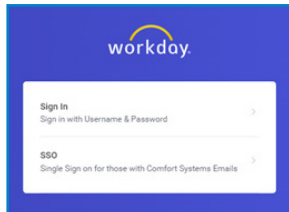
🌐 guidanceresources.com

📱 Guidance Resources Now

Web ID: CSUSA

WHERE TO ENROLL

We will continue to utilize Workday for benefits management. You can access Workday at <https://www.myworkday.com/comfortsystemsusa/d/home.html>.



Sign in to Workday Screen

Logging in to Workday

There are two options you can use to sign-in to Workday: Sign In or SSO.

- If you have a Comfort Systems email, you will select the SSO option and login with your CSUSA/ Microsoft Credentials.
- If you **do not** have a Comfort Systems email, you will need to select the Sign-In option to sign in with a username and password.

Username: FirstName.LastName

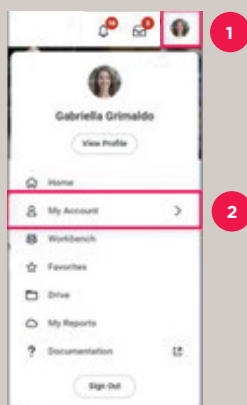
This is the typical username format, but there could be some differences. Contact your local HR if you have questions around your username.

If you don't remember your password, use the Change Password link on the website, or contact your local HR to reset your password.

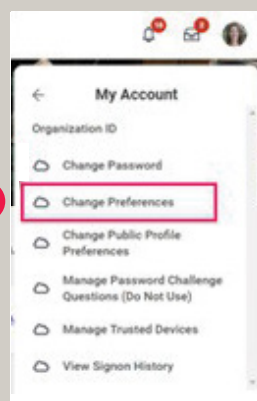
Workday will automatically lock your account for 30 mins after five (5) unsuccessful sign-in attempts. To regain access to your account, click on Forgot Password to request a one-time use link for resetting your password. Workday limits users to five (5) password reset requests in a 24-hour period. If you continue to have issues, please reach out to your HR Department.

CHANGE YOUR DISPLAY LANGUAGE

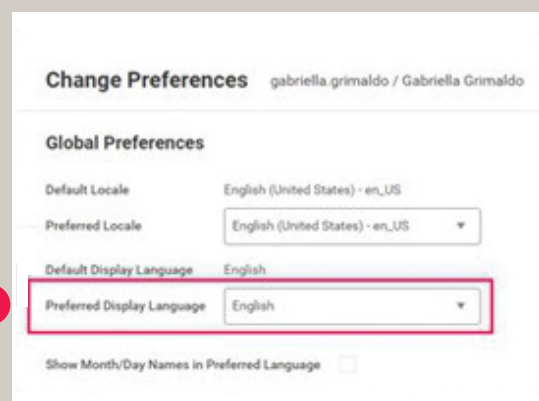
To view your benefit information in another language, log in to Workday and follow these steps:



1. Click on your profile icon.
2. Click on My Account (**Note:** Skip if on the mobile app).



3. Click on **Change Preferences**.



4. Click on the drop-down menu next to **Preferred Display Language** and select your preferred language. Available languages include **Spanish, Chinese, & Vietnamese**.
5. Log out and then log back in for the changes to take effect.

Workday Mobile

With Workday's mobile app, you can access all of your benefits information and enroll in benefits on the go!

DOWNLOAD THE MOBILE APP

For Android users:



To install Workday Mobile on your Android device, scan the QR code. **If this does not work, search for Workday in the Google Play store.**

For iPad/iPhone users:



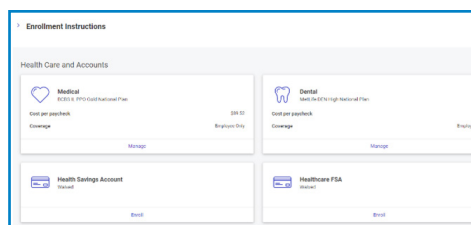
To install Workday Mobile on your iOS device, scan the QR code. **If this does not work, search for Workday in the App Store.**

LOGGING IN TO THE MOBILE APP

1. Complete the initial setup steps including agreeing to license agreements.
2. Enter in the Organization ID or scan the QR code to the bottom right.
Your Org ID: comfortsystemsusa
3. Once you enter the Organization ID, you will be prompted to log in with the SSO or Sign-In option

ENROLLING IN BENEFITS

1. Navigate to your inbox and locate the Change Benefits for Open Enrollment or Benefit Change - New Hire task.
2. Click Let's Get Started.
3. The enrollment page is broken up into three sections:
 - Health Care and Accounts
 - Insurance and Retirement
 - Additional Benefits



Workday Enrollment Instructions Screen



MEDICAL PLAN

Comfort Systems USA Medical plans are provided through Quantum Health and Blue Cross Blue Shield. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making your selection. Keep in mind your choice is effective for the entire 2026 plan year unless you have a Qualifying Life Event.



