



## 2026 Open Enrollment FAQs

### 1. When is Open Enrollment (OE)?

- OE begins November 3<sup>rd</sup> and ends on November 14<sup>th</sup>, 2025.

### 2. When will my elections take effect?

- All elections during OE will take effect January 1, 2026.

### 3. Where do I make changes to my OE?

- All OE changes will be made in [Workday](#). Once you login to Workday you will have an “Awaiting Your Action” Open Enrollment inbox item message. You will click the link in the task to begin changes.

### 4. Who should I contact if I have questions about benefits?

- You can contact benefits at [bac.neighborly@aig.com](mailto:bac.neighborly@aig.com) or by calling 833-775-2147

### 5. What if I miss the deadline?

- If you miss the OE deadline, unfortunately you will be required to wait until the new OE window in November 2026 for an effective January 1, 2027 date.
- Your other opportunity to make changes throughout the year will be with a qualifying life event (ex. Birth of a child, marriage etc.). You can update coverages with a qualifying life event within 30 days of the event.

### 6. Will any of my benefits roll over into the new year?

- This is a passive enrollment, meaning all benefits will roll over with the exception of Dependent Care FSA (DCFSA). The IRS requires re-enrollment in DCFSA each year.

### 7. What plans are included in OE?

- Medical, dental, vision, accident, hospital indemnity, life insurance, accidental death and dismemberment, short and long term disability, accident, health savings account, dependent care FSA and critical illness. Also, you can update your Neighbors Helping Neighbors contribution.

### 8. What is the difference between HDHP with HSA and PPO plan?

- The HDHP with HSA is a High-Deductible Health Plan with a Health Savings Account that comes with your HDHP plan.

- A PPO is a plan that offers a network of healthcare providers (doctors), including doctors, hospitals, and specialists. This plan offers flexibility when seeing your provider or specialist without a referral, as long as they are within the BCBSTX network.

#### **9. Are there any company paid benefits available?**

- Yes, Basic Life and Accidental Death and Dismemberment Insurance and STD are company sponsored benefits available to benefit eligible associates. You pay nothing out-of-pocket for these coverages.
- In addition, HealthJoy is a virtual access point for all health care navigation and benefits needs at NO COST to any associate covered on a Neighborly benefit plan. HealthJoy also offers 24/7 access to concierge team, telemedicine visits and helpful resources in finding extra prescription savings. They can be reached by visiting <https://healthjoy.com/memebers/> or by calling 877-500-3212.

#### **10. Where can I find Summary of Benefits and Coverage (SBCs) + plan documents?**

- The Benefits Plan Summary Guide can be found by visiting [MyNeighborlyBenefits.com](https://MyNeighborlyBenefits.com).

#### **11. What is the difference between a Dependent Care FSA (DCFSA) and a Health Savings Account (HSA)?**

- DCFSA allows you to set pre-tax dollars aside to pay for eligible dependent care expenses, such as daycare for dependent children under the age of 13 or care for a dependent who is physically or mentally incapable of caring for themselves.
- HSA is a saving account specially for medical expenses that is paired with a High-Deductible Health Plan (HDHP) that can be used to pay for qualified medical expenses that includes deductibles, copays and some over the counter (OTC) medications and possible medical equipment.

#### **12. What is the maximum annual election amount for Dependent Care Flexible Spending Account DCFSA and Healthcare Spending Accounts (HSA)?**

- The 2026 maximum annual election amount for DCFSA is \$7,500 per year (or \$3,750 if married and filing separate) per household.
- The 2026 maximum annual election amount for HSA is \$4,400 for individuals or \$8,750 if you enroll in family coverage. Individuals that are 55 or older can contribute an additional \$1,000 as a contribution catch-up.

### **13. What's a deductible, coinsurance, copay, and out-of-pocket maximum?**

- A deductible, coinsurance, copay, and out-of-pocket maximum help you understand your costs for care when you use your plan.
- Deductible is the amount you're responsible for paying in care expenses before your plan starts paying deductible-eligible expenses. Know what the deductible applies to.
- Coinsurance is after you've met your deductible, you're sometimes responsible for a percentage of the medical or dental care or prescription medication received.
- A Copay is a flat fee you pay each time you receive a copay-eligible medical, dental, or vision service or prescription medication you will be responsible for paying.
- Out-of-pocket maximum is the most you'll pay for covered in-network medical care and prescription drugs in a year. This includes your deductible, coinsurance, and copays, but not subject to your premium (cost for coverage).

### **14. Do I have to re-enroll in (DCFSA)?**

- Yes, it is necessary that you re-enroll in your DCFSA every year. Unlike Medical, Dental and Vision; DCFSA elections do not carry over to the next benefit plan year.

