

2027 ANNUAL BENEFITS ENROLLMENT

Frequently Asked Questions (FAQs)

TIP FOR USING THIS DOCUMENT: This FAQ includes a lot of information. Consider using Ctrl+F to search keywords (e.g., “HSA” or “wellness credit”) that may help answer the questions you came here to find.

OhioHealth continues to invest in your **Total Rewards***. While annual enrollment focuses on benefit elections, it’s also a chance to explore the broad range of resources available, including healthcare, retirement savings, paid time away, family support programs, education opportunities and wellbeing benefits. Our goal is to help you understand and maximize the value of the rewards you earn as part of the OhioHealth team.

***What are my Total Rewards?** It includes both your pay and benefits, including programs and resources OhioHealth provides to support your health, financial security, time away, family and development. [Learn more](#) in Workday under Benefits and Pay.

To prepare for annual enrollment (October 22 – November 6), take time to review what is changing, what is staying the same and which programs can best support you in the year ahead.

OhioHealth O’Bleness Hospital Bargaining Unit associates will receive additional communication.

WHAT’S NEW AND CHANGING IN 2027

Q: What’s new?

A: Medical

There will be minimal changes to your benefits for 2027. OhioHealth will offer the same medical plan options associates have today, providing access to comprehensive coverage across a range of healthcare needs and budgets. OhioHealth will offer a new health plan in 2027 and beyond, called myHealthPlan, as OhioHealthy ends operations in 2026. We’re focused on continuity and a smooth transition entering a new benefit year.

Virtual care now through Teladoc

Virtual telehealth care will transition from Curai (Rightway) to Teladoc. Find information on your new myHealthPlan ID card, or access care through the Teladoc App, teladochealth.com or call 800-835-2362.

Dental

OhioHealth will continue sharing the cost of dental coverage in 2027. Associate premiums will increase by 2%, or less than 60 cents per paycheck, while the Delta Dental plan and its benefits remain unchanged.

Health Savings Account (HSA)

For HDHP plan members, the IRS has increased the total 2027 Health Savings Account (HSA) contribution limits, which includes both associate and OhioHealth contributions. You can save

more pre-tax dollars for eligible healthcare expenses. Increased associate IRS HSA maximum contributions* are:

- Associate only: \$4,000
- Associate +1: \$8,250
- Associate +2 or more: \$8,000

Although you may increase your contribution, OhioHealth's HSA matching contribution will stay the same for 2027. Associates who want to receive the OhioHealth HSA match must make an HSA contribution election during annual enrollment because HSA elections do not carry over year to year.

** For individuals age 55 and over, catch up contributions of \$1,000 per year are allowed in addition to the associate contributions above.*

New child disability benefit

During annual enrollment, associates can now elect disability coverage for their child(ren) through Juno. The benefit provides monthly cash support (for non-medical costs) and personalized caregiving guidance if your child develops a new, severe illness, injury or disability. Over 150 conditions are included. All dependent children are eligible (ages 0-26), including adopted, foster, stepchildren and children of a domestic partner.

Q: What changes are being made to the Medical plans?

A: There will be no benefit changes to the Core PPO, Enhanced PPO or PPO Assist for 2027.

For the HDHP, deductibles will increase only to meet IRS minimum requirements for high-deductible health plans.

- Associate only deductible will increase \$50 to \$1,750.
- Associate +1 deductible will increase \$100 to \$3,500.

Like many employers, OhioHealth is experiencing continued increases in healthcare costs. As costs continue to rise, we're continuing to share the cost of coverage and have worked to limit the average premium increase to 5% while maintaining the existing plan options.

Although OhioHealth offered a health plan to local employers separate from OhioHealth, myHealthPlan will be offered to eligible OhioHealth associates only.

OhioHealthRewards.com will be your one-stop-shop for all things benefits, including myHealthPlan information and portal (myOhioHealthPlan.com).

If you want to check to see if a provider is in network, the provider directory can now be found on the myHealthPlan page on OhioHealthRewards.com.

Q: Will there be changes to the myHealthPlan member experience?

A: As a health plan member, we want the transition to be as smooth as possible for you.

- You can use existing OhioHealthPlans usernames and passwords to log into the myHealthPlan website/portal.

- For those currently enrolled and renewing health plan coverage for 2027 your member ID and group numbers will not change, which will be reflected on new ID cards you'll receive by the end of the year (if enrolled during annual enrollment).

Starting January 1, 2027, members will receive support through Luminare Health Connect instead of Rightway, with customer service and healthcare navigation available in one integrated experience.