Medical Plan Summary

This chart summarizes the 2026 medical coverage options provided through Quantum Health and Blue Cross Blue Shield. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

Note: Pre-Notification may be required for inpatient and outpatient services.

- 1.** Most claims are subject to the plan's deductibles, coinsurance, and any other benefit limitations that apply under this plan. All in-network claims are subject to the contracted rates between the providers and insurance carrier. All out-of-network claims are subject to rate limitations as defined by the insurance carrier.
- 2.** Most preventive care is covered at 100% with no copay. Lab services may incur a separate charge.
- 3.** A Specialist Physician is one who has a majority of his or her practice in areas other than General Pediatrics, Internal Medicine, Obstetrics, Gynecology, Family Practice, or General Medicine.

If you are enrolled in the Silver Plan with dependents, then you must meet the full Family deductible before the plan starts to pay coinsurance.

	GOLD PLAN		SILVER HSA PLAN		BRONZE HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
EE ONLY COVERAGE	\$300	\$600	\$1,700	\$3,000	\$4,500	\$9,000
EE+DEP. COVERAGE	\$300/Person \$600/Family	\$600/Person \$1,200/Family	\$3,400	\$6,000	\$4,500/Person \$9,000/Family	\$9,000/Person \$18,000/Family
COINSURANCE	Company: 80% Employee: 20%	Company: 60% Employee: 40%	Company: 80% Employee: 20%	Company: 60% Employee: 40%	Company: 70% Employee: 30%	Company: 50% Employee: 50%
ANNUAL OUT OF POCKET MAXIMUM						
EE ONLY COVERAGE (INCLUDES DEDUCTIBLE)	\$4,000	\$8,000	\$7,000	\$14,000	\$7,000	\$14,000
EE+DEP. COVERAGE (INCLUDES DEDUCTIBLE)	\$4,000/Person \$8,000/Family	\$8,000/Person \$16,000/Family	\$7,000/Person \$11,000/Family	\$14,000/Person \$22,000/Family	\$7,000/Person \$14,000/Family	\$14,000/Person \$28,000/Family
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
PREVENTIVE CARE						
	Free	Not covered	Free	Not covered	Free	Not covered
INPATIENT AND OUTPATIENT SERVICES						
	80% after deductible	60% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
OFFICE VISITS						
PRIMARY CARE OFFICE VISIT	100% after \$20 copay	60% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
SPECIALIST OFFICE VISIT	100% after \$40 copay	60% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
TELADOC	Teladoc: 100% after \$10 copay		Teladoc: 100% after \$10 copay		Teladoc: 100% after \$10 copay	
EMERGENCY SERVICES						
EMERGENCY CARE (FOR MEDICAL EMERGENCY)	\$200 copay and 80% after deductible		\$200 copay and 80% after deductible*		\$200 copay and 70% after deductible*	
URGENT CARE	100% after \$40 copay	60% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible

*Copay plus coinsurance benefit will only apply once members reach applicable deductible levels based on plan tier enrollment.

QUANTUM HEALTH AND CARE COORDINATORS

Comfort Systems USA believes that no one should have to go through the healthcare experience alone.

Contact Quantum

Receive personalized guidance today by calling 833-346-1478 Monday-Friday, 8:30 a.m.-10 p.m. ET.

You can use the app and online chat or contact by phone for personalized guidance and a dedicated support team. Each time you contact your Care Coordinators, you talk to a real person who knows you and your previous encounters with the team at Quantum Health.

Help is a tap, click, or call away.



Here Throughout Your Healthcare Journey

Your Care Coordinators are healthcare experts who provide tools necessary to help you tackle the challenges you encounter throughout your healthcare journey.

Comfort Systems USA believes that no one should have to go through the healthcare experience alone. We're partnered with Quantum Health, who are experts in this area, to provide you with expertise and empathy.

Your Care Coordinators at Quantum Health provide exceptional service and timely assistance in a variety of ways when you need it. Recently, when a Comfort Systems USA member found themselves in need of help with several complicated bills and questions from an office visit that they were told was not covered under insurance, Care Coordinators jumped in, reached out to the providers on the member's behalf, and made sure the providers and billing departments had the correct insurance information on file. They then made sure that all parties agreed that the member was in fact covered by insurance and that the bills were mailed out with the correct information. No matter the issue or questions, trust that you can contact the care coordinators and they will advocate for you!



Scan this QR Code to download the Quantum Health app

YOUR CARE COORDINATORS CAN ASSIST YOU WITH THINGS LIKE:



Finding in-network providers



Answering claims, complex medical billing, and benefits questions



Talking about your diagnosis or treatment plans



Ensuring you receive high-quality, safe and cost-effective care, and more



Helping you manage chronic conditions such as heart disease or diabetes

WELLNESS SCREENING

We're committed to supporting your health with tools and programs designed for you.

