OPEN ENROLLMENT FOR 2027 BENEFITS
FREQUENTLY ASKED QUESTIONS

Open enrollment for 2027 benefits runs from October 16 – November 2, 2026.

This is your once-a-year opportunity to review your benefits and make changes for the upcoming year.

These FAQs answer common questions about open enrollment, including what's changing, how to enroll, how costs may be affected, and where to find support.

ACTIVE ENROLLMENT. You must actively enroll in UKG to elect benefits for 2027, even if they want to keep their current coverage. Your current benefits will not automatically carry over to 2027

What's covered in the FAQs

OPEN ENROLLMENT BASICS & HOW TO ENROLL

WHAT'S CHANGING FOR 2027

GETTING THE MOST FROM YOUR BENEFITS

RESOURCES & ENROLLMENT SUPPORT

PTO & ATO CARRY OVER

OPEN ENROLLMENT BASICS & HOW TO ENROLL

Q: Do I need to take action if I don't want to make any changes?
A: **Yes! Open enrollment is active**, which means you must log in to UKG and make your benefit elections, even if you don't plan to make any changes. Your current benefits will not automatically carry over to 2027, so be sure to review your options and confirm your elections. Open enrollment is also a great opportunity to update your dependents, review plan costs, and explore your full benefits package.

Q: Will my current 2026 benefits carry over automatically?

A: No. You must make your benefit elections during open enrollment to ensure you have the coverage you need for 2027. If you don't currently have Augusta Health medical, dental, or vision coverage in 2026, you won't have that coverage in 2027 unless you elect it during open enrollment. Keep these additional reminders in mind:

- Health Savings Account (HSA): If you newly elect or reelect an HSA, you'll be eligible for the employer contribution as long as your account is active with WEX, even if you don't make personal contributions. Watch for communications from WEX to ensure your account is active.
- Flexible Spending Accounts (FSAs): To participate in a Medical FSA, Limited Purpose FSA, or Dependent Care FSA in 2027, you must make your election during open enrollment. These accounts do not automatically carry over from year to year.

Q: How do I enroll in the UKG system, and how do I review or update my dependents?

A: Click **here for step-by-step instructions** on how to enroll. Be sure to update your address, dependents, and life insurance beneficiaries in the system.

Q: How do I reset my password for UKG?

A: For help resetting a password, please contact the Augusta Health IT Service Desk at (540) 332-5555 or ITHelp@AugustaHealth.com.

Q: Can someone help me enroll in benefits and send me my confirmation statement?

A: Yes. If you have questions or need help with your benefits enrollment, you can schedule a one-on-one phone appointment with a benefits counselor. They can provide personalized support to help you choose your benefits and complete your enrollment in UKG.

Schedule your appointment by clicking here.

Or scan the QR Code to the right.

If you need additional assistance, contact our HR Benefits Team 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 log back in to UKG to review or change your benefit elections as often as needed during Open Enrollment. All elections and changes must be submitted by **midnight on November 2, 2026**.

Once Open Enrollment closes, you generally cannot enroll in or change your benefits until the next Open Enrollment period unless you experience a qualifying life event, such as marriage, divorce, the birth of a child or loss of other coverage.

Important: If you miss the November 2 deadline, you may not have another opportunity to enroll in benefits for 2027 unless you experience a qualifying life event. Be sure to review and submit your benefit elections in UKG by November 2.

Q: What happens to new hires and team members with mid-year status changes during open enrollment?

A: For New Hires

Your required enrollment steps depend on your hire date:

If you are hired on or before December 1, 2026:

Step 1: Complete your New Hire Benefit Enrollment. Make your initial benefit elections within 31 days of your hire date.

Step 2: Complete your 2027 Open Enrollment elections. After completing your new hire enrollment, you'll be prompted to make your benefit elections for the 2027 plan year.

If you are hired on or after December 2, 2026:

You only need to complete your New Hire Benefit Enrollment within 31 days of your hire date. You do not need to complete a separate 2027 Open Enrollment event.

For Other Mid-Year Scenarios:

Extended Leave of Absence: If you are on extended leave of absence during open enrollment, you'll receive additional communications and a deadline extension based on your return date.

