2025 OPEN ENROLLMENT FOR 2026 BENEFITS
FREQUENTLY ASKED QUESTIONS

The 2025 open enrollment for 2026 benefits runs from October 23 – November 8, 2025. This is your once-a-year opportunity to review your benefits and make any changes for the upcoming year. We know this year's changes may raise questions, so the FAQs will include answers to the most common topics — what's changing, how to enroll, how costs may be affected, and where to find support.

For complete details about your benefits, visit 2026 OE: https://investinginus.augustahealth.com/2025-open-enrollment/. It's your go-to resource to find everything you need for open enrollment including how to enroll, details about each benefit offering, plan costs, and helpful tools to compare your options.

Enrolling in Benefits

Q: Do I need to take action if I don't want to make any changes?
A: Yes. Open enrollment is ACTIVE this year, so action is required! Active enrollment means you must log in to UKG and make your elections, even if you don't plan to make changes. Your current benefits will not automatically carry over, so it's important to review your options and confirm your choices. This gives you the opportunity to update dependents, review costs, and explore your full benefits package.

Q: Will my current 2025 benefits carry over automatically?
A: No. Your current benefits will not automatically carry over, so it's important to review your options and confirm your choices. If you do not have Augusta Health medical, dental, or vision coverage in 2025, you will not have it in 2026 unless you elect changes during open enrollment.

If you newly elect or reelect the Health Savings Account (HSA), you'll be eligible for the employer contribution as long as your account is active with WEX — even if you don't make your own contributions. Be sure to watch for communications from WEX to ensure your account is active. To continue or newly elect a Medical FSA, Limited Purpose FSA, or Dependent Care FSA for 2026, be sure to make your elections during open enrollment — these accounts do not carry over from year to year.

Q: How do I enroll in the UKG system?
A: Click here for step-by-step instructions on how to enroll. Be sure to update your address, dependents, and beneficiaries in the system.

Q: How do I reset my password in UKG?
A: If you need help resetting a password, please contact the **Augusta Health IT Service Desk** at **(540) 332-5555 or ITHelp@AugustaHealth.com**.

Q: What should I do if I have trouble logging in or enrolling?
A: If you have questions or need help with your benefits enrollment, meet 1:1 by phone with a licensed benefits counselor for personalized support in choosing benefits and enrolling in UKG. Schedule your appointment online at HTTPS://CALENDLY.COM/THE-CASON-GROUP/AUGUSTA-HEALTH-2026. If you still need help, email HR at: HumanResources@AugustaHealth.com or call (540) 332-4700.

Q: Can I make changes after I submit my elections? What happens if I miss the enrollment deadline?
A: You can go back into UKG and make changes anytime until open enrollment closes at midnight on November 8, 2025. After open enrollment, you can only change your benefit elections during the next open enrollment or if you experience a qualifying life event (such as the birth of a child, marriage, divorce, or loss of other coverage).

Q: How do I add or remove dependents?
A: Click here to access enrollment instructions that includes adding and removing dependents.

Q: What happens for new hires and mid-year status changes during open enrollment?
A: For New Hires:
New hires whose onboarding period overlaps with open enrollment (typically between October and December 1) will receive personalized guidance from the HR Benefits Team to ensure a smooth enrollment process.

Step 1: Complete your New Hire Benefit Enrollment within 31 days of your hire date.
Step 2: After completing your new hire enrollment, you'll be prompted to make your Open Enrollment benefit elections for the 2026 plan year.

Special Timing Note:
New hires with start dates between **December 2 and December 31** will have benefits effective January 1 and will only need to complete one enrollment event.

For Other Mid-Year Scenarios:

- **Extended Leave of Absence**: Team members on extended leave during open enrollment will receive additional communications and a deadline extension based on their return date.
- **Life Events or Job Changes:** Team members experiencing a qualifying life event (e.g., marriage, birth) or an employment status change (e.g., regular to PRN, increase/reduction in hours) will receive personalized support from the HR benefits team to align their mid-year 2025 changes with their 2026 open enrollment elections.

What's Changing in 2026

Q: Will there be increases in my costs in 2026?

A: Increases in premiums, deductibles, and out-of-pocket maximums will be necessary for 2026. We know these changes directly affect you and your household budget, and the decisions were not made lightly. We're focused on protecting your access to the care you and your family need while preserving high-quality coverage and the long-term strength of the benefit plan. Visit https://investinginus.augustahealth.com/2025-open-enrollment/ for details, including premium rates, deductibles, and out-of-pocket costs for each plan option.

Q: What else is changing in 2026?

