

General Program, Eligibility and Coverage

1. What are the Plan requirements related to the Medical Plan tobacco surcharge?

Tobacco status elections will roll over from 2024 to 2025, you cannot complete your elections if you do not select either Tobacco or Non-Tobacco. If your status has changed since last Open Enrollment, this is your only option to update your status until next Open Enrollment for 2026. This rate differential is meant to encourage tobacco-users to quit and to offset both the rising medical coverage costs and the effect on the sustainability of our Benefits Programs.

Tobacco-users can earn the non-tobacco user rate for the entire year by successfully completing a **FREE** cessation program. Upon program completion your medical plan contributions will be reduced to the non-tobacco user rates AND you will be refunded the tobacco-user surcharge paid since the beginning of the year. Those who attest to being a tobacco-user will receive additional information about the cessation program in January!

2. Who is a Tobacco-User?

An Employee who uses a **Tobacco Product** or Products four or more times per week within the past 6 months by legal users of tobacco products (those 18 years and older).

Tobacco Product – As defined by the US Food and Drug Administration, includes any product made or derived from tobacco intended for human consumption (except products that meet the definition of drugs), including, but not limited to, cigarettes, cigars (including cigarillos and little cigars), dissolvables, hookah tobacco, nicotine gels, pipe tobacco, roll-your-own tobacco, smokeless tobacco products (including dip, snuff, snus, and chewing tobacco), vapes, electronic cigarettes (e-cigarettes), hookah pens, and other electronic nicotine delivery systems.

3. When is my open enrollment period?

Your open enrollment period starts November 11 at 7am ET and ends on November 22 at 8pm ET.

4. How do I enroll?

Employees must enroll electronically through Connect, Samuel's HR System during the Election window: November 11 – November 22. (go to: connect.samuel.com, See How to Login guide here: [29-Connect Insert How To Login 11Sept2023 v3 final.pdf](#))

5. What if I do not enroll and submit elections during the election window?

- Medical plan and optional insurance elections for 2025 will default to current 2024 elections.
- **Your Tobacco Status will default to the current 2024 elections, and if your status has changed you will not have another opportunity to update until next year's 2026 Open Enrollment or you complete the tobacco cessation program.**
- Healthcare and Dependent Care Flexible Spending Account contributions always reset to \$0 and require active election during enrollment.
- If your **current selection** is the Medical Plan Opt-out incentive, your 2025 medical plan election will be set to Medical Plan Opt-out incentive. If your current election is not Medical Plan Opt-out and you would like to

receive the incentive for 2025, **YOU MUST actively enroll and select the Opt-out incentive option to receive the incentive.**

6. Who is eligible for Samuel's U.S. Harmonized Benefit Program?

U.S. employees scheduled to work 30 or more hours per week (excludes temporary workers and some union employees). For the Harmony Benefit Program, new hires have a waiting period and are eligible on the first of the next month following date of hire.

For example, if you are hired on January 1st or January 31st, you are eligible for the Samuel benefits program on February 1.

Union employee eligibility is determined by collective bargaining agreement.

Benefits eligibility ends on your last day of employment with Samuel.

7. When are my elections in effect?

Your benefits selections are effective January 1 – December 31, 2025, unless you experience a qualifying life event.

Qualifying Life Events (QLEs) include:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- Child no longer qualifies (maximum age limitation)
- Change in spouse's employment or health insurance eligibility.

To report a QLE, log into Connect, click on Benefits, then click on Report a Life Event, select the appropriate event, enter the date the event occurred, and proceed through the screens. You must report a QLE within 30 days of the effective date of the event.

Coverage will end immediately following your last day working at Samuel.

8. What happens when I add new dependents to medical coverage?

All dependents added to medical coverage must go through an eligibility verification process.

- Be on the lookout for a notification letter from UnifyHR, mailed to your home address and emailed. The letter explains next steps, documentation needed to verify eligibility of dependents and deadlines.
- Required documents include Birth and Marriage certificates AND recent proof of current marriage status.
- **If you do not complete the verification your dependent will be removed from coverage.**
- **If your dependent is removed from coverage, they will not be able to re-enroll in the benefit plans until the next year's annual enrollment period.**
- **After receipt of communication from UnifyHR, you can upload your documents online at <https://app.unifyhr.com>**
 - **Login:** Click "Create an Account." Enter your first and last name, zip code, and date of birth of Social Security Number.
 - **Password:** Enter a valid email address and a temporary password will be emailed to you.