- Think of Connect as your first stop for questions about your health plan or care, including:
 - Understanding your benefits, claims, bills and Explanation of Benefits (EOBs)
 - Finding in-network providers and facilities
 - Navigating a new or complex diagnosis or healthcare need
 - Coordinating prior authorizations
 - Scheduling appointments and connecting with providers
 - Accessing specialty navigation and support resources
 - Connecting with appropriate programs, vendors and other resources
- Connect provides two levels of personalized support:
 - Benefit advocates (tier 1): Assist with general requests and questions that can typically be resolved within 24 hours.
 - Care champions (tier 2): Take ownership of more complex or ongoing matters, providing continued support through resolution.

OhioHealth is making this transition thoughtfully to maintain access to comprehensive coverage while providing more coordinated support when you have questions or need help navigating care.

Q: Will there be any spending account changes?

A: No. Remember, these elections will not carry over and you must enroll in the Health Savings Account (HSA) and Flexible Spending Accounts each year.

Q: Is the insurance administrator or pharmacy vendor changing?

A: No, there are no changes to medical and pharmacy vendors.

Q: Will Lyra benefits still be available, in addition to the EAP?

A: Yes. OhioHealth medical plan participants have the option to access [Lyra](#) for 12 no-cost counseling sessions per year, in addition to the 12 sessions available through the OhioHealth Employee Assistance Program (EAP). Sessions beyond 12 will be processed under the medical benefits with deductibles/coinsurance and copays applied. [Learn more about your options.](#)

MEDICAL PLANS

Q: What are my medical options for 2027?

A: There are no changes to medical plans offered in 2027.

Medical Plans

Enhanced PPO. [This](#) plan has the highest premiums, but the lowest deductibles, copays, coinsurance and out-of-pocket maximums. You have more taken out of each paycheck but pay less when you access care throughout the year.

Core PPO. [This](#) plan has lower premiums but higher deductibles, copays, coinsurance and out-of-pocket maximums than the Enhanced PPO plan. You will have less taken out of each paycheck but pay a bit more when you access care throughout the year.

HDHP+HSA. [This](#) plan has lower premiums than the PPO plans but has a higher deductible. You will have access to a special tax-advantaged savings account, an HSA, with matching contributions from OhioHealth.

PPO Assist+HRA. Available for qualifying lower income households. [This](#) plan is identical to the Core PPO with lower premiums and also includes an employer-funded Health Reimbursement Account (HRA) to offset out-of-pocket costs.

Q: How do I know whether I should stay with my current medical plan or switch to a different medical plan?

A: Choosing the most appropriate medical plan for your circumstances can be challenging. Here's where you can turn for help.

- 1) **Use the ALEX Interactive Online Tool to compare costs.** All associates can chat with [ALEX](#), to walk through your options and point out what choices make the most financial sense for you. Access at [OhioHealthRewards.com](https://ohiohealthrewards.com).
- 2) **Meet with a Benefits Counselor.** Benefits Counselors can walk you through all of OhioHealth's benefit options and help you complete your enrollment in Workday. Appointments last about 20 minutes. Schedule an appointment at [MyEnrollmentSchedule.com/ohiohealth](https://myenrollment.schedule.com/ohiohealth). Or call a benefits representative at (614) 533-8888 and follow the prompts.
- 3) **Other general benefits questions:** Call the HR Resource Center at (614) 533-8888.

HDHP+HSA PLAN

Q: Has anything changed in the design of the HDHP+HSA plan?

A: The following changes will take effect in 2027 for the HDHP+HSA:

- The deductible amount, or what you pay out-of-pocket for covered expenses before insurance starts to pay, will increase for the Associate only to \$1,750 (from \$1,700) and for Associate +1 to \$3,500 (from \$3,400). This change is to comply with the IRS. What you pay for coinsurance and out-of-pocket maximums will stay the same.
- Increased associate IRS HSA maximum contributions* are:
 - Associate only: \$4,000
 - Associate +1: \$8,250

- Associate +2 or more: \$8,000
- Although you may increase your contribution, OhioHealth's HSA matching contribution will stay the same for 2027:
 - Associate only: \$500
 - Associate +1: \$750
 - Associate +2 or more: \$1,000
- Associates who want to receive the OhioHealth HSA match must make an HSA contribution election during annual enrollment because HSA elections do not carry over year to year.

** For individuals age 55 and over, catch up contributions of \$1,000 per year are allowed in addition to the associate contributions above.*

Q: What are the tax benefits of having an HSA?

