



2026 Annual Benefits Open Enrollment Frequently Asked Questions

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Active Enrollment

Q: We have been told that this is an ACTIVE enrollment. What does that mean?

A: Active enrollment means that your medical plan coverage and/or FSA (Healthcare & Dependent Care), and/or HSA (Health Savings Account) coverage will NOT roll over automatically. You will be required to reelect these coverages during the enrollment period to have coverage in 2026. Your current 2025 Medical, FSA/HSA and PTO Cash elections will NOT carry over to 2026 if you do not complete your enrollment.

Q: Why is HSHS doing an active enrollment?

A: Doing an active enrollment ensures that you can review each option carefully to choose which is right for you and your family. Your needs may have changed or evolved over the past year, so it's best practice to review your elections as part of enrollment each year. It also gives you the chance to review and elect new benefits that may be offered.

Q: If I don't enroll by the deadline, what benefits will I have?

A: If you do NOT submit your Open Enrollment event in Workday by the deadline, your Medical, FSA/HSA and PTO Cash elections will be indicated as Waived for 2026. If you are currently covered under Dental, Vision, Supplemental Life Insurance, AD&D, ID Theft and Supplemental Health Benefits (i.e., Critical Illness, Hospital Indemnity and Accident), those elections will roll over for 2026. Employer-paid benefits such as Basic Life, LTD, STD, and EAP will always be provided to benefit-eligible colleagues regardless of their enrollment.



Workday Enrollment Event

Q: How do I enroll? What is the deadline?

A: An Open Enrollment task will launch to your Workday homepage (“Awaiting Your Action” section) the morning of Monday, November 3rd. Click into that task and follow the directions to complete your enrollment event. Make sure to review each benefit tile to complete your election and click “Review and Sign” to verify all elections selected are listed before clicking “I Accept” and “Submit” at the end. You can then save your election confirmation for your records by clicking “View 2026 Benefits Statement”. You can enroll on the web or Workday mobile app.

The deadline to enroll is 11:59 PM on Sunday, November 16th.

Q: The enrollment materials mention completing a Workday Journey. What does that mean?

A: A Workday Journey is a guided experience within the Workday system designed to help you access key information and resources ahead of open enrollment. It offers timely guidance to help you understand your benefits options and responsibilities. The Journey will appear on your Workday homepage in the “Awaiting Your Action” section starting Monday, October 27th. Although participation is optional, we highly recommend completing it to ensure you're well-prepared when enrollment begins on November 3rd.

IMPORTANT: *You will NOT complete your enrollment within the Workday Journey. You will need to complete your enrollment within the Open Enrollment task, which will be deployed on November 3rd.*

Q: What if a colleague is currently on a Leave of Absence (Short-Term Disability/FMLA), will they have access to Workday to complete their enrollment?

A: Yes, colleagues have access to Workday if they are on FMLA or other Leave of Absence where benefits remain in place. All benefit eligible colleagues are mailed the 2026 Benefits Enrollment Guide to their home address to complete their enrollment at home or on the Workday mobile app. If a colleague has any issues with accessing Workday from home, they can contact HSHS Help Desk at 877-403-4357 for assistance.

Q: If I have unforeseen issues or absence and am worried about missing the deadline, can I make alternate arrangements?

A: Colleagues in this circumstance should contact the HSHS HR Service Center. They can be contacted via Workday Help at www.myworkday.com/hshs/wdhelp/helpcenter or by calling 1-855-394-4747.



Q: Will newly eligible colleagues that are hired or have job changes in December complete the Open Enrollment event?

A: No, the colleague will only have their New Hire event or Job Change event as their coverage is scheduled to take effect 1/1/2026.

Q: What if I was hired or newly eligible in November after enrollment opens? Will I have two events?

A: Yes, colleagues in this case will complete their New Hire or Job Change event to elect benefits for December 2025. Once the first event is submitted, the Open Enrollment event for their 2026 will launch which also needs to be completed.