2025 OPEN ENROLLMENT Q&A



9. Who can be covered on Samuel Benefits as Dependents?

- Spouse or approved opposite-gender or same-gender domestic partner *
- Legal dependent children under 26 years of age, unless otherwise extended pursuant to applicable state or federal law, including: natural children, stepchildren, children legally placed for adoption, foster children, adopted children and children for whom the member or the member's spouse is the child's legal guardian, children awarded coverage pursuant to an order of court
- Unmarried disabled children over age 26 who are not able to support themselves, that were covered before age 26.

* "Domestic Partner" means a member of a domestic partnership consisting of two partners, each of whom has registered with a domestic partner registry in effect in the municipality/governmental entity within which the domestic partner currently resides.

Proof that dependents meet the above criteria is required.

10. Where can I go with other questions?

Inquiry	Resource
<ul style="list-style-type: none"> • Logging into Connect to Enroll 	If you need to update your personal email or have any difficulties logging in, please contact IT at 866-281-6060 (available 7 a.m. – 7:30 p.m. ET)
<ul style="list-style-type: none"> • Support through the electronic election process 	If you have any additional questions, please feel free to contact your local HR Partner at any time or send a note to connect@samuel.com .
<ul style="list-style-type: none"> • Medical - find in-network providers, doctors, and pharmacies. • Understand what services are covered. • How much will medical services cost? • Search covered prescriptions and estimated costs. • Accessing HSA accounts. 	<p><u>UnitedHealthcare -myuhc.com</u> Pre-enrollment questions and information: www.whyuhc.com/Samuel <ul style="list-style-type: none"> • After enrollment: myuhc.com 1-855-272-7976</p>
<ul style="list-style-type: none"> • Review plan details • View and download benefit coverage grids and plan documents. • Watch videos explain the different benefit offering 	<p>Go to samuelbenefits.com</p>
EyeMed	1-866-723-0513, www.eyemed.com
MetLife Dental	866-363-8669, www.mybenefits.metlife.com
BRI (Benefit Resource) – FSA and COBRA	800-473-9595, www.benefitresource.com
Mercerwise	833-637-2379, www.mercerwise.com

11. Are the deductibles the same for both Family coverage and Employee+1 coverage?

Yes. Although you pay a different premium per paycheck, if you elect to cover 1 dependent or more than 1 dependent, the deductibles and out of pocket maximums are the same.

12. How to Find in-network Doctors, Shop for Costs of Services and find prescriptions on your formulary.

- Prio to OE, navigate to your member website at www.whyuhc.com/Samuel. After OE, navigate to myuhc.com.
- Select the Find a provider.
- Choose medical, or behavioral health directory. Then choose employer plans.
- Choose the **Choice Plus** network.

13. Is there any global medical coverage on our plans?

Health Services provided in a foreign country are excluded under the medical plan unless required as Emergency Health Services.

Examples of conditions that require emergency care include:

- Severe chest pain or pressure
- Difficulty breathing
- Severe shortness of breath
- Severe or prolonged bleeding
- Loss of consciousness
- Severe or multiple injuries (including obvious fractures)

If you need emergency care while abroad, please go to the closest hospital for treatment. Please remember to notify UnitedHealthcare as soon as reasonably possible if you have been admitted into a hospital.

Your international claim payment information is available on www.myuhc.com. Please use this as a resource when checking the status of your claim.

14. Do the Plan Deductibles and Out-of-pocket Maximums for individuals apply within Family and Employee plus + 1 Dependent coverage tiers?

Yes. Each eligible and enrolled dependent can meet his or her individual deductible and/or out-of-pocket prior to the family deductible and/or out-of-pocket being met.

15. How do I find out what Prescription Drugs are covered by the Plan?

You will find the details about most prescription drug benefits by looking at your plan's Prescription Drug List (PDL), also called a Formulary. It is a list of medications and how they are covered by your plan. If you have a prescription for a certain kind of medication, you can look it up in your PDL to see how it is covered.

Go to: myuhc.com, register and sign into your health plan account and look under your pharmacy and prescription coverage information to see your plan's PDL.

16. Are Safety Glasses included in the vision plan coverage?

Yes. Safety frames and prescription lenses are available for employees only, once every 12 months, in addition to regular glasses. Prescriptions must be obtained from in-network providers where is available.

Some Samuel locations have specific requirements related to safety. Please see your local HR contact to ensure any purchased safety glasses comply with specific requirements.

17. Are there preventative medications where a \$0 copay applies before the deductible is met?

Yes. For a full list of preventive medications that are covered under the plan, please click [HERE](#), or call the UHC Dedicated member service team at 1-855-272-7976.

18. Are there any preventative or diagnostic services that would not require the copay/deductible?

Yes. Adult and Pediatric Routine physicals, Colonoscopies, Mammograms and Pap Smears are a few examples of no cost services. For a full list of preventive services that are covered under the plan at no cost to you, please contact the UHC Dedicated member service team at 1-855-272-7976.