Screen. Submit. Earn.

We are launching a Wellness Screening program. Employees who complete a free Wellness Screening by March 31, 2026, will **earn up to \$600 in incentives off their 2026 medical premiums.**

DON'T MISS OUT ON THE SAVINGS!

You must complete and submit your Wellness Screening by March 31, 2026, or you will lose the Wellness Incentive discount on your 2026 medical premiums.

Screening is Simple

1. Register at

eHealthScreenings.com/signup.

- **Screening Key:** LOC388
- **Username:** First Initial + Last Initial + DOB (MMDDYYYY) (example: John Smith born 4/23/1975 is JS04231975)
- **Password:** Last Name + Last 4 SSN (example: John Smith with social 123456789 is Smith6789)

2. Select a screening option.

- LabCorp location
- Physician screening

3. Attend your screening.

- Fast for nine hours before your scheduled appointment, drink plenty of water, and take any prescribed medications during the fasting period.

4. Review your confidential results.

- Total Cholesterol, HDL, LDL, Triglycerides, Glucose
- Blood Pressure, height, weight, waist circumference, and BMI

5. Take action to improve your health.

- Discuss your results with your doctor.
- Use your benefits and the included tools and resources to support your health.

For registration help, call **888-708-8807** (Mon.-Fri., 8 a.m.-7 p.m. EST).



VIRTUAL MEDICINE

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.



With Virtual Visits from Teladoc®, the doctor is always in. This benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app, from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video, or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

Teladoc® doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Sinus problems
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache

Virtual Visits sessions with licensed behavioral health therapists are available by appointment.

Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

Teladoc[®]
HEALTH

Access Virtual Visits

Visit teladoc.com to set up an account and request a virtual visit, or download the Teladoc[®] app. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Primary360

Teladoc makes primary care simple. Connect with a doctor by phone or video on your schedule, from home. Get prescriptions, lab orders, care coordination, and support to stay healthy. Schedule in minutes and see a doctor within 5 days.

Call 1-800-835-2362, visit teladochealth.com/primary360, or download the app.





Diabetes and Hypertension Management

Teladoc makes it easy to take care of your health—anytime, anywhere. For 2026, the program has expanded to include even more services. In addition to diabetes and hypertension management, you now have expanded chronic condition management for pre-diabetes and more, plus mental health support. These new services mean you can get the right care at the right time, all from the comfort of home.

Diabetes Prevention Program

Take your first step toward a healthier tomorrow and lower your risk of type 2 diabetes—at no cost to you.

WHAT YOU GET:

- Expert coaching on diet, activity, and lifestyle
- A smart scale that syncs to the app and web portal
- An all-in-one app to track weight, activity, and food

Why Use Teladoc?

- **Unlimited Strips:** Get as many strips as you need, plus a free blood glucose monitor and blood pressure monitor—all at no extra cost.
- **Tips to Stay on Track:** Receive helpful information and resources to manage your blood sugar and blood pressure, so you can feel your best.
- **Coaching When You Need It Most:** Teladoc coaches are here to guide and support you throughout your health journey.
- **Safety and Security:** Your information is secure with Teladoc. Access your records anytime, and share them with your doctors whenever you choose.

Who's Eligible?

Available at no cost to employees and covered dependents enrolled in the Gold, Silver, or Bronze medical plans.

Get Started

Visit TeladocHealth.com/Smile/CSUSA or download the Teladoc mobile app to enroll. Your Welcome Kit will arrive at your door within days.



Wondr

Wondr is a weight-loss program that is clinically proven to help you lose weight, sleep better, stress less, and so much more. We'll teach you simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever—at no cost to you.

- **Not a diet:** No points, plans or restrictions
- **A digital weight loss program:** entirely digital and offers on-demand master classes
- **Science-based & clinically proven:** born from behavioral science

To learn more, visit: wonderhealth.com/comfortsystems

PRESCRIPTION DRUG PLAN

From everyday prescriptions to specialty drugs, these pharmacy benefits help reduce costs and make refills simple.

Prescription Drug Plan Summary

This summary outlines your prescription drug coverage, helping you compare costs across the Gold, Silver HSA, and Bronze HSA plans.