Q: What if I experience a Life Event before the end of 2025? How does that impact my Open Enrollment task?

A: When you experience a qualifying life event, you have 30 days from the date of the event to submit changes to your benefits by launching “Change Benefits” event and providing supporting documentation. If the effective date of your life event is prior to 1/1/2026, Workday will automatically relaunch your Open Enrollment event once the request is approved. You will then need to recomplete your Open Enrollment event.

Medical Plan Administrator Change – WI Colleagues ONLY

Q: Who is the new medical plan administrator for WI colleagues?

A: HSHS is pleased to announce that UMR will replace Dean Health Plan (DHP) for Wisconsin-based colleagues effective January 1, 2026. UMR provides best-in-class service and access to a broader, nationwide network of providers. This also provides a consistent benefit across the HSHS System.

Q: When does this change take effect?

A: UMR, the new administrator will take over beginning January 1, 2026. All services prior to this date will continue to be managed by DHP.

Q: Will switching to UMR affect my prescription drug coverage?

A: No, your prescription drug benefits will remain the same. OptumRx will still manage your prescription drug plan.

Q: Will my medical plan offerings change?

A: You will still have the option to choose from the Premier, Value, and HDHP with HSA plan options. Coverage details such as deductibles, out-of-pocket maximums, or coverage for certain services may change depending on the providers you use. Review the benefit guide for details.



Q: Will my current providers still be in-network?

A: Most providers should remain in-network, but networks may vary slightly. We recommend checking UMR's provider directory or calling their customer service to confirm your provider's status with UHC Choice Plus. The provider finders for Tier 1 providers will be finalized prior to January 1, 2026. Your current Prevea360 Network providers should remain in Tier 1. **You will always receive the best benefit when using HSHS/Prevea providers and facilities.**

Q: What happens to my current claims and prior authorizations?

A: Claims for services received before January 1, 2026, will continue to be processed by DHP. For services after that date, UMR will process. We are working to transfer any prior authorizations from DHP to UMR for seamless transition.

Q: Will I still have access to Virtual Health Care/Telehealth?

A: Yes. For those enrolled in the medical plan, Teladoc Health will be available effective January 1, 2026. Teladoc Health gives you 24/7 access to U.S. board certified doctors, from home or on the go. Call, connect online or use the Teladoc mobile app for affordable care when you need it. To talk to a Teladoc doctor, visit teladochealth.com or call 800-Teladoc (800-835-2362). Virtual care visits with these providers are completely FREE and 100% covered/paid by HSHS.

Q: Will I receive new ID cards? When should I expect new ID cards to arrive?

A: Yes. All WI colleagues enrolling in medical coverage will receive new ID cards, which will arrive prior to the transition date. Be sure to use the new card starting January 1, 2026.

Q: When is Transition of Care needed?

A: A colleague currently utilizing a provider not in the UHC Choice Plus provider network may need to contact UMR regarding Transition of Care. If you are seeing an out-of-network provider today and the provider is now under the UHC Choice Plus Network, Transition of Care would not be needed. Colleagues can contact UMR directly at 800-221-6346 for assistance.

Q: Can I call UMR with questions before coverage takes effect on January 1, 2026?

A: Yes. However, UMR will not have your personal information or election on file until after the enrollment period ends, so they will only be able to answer general questions until they have received your enrollment around the end of November.



Q: How long will I be able to access the DHP member portal after the transition?

A: Colleagues will have access to the DHP member portal up until December 31, 2026.

Q: How long will DHP continue to process claims for services received in 2025?

A: DHP will continue processing claims incurred in 2025 for 12 months following the transition.

Enhancements/New Additions for 2026

Q: What is the new benefit with Paytient that HSHS is introducing in 2026?

A: HSHS is partnering with Paytient to help colleagues manage out-of-pocket expenses such as deductibles or copays. Paytient provides up to a \$2,000 interest free line of credit with no credit check to help pay medical, dental, vision, or vet expenses with the ability to pay back via payroll deduction. This solution helps colleagues avoid high-interest credit card debt, access to care that they might otherwise delay and promotes financial wellness.

