Open Enrollment FAQ

As Open Enrollment for 2027 continues, please refer to the following document for Frequently Asked Questions regarding the process. As a general reminder, please note the following information:

Open Enrollment Ends November 20 at 11:59pm

Please review all available resources (including this FAQ document) to determine whether you need to elect benefits for 2027, or if no action is required.

Available Resources

Log on to Benefits Connection via **Benesch Connect** to review all documents provided for this year's Open Enrollment process and a recording of the Benefits Open Enrollment meeting. In addition, you will find benefit option summaries, changes to benefits in 2027 and instructions for electing benefits on ADP.

Open Enrollment is taking place in ADP Workforce Now

Log in to **ADP Workforce Now** and you will be prompted to elect your benefits for 2027.

Answers to specific questions asked by Benesch employees are included on the following pages.

If you require further assistance, please reach out to benefits@benesch.com.

Q. Will the slideshow for 2027 Benefits Open Enrollment be available for review?

A. Yes, the presentation recording and slides are available on Benefits Connection on the *Open Enrollment* page.

Q. Is the Open Enrollment meeting chargeable time?

A. No. The Open Enrollment meetings are on your own time. The meetings are not chargeable.

Q. Why did Benesch increase employee premium rates and deductibles?

A. Healthcare costs continue to rise nationwide, impacting both employers and employees. For 2027, Benesch carefully evaluated our options to manage costs while continuing to provide quality, affordable benefits.

As part of these efforts, we transitioned our pharmacy benefits from Prime to Express Scripts. **This change allowed us to keep the increase in employee medical contributions slightly below 10%. Without this change, the increase would have been 14% or more.** This demonstrates our ongoing commitment to managing healthcare costs and minimizing the impact on employees.

The only other change for 2027 is the IRS-required updates to our high-deductible health plan (HDHP).

We remain committed to our cost-sharing approach, with employees contributing approximately 25% and Benesch covering 75% of healthcare costs. We will continue to evaluate our benefits and look for opportunities to manage costs while providing comprehensive coverage for employees and their families.

Q. If I do not want to make any changes to my benefits, is there any action I need to take for Open Enrollment?

A. All benefit elections will carry over into the new plan year without any action, except Flexible Spending Account (FSA) enrollment. If you wish to enroll in the Healthcare FSA, Limited Purpose FSA or the Dependent Care FSA, you need to complete Open Enrollment and make your FSA elections for the new plan year.

Q. Will our policy elections for 2026 automatically roll into 2027 without doing anything, or do we need to set them up all over again? When is the deadline for making changes?

A. If you do nothing, your current elections will roll over except for Flexible Spending Account elections. If you want to contribute to your FSAs in 2027, you must actively elect this during Open Enrollment in ADP by end of day 11/20/2026.

Q. Is turning age 26 considered a qualified life event?

A. Yes. Turning 26 is considered a qualified life event. If you have a dependent child currently on your benefits, medical, dental and vision will continue until the end of the month in which they turn 26. All other benefits will end on the day they turn 26. If you are an employee turning age 26 and would like to enroll in Benesch benefits, please go to the Turning Age 26 page on Benefits Connection. benesch.eebenefits.info.

Q. If I want to add vision to my plan, do I need to enroll in all the other benefits? (i.e., high deductible, dental, etc.)

A. No, you may enroll in any of the plans on a stand-alone basis. Medical, Dental, Vision, FSAs, LTD buy-up, Voluntary Employee Life, Identity Theft, Accident, Critical Illness, Hospital Indemnity and Pet Insurance can all be elected on a stand-alone basis. Only the HSA, Limited Purpose FSA, Spouse Voluntary Life and Child Voluntary Life have requirements to be enrolled in those plans.

Q. Does Benesch offer a credit if I choose to opt-out of Benesch's health insurance programs and decide to participate in my spouse's work health insurance?

A. No. Benesch does not offer a credit for waiving benefits.

Q. What type of services go toward the deductible and/or out-of-pocket maximum?

A. Under the Traditional PPO, allowable medical services that are your responsibility, outside of copays, will apply toward the deductible. Under the HDHP PPO, this would include both medical services and prescriptions. Once the deductible has been met, the coinsurance component kicks in.

Q. Do copays for the PPO (medical and Rx) count toward the deductible and out-of-pocket maximum?

A. Copays do not count toward the deductible, but they do count toward the out-of-pocket maximum.

Q. For the HDHP, after satisfying the deductible, does the coinsurance and "20% after deductible" compound? So, the employee would be responsible for 40% until reaching the out-of-pocket maximum?

A. No. In most cases, you will be responsible for 20% of each claim after your deductible has been met, until you reach your out-of-pocket maximum.

Q. Is there a drug list that we can look at to see what category our prescriptions are in before enrolling in the Traditional PPO?

A. Yes, this can be found on the BCBSIL site and on Benefits Connection. Benesch plans are on the Balanced Drug List.

Q. Can I continue contributing to my HSA if I switch from the HDHP to the Traditional PPO?

A. Members are not eligible to contribute to an HSA if they have coverage under the Traditional PPO plan. You can only contribute to an HSA if you are on the High Deductible Health Plan. Any monies that remain in the HSA are yours to use on qualified medical, dental and vision expenses if you switch medical plans.

Q. Will a bill paid from my HSA be added to the deductible?

A. All allowable medical services that are your responsibility, outside of copays, will apply toward the deductible. The HSA is a form of payment.

Q. Will I receive two cards for Chard-Snyder if I have both an HSA and Limited Purpose FSA?

A. No, the card provided will be stacked. If you use your card for an eligible FSA expense (dental or vision), then payment will pull from Limited Purpose FSA dollars first unless they've already been exhausted.

