# BENEFITS IN HARMONY

EMPLOYEE BENEFITS GUIDE

# OPENIOPENT 2021

NOV 6 TO NOV 17, 2023

**CONNECT.SAMUEL.COM** 



# **EXCITING CHANGES FOR 2024**

#### **NEW MEDICAL. DENTAL AND VISION CARE PROVIDERS!**

We want to ensure you have superior interactions with our providers, in support of you and your family's health and well-being. Coverages with our new providers will essentially remain the same, though you may notice some subtle differences. In those instances, you may see some improvements in maximums and other benefits.

For the fifth year in a row, there will be no increase to 2024 rates!

#### Medical: UnitedHealthcare

UnitedHealthcare (UHC) provides an enhanced experience when managing your medical needs — all while getting the same coverage as before, but with improved service and the largest UHC network, Choice Plus.

#### **UHC Advocate4Me Elite**

As part of UHC's offerings, the Advocate4Me Elite service is made up of a dedicated team committed to helping you make the most of your health plan.

Advocate4Me Elite provides a variety of services, including:

- Helping you understand your benefits and claims
- Talking you through bills and payments
- · Assisting you with finding the best care and options for you
- Maximizing your health savings

#### Visit www.whyuhc.com/Samuel to:

- Get more information on the plan
- Look up your providers/medications
- See details on additional programs included with your medical premium

To talk to a UHC representative about your health plan options, or to connect with the Advocate4Me Elite team, call 855-272-7976.

#### **Dental: MetLife**

Samuel has opted in to PDP Plus, MetLife's largest network, offering an expanded PPO network and fees that are 35% to 50% less than average dental costs.

#### Increasing annual maximum

For 2024, we are increasing the annual dental care maximum to \$2,050. With MetLife's lower negotiated fees, your annual maximum in-network goes even further!

#### Vision: EyeMed

EyeMed has a vast network of independent providers and retailers (including LensCrafters, Pearle Vision and Target Optical), and Samuel has opted in to EyeMed's largest network - the Insight network. In fact, 98% of members who stay in-network receive the highest benefits!

#### **NEW HSA BANK (WITH A BONUS!)**

#### **HSA** bank: Optum Financial

Optum Financial will be our new HSA bank. As part of our warm welcome, Optum Financial will make a one-time \$25 contribution into your HSA when you and Samuel contribute a total of \$250. If you close and transfer the full balance from your Highmark HSA account, this bonus will help cover the \$15 account closure fee.

Note: If you keep your Highmark HSA account, it will be migrated to an Individual HSA account with a monthly maintenance fee of \$4.50.



#### Your retirement plan is getting an upgrade!

Around December 11, you'll see a refreshed investment lineup with competitive investment expenses.

Look for more details coming after October 23.

#### WHAT'S INSIDE

- Enrolling in Your Benefits
- Benefit Program Eligibility

#### **Health & Welfare**

- About Your Medical Plan
- Your Medical Options
  - Medical Plan Rates
  - How Your HSA Works
  - Flexible Spending Accounts
- Core & Voluntary Coverage

#### **Retirement & Savings**

 Your 401(k) Plan Additional information/

#### Inserts

- Resources & Contacts
- Key Terms You Should Know
- **Empower Information**
- How to Login to Connect
- Legal Notices

#### **ENROLLING IN YOUR BENEFITS**

To enroll and submit your benefits elections for 2024, go to **connect.samuel.com** during the open enrollment window, November 6 to November 17. **YOU MUST ENROLL BY NOVEMBER 17 AT 8 P.M. ET.** to ensure you get the coverage you need for you and your family for 2024.

Follow these steps for a smooth enrollment:

- **1. Read this guide** it contains an overview of your benefits program, including your health benefits and your 401(k) plan.
- 2. Visit the benefits website at samuel-benefits.us. There, you'll find lots of useful information including educational videos, benefits rates and links to provider resources and plan summaries to help guide your decision-making.
- 3. Enroll in your benefits through Connect between November 6 and 17. You can access Connect directly through Samuel's intranet, or any internet browser at connect.samuel.com. See *How to Login to Connect* insert included in this package.

### **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 age 26. A full description of eligible dependents is included on page 8.