	GOLD PLAN		SILVER HSA PLAN		BRONZE HSA PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS - RETAIL (30-DAY)						
GENERIC	\$10 copay	Covered at the network pharmacy price, after your copay or coinsurance is applied.	80% after deductible	Covered at the network pharmacy price, after your copay or coinsurance is applied.	70% after deductible	Covered at the network pharmacy price, after your copay or coinsurance is applied.
GENERIC PREVENTIVE	\$10 copay		\$10 copay		\$10 copay	
PREFERRED BRAND	80% coinsurance (\$35 min. \$100 max.)		80% after deductible		70% after deductible	
NON-PREFERRED BRAND	70% coinsurance (\$65 min. \$200 max.)		80% after deductible		70% after deductible	
SPECIALTY	\$0 copay or 30%* coinsurance for medications filled through CVS Specialty Pharmacy		80% after deductible		70% after deductible	
PRESCRIPTION DRUGS - MAIL (90-DAY)						
GENERIC	\$20 copay	Not Covered	80% after deductible	Not Covered	70% after deductible	Not Covered
GENERIC PREVENTIVE	\$20 copay		\$20 copay		\$20 copay	
PREFERRED BRAND	80% coinsurance (\$70 min. \$200 max.)		80% after deductible		70% after deductible	
NON-PREFERRED BRAND	70% coinsurance (\$130 min. \$400 max.)		80% after deductible		70% after deductible	

**The cost is \$0 if you enroll in the PrudentRx Copay Program and 30% if you waive enrollment. HIV drugs and drugs that CVS does not have direct access to may be filled outside of CVS Specialty Pharmacy. Specialty drugs that are not eligible for the PrudentRx program will not be subject to a 30% coinsurance.*

QUESTIONS FOR PRUDENTRX?

888-203-1768

Monday–Friday
8 a.m.–8 p.m. EST**Caremark® Cost Saver™**

Comfort Systems USA knows keeping your out-of-pocket costs low is important to you, so we have added the Caremark® Cost Saver™ to our Pharmacy Benefits program. The Cost Saver program will make sure you get the lowest possible cost for medications covered under the plans. All you need to do is present your CVS Caremark member ID card when you pick up prescriptions, and the program will do the rest for you automatically.

PrudentRX–Gold Plan Only

If you are enrolled in the GOLD plan, then we will work with you to obtain third-party copay assistance for your specialty medication, if available. Once you're enrolled, you'll pay nothing out-of-pocket—that's right, \$0!—for medications on your plan's specialty drug list dispensed by CVS Specialty. Please see the Prudent Rx CVS Program flier for more information.

Save on Your Long-Term Medications

Save on medications you take regularly (such as high blood pressure or diabetes medicine) when you fill with a 90-day supply. One 90-day supply typically costs less than three 30-day supplies, so you can be sure you're paying a lower price. You can fill these medications at any CVS Pharmacy or through the CVS Caremark Mail Service Pharmacy.

Mail Service Pharmacy

- Enjoy convenient, reliable delivery to the location of your choice.
- Mail delivery means no more monthly trips to the pharmacy, and you are alerted 10 days before a refill in case you need to change the delivery date or location.
- Discreet packages are tamper-proof, weatherproof, and temperature controlled.

NEW for 2026: CVS Weight Management Program

Starting in 2026, employees enrolled in a Comfort Systems medical plan who are prescribed a GLP-1 medication (like Wegovy® or Mounjaro®) must participate in the CVS Weight Management Program for coverage.



The program includes:

- One-on-one support from providers and registered dietitians
- Personalized nutrition planning
- Connected devices (like a smart scale) to track progress
- The Health Optimizer™ app with guides, recipes, and goal-setting tools

This program ensures your GLP-1 prescription is covered and gives you access to a team dedicated to your long-term success.

For details, visit [cvs.com](https://www.cvs.com).

HEALTH SAVINGS ACCOUNT

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

You are eligible to receive up to **\$250** per quarter to help with medical expenses if you enroll in either our Silver or Bronze medical plans and open a Health Savings Account.

If you have a Health Savings Account, then Comfort Systems USA will make a quarterly contribution of **\$125** for employee-only coverage or **\$250** for spouse, children, or family coverage for medical/dental/vision care that is not covered by your plan.

Deposits are done within the first two weeks of the month following the quarter close.

OptumFinancial will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses—there is no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on [irs.gov](https://www.irs.gov) for a complete list.



Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services, and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep

all HSA funds whether you leave the company or retire).

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026, contributions (which include any employer contribution) are limited to the following:

- Employee: \$4,400
- Family: \$8,750
- Catch-up Contribution (Age 55+): \$1,000

HSA Benefits



Pre-Tax Paycheck Contributions



Tax-Free Payments (For Qualified Medical Expenses)



Employer Contributions (Pre-Tax)



Unused Funds Roll Over Annually



FLEXIBLE SPENDING ACCOUNTS

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them—there is no waiting for reimbursement.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA—even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$7,500 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.

- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.





Submit a claim form along with the required documentation. Contact OptumFinancial with reimbursement questions. If you need to submit a receipt, OptumFinancial will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2026 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must “use it or lose it”—any unused funds will be forfeited.
- Up to \$680 may be rolled over to the next plan year at the end of 2026 for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- There is a 90-day run-out period for submitting reimbursements for claims incurred while the current plan year coverage was active.
- Those considered highly compensated employees (family gross earnings were \$160,000 or more last year) may have different FSA contribution limits. Visit [irs.gov](https://www.irs.gov) for more info.

