

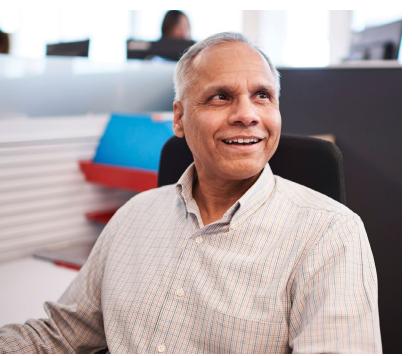
# BENEFITS IN HARMONY

Open Enrollment 2026 November 3–14, 2025

connect.samuel.com







## Important Changes and Reminders for 2026

- 1. Increase in Medical rates and cost share for Plans 2 & 3.
- 2. Introducing Voluntary Pet Insurance from MetLife.
- 3. New Tobacco Cessation Program UHC Quit for Life.
- 4. New Wellness surcharge for 2027.



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#### **Enrolling in Your Benefits**

This year, the open enrollment window is from November 3 to November 14. The elections you make during Open Enrollment will be effective from January 1, 2026, through December 31, 2026. Once annual enrollment ends, you cannot make changes during 2026 unless you experience a qualifying life event. YOU MUST ENROLL BY NOVEMBER 14 AT 8 P.M. ET to ensure you get the coverage you need for you and your family.

#### Follow these steps for a smooth enrollment:

- Read this guide it contains an overview of your benefits program, including your health benefits and your 401(k) plan.
- 2. Enroll in your benefits through Connect between November 3 and 14. You can access Connect directly through Samuel's intranet or any internet browser at <u>connect.samuel.com</u>. See How to Login to Connect insert included in this package.

#### **IMPORTANT NOTES**

If you do NOT actively enroll and submit your elections during the open enrollment window:

- Medical plan elections for 2025 will default to your 2026 coverage.
- Dental and vision plans will default to your 2025 coverage.
- Your tobacco status will roll over from 2025.
   If your status has changed, OE is your only time to update your status.
- If your current selection is the Medical Plan Opt-Out Incentive, this will roll over for 2026.
- If you want the Medical Plan Opt-Out and you don't currently have that as an election, you must go into Connect and select Medical Plan Opt-Out.
- Flexible Spending Account contribution will reset, and you must go into enrollment and elect your contribution amount.

#### **Benefit Program Eligibility**

#### **HEALTH & WELFARE PLANS**

**Eligibility** – U.S. employees scheduled to work 30 or more hours per week (excludes temporary employees).

Waiting Period for Benefits – First of the next month following date of hire. Example: For hire dates of February 1 or February 26, benefit eligibility is March 1.

Plan Year - January 1 to December 31

Eligibility ends the day after your employment termination date. Eligible dependents include spouses, domestic partners, and children under the age of 26. A full description of eligible dependents is included on page 11.

#### **401(K) RETIREMENT PLAN ELIGIBILITY**

**Eligibility** – All U.S. employees, minimum age 18.

**Waiting Period for Benefits** – You must be credited with at least a 1-month period of service and must be at least 18 years of age.

Plan Year - January 1 to December 31



#### **IMPORTANT NOTES**

\* If you experience a qualified life event in 2026, you must submit your benefits elections via Connect within 30 days of the effective date of your qualified life event. Proof/documentation of life event must be provided.

#### **Qualified life events 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

YOU MUST ENROLL BY NOVEMBER 14, 2025!