A: The HSA from Fidelity offers three unique tax benefits:

1. You'll add to the account before taxes.
2. You won't pay taxes when you use the account for eligible expenses (e.g., over-the-counter health products, prescriptions, healthcare visits or other medical supplies).
3. You don't pay taxes for the interest your account earns over time.

Q: If I enroll in an HSA for the first time in 2027, what should I know?

A: If you newly enroll in the HSA, you'll receive emails from Fidelity before the end of 2026 about your new account with instructions about activating the account.

Q: If I re-enroll in the HSA for 2027, what should I know?

A: If you re-enroll in the HSA for 2027 there is no further action to take. Your 2027 HSA deductions and matching OhioHealth contribution will be made into your current HSA account.

Q: How will I be able to use my HSA funds on eligible expenses?

A: Fidelity will send you a new HSA card to use to spend money in your account. Your card will be mailed to your home address listed in Workday and should arrive by January 2027. Make sure to double check that your home address in Workday is correct, so the card goes to the right place.

If you need to request a replacement card (due to not arriving at your home or being lost/stolen) or a card for a dependent, you can do this on [FidelityDebitCard.com](https://www.fidelity.com/debitcard).

Q: What happens to my current HSA dollars if I switch to a new plan?

A: You can keep your current HSA if you had one previously and do not choose to have an HSA in 2027.

PPO ASSIST+HRA PLAN

Q: What is the PPO Assist+HRA plan?

A: The OhioHealth PPO Assist+HRA is a special version of the OhioHealth Core PPO option for those with a household income and family size that meet certain requirements. It has lower premiums and out-of-pocket costs for healthcare services.

Note that if you qualify for this plan, you will also qualify for the [OhioHealth Charity Care policy](#)—which when combined with the HRA, should offset most of your deductible when you access care within the OhioHealth Tier 1 network.

Q: How can I find out if I qualify for the PPO Assist+HRA plan?

A: Go to [OhioHealthRewards.com](#), click the myHealth tab, and then look for Medical PPO Assist Plan. Scroll down to see the eligibility criteria.

If you qualify, you must complete an application ([instructions are included](#)) and submit your 2025 Federal IRS Form 1040 to show your household income. Note that we need your Form 1040, not your W-2, because we need to assess your total household income to make a determination.

Q: If my application for PPO Assist+HRA is approved, what else will I need to do?

A: If your application is approved, you still must enroll in the plan during annual enrollment. Your coverage does not roll over, even if you are currently enrolled in this plan.

Q: Where do I apply for the PPO Assist+HRA plan?

A: To apply for the PPO Assist+HRA plan, you can submit an application in Workday.

Login to Workday and follow the instructions. All PPO Assist applications must be completed in Workday to ensure timely processing.

Q: What is the deadline to apply for the PPO Assist plan?

A: The deadline is September 30, 2026, but you may still apply after the deadline, through the annual enrollment period. If you apply after September 30, you may not see the PPO Assist plan as a medical plan choice in Workday during annual enrollment. You may choose another plan during annual enrollment, and if your PPO Assist application is approved, you will be switched over to the PPO Assist plan for 2027.

Q: How does the HRA work?

A: The PPO Assist plan includes a Health Reimbursement Account (HRA) account, into which OhioHealth puts money to reimburse qualified medical expenses like deductibles and co-pays.

If you're in the PPO Assist plan, your HRA will be through Forma, which offers you easy access through their online portal or app and fast reimbursements. You will pay out-of-pocket for qualified medical expenses, then submit a claim to Forma for reimbursement. Forma will process 99% of claims for reimbursement within five business days, and you can add account information for your primary bank account, so it goes directly into the account you use most often.

Q: What is the process for getting reimbursed for larger expenses like hospital bills?

A: For larger expenses, such as a hospital bill, payment is not required before reimbursement. HRA reimbursement is based on the date the service is incurred, not the date of payment. Example: If an associate goes to the doctor on August 20, receives the bill on September 1, and

pays on October 1, they can submit for reimbursement using the August 20 service date (with proper documentation). Likewise, if someone prepays on August 20 for a September 1 visit, they cannot be reimbursed until the service is provided on September 1. This means members don't have to front large bills to be reimbursed.

Q: What type of documentation can I submit for reimbursement?

A: You may submit itemized receipts, an explanation of benefits (EOB) or invoice as documentation for your reimbursement requests. Estimates will not be accepted.

Q: For PPO Assist+HRA, which account are dollars pulled from first – the HRA or FSA?