Q: What is the new Pet Insurance benefit HSHS is offering in 2026?

A: While we'll do anything for our pets, caring for them can be costly. That's where the financial protection of pet insurance comes in. It can cover unplanned vet visits, accidents, illnesses, surgeries and hospital stays no matter the breed or age. Coverage through HSHS gives access to discounted premiums compared to what colleagues can obtain on their own. Conveniently paid through payroll deduction.

Q: What is the new Home and Auto CHOICE benefit HSHS is offering in 2026?

A: Home and auto insurance premiums are raising rapidly. That's why HSHS is leveraging our status as a large employer to provide access to a group home and auto program. These programs may provide lower premiums than you have now. They shop for coverage from multiple insurance companies simultaneously, helping colleagues find the best option for their needs. Conveniently paid through payroll deduction.

***Important: Colleagues will NOT enroll in these voluntary benefits through Workday. Directions on how to enroll will be provided in early January 2026.**

Q: What are the specific enhancements made to the existing Identity Theft Protection Plan for 2026?

A: Beginning January 1, 2026, colleagues will have access to a full suite of cyber and scam protection features available under the Allstate Identity Protection Pro Plus Cyber Plan, with no price increase. These enhancements include scam protection including reimbursement, identity and financial fraud protection, family and digital safety tools, cyber protection for up to 10 devices per adult and identity restoration. It's all-in identity and scam protection that never clocks out.



Health Plan Coverage and Premiums

Q: How does the HSHS health plan differ in 2026 in comparison to previous years?

A: The HSHS health plan has been simplified to include just two tiers of coverage. The simplified coverage provides expanded access to providers within the highest tier, while still including enhanced coverage for our own providers and facilities - including free HSHS/Prevea/PCC office visits and basic lab/x-rays.

Q: How do the HSHS health plan premiums compare to other insurance?

A: HSHS is proud to offer comprehensive and affordable coverage to colleagues, and the choice of three plan options that help you determine which is best for you and your family. HSHS covers that vast majority of the overall cost of health coverage, and **colleague premiums remain well below industry benchmarks and many of our competitors in our local markets.**

HSHS Medical Plan – Providers and Services

Q: How do I find an in-network provider with UMR?

A: Visit the [Annual Enrollment Page](#) of the HSHS Benefits Website to find providers within each of the network tiers. For IL colleagues, Tier 2 providers in 2025 will become Tier 1 in 2026. For WI colleagues, your current Prevea360 Network providers should remain in Tier 1. The provider finders for Tier 1 providers will be finalized prior to January 1, 2026. **You will always receive the best benefit when using HSHS/Prevea providers and facilities.**

Q: Are any providers or facilities excluded from coverage?

A: The health plan does not individually exclude any providers or facilities. Any provider or facility that is part of the UHC Choice Plus network is available for you to use without a referral or prior authorization. Providers and facilities not in the UHC Choice Plus network are not covered except in the case of emergency or prior approval from UMR.

Q: Where does Springfield Clinic fall under the new Network Tiers?

A: Springfield Clinic falls under the HSHS Extended Network (Tier 1 Other). It is important to note, however that the Springfield Clinic Ambulatory Surgical Center falls under the UHC Choice Plus (Tier 2). Other providers and facilities covered under the HSHS Extended Network include SIU, SSM/SLU, and Mercy.

Q: What if I work remotely or live outside the service area and don't have access to any Tier 1 providers?

A: Colleagues who live outside of the HSHS service area (as defined by home ZIP code) will receive the Tier 1 Other benefit level for any services received from a UHC Choice Plus Provider. UMR will be provided your home zip code and automatically assign you as an out of area member.



Q: What if I live inside the service area but one or more of my dependents live outside of the service area?

