



It's time to enroll in benefits
for the 2026 plan year!

2026 OPEN ENROLLMENT HIGHLIGHTS

2026 Open Enrollment will be held
November 12 through November 26, 2025

This year's Open Enrollment will be **passive**. Every active participant with FSA or HSA must re-elect their benefit. All other existing benefit elections will remain the same from 2025, if no changes are made during the open enrollment period. If an employee chooses to waive medical coverage for the 2026 plan year, they must indicate the reason for waiving in ADP.

If you do not enroll by November 26, 2025, you will have to wait until the next open enrollment period in November 2026 to elect benefits for 2027, unless you experience a qualified change in status.

What's New for 2026?

Effective January 1st, our Wellness vendor will transition to Health Advocate. More information will follow in early 2026 to help explain the new program launch and requirements. Employees will see modest changes to both the PPO and HDHP plan designs for 2026.

The HDHP design's deductible was re-indexed to comply with IRS minimum requirement. The PPO plan design introduces a deductible that applies to services which do not have a copay.

For the PPO plan, the new In-Network deductible will apply to Inpatient and Outpatient facility services (including Hospice and Skilled Nursing Facility).

Health Savings Account (HSA)

HSA contributions **for 2026:**

- **\$1,150** if enrolled in the High Deductible Health Plan with employee only coverage
- **\$2,300** if also enrolling your spouse and/or child(ren) in that plan

Flexible Spending Account (FSA)

The Healthcare FSA is used to reimburse out-of-pocket medical expenses incurred by you and your eligible dependents. The maximum you can contribute to the Healthcare FSA is **\$3,400**. If you elect to contribute to an FSA account in 2026 and have funds remaining at the end of the year, a **maximum of \$660** rolls over into 2027.

The Dependent Care FSA is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is **\$5,000** if you are a single employee or married filing jointly. If you are a married employee filing separately the maximum you can contribute is **\$2,500**.

Every active participant with a HSA, HealthCare or Dependent Care FSA must re-elect their benefit.

Livongo Diabetes/Hypertension Management

Livongo can assist with management of chronic conditions, focusing mainly on diabetes and high blood pressure. The program follows a whole-person approach and provides members with personalized, actionable, and timely support to drive lasting outcomes.

A cellular connected meter is sent to qualifying participants to deliver real time feedback for readings. Coaches are available 24/7 to address readings considered out of range along with any ongoing questions/concerns.

Employee Assistance Program (EAP)

ACI's Employee Assistance Program (EAP) offers enrolled members and family access to professional and confidential, face-to-face, phone, video, text or chat assistance to address a variety of personal, family, life, and work-related issues.

Telemedicine

REMINDER: As part of your current Independence Administrators medical insurance, you are covered for telemedicine visits, provided by Teladoc. This is a convenient option when it's not possible to visit your doctor's office. Use Teladoc to speak with a board certified doctor by phone, secure video, or mobile app at any time.

Tobacco Cessation Program

Quit tobacco for good with the help of Achieve Well-being. This unique smoking cessation program teaches you new ways to deal with the urge to smoke by providing a personalized set of tools and resources.



Benefits MAC & BenePortal

Benefits Member Advocacy Center (Benefits MAC)

Benefits Assistance

Employee benefits can be complex, making it difficult to fully understand your coverage and use it properly. The Benefits MAC allows you to speak to a specially trained and experienced Member Advocate, who can answer your questions and help you get the most out of your benefits.

You can contact the Benefits MAC for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Member Advocates are available Monday through Friday, 8:30am to 5:00pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

How to contact the Benefits MAC?

You may contact the Benefits MAC in any of the following ways:

- Via phone: **800.563.9929**, Monday through Friday, 8:30 am to 5:00 pm (Eastern Time)
- Via the web:
www.connerstrong.com/memberadvocacy

BenePortal

Be sure to visit the Dicalite BenePortal website at **www.dicalitebenefits.com**.

BenePortal is your “One-Stop-Shop” for important benefits information and resources including:

- Your Benefits Guide
- Detailed plan descriptions
- Step-by-step ADP enrollment instructions
- Quick links to carrier websites and more!

BenePortal gives you 24/7 access to tools and resources designed to help you get the most out of your employee benefits. The site is mobile optimized for access to all of your pertinent benefits information, even when you're on the go.