FSA VS. HSA

	Flexible Spending Accounts (Gold Plan)	Health Savings Accounts (Silver and Bronze Plan)
OWNERSHIP	Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
		
ELIGIBILITY & ENROLLMENT	You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
		
TAXATION	FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
		
CONTRIBUTIONS	You can contribute up to \$3,400 in 2026.	Both you and your employer can contribute up to \$4,400 in 2026 (up to \$8,750 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.
		
PAYMENT	Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
		
ROLLOVER OR GRACE PERIOD	Any unclaimed funds at the end of the year are forfeited. Exceptions include an allowed rollover amount.	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses—even in retirement years.
		
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at irs.gov .	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at irs.gov .
		
OTHER TYPES	Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	There is only one type of HSA.
		

ADDITIONAL BCBS PROGRAMS

If you are enrolled in Comfort Systems National Medical Plans, you and your dependents have access to additional programs through Blue Cross Blue Shield that can assist in helping manage certain chronic conditions that you might be faced with.



Hinge

Join Hinge Health for exercise therapy without leaving home. No copays. No office visits. Reduce your back and joint pain in just 15 minutes a day. Best of all, there's no cost to you—your Hinge Health benefit is 100% covered by Comfort Systems. You must be enrolled in the Gold, Silver, or Bronze Plan to be eligible for this benefit.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free

QUESTIONS

☎ 855-902-2777

🌐 hinge.health/comfortsystemsusa-oe



Scan this QR Code to enroll now!

DENTAL PLAN

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Comfort Systems USA offers affordable plan options from MetLife for routine care and beyond.



Stay In-Network

You can choose to go to any dentist, but staying in-network is the best way to lower your costs and make the most of your dental plan. That's because participating dentists have agreed to accept negotiated fees

for covered services that are usually **35-50% less than average charges** in the same community. This can mean more savings for you! To find a network dentist, visit MetLife at [metlife.com/dental](https://www.metlife.com/dental).

FIND A DENTIST

To find a network dentist, visit MetLife at the url below.

[metlife.com/dental](https://www.metlife.com/dental)

Dental Plan Summary

This chart summarizes the 2026 dental coverage options provided by MetLife for 2026.

	HIGH PLAN	LOW PLAN
ANNUAL DEDUCTIBLE		
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150
ANNUAL MAXIMUM		
PER PERSON	\$2,500	\$1,000
LIFETIME MAXIMUM	Unlimited	Unlimited
COVERED SERVICES		
PREVENTIVE AND DIAGNOSTIC	100% No Deductible	100% No Deductible
CARE BASIC AND RESTORATIVE	80% after deductible	80% after deductible
CARE MAJOR SERVICES	50% After Deductible	Not Covered
ORTHODONTICS	50% After Deductible	Not Covered
LIFETIME MAXIMUM*	\$1,500	Not Covered

*Under age 19

VISION PLAN

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. Comfort Systems USA provides quality vision care for you and your family through VSP.

Vision Plan Summary

This chart summarizes the vision coverage provided by VSP for 2026.



PLAN FEATURE			
WELLVISION EXAM	Focuses on your eyes and overall wellness; KidsCare: Children have two fully covered WellVision exams if needed.	\$10	Every calendar year
PRESCRIPTION GLASSES	Materials	\$25	See frame and lenses
FRAMES	\$180 allowance for a wide selection of frames; \$200 allowance for featured frame brands; 20% savings on the amount over your allowance; \$100 Costco frame allowance; KidsCare: Frames for children are covered every calendar year.	Included in Prescription Glasses	Every other calendar year
LENSES	Single vision, lined bifocal, lined trifocal and Polycarbonate lenses for dependent children; KidsCare: Additional lenses for children are fully covered when needed. Minimum prescription charge required.	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	Progressive lenses; Tints/Photochromic adaptive lenses; Scratch-resistant coating; UV protection; Average savings of 20-25% on other lens enhancements.	\$0	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	\$180 allowance for a contacts and contact lens exam (fitting and evaluation); 15% savings on a contact lens exam (fitting and evaluation).	\$0	Every calendar year
DIABETIC EYECARE PLUS PROGRAM	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.	\$0	As needed
SAFETY GLASSES (EMPLOYEE-ONLY COVERAGE)			
SAFETY EYE EXAM	Exam to determine safety eyewear needs.	\$0	Every other calendar year
FRAMES	Fully covered ANSI-certified safety frames when a pair is selected from the ProTec Eyewear collection or Visionworks safety frame selection. Or receive a \$115 frame allowance for any other safety frame outside of the ProTec Eyewear collection only available from a VSP network doctor and 20% savings on the amount over your allowance.	\$0	Every other calendar year
LENSES	Prescription single vision, lined bifocal and lined trifocal; certified according to the American National Institute (ANSI) guidelines for impact protection. Anti Reflective Lenses covered in full.	\$0	Every calendar year
EXTRA SAVINGS			
GLASSES AND SUNGLASSES	<ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
EXCLUSIVE MEMBER EXTRAS FOR VSP MEMBERS	<ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		
LASER VISION CORRECTION	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

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. You can also contact VSP at 800-877-7195 or online at vsp.com.