A: For PPO Assist+HRA medical plan expenses, the HRA will pay first. Then, you can use your FSA. The HRA can only be used for PPO Assist+HRA medical plan expenses. The FSA can also be used for dental and vision expenses outside of the medical plan.

FLEXIBLE SPENDING ACCOUNTS (FSA)

Q: What's changing about FSAs for 2027?

A: FSAs will continue to be administered through Forma. These accounts allow you to save pre-tax money to pay for eligible healthcare and dependent day care expenses. If you want to have an FSA in 2027, you must choose this option in Workday during annual enrollment. Your participation won't roll over.

Q: What is non-discrimination testing and how could my dependent care FSA contributions be impacted by it?

A: To comply with IRS requirements, OhioHealth does non-discrimination testing after the open enrollment period to ensure the Dependent Care FSA is not unfairly favoring associates who earn above a certain pay threshold. The amount you can contribute may decrease as a result of this required testing. Associates will be notified prior to January 1 if their total 2026 contributions will be decreased from the amount selected.

Q: What dates should I keep track of to make sure I don't lose my FSA money and can access the funds in my Forma account?

A: By December 31: Plan to use the money in your current FSA accounts.

- By March 31: You must submit all your [reimbursement requests](#) for 2026 to Forma. After March 31, you may still use up to \$660 of your 2026 funds by December 31, 2027 (i.e., you may carry over up to \$680 of your 2027 funds to use in 2028).

PHARMACY/PRESCRIPTION BENEFITS

Q: What changes are you making to prescription drug coverage for 2027?

A: No changes to prescription drug coverage. There are changes to the formulary from time to time, so be sure to check with Navitus and your providers to see how your prescriptions will be covered.

Q: Are there any changes to coverage of GLP-1 drugs?

A: No, there will be no changes to coverage of GLP-1 drugs from last year. The drugs will not be covered in the medical plans for non-Type 2 diabetes diagnoses. We will continue to cover the drug in the medical plans for diagnoses of Type 2 diabetes.

Q: How do I determine if a particular medication is covered under the OhioHealth medical plan or what my copay will be for covered medications?

A: To check what drugs are covered under the OhioHealth medical plan, please go to the [Navitus member portal](#).

Q: Who do I contact if I have a general question about my pharmacy benefit (e.g. prescription claims, prior authorizations, etc.)?

A: Please contact Navitus Customer Care toll-free at (855) 673-6504.

Q: Did we switch pharmacies for specialty drugs?

A: No, we did not change pharmacies for specialty drugs this year.

WELLNESS BENEFITS

Q: What is OhioHealth doing to help improve overall wellness and prevention?

A: OhioHealth remains focused on providing tools to improve the overall wellness of our associates. Here are some lifestyle management tools to improve overall wellness:

- OhioHealth will continue to offer Pharmacy-led disease management programs in 2027, including diabetes and asthma programs. All other OhioHealthy led disease management programs will conclude in 2026, including weight management, spine wellness, cardiovascular, diabetes and asthma programs.
- Discounts on Wellhub, a well-being platform offered to all benefits-eligible associates, will remain a benefit to you in 2027. You will pay less than full price on all plans offered through Wellhub, giving you access to tools to support your mind, body and mood.
- OhioHealth will continue to subsidize the cost of Weight Watchers for eligible associates and covered dependents.

Q: How does Wellhub work?

A: Wellhub offers flexible plan options designed to fit every wellness journey and budget, with discounts starting at 30-60% off one partner. A gym network, digital app network, a service to book private training or nutrition sessions and live streamed fitness classes are offered, depending on the plan you choose.

You can explore Wellhub by trying their free plan, which gives you access to the premium versions of several well-being apps that promote fitness, nutrition, mindfulness, sleep and financial planning.

Q: How do I get started on Wellhub?

A: Follow these steps to get started in Wellhub:

- Download the Wellhub app.
- Use your date of birth and OhioHealth associate ID to register (i.e., 01091995-12345) and create a password.

- You can browse your local network using the “Explore” tab on the app before you choose a plan. Simply enter your zip code or open the map feature.
- Once you decide to enroll in a plan, follow the steps to check out.
- You can downgrade, pause or cancel your plan without any hidden fees or yearly contracts.

Q: Are there changes to the current maternity or family support?

A: To replace the current OhioHealthy Pregnancy program, Maven will provide 24/7 personalized access to care, from OB-GYNs and pediatricians to sleep coaches and mental health providers.

