EMPLOYEE BENEFITS

2026 Frequently Asked Questions

A quick guide to enrollment, medical coverage, vision, and prescriptions

ENROLLMENT & ELIGIBILITY

1. When can I enroll in or change my benefits?

You can generally enroll or make changes when you are first eligible as a new hire, during annual Open Enrollment, or after an eligible life event. Life events may include marriage, divorce, birth or adoption of a child, or loss or gain of other coverage.

Important: Life-event changes must be reported within 30 days of the life event effective date.

2. What happens if I miss the deadline to report a life event?

You will have to wait until the next Open Enrollment period to make certain benefit changes.

3. Do I have to re-enroll every year during Open Enrollment?

This depends on the benefit. Some elections may automatically continue or roll over, while others, such as the FSA, require a new election each year. Always review the Open Enrollment instructions, even if you do not plan to make changes.

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

Yes. The opt-out incentive is offered in lieu of a medical plan election. You are still eligible for:

- Dental and Vision
- Flexible Spending Accounts
- Samuel-paid Short-Term Disability, Long-Term Disability, and Basic Life and AD&D insurance
- Voluntary employee-paid coverages, including optional life insurance, personal accident, critical illness, hospital indemnity, and fraud & identity theft protection

UNDERSTANDING MEDICAL PLAN COSTS

5. What is a deductible?

Your deductible is the amount you generally pay for covered healthcare services before your medical plan begins paying its share. Some services, such as your annual preventive exam, may be covered before you meet your deductible.

6. What is coinsurance?

Coinsurance is your share of the cost of a covered healthcare service, usually stated as a percentage. For example, if your plan pays 80% after the deductible, you would generally be responsible for the remaining 20% of the allowed amount.

7. What is a copay?

A copay is a fixed amount you pay for certain healthcare services or prescriptions, depending on your plan. Copays do not go toward your deductible.

8. What does “out-of-pocket maximum” mean?

The out-of-pocket maximum is the most you generally must pay during the plan year for covered, in-network services that count toward the limit. Once you reach it, the medical plan generally pays 100% of additional covered in-network expenses for the remainder of that plan year.

NETWORK & PROVIDER INFORMATION

9. Why does it matter whether a provider is in-network?

Using an in-network provider generally gives you access to negotiated rates and may lower your out-of-pocket costs. Depending on your medical plan, out-of-network care may cost significantly more or may not be covered except in certain situations.

10. How can I find out whether my doctor is in-network?

- Go to myuhc.com.
- Select “Find a Provider.”

11. 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 or 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, go to the closest hospital for treatment. Please notify UnitedHealthcare as soon as reasonably possible if you have been admitted to a hospital.

International claim payment information is available on myuhc.com. Use this resource when checking the status of your claim.

VISION & PRESCRIPTION COVERAGE

12. 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 available.

Some Samuel locations have specific safety requirements. Check with your local HR contact to ensure purchased safety glasses meet those requirements.

13. How do I find out what prescription drugs are covered by the plan?

Review your plan’s Prescription Drug List (PDL), also called a formulary. It lists medications and how they are covered by your plan.

- Go to myuhc.com.
- Register or sign in to your health plan account.
- Look under your pharmacy and prescription coverage information to view your plan’s PDL.

14. Are there preventive medications where a $0 copay applies before the deductible is met?

Yes. For a full list of preventive medications covered under the plan, use the applicable preventive medication list or call the UHC Dedicated Member Service Team at 1-855-272-7976.

15. Are there preventive or diagnostic services that would not require the copay or deductible?

Yes. Adult and pediatric routine annual physicals, non-diagnostic colonoscopies, mammograms, and Pap smears are a few examples of no-cost services. For a full list of preventive services covered under the plan at no cost to you, contact the UHC Dedicated Member Service Team at 1-855-272-7976.

16. How do I know if my medication requires prior authorization?

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