Vision: Safety Glasses Enhancement

Did you know? Nearly 90% of eye injuries can be prevented with the right protective eyewear. Keeping your eyes safe is just as important as keeping them healthy. With the new **ProTec Safety Plan enhancement**, you can now get prescription safety eyewear at no cost when you use an in-network VSP provider.

Your ProTec benefits include:

- One annual WellVision Exam® with a VSP network doctor.
- Fully covered safety lenses (single vision, bifocal, or trifocal).
- Fully covered safety frames from the ProTec Eyewear® or Visionworks® collections.
- A \$115 allowance toward other safety frames, plus 20% savings on any amount over the allowance.
- Extra savings on additional pairs of glasses and lens upgrades.

SAFETY GLASSES ENHANCEMENT QUESTIONS?

📞 Call 800-877-7195
(TTY: 711)

🌐 Visit vsp.com



SURVIVOR BENEFITS

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.



Basic Life and Accidental Death & Dismemberment Insurance

Comfort Systems USA provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Lincoln Financial Group, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x base annual salary, up to \$500,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

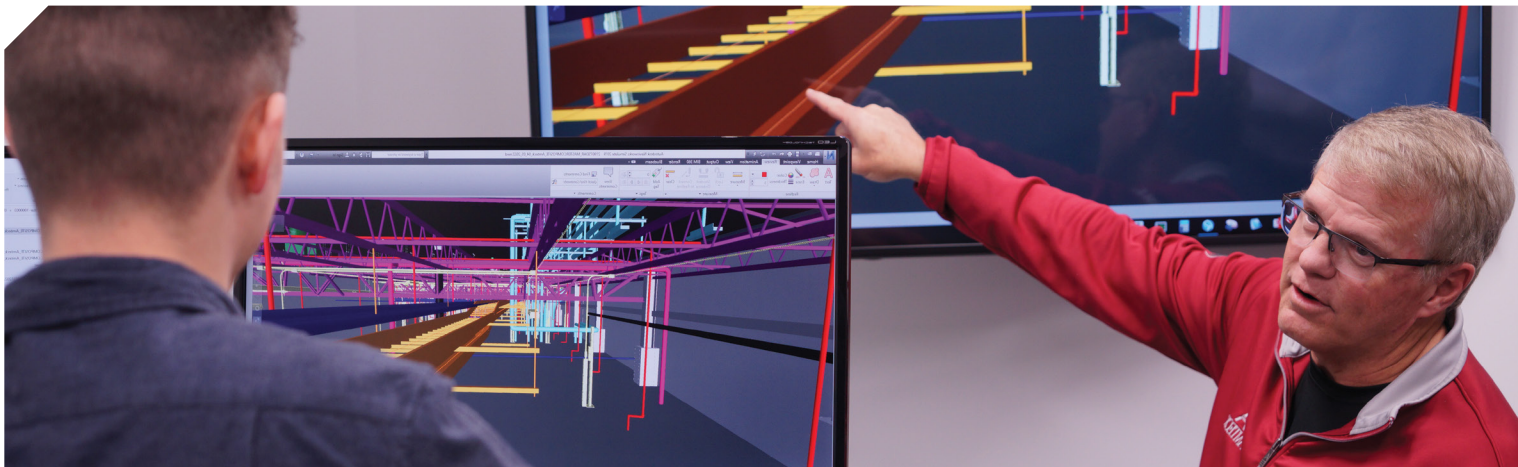


Survivor Benefits

Life and AD&D benefits are an important part of your family's financial security. The basic benefits provided to you and paid for by Comfort Systems USA may not be enough to cover expenses in a time of need. Therefore, extra coverage is available to protect you and your family. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

YOU MUST ELECT EMPLOYEE VOLUNTARY LIFE TO ELECT SPOUSE AND/OR CHILD LIFE.

If you do not enroll in voluntary life coverage during your initial eligibility period for yourself or your dependents and you want to do so during an annual enrollment period, then Evidence of Insurability (EOI) must be provided. Approval by Lincoln Financial must be made before any amount of coverage becomes effective.



BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	1x base annual salary
WHO PAYS	Comfort Systems USA
BENEFITS PAYABLE	Upon death of employee
MAXIMUM BENEFIT	1x base annual salary up to \$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE	
COVERAGE AMOUNT	\$25,000 increments
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of employee
MAXIMUM BENEFIT	The lesser amount of 6x your base annual earnings or \$750,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Amounts over the guaranteed issue of \$250,000
VOLUNTARY SPOUSE LIFE	
COVERAGE AMOUNT	Multiples of \$5,000; it cannot exceed 50% of employee's Voluntary Life benefit amount
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of spouse
MAXIMUM BENEFIT	\$375,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Amounts over the guaranteed issue of \$25,000
VOLUNTARY CHILD LIFE	
COVERAGE AMOUNT	\$10,000
WHO PAYS	Employee
BENEFITS PAYABLE	Upon death of child
MAXIMUM BENEFIT	\$10,000
VOLUNTARY AD&D	
COVERAGE AMOUNT	Employee: \$25,000 increments Spouse: \$5,000 increments; 50% of employee's elected amount Children: 10% of employee's elected amount, max of \$10,000
WHO PAYS	Employee
BENEFITS PAYABLE	Upon accidental death and dismemberment
MAXIMUM BENEFIT	\$250,000 for employee (combined with Basic AD&D amount) \$375,000 for spouse; cannot exceed 50% of EE combined Basic and Voluntary AD&D amount

Note: Basic Life/AD&D and Voluntary Life/AD&D will be reduced if you remain actively employed after you reach age 70.

INCOME PROTECTION

You and your loved ones depend on your regular income. That's why Comfort Systems USA offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Short-Term Disability (STD)

Provides you with pay if you are away from work due to a non-occupational illness or accident.

WHEN CAN I ENROLL?

The waiting period to enroll in Employer paid Short-Term Disability is the first of the month following one year of service. Voluntary STD is available to employees with less than one year of service who are not covered by employer-provided STD.

WHAT IS THE BENEFIT AMOUNT?

The plan provides a benefit of 60% of your pre-disability income for an approved disability.

WHEN WILL I RECEIVE BENEFITS?

From 15 days to a maximum of 26 weeks of disability.

HOW LONG CAN PAYMENTS LAST?

After 26 weeks of disability, the voluntary long-term disability plan becomes your source of income protection (if you have chosen to enroll in this benefit).

Long-Term Disability (LTD)

Long-Term Disability provides extended income protection if you are disabled. This is offered on a voluntary basis and deductions are taken on an after-tax basis. This means that in the event of a claim, you will not pay tax on the benefit you receive.

WHEN CAN I ENROLL?

The waiting period to enroll in Long-Term Disability is first of the month following date of hire. If you do not enroll when first eligible and wish to do so at a later date, you will be required to submit Evidence of Insurability.

WHAT IS THE BENEFIT AMOUNT?

60% of your monthly pay (as of the day before you become unable to work because of a disability). The maximum monthly benefit amount is \$5,000. Monthly income may be reduced if you are eligible to receive benefits from worker' compensation, Social Security, or any other group disability plan.

WHEN WILL I RECEIVE BENEFITS?

You may be eligible to receive benefits after 180 continuous calendar days of total disability. A pre-existing condition limitation may apply if you become disabled within the first 12 months of coverage.

HOW LONG CAN PAYMENTS LAST?

Coverage may continue until your disability ends or until you reach the maximum benefit period, whichever occurs earlier. Please see detailed plan documents for more info.



MENTAL WELL-BEING

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

COMPSYCH®

— The GuidanceResources Company® —

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you—whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Comfort Systems. You may access information, benefits, educational materials, and more by phone at 888-270-9025 or online at guidanceresources.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness—the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

WE ARE HERE WHEN YOU NEED US

📞 888-270-9025

🌐 guidanceresources.com

📱 Guidance Resources Now

Web ID: CSUSA



The Big Five of Emotional Wellness



Practice mindfulness. Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



Strengthen social connections. Reach out to a friend or family member daily—even if it's just a call or text.



Get quality sleep. Keep a consistent sleep schedule and limit electronic use before bed.



Improve your outlook. Treat people with kindness, including yourself.



Deal with your stress in healthy ways. Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 SUICIDE & CRISIS LIFELINE

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

CRISIS TEXT LINE

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

WAR VET CALL CENTER

Call 877-WAR-VETS

Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

NOTE

According to the Centers for Disease Control, nearly **22% of adults** received help for mental health in 2021.



ADDITIONAL BENEFITS

Comfort Systems offers additional voluntary benefits to you as an extra layer of security designed to keep you and your family's needs top of mind.

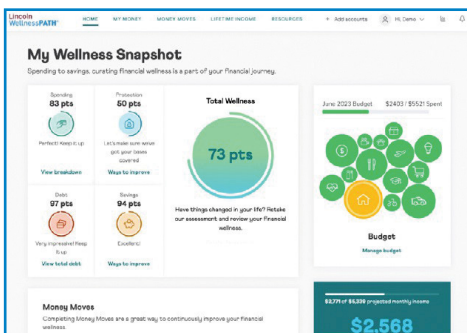
Lincoln WellnessPATH®

Lincoln WellnessPATH®

Lincoln WellnessPATH® provides tools and personalized steps to help manage your financial life. From creating a budget to building an emergency fund to paying down debt, our easy-to-use online tool helps you turn information into action so you can focus on both short- and long-term goals, such as providing protection for your loved ones.