A: Similarly, your dependents who live outside of the HSHS service area can receive the Tier 1 Other benefit level for any services received from a UHC Choice Plus Provider. You must contact UMR to notify them so they can assign/register your dependent(s) accordingly or if you need to update any changes with your current dependents.

Q: If I am forced to use a Tier 2 (UHC Choice Plus) provider, due to the absence of a Tier 1 provider within a reasonable distance, what are my options?

A: If you find yourself forced to use a Tier 2 provider because there are no Tier 1 network providers available nearby, the first step is to contact UMR to verify that no nearby network providers can offer the necessary service. Once confirmed, please contact the HR Service Center to request a review to apply Tier 1 benefits.

Q: Are there any specific services covered at the Tier 1 level for all providers in the UHC Choice Plus Network?

A: Yes. To ensure adequate access to providers at a preferred benefit level, all urgent care, behavioral health, durable medical equipment and chiropractic providers and facilities in the UHC Choice Plus Network (normally Tier 2) are covered at the Tier 1 level.

Q: How are claims covered for anesthesiology, pathology, emergency medicine, and other providers for UMR members?

A: If you receive care at an HSHS facility and one of these providers delivers one of these services mentioned above, your claims will be covered at the HSHS/Prevea/PCC (Tier 1) benefit level.

Medical Plan – General Knowledge

Q: How do I know what deductible applies to a service?

A: Review the plan grids in your benefit guide. Services that require a deductible are noted with an asterisk on the plan grids. Make note of whether the provider is in the HSHS/PCC/Prevea (Tier 1), HSHS Extended (Tier 1 Other), or UHC Choice Plus (Tier 2) as the deductible levels differ by tier.

Q: What does Deductibles and Out-of-Pocket Maximums cross apply mean?

A: This means that any progress towards the Deductibles and Out of Pocket Maximums in one tier count towards all tiers. For example, if you pay a \$100 deductible when using an HSHS + Extended (Tier 1) provider, you also receive credit for that \$100 in the UHC Choice Plus (Tier 2) tier.



Q: What does it mean that medical and prescription drug deductible and out-of-pocket maximums are combined?

A: This means you have overall deductible and out-of-pocket maximum amounts rather than separate amounts for medical and prescription drugs. If you meet the overall deductible with just medical expenses, you don't have to start over on a new deductible for prescription expenses or vice versa.

Q: Will my deductible reset in 2026? How can I plan for early year expenses?

A: Yes, deductible and out-of-pocket maximum progress resets each calendar year. A valuable strategy for colleagues is to utilize the Healthcare FSA to help with the out-of-pocket costs at the beginning of the plan year. Your entire election in the Healthcare FSA is available to use on January 1st but are withheld over the 26 pay periods during the calendar year. For example, if you know you have a prescription that you need to fill early in the year, consider at least contributing the cost for that prescription in your Healthcare FSA.

Q: Will I get new ID cards for medical and/or prescription drugs?

A: You will only get a new ID card if you change your coverage or enroll for the first time. All WI colleagues will receive new UMR ID cards for those who enroll in medical coverage in 2026.

Q: What is a copay?

A: A copay (copayment) is a fixed dollar amount you pay for a covered healthcare service at the time you receive it. For example, you are required to pay a \$100 copay for ER services, regardless of the total cost of service.

Q: What is coinsurance?

A: Coinsurance is the percentage of cost of a covered service that you're responsible for paying. This usually applies after the deductible has been met and is billed by the provider after the claim is processed with UMR. For example, if the Plan pays 90% of a service, your coinsurance would be 10% of the cost.

Q: When do I pay a copay vs. coinsurance?

A: You typically pay a copay at the time of service. You pay coinsurance after your insurance processes the claim and applies it toward your deductible and out-of-pocket maximum. The HSHS Plan only has copays for ER visits currently.



Virtual Health Care

Q: How do we access virtual care in 2026? Is it still covered at 100%?