### **15. What happens to any unused DCFSA funds at year end?**

- DCFSA IRS rules are subject to a "use it or lose it" requirement, meaning participants will forfeit any unused funds remaining in their account at the end of the plan year.
- DCFSA claims must be submitted by March 31, 2027.

### **16. Does Neighborly offer Prescription coverage plans?**

- Yes, RXBenefits (Express Scripts) provides services to meet your prescription needs. You can visit their website <https://www.express-scripts.com/login> for more information. Prescription coverage is included in a Neighborly medical plan enrollment.

### **17. Are there spousal coverage options during OE?**

- You have the option to enroll your eligible spouse in available benefits except STD and LTD. If you plan to enroll your spouse in the Neighborly medical plan, your spouse cannot be eligible or covered on medical if they have access to other coverage but can be covered for all other benefits.

#### **18. What if I submit my OE changes and need to make changes?**

- You will have the option to make changes during the OE window only. There will be no changes after November 14<sup>th</sup>. Once you have submitted your changes, if still during the OE window, please email [benefits@nbly.com](mailto:benefits@nbly.com) to make additional revisions.

#### **19. I am a tobacco user. Are there any additional charges to my benefits for use of tobacco?**

- If you or your spouse used tobacco product(s) within the last 12 months, you will be subject to a tobacco surcharge for medical coverage.
- The critical illness rates will also increase for tobacco users.

#### **20. How do I make changes to my benefits after OE has closed?**

- You can only make changes to your benefits post OE if you encounter a ‘Qualifying Event’ (QLE).
- Qualifying Life Event are changes in a Marital Status (marriage, divorce/legal separation, or death); birth or adoption, step-child, death or if there is a change in employment status from full-time to part-time or your spouse’s benefits or employment status changes. You will be required to submit proof of any QLE change. If you do not make QLE changes within 30 days of the event, you will have to wait until the next annual OE period to make changes.

#### **21. When can I enroll in the 401k plan and where can I find out more information?**

- You are eligible to start contributing to the 401k plan when you have reached 60 days of employment.
- You can register your online account with Empower after receiving your first paycheck. For additional information, or login assistance, please visit [www.empowermyretirement.com](http://www.empowermyretirement.com) or call 1-855-756-4738 to speak with a representative.

#### **22. What is the difference between primary and contingent beneficiaries?**

- A primary beneficiary is the first person) that is designated to inherit your benefit asset upon your death.

- Contingent beneficiary is considered the backup option who will inherit your benefit in the event the primary pre-decease you. It is important to designate both (where possible) to ensure your inheritance is distributed accordingly.

### 23. What is Evidence of Insurability (EOI)?

- An EOI is a health questionnaire that helps MetLife determine if you qualify for new coverage. It requires answers to a few health-related questions that will assist in determining if you meet the health standards for the requested insurance coverage. EOI is required when you apply for coverage amounts that are above the guaranteed issued amount, if you request an increase in your current coverage, or previously declined coverage during your initial OE and are now wanting coverage at a later date.
- Once you submit your Open Enrollment election, if EOI is required for LTD, AD&D and/or life insurance elections, you will receive a to do step in your Workday inbox with the EOI application for MetLife. Once approved with MetLife, the Total Rewards team will be notified and will add the approved coverage for you in Workday.

### 24. What is a Medical HSA card?

- A Medical HSA card is a debit card that is linked to your Health Savings Account (HSA) providing access to funds that allows you to pay for qualified medical expenses. The HSA card will only be issued if you enrolled in the High-Deductible Health plan, have switched tiers for medical or are a new enrollee for HSA.

### 25. What is Accident Insurance, Critical Illness, and Hospital Indemnity?

- Accident insurance pays out a lump sum if you become injured as a result of an accident. It allows you to claim benefits even if the injuries you incur do not keep you out of work
- Critical Illness provides financial support in the event of a serious health condition such as cancer, stroke, or heart attack.
- Hospital Indemnity insurance can help you be more financially prepared for unexpected costs that may come from a hospital stay. Hospital Indemnity can supplement existing medical coverage and provide financial support to pay for out-of-pocket expenses such as deductibles, copays and other non-covered medicals services.
- For additional information, including rates, visit [MyNeighborlyBenefits.com](https://www.mynighborlybenefits.com).

**26. What is the default beneficiary for child/spouse life plan?**

- The default beneficiary for the life insurance plan is typically the spouse, unless the spouse gives written consent to an alternative beneficiary such as a child.
- The Accident, Critical Illness and Hospital Indemnity insurance for child/spouse will automatically default to the associate.