Q. Does the HSA cover dental and vision?

A. Yes, qualified healthcare expenses include medical, prescription, dental and vision. Under the Limited Purpose FSA, only dental and vision expenses are eligible for reimbursement.

Q. Are we eligible to receive the family employer contribution amount to the HSA if it's employee + spouse? Or is a dependent required?

A. Under the HSA, family coverage assumes employee plus one or more dependents, which includes a spouse.

Q. If I didn't contribute to my individual HSA, will I still receive Benesch's annual contribution of $1,600 or $3,200 if I am enrolled in the HDHP?

A. Yes. Employees do not need to contribute to the HSA in order to receive the employer contribution from Benesch.

Q. For the HSA catch-up contribution, does one need to be age 55 at the start of 2027, or will turning 55 during 2027 suffice to be eligible?

A. You are eligible to contribute the full $1,000 catch-up contribution the year in which you turn age 55.

Q. How do we request additional HSA cards for spouses/adult children on our insurance?

A. Once the new accounts have been opened and you've been provided with account details, you will be able to work directly with Chard-Snyder for this type of request.

Q. I currently have the PPO plan with an FSA. Can I now switch to the HDHP with an HSA, and what happens to the funds currently in my FSA?

A. Yes, you can switch to the HDHP with an HSA for the new plan year. Up to $700 of remaining funds in your FSA can be carried over into the 2027 plan year but will be transferred to the Limited Purpose FSA. These funds can then be used for any dental and/or vision expenses in 2026.

Q. Will rollover from Chard-Snyder FSA automatically roll into the new account?

A. Yes, but you will not see this until late April. Chard-Snyder must finalize the 2026 plan year, which cannot take place until after March 31, 2027.

Q. What happens to forfeited FSA funds? Where does the money go?

A. The FSA is a government-regulated account. Any amounts above the $700 carryover limit are forfeited. They can be used to make up plan shortages or pay for plan administrative expenses.

Q. Is there a way to calculate the savings of the FSA for parking?

A. Dollars are being set aside on a pre-tax basis, so your savings would be based on your normal income tax rate.

Q. Will all the transit and parking dollars remaining in my 2026 account roll over to 2027?

A. Yes, these dollars will carry over. Transit and Parking FSAs carry over from year to year and changes to these accounts can be made at any time throughout the year.

Q. If I am currently enrolled in the Healthcare FSA or the Limited Purpose FSA for 2026, but do not wish to enroll in the FSA for 2027, is there any action I need to take? Do I need to enroll in the FSA and select $0 as the contribution?

A. No. There is no action for you to take. You do not need to enroll in the Flexible Spending Account for 2027. If you do not enroll in the Healthcare FSA or the Limited Purpose FSA for 2027, you will not have coverage. The carryover will automatically happen with Chard-Snyder. If you do have any carryover amounts, you can still use those funds to pay for any eligible expenses that occurred in the 2026 plan year.

Q. If my spouse has an FSA, can I enroll in the HSA through Benesch or vice versa?

A. If your spouse has an FSA, then you cannot have an HSA. If your spouse has an HSA, then you could elect a Limited Purpose FSA to go along with it, but not a Healthcare FSA.

Q. The cost for Life/AD&D/LTD is confusing on the sheet provided. Can you explain them a bit?

A. Voluntary Life rates are based on your age and the rate is per $1,000 of coverage. Long Term Buy Up rates are based on per $100 of coverage. Carrier highlight sheets provide a detailed calculation. Please visit Benefits Connection for more information.

Q. For disability benefits, there is reference to % of monthly earnings. What is included in monthly earnings? Is this base hourly rate x 2080 or does it include bonus, overtime, etc.?

A. The definition of monthly earnings is your W-2 earnings shown in the income box on our W-2 form, which reflects wages and other compensation.

Q. Do any of the LifeLock plans include a VPN service for personal computers?

A. Yes. This feature was added to both LifeLock plans, effective March 2021 for all existing and new members.

Q. How is the $600 premium rebate for Vitality paid to employees?

A. The $600 premium rebate that you can earn by reaching Platinum Status for the Vitality plan year is paid to employees in May. It comes in the form of a credit to your medical premium on your paycheck. When paid, it will be the $600 minus your regularly scheduled bi-weekly medical deduction for that week.

Q. How do we access the Employee Assistance Program? Is it listed on the Benefits website?

A. The Employee Assistance Program contact information is in the Benefit Guide and on the **Employee Assistance** page of Benefits Connection.

- Phone consultations: **800.272.7255**; unlimited calls, 24/7
- Your company Web ID: **COM589**
- Online tools and resources: visit **www.guidanceresources.com**

Q. Is airlift evacuation covered under our medical plans?

A. Air ambulance/transport services are covered when deemed medically necessary. Instances that would meet medical necessity include when a point of pickup is inaccessible by land, or obstacles are involved in getting the patient to the nearest appropriate facility and hospital admission is greatly needed. This is not an all-inclusive list of instances that would meet medical necessity. More information can be found in the BCBS PPO Booklet on the **Medical Page** of Benefits Connection.

Q. Is laser vision surgery covered under either vision plan with VSP?

A. Laser vision surgery is not covered in full under the vision plan; however, there is a discount provided – an average of 15% off the regular price and 5% off promotional prices. The member would want to contact Member Services (1-800-877-7195) to be sure they are seeing a VSP provider that can refer them to an office that honors the discount.

Q. For Pet Insurance, how are pre-existing conditions handled?

A. A pre-existing condition is defined as an injury or illness which occurred, reoccurred, existed or showed symptoms, whether diagnosed and/or treated by a veterinarian, for a specified period of time prior to the effective date or during the benefit waiting period. PetPartners will do a six-month look back, then the condition will be covered after 12 months.