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

Eligibility - All U.S. employees, minimum age 18

**Waiting Period for Benefits** – First of the month following or coinciding with age 18 or 1 month worked. Example: For hire dates of February 2 or March 1, benefit eligibility is April 1.

Plan Year - January 1 to December 31



Important note: Your benefits selections will remain in effect for January 1 to December 31, 2024, unless you experience a qualified life event. If you experience a qualified life event, you must submit your benefits elections via Connect within 30 days of the effective date of your qualified life event.

#### 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/domestic partner's employment or health insurance eligibility

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

- Medical plan elections for 2024 will default to your 2023 coverage.
- Your tobacco status will roll over from 2023. 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, your 2024 medical plan will be set to Waive (no incentive paid). YOU MUST actively enroll and select the Opt-out incentive option each year to receive the incentive.
- Flexible Spending Account contributions will reset and stay at \$0 for 2024.



# **YOU MUST ENROLL BY NOVEMBER 17, 2023!**

Enrollment Window: November 6, 7 a.m. ET to November 17, 8 p.m. ET

# **HEALTH & WELFARE**

#### **ABOUT YOUR MEDICAL PLAN**

Your health benefits provide you with valuable coverage. Not only are they a key part of your total rewards, they also play an important role in keeping you and your family healthy and well.

Samuel's benefits program provides three main pillars of coverage:

Medical Plan Choices - Three medical options with different deductibles and premium levels, to provide you with meaningful options based on your coverage needs and personal circumstances. All three medical plans include dental and vision coverage. You are not able to elect dental or vision coverage without electing a medical plan;

Core Benefits for disability, life and accident insurance - provided by Samuel at no cost to you - for basic protection against potential catastrophic events; and

Voluntary Insurance to provide flexibility for employees and their families who may need extra coverage.

MEDICAL COVERAGE OPTIONS			
MEDICAL PLAN #1: HIGH DEDUCTIBLE HEALTH PLAN (HDHP)	MEDICAL PLAN #2: HIGH DEDUCTIBLE PPO	MEDICAL PLAN #3: PREMIUM PPO	MEDICAL OPT-OUT INCENTIVE \$2,000 ANNUALLY
Dental and \	Vision included with each Medical Plan N/A		
Health Savings Account (HSA)	N/A		
Dependent Care FSA	Health Care and Dependent Care Flexible Spending Account (FSA)		



#### **CORE COVERAGE**

Short-term Disability (STD), Long-term Disability (LTD), Basic Life, Basic Accidental Death & Dismemberment (AD&D)



#### **VOLUNTARY BENEFITS**

Life, AD&D, Accident, Critical Illness, Hospital Indemnity



#### Did you know?

Medical Plan Option #1: High Deductible Health Plan (HDHP) includes a Health Savings Account (HSA) for extra flexibility in how you pay for benefits. Samuel pays 100% of the premiums for your HDHP - meaning zero dollars are deducted from your paycheck for medical coverage!

# **YOUR MEDICAL OPTIONS**

For your medical coverage, you have three options to choose from – each with different attributes. Details on benefit coverages can be found at <a href="mailto:samuel-benefits.us/ResourcesContact">samuel-benefits.us/ResourcesContact</a>.