A: Here are other changes:

- Starting in 2026, a formal process will be required in certain situations to have Tier 2 care covered at the Tier 1 benefit level.
  - **Automatically Covered:** If a service is not offered by Tier 1 (Augusta Health) provider—such as pediatrics or organ transplants—it will automatically be covered at the Tier 1 benefit level when received from a Tier 2 provider. No request is necessary.
  - **Formal Request Required:** In all other situations, you must submit a Waiver Prior Authorization (Waiver PA) request before receiving care. For example, this may apply when a Tier 1 provider cannot safely or effectively perform the service due to your specific health needs—such as certain high-risk medical conditions. Once approved, your Tier 2 claim will be repriced at the Tier 1 rate, lowering your out-of-pocket costs
  - Detailed step-by-step instructions for submitting a Waiver PA will be available before the end of the year for 2026 services. Additional information, including how to request a waiver, will be available prior to 2026.
- Dental plan premiums will increase slightly — between $0.01 and $0.10 per pay period depending on single or family coverage.

- **2026 FSA & HSA IRS Contribution Limits Increase**:
- Dependent Care Flexible Spending Account (FSA): The contribution limit is increasing to $7,500.
- Medical Flexible Spending Account (FSA): The contribution limit is increasing to $3,400.
- Heath Savings Account (HSA): Available only to team members enrolled in Augusta Health's High Deductible Health Plan (HDHP). Contribution limits are increasing to:
    - $4,400 for individual coverage
    - $8,750 for team members + child/children/spouse/family
    - Additional $1,000 catch-up contribution for those age 55+
- Limited Purpose FSA (Dental/Vision Only—available to Augusta Health HDHP members): The contribution limit is increasing to $3,400.

Understanding Costs

Q: Why are premiums, deductibles, and out-of-pocket costs increasing?
A: Healthcare costs are rising everywhere, and like other organizations, we're feeling the impact. The cost of care continues to climb because of new technology and drugs, workforce shortages, an aging population, more chronic disease, lifestyle factors, and inflation. These pressures are affecting every employer, and the struggle can feel even harder when you work in healthcare — it can seem counterintuitive to what we stand for. Learn more here about the "why" behind the need to increase these costs.

Q: How much of the cost does Augusta Health contribute to our medical plan coverage?
A: Augusta Health is **self-insured**, which means we don't pay premiums to an outside insurance company like Blue Cross or UnitedHealthcare. Instead, we pay the actual medical claims directly for our team members and their covered family members. Because we're self-insured, when medical costs rise, both Augusta Health and team members are affected by those higher costs. As a self-insured plan, we share these costs together**.** Even with the rising costs, Augusta Health pays most of the cost of care under the medical plan - about 70% - while plan members contribute about 30%. This means you continue to receive the same or higher level of employer support compared to many other workplaces, helping keep your coverage comprehensive and your share of costs as affordable as possible.

Q: What are tiers and how does Tier 1 vs. Tier 2 affect what I pay?
A: A tier is a way the medical plan groups providers and facilities based on cost and quality.

Tier 1 providers offer the highest value — high-quality care at the lowest cost to you and the plan.
Tier 2 providers are still in-network but may cost more**.**

It's important to understand the difference between Tier 1 and Tier 2 networks, so you can make informed decisions when choosing healthcare providers and services when you need care.

Tier	What It Means	Your Cost	Examples
Augusta Health Tier 1 Network	It consists of preferred providers who offer services at the lowest out-of-pocket cost. Choosing a Tier 1 provider means lower copays, coinsurance, and overall medical costs, helping you maximize the benefits of your medical plan while minimizing expenses.	Lowest out-of-pocket costs	Augusta Health providers, hospitals, and clinics
Aetna Tier 2 Network:	It includes approved providers but at a higher cost compared to Tier 1. While you still receive coverage, you will have higher out-of-pocket expenses, such as increased copays or deductibles, when using providers in this tier.	Higher out-of-pocket costs	Other in-network hospitals, clinics, or specialists

All emergency care is always covered at the Tier 1 rate, no matter where you receive it.

During open enrollment, review the updated plan details so you understand how these changes may affect your costs and make the best decisions for you and your family. Choosing Tier 1 providers whenever possible is one of the best ways to save money while getting high-quality care.

