

# Evident Scientific – 2026 Open Enrollment (FAQ)

## Enrollment and Dependent Changes

### How do I add a new dependent during enrollment?

Enrollment can be completed online through Zevo Benefits or by phone through the Evident Benefits Service Center. When you begin enrollment, the system first prompts you to review your personal information. This is where you can add or update dependent details. Once the dependent is added in Zevo, you will be able to select them for medical, dental, and vision coverage. For assistance, contact the Benefits Service Center at 888-599-9934 or [help@evidentbenefits.com](mailto:help@evidentbenefits.com).

### Can I remove a dependent during Open Enrollment without providing proof of other coverage?

Yes. During Open Enrollment, dependents may be removed without documentation. Proof of other coverage is only required mid-year due to a Qualifying Life Event.

### When will I receive my ID cards?

Physical ID cards are scheduled to arrive at your home by 1/1/26. Digital ID cards will be available in the Health Plans, Inc. (HPI) portal and in the Medxoom app by 1/1/26. If needed, contact the Benefits Service Center at 888-599-9934 or [help@evidentbenefits.com](mailto:help@evidentbenefits.com).

### Where can I find hospitalization costs in the Benefits Guide?

Hospitalization costs appear under the Outpatient Surgery and Inpatient Surgery sections. Although the header references surgery, the Inpatient section applies broadly to hospitalization.

### When does the spousal surcharge apply?

The spousal surcharge applies when your spouse or domestic partner has access to medical coverage through their own employer or through a health plan offered by their own business.

## Garner Health: Free Top Quality Care Program

### What is Garner and how does it work?

Garner uses an exceptionally large national database that evaluates measurable patient outcomes for providers across the country. These rankings are fully data-driven and unbiased. When you complete the required steps and visit a Garner-recommended In-Network provider, Garner reimburses your eligible Out-of-Pocket medical costs for covered services.

### Which plans include Garner reimbursement and what are the amounts?

- PPO Preferred: up to \$9,000 per individual and up to \$18,000 per family.
- PPO Premier: up to \$5,500 per individual and up to \$11,000 per family.
- HSA Saver: access to the Garner search tool only; no reimbursement is available.

### Does Garner include mental health providers and urgent care?

Yes. If a mental health provider or urgent care provider is both In-Network and designated by Garner as a recommended high-quality provider, the visit is eligible for reimbursement when all Garner steps are followed.

### What steps must I complete to receive reimbursement?

You must complete all steps in this order:

1. Create your Garner account.
2. Request a provider recommendation before receiving care. Simply viewing the recommended provider in your Garner account (app or website) is sufficient and automatically links the recommendation to your account.
3. Visit the Garner-recommended In-Network provider.
4. Allow the provider to submit the claim to Health Plans, Inc. (HPI). You may view previously recommended and approved providers within your Garner account at any time.

### What does Garner reimburse?

Garner reimburses the amount HPI determines is your responsibility. This includes copays, deductible amounts, and coinsurance for eligible In-Network services.

## What services are not reimbursable through Garner?

Reimbursement is not available for emergency room charges, prescription drug costs, Out-of-Network services, any visit without a prior recommendation, or any out-of-pocket cost under the HSA Saver plan.

## Do preventive services require Garner?

No. Preventive services are already covered at 100% under the plan and do not require Garner involvement.

## How long does reimbursement take?

Standard reimbursement takes 4–8 weeks after HPI processes the claim. Reimbursement may be considerably faster when you opt into direct deposit through ACH in the Garner app or website. Checks are issued automatically. On rare occasions, an incorrect provider tax identification number may delay processing. If you have concerns, contact the Garner concierge team.

## What happens if part of my care is with a Garner provider and part is not?

All charges associated with the treating provider's episode of care, including facility charges, lab charges, anesthesiology, and other affiliated provider charges, are processed together. If the treating provider is Garner-recommended and In-Network, these charges are eligible for reimbursement. If the treating provider is not recommended or is Out-of-Network, no part of the episode is eligible.