Enrollment Window: November 3, 7 A.M. ET to November 14, 8 P.M. ET

## **HEALTH & WELFARE**

#### **Your Benefits - An Overview**

BENEFIT	OPTIONS	WHO PAYS FOR THE PLAN	ENROLLMENT AND CHANGES
Medical	Medical Plan 1 – HDHP, included base plan for Critical Illness and Personal Accident     Medical Plan 2 – High deductible PPO     Medical Plan 3 – PPO	Samuel Pays 100% of HDHP premiums     Samuel and you share the cost     Samuel and you share the cost	New hire     Open Enrollment     Qualifying life event
Dental	Harmony Dental PPO	Samuel and you share the cost	New hire     Open Enrollment     Qualifying life event
Vision	Harmony Vision	Samuel and you share the cost	New hire     Open Enrollment     Qualifying life event
Health Savings Account (HSA)	Available if you enroll the Medical Plan 1 – HDHP	You can make pre-tax contributions. The company makes an automatic contribution to your account.	You can make changes at any time
Flexible Spending Accounts (FSAs)	Health Care FSA     Dependent Care FSA	You contribute with pre- tax dollars	New hire     Open Enrollment     Qualifying life event
Basic Life and AD&D	1.5x annual earnings	Samuel pays the full cost	Enrollment is automatic
Voluntary Life and AD&D (may require Evidence of insurability')	You – up to 5x annual earnings (\$500,000 maximum)     Spouse – up to 50% of employee amount with a maximum of \$250,000     Child – \$10,000 maximum	You pay the full cost with after- tax dollars	New hire     Open Enrollment     Qualifying life event
Disability	Short-Term Disability     Long-Term Disability	Samuel pays the full cost	Enrollment is automatic
Supplemental Health Coverage	Critical Illness – up to \$15,000 or \$30,000 Personal Accident Insurance – low/high coverage options Hospital Indemnity – \$500 or \$1,000 benefit if admitted	You pay the full cost with after- tax dollars	New hire     Open Enrollment     Qualifying life event
Employee Assistance Program (EAP)	Assistance available for you and your household, 24/7	Samuel pays the full cost	You can participate any time
Voluntary Pet Insurance through Metlife	Customizable options to fit your needs and budget for Dogs, Cats and exotic animals	You pay the full cost directly with Metlife	You can make changes at any time
Metlife Aura Identity & Fraud Protection	Financial fraud protection, identity theft protection, family safety, services and support	You pay for the full cost with after-tax dollars	New hire     Open Enrollment     Qualifying life event

#### **Your Medical Plan & Rates**

For your medical coverage, you have three options to choose from - each with different attributes.

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#### **IMPORTANT NOTES**

- · The coinsurance percentages shown below apply after the deductible is met unless otherwise indicated.
- Certain generic preventive medications are provided at no cost to you.
- Medical plan 1: HDHP provides NO first dollar coverage. You need to fulfill your deductible before the plan pays anything. This plan also includes base plan Accident and Critical Illness at no cost.
- Good news! Tobacco users can earn the non-tobacco user rate 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. Our new smoking
  cessation program will be offered through UHC Quit For Life, a comprehensive program offering Nicotine
  Replacement Therapy & the Live Vape Free Program.
- New Wellness surcharge for 2027. Complete your annual physical between 11/2025 11/2026 to waive wellness surcharge for 2027.

	MEDICAL PLAN 1: HDHP	MEDICAL PLAN 2: HD PPO	MEDICAL PLAN 3: PREMIUM PPO	OPT-OUT
		IN-NETWOF	RK COVERAGE	
Deductible	\$3,400 single / \$6,000 family	\$2,500 single / \$5,000 family	\$1,500 single / \$3,000 family	
Plan Pays	80%	80%	90%	
You Pay (coinsurance)	20%	20%	10%	
Out-of-Pocket (OOP) Maximum	\$6,000 single / \$12,000 family	\$5,000 single / \$10,000 family	\$3,000 single / \$6,000 family	If you already have medical coverage under your parent's, spouse's,
Covered Medications	Modernized listing of eligible drugs (managed formulary)			partner's plan or elsewhere, to receive the \$2,000 annual incentive', you must select "Medical Plan Opt-Out,
Mandatory Generic Substitution	Included			
Prescription Drugs	80% (whether retail or mail order)     70% for non-formulary named brand drugs	Retail (30-day supply):      \$5 - Tier 1      \$30 - Tier 2      \$60 - Tier 3      20% to \$250 max - Tier 4 (Specialty Medications)	Mail Order (90-day supply): • \$10 – Tier 1 • \$60 – Tier 2 • \$120 – Tier 3	\$2,000 Annual incentive" during enrollment.  * Taxable, and paid quarterly through payroll to active employees enrolled in the Opt-Out Incentive for the entire prior
Primary Care Provider Office Visits	80%	\$20 copay, then 100%	\$15 copay, then 100%	quarter.
Specialist Office Visits	80%	\$30 copay, then 100%	\$30 copay, then 100%	
Urgent Care	80%	\$55 copay, then 100%	\$55 copay, then 100%	