Q: How can I save money when using our medical benefits when seeking healthcare?
A: Here are some ways to save:

- Use Tier 1 Augusta Health providers for you and your family to save on cost. Not only do you save on costs, but you also get quality and coordinated care, shared records, and teams who know our standards and our patients. It's a better value and better experience. That's why there will be no increase in deductibles and out-of-pocket maximums when you use Tier 1 providers.
- Compare costs before receiving care by using Rightway. You have access to a Rightway health guide, a live expert clinician who can provide support in real time and help navigate the healthcare system, identify lower-cost providers, resolve billing issues, and negotiate medical bills. Rightway health guides can:
    - Help you find in-network providers and facilities with lower costs and good quality ratings — avoiding surprise bills.
    - Direct you to cost-effective options (e.g., lab work, imaging centers vs. hospitals for MRIs, urgent care vs. ER for minor issues).
    - Help you save on prescriptions by checking medication costs at multiple pharmacies and suggest cheaper options, recommend generics, or equivalent medications at a lower cost, and identify copay cards or discount programs to reduce out-of-pocket costs.
- Use preventive care including annual wellness screenings and immunizations that are covered 100% -- catching issues early saves money later.
- Use Urgent Care vs. the Emergency Department (when appropriate): For non-emergencies, urgent care centers cost much less than emergency rooms.
- Choose generic medications or cost-saving alternatives recommended by your provider or pharmacist.
- Take advantage of telehealth. Virtual visits can be more affordable and save you time.
- Participate in the Augusta Well Together program. Achieve your best health and earn up to $100 per quarter. Learn more at https://investinginus.augustahealth.com/taking-care-of-us/.
- Use Pre-Tax Dollars with FSAs and HSAs: Save on taxes by enrolling during open enrollment:
    - Medical FSA: Tax-free funds for eligible medical, dental, and vision expenses for you and your dependents.
    - Dependent Care FSA: Tax-free funds for eligible child(ren) and dependent care expenses.
    - Health Savings Account (HSA): Tax-free savings for medical expenses—available with Augusta Health's High Deductible Health Plan (HDHP) medical option.
    - Limited Purpose FSA: Covers dental and vision expenses for those enrolled in the Augusta Health HDHP medical option.

Q: Where can I see what my new costs will be?

A: Visit https://investinginus.augustahealth.com/2025-open-enrollment/ to view your 2026 medical, dental, and vision costs. There you will see premium amounts, deductibles, and out-of-pocket maximums.

What's Not Changing in 2026

Q: What is not changing in 2026?

A: The following will remain at the same level as your 2025 benefits:

- Your preventive care — like your annual wellness check — will continue to be covered at 100% when you use an in-network provider. If your visit includes diagnostic tests (like lab work for symptoms you're experiencing) or treatment for a condition, those services are not considered preventive care and may be subject to your deductible or copays. This distinction is based on federal guidelines, and it helps keep your preventive care fully covered while ensuring other medical needs are billed appropriately.
- No per paycheck rate increases for vision, life, accident, critical illness, or hospital indemnity insurance rates. Please note that premiums for voluntary benefits, such as voluntary life and accidental death & dismemberment (AD&D), may adjust based on age or salary changes.
- The 2026 Health Savings (HSA) employer contribution for single coverage will stay the same at $1,000 and the family contribution at $2,000.

Understanding Your Benefits

Q: Benefit terms can be confusing. What are some terms I should know? A: Learning a few key terms helps you better understand how your plan works and how costs are shared between you and Augusta Health. With this knowledge, you can make informed decisions and get the most value from your benefits. See below for important terms and what they mean.

Key Terms

Premiums: The amount deducted from your paycheck each pay period to keep your coverage active — think of it like a subscription or your car insurance premium.
Deductible: The amount you pay out of pocket each year before the plan begins to share costs for most services.
Coinsurance: The percentage you pay for covered services after meeting your deductible (e.g., you pay 30%, the plan pays 70%).
Out-of-Pocket Maximum: The most you'll pay in a year for covered services, including deductibles, copays, and coinsurance. After reaching this limit, the plan pays 100% of covered costs for the rest of the year.
Tier 1 Providers: Providers delivering the highest quality care at the lowest cost. Most tier 1 are Augusta Health providers. Choosing Tier 1 helps you save money and maximizes your benefits.
Tier 2 Providers: In-network providers and facilities outside of Tier 1 and Augusta Health. They are covered at a higher cost than Tier 1, so you may pay more out of pocket when using them.

Support & Resources

Q: What support is available to help me learn about open enrollment and 2026 benefits?
A: From October 23 – November 7, meet 1:1 by phone with a licensed benefit counselor for guidance in choosing benefits and enrolling in the UKG system. You can schedule now! To schedule an appointment, use the QR code to the right or visit HTTPS://CALENDLY.COM/THE-CASON-GROUP/AUGUSTA-HEALTH-2026.

Explore https://investinginus.augustahealth.com/2025-open-enrollment/ to find everything you need for open enrollment. The site includes step-by-step instructions on how to enroll, details about each benefit offering, plan costs, and helpful tools to compare your options. It's your go-to resource for making confident decisions about your 2026 benefits.

- View or Change Your Benefits in UKG Self-Service https://e15.ultipro.com.
- Learn more about the UKG enrollment steps here.
- Still need help? HR is here. Email: humanresources@augustahealth.com or phone: 540-332-4700.