19. How do I know if my medication requires pre-authorization?

Call the phone number on your member ID card or sign into your health plan account and review your benefits to learn if prior authorization is needed.

20. Will I get a new ID card?

No, you will not receive a new Medical ID Card. You can download the UnitedHealthcare app to manage your plan and view your virtual ID card. You can use the mobile app to:

- Find In-Network care options for doctors, clinics, and hospitals in your area.
- Set up a video chat with a doctor 24/7.
- Check on claims, manage prescription drugs and refills.
- Estimate the costs of common procedures.
- View your copay, annual deductible, and out-of-pocket expenses.
- View your Health Savings Account, if applicable.

You will not receive new dental cards but you will receive new vision cards from EyeMed.

21. What do I need to do to collect the \$2,000 annual medical plan opt-out incentive?

If not already enrolled in the incentive, you ***MUST*** elect the medical plan option “Medical Plan Opt-out, Annual Incentive” and submit your election through Connect during the open enrollment window to receive the Opt-out incentive in 2025.

Medical Plan Opt-Out elections will roll over this year. If your current selection is the Medical Plan Opt-Out Incentive and you make no change during Open Enrollment, your 2025 medical plan will be set to the Medical Plan Opt-Out Incentive. Only those members newly electing Medical Plan Opt-Out must actively enroll to receive the incentive. You can also enroll in dental or vision and still receive the full Opt-Out Incentive.

The incentive is paid quarterly, following the end of the quarter, to eligible employees who select the Opt-out option for the full prior quarter. You must be an active employee when a payment is made to paid.

This incentive is taxed like regular income.

22. If I elect the Medical Plan Opt-out Incentive, am I still eligible for other Samuel benefits?

Yes. The opt-out incentive option is offered in lieu of a medical plan election. You are still eligible for Dental and Vision, Flexible Spending Accounts, the Samuel-paid Short-term Disability, Long-term Disability and Basic Life and AD&D insurance coverages. You are also still eligible to elect any of the voluntary employee-paid coverages, like optional life insurance, personal accident, critical illness, hospital indemnity, and fraud & identity theft protection.

23. What are the benefits coverage levels of the Critical Illness and Accident Insurances that are included with the High Deductible Health Plan?

At no cost to you, the High Deductible Health Plan includes:

- Basic Accident Insurance which pays up to \$1,500 depending on the severity or type of a fracture or dislocation and,
- Basic Critical Illness Insurance which pays up to a \$5,000 lump sum for specific diagnosed conditions; examples include: heart attack, stroke, cancer, or major organ transplant.

Employees eligible for the U.S. Harmonized Benefit Program can also elect additional, employee-paid Critical Illness, Accident or Hospital Indemnity insurance. The enrollment tiers for buy up coverage (Employee Only, Employee + 1, Family) must be the same as the enrollment tier for the High Deductible Health Plan enrollment.

24. Are insurance claim payouts taxable?

Yes. Both Short-Term and Long-Term Disability claims are taxable as income paid to the employee. Claims paid from the Samuel-paid Basic Life and AD&D, Critical Illness and Accident Insurance are also taxable. However, claims paid from the employee-paid voluntary Critical Illness, Accident and Hospital Indemnity insurance benefits are not taxed.

25. Are there restrictions or Evidence of Insurability requirements for the Voluntary Life Insurance coverages?

Yes. Outside new hire benefit elections, any new election or increase to voluntary life insurance is subject to approval by Lincoln, the insurer. This requires the employee to complete and submit Evidence of Insurability directly to Lincoln.

Following the submission of your benefit election in Connect, if you elected additional voluntary life insurance coverage, you would have a pending action in Connect. This provides instructions on how to complete and submit Evidence of Insurability to Lincoln.

26. When I terminate my employment from Samuel, Son & Co., can I continue my life insurance coverage?

Yes. As you leave your employment, active benefit coverage ends on your last day worked. You have options to continue your current Group Life coverage and maintain important protection for you and your family. Lincoln offers two options under which you can continue your coverage – Portability and Conversion. Basic Life coverage can be converted while all lines of voluntary coverage can be ported.

27. Does Samuel provide Disability Benefits?

Yes. Samuel provides both Short-term Disability and Long-term Disability insurance to most Harmonized Benefits Program eligible employees at no cost.

The benefit level is 60% of the annual base compensation, as of the latter of: Hire date, last October 15th or most recent Qualified Life Event (birth of a child, marriage, divorce, etc.)

The maximum allowed benefits are \$2,000 per week for Short-term Disability and \$9,000 per month for Long-term Disability.