We will continue to offer the current fertility benefit for myHealthPlan members, as well as [Maven programs](#) for all associates, including options for growing your family (navigating treatment, choosing agencies and mental health support) and managing menopause (symptom management and treatment guidance).

VOLUNTARY BENEFITS

Q: What is changing with critical illness, hospital indemnity and accident coverage?

A: No changes.

Q: What is changing with long-term care and permanent life insurance policies through Chubb?

A: Payments to enroll or maintain long-term care and permanent life insurance policies through Chubb continue to pay paid directly to Chubb, and not through payroll deductions.

Contact Chubb directly if you have any questions by calling (855) 241-9891.

Q: New! What is the Child Disability benefit?

A: During Annual Enrollment, associates can elect Child Disability coverage through Juno. This benefit can help provide peace of mind by offering monthly cash support for everyday expenses and personalized caregiving guidance if your child is diagnosed with a new severe illness, injury, or disability. More than 150 conditions are covered. All dependent children ages 0-26 are eligible.

One enrollment covers all eligible children in your family. If the unexpected happens, Juno can help ease some of the financial and caregiving challenges so you can focus on what matters most: caring for your child.

Q: Are there changes to the Genomic Life benefit?

A: The 2027 premium rate for Genomic Life coverage will be a flat rate of \$18 per month or \$8.31 per check, reducing cost for those age 50 and over*. This rate is applicable for only associates and spouses as premiums are not charged for children (up to age 26).

*Note: There is no rate increase for those under age 50.

Dependent child coverage offered through this benefit is circumstantial and limited, which is why premiums are automatically included in the associate amount.

[Genomic Life](#) turns personal genetic insights into impactful clinical actions. Understanding your unique genome can help predict future risk, inform treatment and drive high-impact approaches to optimize your health.

Time Off Updates

Q: Are there changes to bonding time during parental leave?

A: Yes. We're extending the bonding time benefit from three to four paid weeks, giving eligible associates more time to focus on their growing families, adjust to new routines and be present during an important life moment without worrying about their income.

This extended benefit is effective for all births, adoptions or placements of a foster child on or after January 1, 2027. The current benefit will be effective for all that occur before January 1, 2027.

As a reminder, paid parental leave equals time for medical necessity + time for parental bonding. [Learn more about parental leave](#), including length of leave for birth and non-birth parents and bonding time details.

Q: Are there changes to bereavement time?

A: Yes. With a focus on inclusion, all eligible associates will receive up to 40 hours of bereavement leave, creating a more consistent and equitable experience.

- Bereavement leave may be used after the death of any individual with whom an associate had a strong personal bond, regardless of legal status, blood relation or cohabitation.
- This change better recognizes the many ways people define family and close personal relationships, as well as our commitment to supporting you during personal moments of loss with flexibility, compassion and respect.
- For associates who need more time beyond five days, Time Away Pay or unpaid leave may be used.
- The new bereavement eligibility and consistent hours are effective bereavement leaves effective on or after January 1, 2027. The current benefit will be effective for all that occur before January 1, 2027.

WELLNESS CREDIT

Q: Does OhioHealth allow me to earn wellness credit to get a lower rate on my healthcare coverage?

A: Yes. myHealthPlan members can reduce medical premium costs by earning a credit of \$35 per paycheck (\$910 in 2027) by completing a wellness journey in Workday by Monday, November 30.

To receive the health plan credit the first paycheck of 2027, you must complete these activities by November 30, 2026. After that date, you may still complete them anytime to receive the credit on future paychecks. Please allow two pay periods after completing your actions for the credit to appear on your paycheck.

Q: What actions do I need to take to earn the wellness credit?

A: Complete the journey in your Workday inbox beginning Thursday, October 22. Once you complete the health survey you will see confirmation of your wellness credit for 2027. You can also request an email confirmation as well showing you earned the wellness credit for 2027.

Q: What happens if I don't take action by November 30?

A: To receive the health plan credit the first paycheck of 2027, you must complete these activities by November 30, 2026. After that date, you may still complete them anytime to receive the credit on future paychecks. Please allow two pay periods after completing your actions for the credit to appear on your paycheck.

Q: What if my spouse is also an OhioHealth associate and is covered as a dependent on my medical plan, will they get the wellness credit too?

A: No. Your spouse would need to carry their own OhioHealth medical plan coverage to receive the wellness credit. Spouses and dependents are not eligible for the medical plan premium credit.

ABOUT ANNUAL ENROLLMENT

Q: What is annual enrollment?