Q: What if I have questions about my benefits or need help with using my medical benefits?
A: Rightway is a new resource to help make care for you and your family more affordable, convenient, and supportive. With Rightway, you get access to a health guide, a live expert clinician who can provide support in real time. They can help you navigate the complex healthcare journey, so you get quality care at the lowest cost. Think of your health guide as a personal assistant for your health who can:

- Help you find the right provider based on your location, and preferences.
- Schedule appointments for you.
- Answer questions about your medical benefits.
- Guide you on where to go based on the medical urgency when you're feeling sick or are injured (urgent care, telehealth, ER, etc.).

Rightway is a covered benefit and there's no cost for team members.
View this short video to learn ways Rightway can help you navigate the complex healthcare journey.
Refr to the Rightway Frequently Asked Questions & Anwers to learn more.

Q: Are all Rightway features available now?
A: Most features are available in the app today, including medical plan information, cost navigation, and access to health guides. Some features like the network provider search tool and digital ID cards for EyeMed and Delta Dental will be available soon. We'll share an update when they're ready to use.

Q: Can I still get support from Quantum Health?

A: You can still use Quantum through **December 31, 2025,** for open or ongoing cases—such as past claims reviews or questions about services you already received. After that, all cases will be transitioned to Rightway, so you won't lose support or momentum.

Q: Why are we moving from Quantum to Rightway?

A: We are committed to making healthcare navigation easier and more personal. Rightway offers a modern, tech-enabled experience that combines live, dedicated health guides with convenient digital tools. This means you'll get **faster answers, easier scheduling, and better support** when you need care.

Q: When does Rightway support begin and how do I register an account to start using their services?

A: There are three ways to register in Rightway:

1. Download the Rightway app on the App store, Google Play, or scan the QR code with your smartphone to activate your account. You can call or chat with your health guide on Rightway's secure app.
2. You can also access Rightway from your computer browser at **joinrightway.com** or by phone.
3. Augusta Health team members will receive an email with a registration link from Rightway to activate their Rightway account. Look for the subject line: **(EXTERNAL)** ***It's time to activate your Rightway account.*** Although this appears as an external email, you should trust that it's safe to click the link to register.

Q: Who is eligible for Rightway?

A: Rightway is available to:

- Full-time, part-time and PRN team members and any dependents who are insured in medical, dental, and/or vision.
- Team members and providers enrolled in the Augusta Health medical plan and their covered dependents.
- Team members and providers who have other medical coverage (not through Augusta Health).
- Volunteers and contractors are not eligible for Rightway.

Q: What if I have questions about using Rightway?

A: Once registered, if you need help finding a care provider, accessing care, or completing the Health Profile, you can call **(833) 502-8183** for your Rightway health guide or email **healthguide@rightwayhealthcare.com**.

Q: What can Rightway help me with?

A: Rightway offers several powerful features:

- Health guides can locate the best Tier 1 providers and even book your appointments for you.
- Get a clear explanation of what's covered, where to go, and what it will cost before you receive care.
- If you receive a confusing or unexpected bill, Rightway will review it and work with providers on your behalf.
- Talk to live health guides (not bots!) who can answer questions and point you toward high-quality, cost-effective care.

Q: What hours can I call Rightway to access a health guide?

A: Members have access to a Rightway health guide 8 A.M. to 11 P.M. EST Monday through Friday and 9 A.M. to 5 P.M. EST on weekends and holidays. For members needing after-hours support, a Rightway nurse line is available at (833) 502-8183. Nurses can direct members to the right level of care. A Rightway health guide will follow up with the member at the start of the following business day on any after-hours needs.

Q: Where do I go for help?

A: Refer to the QUICK SUPPORT GUIDE below:

Cason Enrollment Counselors	Rightway	Quantum Health
From Oct. 23 – Nov. 7, meet 1:1 by phone with a licensed benefit counselor for guidance in choosing benefits and enrolling in the UKG system. You can schedule now! To schedule an appointment visit, HTTPS://CALENDLY.COM/THE-CASON-GROUP/AUGUSTA-HEALTH-2026.	Rightway offers several features: • Health guides can locate the best Tier 1 providers and even book your appointments for you. • Get a clear explanation of what's covered, where to go, and what it will cost before you receive care. • If you receive a confusing or unexpected bill, Rightway will review it and work with providers on your behalf. • Talk to live health guides (not bots!) who can answer questions and point you toward high-quality, cost-effective care.	You can still use Quantum through **December 31, 2025,** for open or ongoing cases—such as past claims reviews or questions about services you already received. After that, all cases will be transitioned to Rightway, so you won't lose support or momentum.