	MEDICAL PLAN #1: HDHP	MEDICAL PLAN #2: HD PPO	MEDICAL PLAN #3: Premium PPO	OPT OUT
		In-Network C	overage	
Deductible	\$3,200 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	
Covered Medications	Modernized li	isting of eligible drugs (mana	aged formulary)	
Mandatory Generic Substitution		Included		
Prescription Drugs	80% (whether retail or mail order)	Retail (30-day supply):  • \$5 – Tier 1 • \$60 – Tier 3  • \$30 – Tier 2 • 20% to \$250 max – Tier 4 Specialty Medications		
	70% for non-formulary name brand drugs	Mail order (90-day supply): • \$10 – Tier 1 • \$120 – Tier 3 • \$60 – Tier 2		If you already have medical coverage under your parent's,
Primary Care Provider Office Visits	80%	\$20 copay, then 100%	\$15 copay, then 100%	spouse's or partner's plan;
Specialist Office Visits	80%	\$30 copay, then 100%	\$30 copay, then 100%	to receive the
Urgent Care	80%	\$55 copay, then 100%	\$55 copay, then 100%	\$2,000 annual incentive*,
Inpatient Services	80%	80%	\$500 copay, then 90%	you must
Outpatient Services	80%	80%	\$100 copay, then 90%	select "Medical
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)	Plan Opt-out, \$2,000 Annual Incentive" during enrollment.
Emergency Room Services	80%	80% after deductible and \$150 copayment (copayment waived if admitted)	90% after deductible and \$150 copayment (copayment waived if admitted)	*Taxable, paid quarterly through payroll to active employees enrolled in the
Telemedicine	80%	\$20 copay, then 100%	\$15 copay, then 100%	Opt-Out Incentive
Therapy and Rehabilitation	80%	\$30 copay, then 100%	\$30 copay, then 100%	for the entire prior
Preventive Care (e.g., physical exams, eye exams, vaccinations, etc.)	100% (no deductible)			quarter.
Basic Diagnostic Services (standard imaging and lab tests)	80%	100% after \$35 copay	100% after \$35 copay	
Advanced Imaging	80%	80% after deductible and \$35 copayment	90% after deductible and \$35 copayment	
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 Dependent Care FSA		=SA

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#### Notes:

- The coinsurance percentages shown above apply after the deductible is met, unless otherwise indicated.
- Certain generic preventive medications are provided at no cost to you.

Continued...

# **YOUR MEDICAL OPTIONS continued**

	MEDICAL PLAN #1: HDHP	MEDICAL PLA HD PPO	N #2:	MEDICAL PLAN #3: Premium PPO
	In-Network Coverage			
MetLife Dental	Deductible - None     Preventative service     Basic services - 80     Major services - 50	s – 100% %	per plai Orthodo depend	ontics – 50% for dent children up to age
EyeMed Vision	<ul> <li>Eye exam, eyeglass lenses, frames, contact lenses (in lieu of glasses) <ul> <li>once every 12 months; Safety glasses in addition to dress – once every 12 months (employee only)</li> <li>Eye exam – \$10 copay</li> <li>Frames – \$130 + 20%</li> <li>Safety Frame (employee only) – \$100</li> <li>Single, Bifocal and Trifocal eyeglass lenses – covered in full</li> <li>Contact lenses – Exclusive Collection – covered in full; or \$130 allowance (non-plan contacts) in lieu of glasses</li> </ul> </li> </ul>			

Important note: Want to know your out-of-network coverage or what else is covered? Visit the Samuel benefits website at samuel-benefits.us.

#### \*\*Advantages of the HDHP\*\*

Of course, you'll want to choose the plan that best suits your personal needs. However, it's important to know that the HDHP (Medical Plan #1) offers some key advantages:

- Samuel pays 100% of the HDHP premiums. That means zero deductions from your paycheck for medical coverage - a significant financial benefit to you!
- Basic Accident and Critical Illness coverage is included, at no cost to you.

You'll have access to a Health Savings Account (or HSA), giving you some added flexibility in managing your benefits costs. Your HSA can be used toward a wide range of healthcare expenses (see page 7). What's more, Samuel will contribute up to \$1,000 annually to your HSA to help offset your out-of-pocket costs, and you can contribute more to your HSA on a pre-tax basis!

#### **MEDICAL PLAN RATES**

## **Bi-weekly Employee Premiums**

Fifth year with NO rate increases!



**OPT OUT** 

N/A

	MEDICAL PLAN #1: HDHP	MEDICAL PLAN #2: HD / PPO	MEDICAL PLAN #3: Premium PPO
Employee	\$0.00	\$46.44	\$69.02
Employee + 1 dependent	\$0.00	\$92.32	\$140.10
Family	\$0.00	\$140.50	\$210.97

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



# **HOW YOUR HEALTH SAVINGS ACCOUNT (HSA) WORKS**



**Important note:** You are only eligible for an HSA if you enroll in the HDHP (Medical Plan #1) and 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.\*

An HSA provides a convenient way to save for (and pay for) healthcare expenses for you and your eligible dependents. You can use your HSA funds toward a wide range of qualified health expenses, such as:

- Medical deductibles, copays and coinsurance;
- Prescription drug expenses;
- Dental or vision expenses and more!