A: Annual enrollment (sometimes called open enrollment) and is your once-a-year chance to make changes to your benefit elections for the following plan (calendar) year.

Q: When is annual enrollment?

A: Annual enrollment is from October 22 - November 6, 2026, to choose your benefits for 2027.

Q: Why should I enroll?

A: Taking part in annual enrollment, even if you're not making changes, is highly encouraged. It ensures your coverage accurately reflects your needs and circumstances and keeps you informed about any changes in your benefits package. It's an annual opportunity to take charge of your well-being and financial security.

Q: What if I don't enroll?

A If no action is taken during annual benefits enrollment:

Medical coverage: Most associates will be enrolled in the same plan for 2027 at the same coverage level (assuming they still meet eligibility requirements). If an associate did not elect OhioHealth medical coverage in 2026, they will not have it in 2027. If an associate is enrolled in the PPO Assist plan, coverage does not roll over and they will not have any coverage if they do not make an election. They must re-qualify and re-enroll to be covered for 2027.

Spending accounts: Health Savings Account (HSA) contribution elections will not carry over and the associate will not receive OhioHealth's matching contribution. Healthcare and Dependent Care Flexible Savings Account (FSA) elections will not carry over and the associate will not be able to contribute in 2027.

Q: What if I don't enroll in benefits during the annual enrollment period, but decide later that I want to enroll for medical coverage?

A: Certain OhioHealth benefits require associates to enroll or make changes to their elected benefits within a specified time. There are three different scenarios when associates can make changes to their benefits elections: (1) when hired or become eligible for benefits, (2) when there is a "qualifying event" where certain changes to family or employment circumstances leave you without coverage (for example: marriage, divorce, birth of child, loss of job, etc.) and (3) during the annual open enrollment period.

Q: Do I need to enroll through a benefits counselor, or can I enroll on my own in Workday?

A: Although you're encouraged to meet with a [benefits counselor](#), it is not required. You can enroll on your own in Workday.

Q: If my primary language is not English, how can I get help?

A: Please schedule with a [benefits counselor](#) and specify which language is needed at the beginning of your appointment. The counselor will call the language line and have an interpreter call you back with the counselor on the line to complete your appointment.

Q: What do I do if there are no available onsite sessions with a benefits counselor?

A: You can schedule a phone appointment with a [benefits counselor](#).

Q: Is there an annual enrollment checklist I can use?

A:

- ☐ Mark your calendar: Add the enrollment dates (October 22 – November 6).
- ☐ Review your enrolled dependents and beneficiary designations to make sure they're correct in Workday.
- ☐ Update your Spousal Attestation in Workday if you're electing medical coverage for 2027 and adding a Spouse.
- ☐ Confirm your beneficiary designations for the 403(b)/401(k) retirement plan on Fidelity's website, [netbenefits.com](#) and/or OhioHealth Pension Resource Center at [ohpension.com](#) for participants in the OhioHealth Cash Balance Plan, MedCentral Cash Balance Plan, or Hardin Pension Plan.
- ☐ Confirm your beneficiary designations for Basic Life, Voluntary Life and Voluntary AD&D in Workday.
- ☐ Update your emergency contact information in Workday.
- ☐ Review and update your personal information including address, phone, email, work location and other demographic information in Workday.
- ☐ Last, but not least! Log in to Workday between October 22 and November 6 to make your 2027 elections. **Don't forget to click SUBMIT** as the final step.

ENROLLING IN WORKDAY

Q: How do I enroll?

- A:**
- 1) Log in to Workday between October 22 and November 6.
 - 2) Open the enrollment task in your inbox.

- 3) Review and update your benefit elections for 2027.
- 4) Don't forget to click Submit.

Q: If I currently waive the health plan and want to continue to waive in 2027, what do I need to do?

A: Even if you want to continue to waive in 2027, you should still sign into Workday to review your other benefit elections, confirm your dependent coverage, and review/update your beneficiaries. Due to Affordable Care Act (ACA) requirements, all associates should verify their legal name and Social Security Number (their own and their dependents) appear correctly in OhioHealth systems, even if they are not covered by the OhioHealthy medical plan. The information in Workday must match what is listed on Social Security cards.

Q: Are all benefit elections and/or changes made in Workday?

A: No, if you have changes to Permanent Life/Long-Term Care, Retirement Savings 403(b)/401(k) or Home/Auto & Pet Insurance, you will need to go to the vendor portals directly to add, change or drop coverage. For contact or website information on these benefits go to www.OhioHealthRewards.com and select Contacts at the top of the page.