Qualifying Life Events or Employment Status Changes: If you experience a qualifying life event, such as marriage or the birth of a child, or an employment status change, such as moving from regular to PRN status or an increase or reduction in hours, work with the HR Benefits Team. They'll provide personalized support to help coordinate your mid-year 2026 benefit changes with your 2027 open enrollment elections.

Need help? Contact the HR Benefits Team for guidance on your specific situation, applicable deadlines, and the steps needed to coordinate your coverage. HumanResources@AugustaHealth.com or call (540) 332-4700.

Q: Why does my UKG Open Enrollment Confirmation Statement show both 2026 and 2027 benefits, including benefits I didn't just select?
A: Your UKG Open Enrollment Confirmation Statement includes two sections, so you may see benefits from both years, including benefits you didn't actively select during open enrollment (like retirement and disability).

1. Your Current 2026 Benefits - This section shows your existing benefits for 2026, including benefits that aren't part of open enrollment, such as retirement benefits and short- and long-term disability coverage.
2. Your 2027 Open Enrollment Elections - This section shows only the benefit elections you made for the 2027 plan year during open enrollment.

UKG's confirmation statement PDF format cannot be customized to display only your new elections. To confirm your 2027 benefit choices, refer to the 2027 section of your confirmation statement. This is where you'll find the elections you made for the upcoming plan year.

WHAT'S CHANGING FOR 2027

Q: Will my healthcare costs increase in 2027?
A: Yes. Healthcare costs continue to rise nationwide, affecting employers and health plans across the country, including Augusta Health. For 2027, team members will see increases in Medical Plan premiums, Tier 2 deductibles, and Tier 2 out-of-pocket maximums. These changes help Augusta Health balance rising healthcare costs while continuing to offer competitive, high-quality benefits.

We understand that healthcare cost increases can affect household budgets, and we make these decisions carefully. Augusta Health continues to pay approximately 70% of the cost of the Medical Plan and is taking steps to help minimize the impact on team members while managing the Plan responsibly for the future.

Q: What does this mean for you in 2027?
A: Visit the Open Enrollment Website **https://investinginus.augustahealth.com/2026-open-enrollment/** to review 2027 plan costs, compare your options, and choose the coverage that best meets your needs.

Medical Plan premiums: Premiums will increase.

Tier 1 care: Annual deductibles, out-of-pocket maximums, and medical and pharmacy coinsurance and copays will remain unchanged.

Tier 2 care: Deductibles, out-of-pocket maximums, and certain coinsurances and copays will increase.

Whenever possible, consider using Augusta Health and other Tier 1 providers. You'll continue to have access to high-quality care at the lowest cost available through the Medical Plan when you use Tier 1 providers.

Covering Your Family

Q: Can I cover my spouse on my medical insurance?
A: Yes. Augusta Health continues to offer team members the option to cover an eligible spouse under the Medical Plan, even if their spouse has access to medical coverage through their own employer. Beginning in 2027, a spousal surcharge of $100 per month ($46.15 per pay period, based on 26 pay periods) will apply if your enrolled spouse has access to medical coverage through their own employer. Spouses covered by Medicare or Medicaid are not subject to this surcharge.

Q: Why is a spousal surcharge being introduced?
A: As healthcare costs continue to rise, Augusta Health is exploring ways to manage Medical Plan costs while continuing to provide competitive coverage for team members and their families. Covering spouses who have access to medical coverage through another employer adds to the overall cost of our self-insured Medical Plan. Many organizations use spousal surcharges as one way to help manage these costs and support the long-term sustainability of their health plans. Rather than eliminating coverage for spouses who have other employer-sponsored options, Augusta Health is preserving your choice to cover your eligible spouse through the Medical Plan.

Spousal Surcharge: Frequently Asked Questions

Q: When does the spousal surcharge apply?
A: Beginning in 2027, a spousal surcharge of $100 per month ($46.15 per pay period, based on 26 pay periods) will apply when you enroll your spouse in the Augusta Health Medical Plan and they have access to affordable medical coverage through their own employer. Several exceptions apply, as outlined below.

Q: What if my spouse is retired (or becomes newly retired)?
If your spouse is retired and does not have access to medical coverage through their own employer, the spousal surcharge will not apply. If newly retired, you will want to contact the HR Benefits team to notify us of the change in status.