	MEDICAL PLAN 1: HDHP	MEDICAL PLAN 2: HD PPO	MEDICAL PLAN 3: PREMIUM PPO	OPT-OUT
		IN-NETWOR	K COVERAGE	
Inpatient Services	80%	80%	\$500 copay, then 90%	
Outpatient Services	80%	80%	\$100 copay, then 90%	
Ambulance	80% after in-network deductible (all providers considered in-network)	80% after deductible (all providers considered in-network)	90% after deductible and \$100 copay (all providers considered in-network)	
Emergency Room Services	80%	80% after deductible and \$150 copayment (copayment waived if admitted)	90% after deductible and \$150 copayment (copayment waived if admitted)	If you already have medical coverage under your parent's, spouse's, partner's plan or elsewhere, to receive the \$2,000 annual incentive', you must select
Virtual Visits	80%	\$20 copay, then 100%	\$15 copay, then 100%	
Therapy and Rehabilitation	80%	\$30 copay, then 100%	\$30 copay, then 100%	
Preventive Care (e.g., physical exams, eye exams, vaccinations, etc.)	100% (no deductible)			"Medical Plan Opt-Out, \$2,000 Annual incentive" during enrollment. * Taxable, and paid
Basic Diagnostic Services (standard imaging and lab tests)	80%	100% after \$35 copay	100% after \$35 copay	quarterly through payroll to active employees enrolled in the Opt-Out Incentive for the entire prior
Advanced Imaging	80%	80% after deductible and \$35 copayment	90% after deductible and \$35 copayment	quarter.
Accidental Dental	80%	80%	90%	
Emergency Out-of- Country Medical	Included			
Health Savings Account (HSA)	\$500 / \$750 / \$1,000 annual employer contribution	Not available		
Flexible Spending Account (FSA)	Dependent Care FSA	Health Care FSA and Depo	endent Care FSA	

#### **BI-WEEKLY EMPLOYEE PREMIUMS**

TIER	MEDICAL PLAN 1: HDHP	MEDICAL PLAN 2: HD/PPO	MEDICAL PLAN 3: PREMIUM PPO
Employee	\$0.00	\$66.29	\$99.25
Employee + 1 Dependent	\$0.00	\$131.26	\$197.60
Family	\$0.00	\$196.07	\$294.86

Enrolled employees with Tobacco User status will pay an additional \$40 per bi-weekly paycheck (\$20 per week).

#### **Health Savings Account (HSA)**

#### WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a tax-free account used to pay for out-of-pocket medical expenses. These include your deductible, coinsurance, and other expenses not covered by the health plan. You are only eligible for a Health Savings Account if you enroll in Medical Plan 1: HDHP.

#### WHAT YOU NEED TO KNOW

- You own the account. As the owner, you determine when you want to spend the funds.
- You never lose the funds. Once funds have been deposited into your account, they are yours to keep. There is no 'use-or-lose' provision. You even keep the funds if your employment ends.
- Tax-free savings for medical expenses. An HSA is the only account to provide a triple-tax benefit. Funds are deposited into the HSA tax free, grow tax-deferred, and remain tax free when used for eligible medical expenses. Remember, if you use your HSA to pay for ineligible expenses before age 65, you will be taxed on those amounts and will be subject to an additional 20% penalty tax.
- Funds grow. Funds in an HSA earn interest and can be invested.

#### **SAMUEL HELPS YOU SAVE, TOO**

You can get a portion of your deductible funded through Samuel's contributions to your account.

- Samuel will contribute to your HSA each plan year, half in January and half in July. You must be enrolled in the HDHP as of January 1 and July 1.
- Your annual contribution is based on your medical plan tier election: \$500 (single), \$750 (employee + 1 dependent), \$1,000 (family).

#### **IMPORTANT NOTES**

- You are only eligible to contribute if you are not claimed as a dependent on someone else's tax return.
- You are NOT eligible to enroll in the HDHP if you are enrolled in Medicare or TRICARE.



#### **USE YOUR MONEY WHEN YOU NEED IT**

When you have an eligible health care expense during the year, you can use your Optum HSA debit card, and the money comes right out of your account. Eligible expenses include medical, prescription drugs, dental and vision costs. You can find a complete list by logging into your Optum account or by reviewing **IRS Publication 502**.

#### 2026 Annual Contributions and IRS Limits

TIER	SAMUEL CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION	IRS MAXIMUM CONTRIBUTION LIMIT (Includes all employee and Samuel Contributions)"
Employee	\$500	\$3,900	\$4,400
Employee + 1 Dependent	\$750	\$8,000	\$8,750
Family	\$1,000	\$7,750	\$8,750
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<sup>\*</sup> If you are age 55 or older you can make an additional \$1,000 catch up contribution.