Q: Will there be a confirmation email or opportunity to print my elections in Workday?

A: Yes, after you submit your elections in Workday, you should see a confirmation statement that you can print or save.

NEW HIRE ENROLLMENT

Q: I was hired after annual enrollment launched (after October 22). Do I have to enroll twice?

A: Yes. You will need to complete your new hire elections first, then complete your annual enrollment elections for 2027. Your new hire enrollment event will appear in your Workday Inbox after you have completed all your onboarding tasks. It is called "Benefit Change – New Hire." After you've completed the "Benefit Change – New Hire" task and your new hire elections have been finalized, you will then receive an "Open Enrollment Change" task in your Workday Inbox. The "Open Enrollment Change" task is where you will elect benefits for 2027.

Note: This could take several days between submitting your new hire elections and receiving your Annual Enrollment task due to the HR Resource Center processing your new hire elections.

Q: Why don't I see the "Open Enrollment Change" task in my Workday Inbox?

A: If you are a new hire after October 22, you will need to complete your new hire benefit elections first. If you are not a new hire after October 22 and you are benefits-eligible, contact the HR Resource Center for assistance at (614) 533-8888 or HRRC@ohiohealth.com.

HEALTH PLAN PREMIUMS

Q: What is a premium?

A: This is the cost to participate in a health plan and is paid for by both OhioHealth and the participant. Premiums vary by plan type and coverage level: associate only, associate + spouse, associate + child(ren), and associate + family. OhioHealth pays about 80% of the total premium and you pay about 20%. Associate premiums are paid through regular biweekly payroll deductions.

Q: Are premiums going up in 2027?

A: Like many employers, OhioHealth is experiencing continued increases in healthcare costs. To help balance these rising costs while maintaining strong benefits, medical premiums will increase by 5% **on average** in 2027. For each plan option, find premium rates and yearly comparisons, including with or without discounts, at <https://www.ohiohealthrewards.com/benefit/medical/>.

HEALTH PLAN DEDUCTIBLE AND OUT-OF-POCKET EXPENSES

Q: What is a deductible?

A: The deductible is the dollar amount you must pay out of pocket toward medical expenses before coinsurance begins. An individual within a family can satisfy the full family deductible or a combination of all family members can meet the full annual family deductible.

If you're enrolled in the HDHP plan and have money in the Health Savings Account (HSA), you can use these funds to cover expenses before the deductible is met. Or you can pay out of pocket and save your HSA funds.

The Core PPO, Enhanced PPO and PPO Assist+HRA plans have an embedded deductible. This means that an individual within the family can meet the single (or Associate Only level) deductible and coinsurance will begin for that person.

Q: What is coinsurance?

A: This is what you pay for medical care once you've met your deductible and before you reach the annual out-of-pocket maximum. It is expressed as a percentage. For example, in the OhioHealth HDHP Plan, OhioHealth will pay 90% of Tier 1 in-network covered charges after the deductible is satisfied. That leaves the participant owing 10% coinsurance for Tier 1 in-network services.

Q: What is the out-of-pocket maximum?

A: This is the maximum amount you will pay for in-network medical and prescription drug expenses in a plan year. An individual within a family can satisfy the full in-network out-of-

pocket maximum or it can be a combination of all family members meeting the full family in-network out-of-pocket maximum.

WORKING SPOUSE SURCHARGE

Q: What is the working spouse premium surcharge?

A: There is a medical plan premium surcharge of \$50 per pay period for spouses who are working and eligible for medical coverage through their employer. This surcharge is in addition to the premium cost for whatever plan you elect that includes a spouse: associate + spouse and family plans.

Q: Why does OhioHealth have a spousal surcharge?

A: Like many employers, OhioHealth applies this surcharge to our medical coverage for associates choosing to cover their spouses who are eligible for a medical plan through their employer. A working spouse surcharge is a common practice among employers today to encourage enrollment of spouses in their own employer's health plan. This promotes equitable sharing of healthcare costs between employers and reflects our commitment to continue offering quality benefits that are more affordable now and in the future.

Q: How does the spousal surcharge help with saving costs?

A: OhioHealth is self-insured. OhioHealth pays the cost of each member's medical coverage and actual claims. If spouses move to their employer's plan and use that benefit instead, it saves OhioHealth the costs of those medical and Rx claims and will help to keep the plan more affordable, which results in savings to both OhioHealth and our associates.

Q: Does the working spouse surcharge apply to all four OhioHealth medical plan options?