A: Yes. Teladoc Health gives you 24/7 access to U.S. board certified doctors, from home or on the go. Call, connect online or use the Teladoc mobile app for affordable care when you need it. To talk to a Teladoc doctor, visit teladochealth.com or call 800-Teladoc (800-835-2362). Virtual care visits with these providers are completely FREE and 100% covered/paid by HSHS.

High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

Q: What is important to know before selecting the High Deductible Health Plan (HDHP)?

A: Due to IRS regulations, colleagues in the HDHP will be required to meet their deductible before any payment is made by the plan (with the exception of preventative care services). If you would struggle being able to pay out-of-pocket for a large medical expense before you've built up money in your HSA, this plan may not be right for you.

Q: If I have an FSA, Medicare, Medicaid, TRICARE or other secondary coverage can I elect the HDHP with HSA?

A: Colleagues who have other non-HDHP coverage are NOT eligible to enroll in the HDHP nor contribute to an HSA. This includes those covered by Medicare, Medicaid, Tricare, or an FSA or HRA that reimburses expenses before the HDHP deductible is met.

Q: What if I still have money in my FSA for 2025 and use the grace period? Am I ineligible for HSA contributions?

A: The FSA grace period counts as other coverage that makes you ineligible to make or receive HSA contributions until the end of the grace period. If you want to elect the HSA in 2026, you should make every effort to spend all your funds so that you don't have any delay in receiving your HSA contributions in 2026.

If you have an FSA account balance greater than \$0 as of 1/1/2026, you will not be able to access your HSA contributions until April 2026. The ER and EE funds will be held up by HealthEquity until the grace period is over.

Q: What are the new limits for the Health Savings Account (HSA) in 2026?

A: Starting January 1, 2026, the annual contribution limit will increase from \$4,300 to \$4,400 for self-only coverage. If you cover any dependents, the annual contribution limit will increase from \$8,550 to \$8,750.



Q: If I am age 55 or older, can I contribute an additional \$1,000 to the Health Savings Account (HSA)?

A: Yes. Those age 55 and older can contribute an additional \$1,000. HSA employer contributions count towards the IRS limits.

Q: Can I elect a Healthcare FSA and HSA at the same time?

A: No, based on the IRS regulations, colleagues cannot have a Healthcare Flexible Spending Account (FSA) and a Health Savings Account (HSA) at the same time.

Q: Can I have a Dependent Care FSA and HSA at the same time?

A: Yes, colleagues can elect Dependent Care FSA (DCFSA) when choosing a High Deductible Health Plan (HDHP) with HSA.

Q: Can I waive the medical coverage and still elect an HSA?

A: No, you must enroll in the HDHP to establish the Health Savings Account (HSA). However, once your HSA is established, the money in the account is yours even if you change your insurance or leave employment at HSHS. You just can't contribute additional money in the HSA unless you are covered by a qualifying HDHP.

Q: How does the employer HSA contribution work?

A: Every pay period in which you are covered by the HDHP plan as an active colleague, HSHS will contribute \$25 to your HSA. You do not need to contribute yourself to receive the HSHS contribution. Note that HSHS contributions count towards the IRS maximum contributions. Once you are no longer covered by the HDHP or terminate employment, you will not receive any future employer HSA contributions.

Q: Do colleagues that elect the HDHP have to contribute to the HSA?

A: No, HSHS will make the \$25 per pay period employer contribution to the colleague's HSA regardless of whether the colleague is able to contribute anything to the account themselves.

Q: When can I use my HSA funds?

A: Unlike the FSA, in the HSA you only have access to the funds that have been deposited in your account. However, you can reimburse yourself for past expenses (as long as they were incurred after your HSA was established) after funds are deposited in the account throughout the year.

Q: Can colleagues change their HSA contribution at any time or only during annual enrollment?

A: You can change your HSA contribution any time during the year and does not require a qualifying life event.



Q: What is the tax advantage of the HSA? Why is it popular?