Q: What if my spouse has Medicare or Medicaid?
A: If your spouse has Medicare or Medicaid coverage, the spousal surcharge will not apply.

Q: What if my spouse's employer offers only HMO plans, but my spouse lives outside the plans' service areas?
A: If your spouse's employer offers medical coverage exclusively through HMO plans and your spouse lives outside the defined service areas of all available HMO options, the spousal surcharge will not apply.

Q: What if both my spouse and I work at Augusta Health?
A: If both you and your spouse work at Augusta Health in benefits-eligible positions, the spousal surcharge will not apply.

Q: What if my spouse's employer offers medical coverage, but the coverage is not affordable?
A: For 2027, employer-sponsored medical coverage is considered affordable if the cost does not exceed 10.22% of your spouse's most recently filed W-2 income. If the coverage offered by your spouse's employer exceeds this affordability threshold, the spousal surcharge will not apply.

Q: What if I'm unsure whether the spousal surcharge applies to my family?
A: We're here to help! If you have questions about the spousal surcharge, need help understanding the exceptions, or would like guidance on how this change applies to your family, contact the HR Benefits Team at HumanResources@AugustaHealth.com or call (540) 332-4700. We can help you understand your situation and make an informed decision about your 2027 benefits.

Q: Which dependents can I cover under my benefits plans?
A: Eligible dependents for plans that offer dependent coverage include:

- Legally married spouse: Your spouse, regardless of gender, as long as you are legally married.
- Children through age 26: Your biological children, stepchildren, adopted children, children placed in your custody for adoption, and children under your legal guardianship. Coverage is available through the end of the calendar year in which they turn 26.
- Permanently disabled dependent children: Children who meet the plan's requirements for continued coverage beyond the applicable age limit.

Q: Do I need to take action for the dependent eligibility review?
A: Yes. Augusta Health will conduct a dependent eligibility audit to verify that dependents enrolled in our medical and dental plans meet plan eligibility requirements. These audits help maintain the integrity of our benefit plans, manage healthcare costs, and support fair and consistent administration of benefits for all team members. If you have covered dependents, watch for communications with details about the audit, including required documentation and submission deadlines.

Be sure to review the instructions carefully and submit any requested documentation by the specified deadline to help ensure your dependents' eligibility is confirmed.

Medical Coverage & Provider Networks

Q: Is anything changing with the medical benefit network in 2027?

A: Yes. Beginning January 1, 2027, there will be two important changes to the Augusta Health Medical Plan: a new medical claims administrator and a new Tier 2 provider network.

New Medical Claims Administrator: **Judi Health**

Judi Health will administer claims for the Augusta Health Medical Plan beginning January 1, 2027. This change supports our ongoing commitment to a simpler, more transparent healthcare experience and makes it easier for you to understand and manage your healthcare information.

Before the transition, you'll receive additional information about what to expect, including how to access your account and manage your medical claims.

New Tier 2 Provider Network: **Cigna**

Beginning in 2027, the Tier 2 provider network will change from Aetna to Cigna as part of the transition to Judi Health. Tier 1 providers will continue to participate in the Cigna network. Cigna offers an extensive national network of healthcare providers, giving team members access to a broad range of care options.

Many providers who participate with Aetna also participate with Cigna, but network participation can vary. To help avoid unexpected out-of-network costs, confirm that your providers are in the Cigna network for 2027.

Click here to access the 2027 Cigna Provider Network

Use the Cigna network search tool to verify your Tier 2 providers' network status before receiving care in 2027.

Understanding Benefit Terms

Q: Benefit terms can be confusing. What are some key terms I should know?

A: Understanding a few key benefits terms can help you make sense of how your medical plan works, how costs are shared between you and Augusta Health, and how to make the most of your coverage. Here are some important terms to know.