For a complete list of IRS Qualified Medical Expenses, please refer to www.irs.gov/publications/p502.

#### \*\*Advantages of an HSA\*\*

- Samuel will make a contribution to your HSA each plan year, half in January and half in July, provided you are enrolled in the HDHP as of January 1 and July 1, respectively. The annual contribution is based on your Medical plan tier election: \$500 (single), \$750 (employee + 1), or \$1.000 (family).
- You can contribute up to \$4,150 (single) or \$8,300 (family) for the 2024 plan year (minus Samuel contributions). If you are 55 or older, you can contribute an additional \$1,000.
- Your paycheck contributions are pre-tax, and distributions for qualified expenses are tax free.
- If you don't use the full amount of your HSA in a given plan year, then your balance will roll over to the next year. There's no "use it or lose it" provision; unused funds are never forfeited.
- Your HSA is portable: you can use it to pay qualified claims with any plan or employer, as well as in retirement.
- Once your HSA balance reaches \$1000, you may choose to invest a portion of your HSA dollars.
   In addition to mutual funds, Optum Bank is excited to announce a new investment option: digitally managed investments with Betterment. You can manage your HSA, see balances, and invest via myuhc.com once you are active with your medical plan.

# **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 \$2,750 for the 2024 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 \$550 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 child care expenses for your dependent children up to age 13, as well as care of an incapacitated spouse. You can elect to set aside up to \$5,000 on a pre-tax basis for 2024.



Important note: HSA and FSA maximums are set by the IRS and vary from year to year.

<sup>\*</sup> For informational purposes only; does not constitute accounting or tax advice. See IRS.gov for additional rules.

#### **CORE & VOLUNTARY COVERAGE**

Our benefits program focuses on awareness and prevention in supporting your health, and is meant to help protect you and your family in the event of unanticipated health events. Our objectives in offering employee benefits include:

- Basic protection for our employees against catastrophic events or income interruption;
- Disease prevention and disease management; and
- Meaningful choice to meet the needs of our diverse workforce.

That's why we offer both Core and Voluntary Benefits - to ensure your basic healthcare needs are met, while also allowing for some flexibility and choice based on your personal situation.

#### **CORE COVERAGE**

100% of premiums paid by Samuel

#### **BASIC LIFE INSURANCE AND AD&D**

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

#### **SHORT-TERM DISABILITY**

- 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
- 180-day elimination period
- Taxable / company paid

#### **VOLUNTARY COVERAGE**

100% of premiums paid by the employee, subject to approval by insurer

LIFE INSURANCE AND AD&D			
EMPLOYEE*	SPOUSAL*	CHILD	
Up to 5 x annual earnings \$500,000 maximum Evidence of Insurability may be required	Only available if Employee Life is elected Up to 50% of employee amount (\$250,000 maximum) Evidence of Insurability may be required	Only available if Employee Life is elected     \$10,000 maximum     No Evidence of Insurability required	

#### CRITICAL ILLNESS

- Up to \$15,000 or \$30,000
- Covered benefit examples include: Alzheimer's, cancer, heart attack, kidnev failure and stroke

#### PERSONAL ACCIDENT INSURANCE

- Low/high coverage options
- Premium varies by coverage tier
- Covered benefit examples like:

  - Leg fracture \$1,000/\$2,000
  - Concussion \$200/\$500
- Laceration
- \$25 and up
- Ambulance \$200/\$400
- Dislocated ankle \$500/\$1,000

#### **HOSPITAL INDEMNITY**

- \$500 or \$1,000 benefit if admitted
- · Premium varies by coverage tier



#### To be eligible for dependent coverage, proof that dependents meet the above 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.

<sup>\*</sup> Excludes some employees eligible for State-Provided STD. STD payments for some other employees are offset by Stateprovided benefits.

# **RETIREMENT & SAVINGS**

# YOUR 401(K) PLAN — UPGRADE COMING DECEMBER 2023

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;
- A refreshed investment lineup with competitive investment expenses;
- Lower participant fees; and
- Automated plan services.