A: The HSA has unique tax advantages that make it a very effective way to lower your tax liability. Contributions to the HSA come out before taxes meaning you don't pay income tax on these amounts. Interest or investment earnings within the account are also tax-free. Finally, as long as you use the money for qualified expenses, the money isn't taxed when you take it out of the account.

Q: I'm used to the "use it or lose it" rules of the FSA. Is there really no such rule in the HSA?

A: Yes! One of the biggest advantages of the HSA is that your money can roll over year over year. You can save money over multiple years in the HSA – either planning for a large expense in a future year or even saving for use in retirement. The money in the account is yours and isn't forfeited if you don't use it by the end of the year or if you change insurance or leave employment with HSHS.

Q: Is there a maximum amount that can be in an HSA?

A: No, your HSA can grow over time with no maximum balance that applies. However, there is a maximum amount that can be contributed per calendar year. The amount depends on whether you have single or family HDHP coverage and whether you are eligible for "catch-up" contributions based on your age.

Q: If I leave employment, what happens to my HSA?

A: HSAs are individually owned bank accounts that the colleague keeps regardless of the employer or insurance changes. Once a colleague ends employment, they will no longer receive the HSHS contribution, and they will have to pay any account fees that HSHS was paying on their behalf.

Q: Does the HSA have any monthly fees?

A: HSHS covers the admin fees for active colleagues. A fee would only apply if you elected paper statements, utilize the plans investment features or terminate employment.

Q: How does the account grow? Can I invest the money in my HSA instead of just earning interest?

A: Like any other savings account, your account will earn a small amount of interest. Once you reach a \$2,000 balance, you can choose to invest the money in a lineup of investment funds. A monthly fee applies for utilizing the investment feature of the plan similar to a 403(b) plan.

Q: Are there any penalties if I use my HSA funds for expenses for non-medical reasons?

A: The IRS issues a 20% penalty if you use HSA dollars for non-medical reasons. This penalty is waived if you are age 65 or older. In addition to the penalty, you then owe income tax on the dollars since you weren't taxed when you contributed them. You are responsible for ensuring you only use the funds in your HSA for qualified medical expenses.



Flexible Spending Accounts

Q: What are the new limits for the Healthcare FSA in 2026?

A: Starting January 1, 2026, the annual contribution limit will increase from \$3,300 to \$3,400.

Q: What are the new limits for the Dependent Care FSA in 2026?

A: Starting January 1, 2026, the annual contribution limit will increase from \$5,000 to \$7,500 per household. For married filing separately, the limit will increase from \$2,500 to \$3,750.

Q: If I enroll in the DCRA in 2025, will my annual DCRA funds be available upfront?

A: No. Unlike the FSA, annual DCRA funds are not available upfront. Funds are only accessible as they are deposited with each payroll deduction.

Q: What is the “Use it or lose it” rule under the Dependent Care FSA?

A: When you enroll in a Dependent Care FSA, you elect to have a certain amount of your pre-tax income set aside to pay for eligible dependent care expenses during the plan year. Any unused funds in your Dependent Care FSA at the end of the plan year will be forfeited.

Q: What is the “Use it or lose it” rule under the Healthcare FSA?

A: When you enroll in a Healthcare FSA, you elect to have a certain amount of your pre-tax income set aside to pay for eligible out-of-pocket medical expenses (like copays, prescriptions, dental work, etc.) during the plan year. Any unused funds in your Healthcare FSA at the end of the plan year will be forfeited.

Q: Does HSHS offer a grace period under the Dependent Care FSA? Is there a deadline to submit claims?

A: Yes. HSHS provides a grace period for the Dependent Care FSA. You may incur eligible dependent care expenses up through March 15, 2027, even though the plan year ends December 31, 2026. All claims—whether for expenses incurred during the 2026 plan year or the grace period ending March 15, 2027—must be submitted by March 31, 2027. Any unclaimed balance beyond that deadline will be forfeited.

Q: Does HSHS offer a grace period under the Healthcare FSA? Is there a deadline to submit claims?