Key Benefits Terms

- **Premiums.** The amount deducted from your paycheck each pay period to maintain your coverage. Think of it like a regular payment to keep your insurance active.
- **Deductible.** The amount you pay for covered healthcare services each year before your plan begins sharing costs for services subject to the deductible.
- **Coinsurance.** The percentage of the cost you pay for covered services after meeting your deductible. For example, if your coinsurance is 30%, you pay 30% of the allowed cost and your plan pays the remaining 70%.
- **Out-of-Pocket Maximum.** The most you pay during a plan year for covered, in-network services, including applicable deductibles, copays, and coinsurance. Once you reach this limit, your plan pays 100% of covered, in-network costs for the remainder of the plan year. Premiums and certain other expenses do not count toward this limit.
- **Tier 1 Providers**. Providers and facilities in the Medical Plan's Tier 1 network, primarily Augusta Health providers. Tier 1 care generally offers the lowest out-of-pocket costs under the plan, helping you get quality care while making the most of your benefits.
- **Tier 2 Providers.** In-network providers and facilities outside the Tier 1 network. Tier 2 services generally cost more than Tier 1 services, so you may pay more out of pocket when you receive care from Tier 2 providers.

Knowing these terms can help you compare plan options, anticipate healthcare costs, and make informed decisions during open enrollment.

Health Spending Accounts (HSAs) & Flexible Spending Accounts (FSAs)

Q: Will HSA and FSA contribution limits change in 2027?
A: Yes. The IRS contribution limits for Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are changing for 2027. Here's what you need to know:

Health Savings Account (HSA): Up to $4,500 for individual coverage or $9,000 for family coverage. If you're age 55 or older, you may contribute an additional $1,000. An HSA is available only if you're enrolled in an eligible High-Deductible Health Plan (HDHP) and meet the applicable eligibility requirements.

Dependent Care Flexible Spending Account (FSA): Up to $7,500 per family, or $3,750 if you're married and filing separately.
Medical and Limited Purpose Flexible Spending Accounts (FSAs): Up to $3,500 in employee contributions. This limit is subject to confirmation when the IRS releases the official 2027 amount.

Review the contribution limits and your anticipated expenses during open enrollment to help determine how much to contribute for 2027.

Q: How does my Health Savings Account (HSA) work?
A: The Health Savings option combines a High-Deductible Health Plan (HDHP) with a Health Savings Account (HSA), giving you a way to save money for eligible healthcare expenses while benefiting from lower medical plan premiums.

Here's how it works for 2027:

Employer HSA Contribution
Augusta Health will continue contributing to your HSA in 2027:

- $1,000 for team members enrolled in single coverage.
- $2,000 for team members enrolled in family coverage.

To receive the employer contribution, you must meet the applicable HSA eligibility requirements and have an active HSA with WEX.
Lower Premiums, Higher Deductible

More About the High-Deductible Plan and an HSA

The High-Deductible Augusta Health Plan offers lower monthly premiums but has a higher deductible. This means you'll generally pay more out of pocket for covered healthcare services before the plan begins sharing costs for services subject to the deductible. In exchange, your payroll deductions for medical coverage are lower throughout the year.

How the Family Deductible Works
If you enroll in family coverage under the Health Savings option, there is no separate individual deductible for each covered family member. The full in-network family deductible must be met before the plan begins paying for services subject to the deductible.
One family member can meet the entire deductible, or multiple covered family members can combine their eligible healthcare expenses to meet it.

Using Your HSA

Your HSA allows you to set aside money for eligible healthcare expenses. You can contribute through payroll deductions, and your account can help you manage out-of-pocket costs throughout the year. Any unused HSA funds remain in your account for future eligible expenses, subject to applicable rules.

Understanding Your Other Benefit Costs

Q: What's changing with my dental, vision, and voluntary benefits in 2027?

A: For 2027, most of your dental, vision, and voluntary benefits will remain the same, with a modest increase in dental premiums. Here's what to expect:

- Dental: Premiums will increase by approximately 6.5%–7%, depending on your plan and coverage tier. Delta Dental will continue as your dental carrier, and your plan design will remain the same.
- Vision: EyeMed will remain your vision carrier, and your plan design and premiums will stay the same for 2027.

Life Insurance and Other Voluntary Benefits: Rates will not increase for 2027. However, your individual premiums for certain voluntary benefits, such as supplemental life insurance and accidental death and dismemberment (AD&D) coverage, may change based on factors such as age or salary changes.

During open enrollment, take time to review your 2027 benefit costs and coverage options to ensure your elections continue to meet your needs.