## Does Garner change how my deductible or Out-of-Pocket maximum accumulate?

No. HPI processes claims under the plan and accumulates your deductible and Out-of-Pocket totals normally. Garner reimburses you after the claim is processed but does not alter HPI accumulation.

## When does Garner reset?

Garner reimbursement limits reset each plan year. Because this benefit is new for 1/1/26, your next reset will occur on 1/1/27.

## Finding Providers and Navigating Care

### How do I find an In-Network doctor?

Outside New England, search the UnitedHealthcare Choice Plus network. Inside New England, search the Harvard Pilgrim network. You may also contact the Benefits Service Center for help confirming a provider's status.

### What if my provider says they do not see "HPI" or cannot locate me in the UHC system?

This is common in the first plan year. Your provider should verify eligibility with HPI using the information on your ID card. You will not be searchable in UnitedHealthcare's system because HPI administers your benefits.

### Is preauthorization required, and who handles it?

If preauthorization is required, your provider will contact HPI using the instructions on your ID card. Your provider manages the request directly with HPI.

### What if I need care before my ID card arrives?

Your provider can verify your coverage directly with HPI. Digital ID cards will also be available in the HPI portal and Medxoom app on 1/1/26.

### Does Garner work for telehealth visits?

If the telehealth provider is In-Network and Garner-recommended, and you followed all steps, the visit is eligible for reimbursement.

## Pharmacy and Prescription Coverage

### How can I tell which pharmacies are Select versus Non-Select?

Starting 1/1/26, you can view this in the Veracity portal or app or call VeracityRx. Before 1/1/26, you may email the Benefits Service Center. Most grocery stores and independent pharmacies are Select. CVS, Walgreens, and Target are Non-Select.

### How much higher are Non-Select pharmacy copays?

Non-Select pharmacy copays increase by \$20 per applicable tier.

## How do I confirm if my prescription is covered or needs prior authorization?

Email the Benefits Service Center at [help@evidentbenefits.com](mailto:help@evidentbenefits.com) or call 888-599-9934. If prior authorization or step therapy is required, Veracity will assist.

## Network and Coverage Questions

### How do UnitedHealthcare and HPI work together?

UnitedHealthcare provides the national network in states like Texas and all states outside New England. Harvard Pilgrim Health Care provides the network inside New England. HPI administers benefits, claims, and eligibility. Providers must verify coverage through HPI.

### If my local hospital system is engaged in a contract dispute with UnitedHealthcare (for example, Lehigh Valley Health Network), what does this mean for my coverage?

Contract disputes are often resolved before the termination date, and negotiations commonly continue up to the final deadline. Short-term extensions are also common when parties are close to agreement. Additional communications will continue as more information becomes available. If a contract ultimately terminates, federal Continuity of Care protections allow certain individuals with serious or complex conditions to continue receiving treatment at In-Network cost sharing for up to 90 days. Evident will take all reasonable steps as the Plan Sponsor to reduce or eliminate member disruption in the unlikely event the parties do not reach a timely resolution.

### What is the difference between the PPO Preferred and PPO Premier plans?

The plans differ in deductible levels, coinsurance levels, Out-of-Pocket maximums, and Garner reimbursement amounts. Both plans include a Garner benefit that can reimburse the entire deductible and Out-of-Pocket maximum when you follow the recommended provider process.

## Dependent Care FSA

### Can I use my Dependent Care FSA for year-round day camps?

Yes. Camps that are not educational in nature generally qualify, including sports and activity-based camps. Educational programs do not qualify. IRS guidance is available at <https://www.irs.gov/publications/p503>.

## HSA Saver Plan

### How do the employer HSA contributions work?

Evident contributes \$600 for employee-only coverage and \$1,200 for employee-plus-dependent coverage. Contributions are deposited to your HSA custodian according to the schedule provided during enrollment.

## Evident Benefits Service Center

### How quickly will the Benefits Service Center respond?

The inbox is monitored multiple times per business day. For immediate support during business hours, calling is recommended. Emails and voicemails received after hours will be addressed the next business day. You can reach the Benefits Service Center at 888-599-9934 or [help@evidentbenefits.com](mailto:help@evidentbenefits.com).