#### Example how Plan 1, a high deductible health plan with a health savings account, works:

You are out for a jog, and you fall and break your ankle. You must take an ambulance to the hospital, have surgery, and go to physical therapy. You receive a bill from all services for \$10,000. Your individual deductible is \$3,400. Keep in mind that your deductible is applied first, and coinsurance is applied after to the remaining balance. You can elect to use the funds in your Health Savings Account (both employer contributions and employee funds set aside as pre-tax contributions) to pay for your \$3,400 deductible and 20% coinsurance.

When comparing all 3 plans, remember to consider the employee payroll contributions in addition to deductibles for Medical Plans 2 and 3. For Medical Plan 1, there are zero payroll contributions, and you can save additional pre-tax dollars into your HSA each month to help you cover your deductible. Those payroll contributions lower your taxable income.



<sup>\*\*</sup> Married couples with HSA-eligible family coverage will share one family HSA contribution limit of \$8,750 in 2026.





#### **Your Dental Plan & Rates**

Did you know that a healthy mouth is essential to your overall health? Poor oral health can lead to periodontal disease, which has been linked to illnesses such as diabetes, heart disease and respiratory infection.

You have the option of enrolling in a dental plan featuring MetLife's PDP Plus network. The plan offers 100% coverage for in-network preventive care. You can use any provider, but you pay less when you use a provider in-network.

METLIFE DENTAL	COVERAGE
Annual Deductible	\$0 individual / \$0 family
Annual Maximum	\$2,050 per person
Preventive Services Oral exams and cleanings (two per calendar year), x-rays, space maintainers	100%
Basic Restorative (fillings, extractions)	80%
Major Restorative (bridges, dentures)	80%
Orthodontics Your children up to age 19	50% (\$1,500 lifetime maximum per person)

#### **BI-WEEKLY EMPLOYEE PREMIUMS**

TIER	EMPLOYEE PREMIUMS
Employee	\$8.59
Employee + 1 Dependent	\$17.18
Family	\$23.95

#### **Your Vision Plan & Rates**

Taking care of your eyes is important to your overall well-being. You have the option of enrolling in vision coverage through EyeMed, which offers a large network of providers.

EYEMED VISION	IN-NETWORK COVERAGE
Eye Exam, Eyeglass Lenses, Contact Lenses (in lieu of glasses), Safety Glasses (employees only)	Once every 12 months
Eye Exam	\$10 copay
Frames	20% off balance over \$130 allowance
Safety Frames (employee only)	\$100
Single, Bifocal and Trifocal Lenses	Covered in full
Contact Lenses (exclusive collection)	Covered in full; or \$130 allowance (non-plan contacts) in lieu of glasses

#### **BI-WEEKLY EMPLOYEE PREMIUMS**

TIER	EMPLOYEE PREMIUMS
Employee	\$2.52
Employee + 1 Dependent	\$4.81
Family	\$9.24

#### Flexible Spending Accounts (FSA)

You have access to a Health Care Flexible Spending Account (FSA) unless you are enrolled in the HDHP – Medical Plan 1. An FSA allows you to set aside pre-tax dollars to pay for eligible out-of-pocket healthcare expenses. You can save up to \$3,400 for the 2026 plan year.

Like an HSA, an FSA reimburses you for many medical expenses that are not paid by insurance. You can carry over up to \$680 of your balance remaining at year-end into the next year. However, as of April 1, unused funds will be forfeited. Also, your FSA isn't portable. The balance will not go with you if you leave Samuel or retire.

Whichever medical plan you choose, you also have access to a dependent care FSA, which helps cover the cost of childcare expenses for your dependent, children up to age 13, as well as the care of an incapacitated spouse. You can elect to set aside up to \$7,500 on a pre-tax basis for 2026.

## **CORE & VOLUNTARY COVERAGE**

#### **Core Coverage**

100% of premiums paid by Samuel.

#### LIFE AND AD&D INSURANCE

It's always a good idea to plan for the unexpected, no matter what your age or stage in life. Samuel provides automatic basic life, AD&D, and you have the option of enrolling in additional coverage for more protection.

## Basic Life Insurance and AD&D (100% of premiums are paid by Samuel):

- 1.5x annual earnings
- \$500,000 maximum
- Reduced by 35% of the original amount at age 65
- Reduced by 50% of the original amount at age 70

#### **Voluntary Coverage**

If you need more coverage than the basic coverage provided by Samuel, you have the option of purchasing Voluntary Life Insurance and AD&D.