Q: Can I increase or decrease my life insurance or accidental death and dismemberment (AD&D) coverage during open enrollment?

A: Open enrollment is a good time to review your life insurance and AD&D coverage to make sure it continues to meet your needs. Depending on your current coverage and plan rules, you may be able to increase or decrease your coverage during open enrollment. Some increases may require Evidence of Insurability (EOI) or approval from the insurance carrier.

Click here for Life Insurance Eligibility and Enrollment Information

GETTING THE MOST FROM YOUR BENEFITS

Q: How can I get the most value from my benefits?

A: There are several ways to make the most of your benefits, save on healthcare costs, and take an active role in your health.

1. Choose Tier 1 Providers Whenever Possible

Get high-quality care at the lowest cost available through your Medical Plan by choosing Augusta Health and other Tier 1 providers. Tier 1 providers generally cost less than Tier 2 providers, helping you maximize your benefits and manage out-of-pocket expenses.

2. Stay Up to Date on Preventive Care

Take advantage of preventive care services to help you stay healthy and identify potential health concerns early. Annual wellness screenings, immunizations, and recommended preventive services are covered at 100% when provided by an in-network provider, according to plan guidelines.

Keep in mind that additional non-preventive services provided during a visit, such as lab work, diagnostic tests, or treatment for a medical condition, may be subject to your deductible, coinsurance, or copay.

Visit the Investing in Us Benefits webpage https://investinginus.augustahealth.com/wp-content/uploads/2026/10/Judi-Health-2027-Preventive-Health-Services.pdf to learn more about covered preventive services.

3. Choose the Right Healthcare Setting

Where you go for medical attention can make a difference in both cost and convenience. Knowing your options can help you get quality care at the best cost.

- Primary Care: For routine checkups, preventive care and ongoing health needs.
- Telehealth: For convenient treatment of minor illnesses without leaving home.
- Urgent Care: For illnesses or injuries that need prompt attention but aren't emergencies. Choose an in-network urgent care center whenever possible.
- Emergency Room: **Always go to the nearest emergency room or call 911 for serious or life-threatening medical emergencies.**

4. Take advantage of wellness programs and incentives with Augusta Well Together.

3. Connect with Rightway Health Guides **Click here to learn more about Rightway**

Other Valuable Benefits

Q: What about other benefits that I may need help with and are not part of open enrollment, like retirement, financial wellness, education and tuition support, employee assistance programs (EAP), or disability insurance?
A: It is a great time to check out your other benefits:

Education and Tuition Support: (link being created)

Revie EAP (formerly Canopy): https://investinginus.augustahealth.com/benefits/#EAP

Disability Benefits: https://investinginus.augustahealth.com/benefits/#Disability

CAPTRUST at Work Financial Wellness: https://investinginus.augustahealth.com/benefits/#captrust

Fidelity your 403(b) and 401(k) Benefits: https://investinginus.augustahealth.com/benefits/#retirement

RESOURCES & ENROLLMENT SUPPORT

Q: Where can I get help understanding my benefits and making the best choices for me and my family?

Need help enrolling in UKG?

From October 16 – November 2, meet 1:1 in person or by phone with a benefit counselor for guidance in choosing benefits and enrolling in the UKG system. They will be available on weekend and off shifts and will also be visiting offsite locations.

Spanish-speaking benefits counselors will also be available to answer questions and assist team members with enrollment.

To schedule an appointment, use the QR code to the right or visit https://go.oncehub.com/AugustaHealth

Bringing Benefits Support Closer to You
Benefit counselors will be available at select off-campus locations to answer your questions and help you complete your 2027 benefits enrollment in UKG.

These appointments are especially convenient for team members who work at off-campus sites, but all team members are welcome to schedule an appointment at any location that works best for them.

Use the online scheduling tool to choose your preferred location and appointment time.

Need help with enrollment decisions?

Q: What if I have questions about my benefits or need help navigating my healthcare?

A: Rightway helps make healthcare more affordable, convenient, and easier to navigate for you and your family. As a covered benefit at no cost to eligible team members, Rightway connects you with a live Health Guide who can provide personalized support throughout your healthcare journey.