You can invest your 401(k) funds in a wide range of options – ranging from active and passively managed options, to low-cost index options, to target-date funds and risk-based options. Want safety? There is even a stable value option with a stated quaranteed rate for the most risk-averse participants.



#### Want Access?

Beginning on or around the week of December 11th you can register and access your account on the new website or by phone: mercerwise.com or 833-637-2379 (MER-CERW). You will still be able to use the same Empower planning tools and the Empower Retirement app − the app is available to download to your Apple® or Android™ device for on-the-go access to your retirement account.

#### Samuel's 401(k) Plan at a Glance

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:

Employee deferral options	<ul> <li>You can contribute 1% to 80% of your salary</li> <li>Offers both pre-tax and Roth options</li> <li>Allows for catch-up contributions</li> </ul>
Samuel match	100% of employee deferrals up to 5% of salary
Eligibility	First of the month following age 18 and 1 month of service
Auto-Enrollment	If you take no action upon eligibility, after 30 days you will be auto-enrolled at 2%
Deferral Changes	<ul> <li>Deferral changes can be made any time directly with Empower until November 28, 2023 and Mercerwise supported by Empower starting the week of December 11, 2023 on the phone or web</li> </ul>
Vesting	100% immediate vesting of Samuel's matching contributions
Account access	<ul> <li>Loans, hardship withdrawals and age 59 ½ in-service withdrawals available</li> </ul>
Rollovers	Allowed at any time from other pre-tax retirement accounts, including IRAs, 401(k) plans and 403(b) plans

**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.



#### Ready to Join?

Starting the week of December 11th, please visit **mercerwise.com**, select Register, choose the I do not have a Pin tab and follow the prompts to create your username and password.



# **RESOURCES & CONTACTS**

Have questions or need more information?

RESOURCE	SUPPORT	CONTACT INFORMATION
UnitedHealthcare  Medical Health Savings Accounts	<ul><li>Understand covered benefits</li><li>Find in-network providers</li><li>Choice Plus Network</li></ul>	<ul> <li>855-272-7976</li> <li>Pre-enrollment questions and information:         <ul> <li>www.whyuhc.com/Samuel</li> </ul> </li> <li>After enrollment: myuhc.com</li> </ul>
EyeMed • Vision	Insight Network	<ul><li>eyemed.com</li><li>866-723-0513</li></ul>
Mercerwise  • 401(k) Retirement Plan  • Supported by Empower	<ul><li>Change your contribution</li><li>Understand investment options</li><li>Learn about plan features</li><li>Retirement savings education</li></ul>	Beginning December 11 2023:     mercerwise.com     833-637-2379 (MER-CERW)
MetLife  Dental Basic Life and AD&D Optional Life Insurance Voluntary Accident Insurance Voluntary Critical Illness Voluntary Hospital Indemnity Short and Long-term Disability	<ul> <li>PDP Plus Network (dental)</li> <li>Understand what insurance plans are offered</li> <li>Submit and process Evidence of Insurability</li> </ul>	<ul><li>mybenefits.metlife.com</li><li>866-363-8669</li></ul>
Flexible Spending Account (FSA)	<ul><li>Check your balance</li><li>Submit claims and receipts</li><li>Access eligible expense lookup table</li></ul>	800-473-9595     (M-F, 8 a.m. – 8 p.m. ET)     Email: participantservices@benefitresource.com     Live chat:     www.benefitresource.com
ComPsych  • Employee Assistance Program	Provides short-term Confidential Support  Work/life balance  Stress, depression, anxiety  Legal/financial worries  Workplace challenges  Addiction  Family/parenting/relationships	<ul><li>guidanceresources.com</li><li>866-365-0893</li></ul>



#### **KEY TERMS**

**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 your plan, sorted by tier. Lower tiers usually mean lower copays. This list is subject to change – to look up your medication, go to <a href="https://www.highmarkbcbs.com">www.highmarkbcbs.com</a> and click on Find a Rx.

**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** means your plan reimburses you based on the cost of the lowest-priced interchangeable drug – most often, a generic version of the brandname 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 (generally 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.





IPara una versión en español de este documento, vaya a samuel-benefits.us/ResourcesContacts

#### A final word

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.