For California, excludes employees eligible for State-provided STD. STD payments for some other employees (Colorado and Oregon) are offset by State-provided benefits.

28. Please review and update annually your beneficiary designations and ensure that you have current beneficiary information designated online in Connect.

Health Savings Account (HSA)

1. How will the H.S.A contributions be processed?

Samuel will contribute the following annual amounts to all employees who elect Medical Plan 1 – High Deductible Health Plan. Half will be funded in late January and half will be funded in late- July, for employees who are enrolled in the Plan as of January 1 and July 1, respectively. Employees must be active at the time of payment.

Employee Only	\$500
Employee + 1 dependent	\$750
Family	\$1,000

2. Can I change my HSA contribution amount throughout the year?

Yes. Employees can change the amount they would like to contribute to their HSA at any time in Connect, in the “Report a Life Event.” Contributions are made via pre-tax payroll deductions.

3. What is the maximum amount you can put into a Health Saving Account?

The 2025 HSA contribution limit is \$4,300 for employee only coverage and \$8,550 for all other coverage tiers minus Samuel HSA contributions. If you are 55 or older before the end of the year, you are eligible to contribute an additional \$1,000.

You can sign into your HSA account to set up one-time or recurring deposits. You can mail in a check. You can also contribute with the Optum Bank mobile app.

4. Can I roll over my current HSA?

Yes, by completing an Optum HSA Rollover, Transfer form you can move funds from a previous custodian to your Samuel HSA, administered by UHC – Optum Bank. The form is located <https://samuel-benefits.us/ResourcesContact>, under UnitedHealthcare or call the Optum Bank HSA Customer Support at 866-234-8913. They are available 24/7.

5. What type of items are considered Qualified Medical Expenses?

Qualified medical expenses are those expenses that would qualify for the medical and dental expenses deduction.

- Medical Deductible/Copays/Coinsurance

- Prescription Drug Expenses

For a complete list of IRS Qualified Medical Expenses please see the detailed list at the link below.

<https://www.irs.gov/publications/p502>

6. Can I use my HSA if I switch plans to a non-Qualified High-Deductible Health Plan or switch employers?

Yes, when you switch health plans or switch employers your HSA may not be connected to your health coverage, but the funds remain in your account from year to year.

You may continue to use your HSA money for qualified medical expenses with your new health plan. However, you cannot make contributions to your HSA unless you are enrolled in a Qualified High-Deductible Health Plan.

Flexible Spending Account (FSA)

1. Does Samuel offer an FSA?

Yes. Employees are eligible to contribute to Healthcare FSA, unless you elect Medical Plan 1 - HDHP.

Independent of your enrollment in a Medical Plan or Healthcare FSA, you are also eligible to participate and contribute to a Dependent Care FSA. This allows you to set aside up to \$5,000 annually, through pre-tax payroll deductions to offset dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.

2. How do I set up an FSA?

You can elect the pre-tax amount you would like to have deducted from your paycheck during Open Enrollment or a subsequent Qualified Life Event.

3. Can I adjust my contributions throughout the year?

No. With a Flexible Spending Account, it can be changed only:

- at open enrollment time
- if you have a change in a family situation/qualified life event
- if you change plan/ employer

4. What is the difference between HSA and FSA?

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are two benefits that allow you to set aside pre-tax dollars for qualified medical costs. HSAs are associated with high-deductible health insurance, where Healthcare FSAs are allowed with PPO plans. With an HSA, any money you contribute can grow tax-free, year-over-year. Whereas an FSA, you will not be able to keep any funds left in it at the end of the year if you have not used them.

5. Can I roll over any of my remaining FSA balance into the next calendar year?

You have until March 31st of the following year to submit any expenses incurred for the previous year. As of April 1, you can carry over up to \$550 of your remaining balance; unused funds over \$550 will be forfeited. Also, your FSA is not portable – the balance will not go with you if you leave Samuel or retire.

6. What items are considered Qualified Medical Expenses?

Qualified medical expenses are those expenses that would qualify for the medical and dental expenses deduction.

- Medical Deductible/Copays/Coinsurance
- Prescription Drug Expenses

Also, non-prescription medicines (other than insulin) are not considered qualified medical expenses for FSA purposes. A medicine or drug will be a qualified medical expense for FSA purposes only if the medicine or drug is prescribed by your provider.

For a complete list of IRS Qualified Medical Expenses please see the detailed list at the link below.

<https://www.irs.gov/publications/p502>

7. If I switch employers, is my FSA portable?

No, the Flexible Spending account is owned by your employer and is lost with a job change, unless eligible for continuation through COBRA.

8. What is the maximum amount you can put into a Dependent Care flexible spending account?

The 2025 limit is \$5,000, set by the IRS, subject to change.