EMPLOYEE*	SPOUSAL*	CHILD
<ul> <li>Up to 5x annual earnings</li> <li>\$500,000 maximum</li> <li>Evidence of insurability may be required</li> </ul>	Only available if voluntary employee life is elected     Up to 50% of employee amount (\$250,000 maximum)     Evidence of insurability may be required	Only available if voluntary employee life is elected     \$10,000 maximum     No evidence of insurability required
* Guaranteed Issue amounts are \$300,000 for employees and \$50,000 for spouses and only apply to newly eligible employees who enroll within 30 days of eligible new hire event.		

You also have the option of purchasing supplemental health coverages such as Critical Illness, Personal Accident Insurance and Hospital Indemnity.

If you are enrolled in any of the supplemental coverages and have an claim, make sure you file your claim with Lincoln Financial group to get reimbursed.

CRITICAL ILLNESS	PERSONAL ACCIDENT INSURANCE	HOSPITAL INDEMNITY
Up to \$15,000 or \$30,000     Covered benefit examples include:     Alzheimer's, cancer, heart attack, kidney failure and stroke	<ul> <li>Low/high coverage options</li> <li>Premium varies by coverage tier</li> <li>Covered benefit examples: <ul> <li>Leg fracture: \$1,000/\$2,000</li> <li>Concussion: \$200/\$500</li> <li>Dislocated ankle: \$500/\$1,000</li> <li>Laceration: \$25 and up</li> <li>Ambulance: \$200/\$400</li> </ul> </li> </ul>	\$500 or \$1,000 benefit if admitted     Premium varies by coverage tier



#### **IMPORTANT NOTES**

If you are enrolled in Medical Plan 1: HDHP, you will receive basic critical illness coverage and personal accident coverage at no cost. For more information, please visit the supplemental health coverages page at <u>samuelbenefits.com</u>.

#### **IDENTITY & FRAUD PROTECTION**

You also have the option of purchasing MetLife Aura Identity & Fraud Protection. Identity & Fraud Protection powered by Aura includes these features to help minimize the risk of identity theft:

- Identity Theft Protection
- Financial Fraud Protection
- Digital Security

**Bi-Weekly Employee Premiums** 

TIER	RATES
Employee	\$3.90
Family	\$6.44

#### **METLIFE PET INSURANCE**

It's easy to help protect your pets with MetLife Pet Insurance. MetLife's Pet Insurance can help employees feel financially prepared to care for their pets.

- Visit metlife.com/getpetquote
- Employer code: Samuel, Son & Co (USA), Inc.

#### **Disability Insurance**

Samuel provides you with Short-Term Disability (STD) and Long-Term Disability (LTD) automatically at no cost to you.

#### SHORT-TERM DISABILITY

- Provides 60% of earnings for up to 26 weeks, to a maximum of \$2,000 per week.
- Injury there is a 7-day waiting period.
   Disability benefits begin on day 8.
- Sickness there is a 7-day waiting period.
   Disability benefits begin on day 8.
- Taxable/company-paid.

#### LONG-TERM DISABILITY

- 60% of earnings to a maximum of \$9,000 per month.
- 180-day elimination period.
- Taxable/company-paid.

Exclude some employees eligible for state-provided STD. STD payments for some other employees are offset by state-provided benefits.



#### **IMPORTANT NOTES**

To be eligible for dependent coverage, proof that dependents meet the following criteria may be required.

#### **Dependent Eligibility**

The following is a description of the relationship types that can be enrolled as your dependent(s):

- Spouse or approved opposite-gender or same-gender domestic partner
- · Legal dependent children under age 26, unless otherwise extended pursuant to applicable state or federal law, including:
  - Natural children
  - Stepchildren
  - Children legally placed for adoption or foster children
- Legally 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, who 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.

## **RETIREMENT & SAVINGS**

#### Your 401(K) Plan

Your 401(k) plan provides a convenient way to save for retirement and comes with some important advantages, including:

- Convenient pre-tax or Roth deferrals through payroll deduction;
- Competitive investment expenses;
- · Lower participant fees; and
- · Automated plan services.