How does it work?

It's easy to get started. The first time you use the tool, you'll take a short quiz to help you set goals so you can immediately take action. Answer a few simple questions (such as, "Do you rent or have a mortgage?") and receive a financial wellness score that analyzes your savings, spending, debt, and protection.



Lincoln Financial®

Lincoln LifeKeys®

Comfort Systems USA is here for you during your grief. Our Beneficiary Assist Program through Lincoln Financial Group provides assistance with the emotional, financial, and legal issues that arise after the loss of a loved one.

This program is offered at no cost to beneficiaries of the Group Life or Accident plans. Call 888-787-2129 to access loss counseling and financial/legal professionals on a confidential basis. Services include:

- Unlimited phone contact for grief counseling, financial planning, and legal advice up to one year from the date of claim approval.
- Assessment and action planning to develop an individualized course of action.
- Up to a designated number of face-to-face sessions, or equivalent professional time, for any combination of emotional, financial, or legal counseling.
- Referrals to additional resources to support specific situations like long-term grief counseling or complex probate and estate planning.

NEW FOR 2026: EXPANDED GRIEF SUPPORT

Lincoln Financial Group now offers additional grief support services for Group Life beneficiaries through *Empathy*, a comprehensive support system for the bereaved.

This program provides care beyond the claims process, helping families with both emotional and logistical challenges, including:

- Estate settlement and executing a will
- Guidance on legal and financial matters
- Emotional support resources during times of loss

CALL TODAY!

SmartConnect is ready to help you make confident choices about your Medicare coverage.

☎ 888-513-0148
(TTY: 711)

Monday-Friday
7:30 a.m.-5 p.m. EST

A licensed insurance agent will answer your call.

🌐 smartmatch.com/connect/comfortsystemsusa

**SmartConnect for Medicare**

SmartConnect is an exclusive program created specifically for working or retiring adults (and their family members) who are Medicare-eligible and may not have fully explored the benefits of Medicare coverage.

Navigating Medicare can feel overwhelming, but SmartConnect makes it simple. In a free consultation, a dedicated Medicare advisor will review your current coverage, explain your options, and guide you step-by-step through enrollment. You'll also receive a personalized transition timeline, so you know exactly what to do and when.

**Pet Insurance**

It's benefits time for you and your pets.

It's a great time to focus on your family's health and well-being—and that includes its furriest members.

With coverage available through Comfort Systems USA, MetLife Pet can help you prepare for vet costs associated with injuries and illnesses and can also cover routine visits.

- Choose from flexible coverage options with no breed exclusions.
- Visit any licensed U.S. vet.
- Get discounts of up to 30% and additional offers on pet care, where available.

Even if your pet is happy and healthy, you can add MetLife Pet Insurance's optional Preventive Care coverage to help protect your wallet from the cost of checkups and routine care like:

- Flea, tick, and heartworm medications
- Spay or neuter procedures
- Vaccinations
- Teeth cleanings
- Wellness exams
- Blood panel
- FeLV test
- Fecal test
- Heartworm test

At MetLife Pet, we treat your pets like family.

QUESTIONS?

☎ 1-855-207-0819

🌐 quote.metlifepetinsurance.com



IMPORTANT CONTACTS

Comfort Systems offers additional voluntary benefits to you as an extra layer of security designed to keep you and your family's needs top of mind.

Medical— Care Coordinators

QUANTUM HEALTH AND BLUE CROSS BLUE SHIELD

☎ 833-346-1478
🌐 mycsusahealthplan.com

Virtual Medicine

TELADOC

☎ 800-835-2362
🌐 TeladocHealth.com

Pharmacy

CVS CAREMARK

☎ 855-340-8462
🌐 caremark.com
Policy: 2317

Dental

METLIFE

☎ 800-942-0854
🌐 metlife.com/mybenefits
Policy: 301404

Vision

VSP

☎ 800-877-7195
🌐 vsp.com
Policy: 12267933

Health Savings Account

OPTUMFINANCIAL

☎ 877-292-4040
🌐 optumfinancial.com

Flexible Spending Accounts

OPTUMFINANCIAL

☎ 877-292-4040
🌐 optumfinancial.com

Life and AD&D

LINCOLN FINANCIAL GROUP

☎ 888-787-2129
🌐 lincolnfinancial.com
Policy #: 461388

Disability

LINCOLN FINANCIAL GROUP

☎ 800-320-7585
🌐 lincolnfinancial.com
Policy: 461388

Employee Assistance Program

COMPSYCH

☎ 888-270-9025
🌐 guidanceresources.com
Policy #:CSUSA

Medicare Assistance

SMARTCONNECT

☎ 888-513-014

Pet Insurance

METLIFE

☎ 855-207-0819

Comfort Systems USA National Benefits

📍 675 Bering Drive, Suite 400
Houston, TX 77057
☎ 866-214-5176

COMFORT
SYSTEMS **USA**