Your Health Guide can help you:

- Find the right care: Locate quality, cost-effective providers based on your location and preferences, including Tier 1 providers.
- Schedule appointments: Find available providers and book appointments on your behalf.
- Understand your benefits: Get answers to questions about your medical coverage, what's covered, and what care may cost.
- Choose where to go for care: Understand your options when you're sick or injured, including urgent care, telehealth, and the Emergency Department.
- Navigate medical bills: Get help reviewing confusing or unexpected bills and working with providers to resolve billing issues.

Q: How do I register for Rightway?

A: Getting started is easy! You can register in one of three ways:
Download the Rightway app: Find it in the Apple App Store or Google Play Store, or scan this QR code.
Once registered, you can securely call or chat with your Health Guide through the app.
Visit the website: Access Rightway from your computer at joinrightway.com.
Call Rightway: Contact a Health Guide at (833) 502-8183 for assistance.

Q: Who is eligible for Rightway?

A: Rightway is available to eligible Augusta Health team members and their covered dependents, including:

- Full-time, part-time, and PRN team members and eligible dependents.
- Team members and providers enrolled in the Augusta Health Medical Plan and their covered dependents.
- Team members and providers who have medical coverage through another plan, including coverage outside Augusta Health.
- Volunteers and contractors are not eligible for Rightway.

Q: What if I need help using Rightway?
A: If you need help finding a provider, accessing care, or completing your Health Profile, contact Rightway for assistance.
Phone: (833) 502-8183
Email: healthguide@rightwayhealthcare.com

Q: What are Rightway Health Guide's hours of availability?
A: Live Health Guides are available during the following hours:
Monday–Friday: 8 a.m.–11 p.m. Eastern Time
Weekends and holidays: 9 a.m.–5 p.m. Eastern Time
Need help outside these hours? Call (833) 502-8183 to access the Rightway nurse line. Nurses can help direct you to the appropriate level of care. A Rightway Health Guide will follow up on after-hours needs at the start of the next business day.

Your Open Enrollment Benefits Resources at a Glance

Benefits Counselors	Rightway Health Guides
Help with Open Enrollment decisions	Support during enrollment: Help you choose the medical plan that best meets your anticipated healthcare needs and how you expect to use your benefits.
Explain your 2027 benefit options and plan costs	Help you find in-network doctors and specialists

Help you understand coverage choices for yourself and your family	Support during enrollment. Provide personalized guidance on your medical plan options based on you and your family's healthcare history and claims experience.
Answer questions about enrolling in benefits	Help you understand medical bills and resolve billing questions
Guide you through making your benefit elections	Help you find quality care at the best cost
Available during Open Enrollment	Available year-round at no cost to you

PTO & ATO CARRY OVER

Q: What Happens to my PTO & ATO?

A: As we approach the end of 2026, take a moment to check your PTO/ATO balance and review the guidelines for carryover and payouts as you plan your remaining time off.

Check your PTO balance in UKG and work with your manager to schedule your days off before year-end.

Don't lose your time off! **Any unused 2026 PTO hours over the carryover limit will not move into 2027.**

PTO Carryover Limits (Team Members Below Director Level)

Team Member Status	Maximum Carry-over
Full-Time	350
Part-time	175

PTO Cash-Out Option

Eligible team members can cash out part of their PTO before 2026 year-end.

- Must keep 80 hours (full-time) or 40 hours (part-time) in your PTO bank
- Cash out up to 200 hours at 100% value
- Plus, up to 150 hours at 75% value
- ATO hours are not eligible

Deadline:

- Complete the **PTO Cash Pay-Out Request Form.** To access the form, log in to Pulse and search for the PTO Cash Pay-Out Request Form.
- Get your director's approval.
- Email HR at **humanresources@augustahealth.com** by **Friday, December 18, 2026,** to receive payment on your **December 31 paycheck.**

Important Pay Period Info

- The **December 22 paycheck** covers **December 13–26, 2026.**
- PTO used during this period will come out of your 2026 balance**.**
- PTO earned during this period will be added to your balance**.**
- Hours over your carryover limit will not carry into 2027.

Questions?

Lear more here and if you still have questions email: humanresources@augustahealth.com or call:(540) 332-5039.