A: Yes. HSHS provides a grace period for the Health Care FSA. You may incur eligible medical expenses up through March 15, 2027, even though the plan year ends December 31, 2026. All claims—whether for expenses incurred during the 2026 plan year or the grace period ending March 15, 2027—must be submitted by March 31, 2027. Any unclaimed balance beyond that deadline will be forfeited.



Q: If I previously enrolled in the FSA in 2025, can I continue to use my existing debit card provided by Health Equity?

A: Yes. Only newly enrolled colleagues will receive a debit card also known as the Health Equity Visa Health Account card. The HealthEquity Visa Health Account card works like a debit card for eligible health care FSA expenses. Use it to pay for eligible expenses at the pharmacy, including OptumRx for maintenance.

Medical Premium Discount Program

Q: What is the Medical Premium Discount Program? Is it still being offered in 2026?

A: Yes, HSHS will continue to offer the Medical Premium Discount Program. The program is designed to improve access to affordable health care coverage for our colleagues. Based on household income and family size, colleagues that fall below 200% of the federal poverty guideline are eligible for the discount.

To apply, visit [Workday Help](#), search “Medical Premium Discount”, and select “Apply Here”. Complete the form and upload your 2024 federal income tax return. If you have any questions or run into issues with your application, contact the HSHS HR Service Center by creating a case in Workday Help.

Voluntary Health Benefits

Q: Do colleagues have to be enrolled in any of the HSHS Medical plans to elect any of the voluntary health benefits offered?

A: No, colleagues do NOT need to be enrolled in the HSHS medical plan to elect Accident, Critical Illness, and Hospital Indemnity insurance.

Q: Who is covered under Critical Illness coverage?

A: You can elect coverage just for yourself, or for yourself and your spouse or LDA. Any children are automatically covered at no additional premium. Premiums vary by age and smoker status (both colleague and Spouse) and are available in the enrollment system.

Q: Does a pre-existing diagnosis matter when electing Critical Illness Insurance?

A: Yes, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date. Call Unum for more details at 866-634-9404.

Q: Can a colleague receive a \$50 wellness benefit for getting a preventative screening under multiple plans?

A: Yes, you are able to make a claim for the wellness benefit for any Unum voluntary health benefit you are covered under and there is no restriction if covered under multiple benefits.



Q: What does it mean when it says that Hospital Indemnity benefits are enhanced 25% when you use an HSHS Facility?

A: The benefit normally pays \$1,000 in the event of a hospital admission (and \$100 per day up to 30 days), so if colleague uses an HSHS facility the amount would be \$1,250 (and \$125 per day up to 30 days).

PTO Cash

Q: If I make a PTO cash election in 2026, when will payment be made if I don't request payment during the year?

A: If you elect to cash in PTO during annual enrollment, but do not request payment throughout the year, an automatic payment will be processed during the second pay period in October 2026.

Q: If I make a PTO cash election in 2026, can I revoke or change my election after annual enrollment?

A: No. You cannot revoke or change your election after annual enrollment.

General/Other

Q: I submitted my Open Enrollment task, but I need to make a change before the deadline of November 16, can I get back to the Open Enrollment task?

A: Yes. To reopen your enrollment, access the Benefits and Pay Hub in Workday. The Benefits and Pay Hub can be accessed by selecting the "Menu" button on the left hand side of the Workday homepage. Click "Edit" under the "Benefit Event – Open Enrollment". Be sure to submit all changes and finalize.

Q: I completed my Workday Journey for Open Enrollment, but it is no longer showing on my home page, is there a way to view it again?

A: Yes. On the Workday homepage, type "View Journeys" in the search box to view any Journey you already completed.

Q: Where do I go if I have additional questions?

A: You have many resources available to you. Visit the [Annual Enrollment Page](#) of the HSHS Benefits Website to access the 2026 Benefits Enrollment Guide and view additional information. You can also contact the HSHS HR Service Center by using [Workday Help](#) or by calling 1-855-394-4747.