When you contribute 5% of your base compensation, Samuel will match your contributions for a total contribution of 10%. Here's an at-a-glance summary of the Plan:



MERCER WISE 401(K)	SUMMARY	
Employee Deferral Options	You can contribute 1% to 80% of your salary	
	Offers both pre-tax and Roth options	
	Allows for catch-up contributions	
Samuel Match	100% of employee deferrals up to 5% of salary	
Eligibility	You must be credited with at least a 1-month period of service. You will enter this part of the Plan as a Participant on the first day of the payroll period that coincides with or next follows the date that you first satisfy both the age and service requirements described above.	
Auto-Enrollment	If you take no action upon eligibility, after 30 days you will be auto-enrolled at 2%	
Deferral Changes	Deferral changes can be made anytime with Mercer Wise supported by Empower	
Vesting	100% immediate vesting of Samuel's matching contributions	
Account Access	Loans, hardship withdrawals and age 59 ½ in service withdrawals available	
Rollovers	Allowed at any time from other pre-tax retirement accounts	

Note: Each year, the IRS sets a limit on the total amount of salary that can be deferred into a 401(k). Please refer to your plan resources to find the maximum allowable deferral amount for the current year.

#### **Legal Note**

This Guide provides summary information about the Samuel, Son & Co. employee benefits program in simple terms. It is not intended to be complete or comprehensive or to provide legal or medical advice. If there are any discrepancies between this Guide and the wording of the legal documents that govern the plans, the legal documents will apply in all cases.

#### **RESOURCES & CONTACTS**

#### Have questions or need more information?

BENEFIT	SUPPORT	PHONE	WEBSITE
United Healthcare  • Medical	<ul><li>Understand covered benefits</li><li>Find in-network providers</li><li>Choice Plus Network</li></ul>	(855) 272-7976	myuhc.com
MetLife • Dental	PDP Plus Network (dental)	(800) 942-0854	mybenefits.metlife.com
EyeMed • Vision	Insight Network	(866) 800-5457	eyemed.com
Mercer Wise  • 401(k) Retirement Plan  • Supported by Empower	Change your contribution     Understand investment options     Learn about plan features     Retirement savings education	(833) 637-2379 (MER-CERW)	mercerwise.com
ComPsych  • Employee Assistance Program	<ul> <li>Provides short-term confidential support</li> <li>Work/life balance</li> <li>Stress, depression, anxiety</li> <li>Legal/financial worries</li> <li>Workplace challenges</li> <li>Addiction</li> <li>Family/parenting/relationships</li> </ul>	(866) 365-0893	guidanceresources.com
<ul> <li>Lincoln Financial Group</li> <li>Basic Life and AD&amp;D</li> <li>Optional Life Insurance</li> <li>Short and Long-Term Disability</li> <li>Supplemental Coverages</li> </ul>	Submit and process Evidence of Insurability     File a disability claim     File a critical illness, personal accident, or hospital indemnity claim	(888) 408-7300	lincoInfinancial.com  To file a disability claim you can call (888) 408-7300 or go to lincoInfinancial.com and use code LF1500SAM.
Benefit Resource  • Flexible Spending Accounts	Account transactions     Forms     Plan documents     Much more!	(800) 473-9595	benefitresource.com Company code: samuel
Optum Bank	Health Savings Account	(800) 791-9361	optumbank.com
MetLife Aura Identity & Fraud Protection	<ul> <li>Financial Fraud Protection</li> <li>Identity Theft Protection</li> <li>Privacy &amp; Devices Protection</li> <li>Family Safety (included with family plans only)</li> <li>Services and Support</li> </ul>	(844) 931-2872	aura.com
MetLife Pet insurance	Pet Insurance for Dogs, Cats and Exotic animals	(800) 438-6388	metlife.com/getpetquote Employer code: Samuel, Son & Co (USA), Inc.

#### **KEY TERMS YOU SHOULD KNOW**

**Coinsurance** – The percentage you owe after the deductible. For example, if your plan pays 80%, you pay 20%.

**Copay** – The set amount you pay for a covered service; for example, \$15 for a doctor visit or \$6 for a prescription.

**Deductible** – The set amount you pay for a health service before your plan starts paying.

**Managed Formulary** – The list of medicines covered by our plan, sorted by tier. Lower tiers usually mean lower copays.

**In-Network Provider** – A doctor or hospital that accepts your plan allowance and cost-sharing as full payment. They won't bill you extra, but you could still have to pay your copays.

**Mandatory Generic Substitution** – Your plan reimburses you based on the cost of the lowest-priced interchangeable drug – most often, a generic version of the brand-name drug.

**Out-of-Pocket Maximum** – The most you will pay for covered care. If you reach this amount, your plan pays 100% after that.

**Plan Allowance** – The set amount your plan will pay for a health service, even if your provider bills more.

**Premium** – The amount you pay for health coverage through payroll deductions.

**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.