A: Yes. It applies to the HDHP+HSA, Enhanced PPO, Core PPO and the PPO Assist+HRA plans.

Q: How do I know if the working spouse surcharge applies to me?

A: The surcharge **does apply** when your spouse is:

- Eligible for employer-provided medical plan coverage
- Gains eligibility for employer coverage during plan year

The surcharge **does not apply** if any of the following scenarios apply to your spouse:

- Does not work
- Is an OhioHealth associate
- Is covered by Medicare, Medicaid, Tricare or other government program
- Is covered under COBRA
- Works (full-time or part-time) but is not eligible for medical coverage through their employer

- Loses their job-related medical coverage

Q: If two OhioHealth associates are married, can they enroll in benefits separately vs. covered under one plan?

A: Yes, any OhioHealth associate can enroll in their own benefits if eligible.

Q: How will OhioHealth know if spouses have medical plan coverage available through their employer?

A: Associates electing to enroll in medical coverage must attest in Workday as part of the benefits enrollment process. If they attest that their spouse does not have medical benefits available through their employer, they will avoid incurring the \$50 per pay surcharge.

Q: What if my spouse also works for OhioHealth and I cover them as a dependent under my medical plan election?

A: Your spouse would not be subject to the surcharge.

Q: What if I cover my spouse initially during annual enrollment and then my spouse enrolls in their own employer's plan in the future?

A: If you stop covering your spouse, the surcharge will be discontinued. To have the surcharge discontinued, submit a Gain/Loss of Coverage benefit event in Workday within 31 days of the date your spouse enrolls in their own employer's plan. If you have questions about how to submit a benefit event in Workday, contact the HR Resource Center at (614) 533-8888.

Q: My spouse waived coverage through their own employer. Do I have to pay the surcharge?

A: If your spouse remains enrolled in one of the OhioHealth medical plan options, the surcharge will apply.

Q: What if my spouse's employer's annual enrollment period has already passed?

A: Depending on your spouse's employer's plan rules, they may be able to make changes to their 2027 elections before the beginning of the plan year. Your spouse should contact their employer's Human Resources office for assistance. If your spouse remains enrolled in one of the OhioHealth medical plan options, the surcharge will apply.

Q: What if my spouse has a different plan year than OhioHealth and benefits enrollment period is over? Do I have to pay the surcharge?

A: IRS rules allow for your spouse to add coverage under their employer plan if they drop coverage under the OhioHealth medical plan, when the plan years are different, and their employer plan rules allow for the change. The change usually has to be made within 30 days of dropping coverage. Your spouse should contact their employer's Human Resources office for assistance.

Q: My spouse isn't working now. What happens if they get a new job and obtain employer coverage?

A: If you decide to keep your spouse on one of the OhioHealth medical plan options, the surcharge will apply in the month they become eligible for their own employer coverage. You will need to contact the HR Resource Center at (614) 533-8888 to report that coverage has become available to your spouse.

Q: What if my spouse, who is currently covered by their employer's plan, loses their job or has hours reduced and loses eligibility for medical coverage?

A: This is a qualifying life event. Your spouse would be eligible to enroll in one of the OhioHealth medical plan options and the surcharge would not apply. Submit a Gain/Loss of Coverage benefit event in Workday within 31 days of the date your spouse loses coverage. If you have questions about how to submit a benefit event in Workday, contact the HR Resource Center.

Q: Does the working spouse surcharge apply to dental or vision?

A: No. The working spouse surcharge applies only to the medical plan.

BENEFITS ELIGIBILITY

Q: Who is eligible for benefits?

A: You and your dependents (see below) are eligible to enroll in our benefits plans if your standard hours are at least 48 hours per pay period, are employed by an OhioHealth entity, and not subject to Bargaining Unit restrictions. Learn more and see list of OhioHealth entities [here](#).

Your eligible dependents are:

- Your legal spouse, excluding legally separated individuals
- Your children:
 - Through age 26
 - Unmarried, of any age, who have a mental or physical disability that requires them to depend on you for support (documentation required)

SAVING MONEY & IMPROVING YOUR HEALTHCARE EXPERIENCE

Q: What is OhioHealth doing to keep medical costs down?

A: We do our best to keep your medical expenses as affordable as possible. While healthcare costs continue to rise, we aim to make changes to lower deductibles and costs when possible. You and OhioHealth share the cost of your medical benefits, but OhioHealth consistently pays a higher percentage of the cost. Depending on the medical plan and coverage level you select, your share of costs will vary. We take care of the rest.

The costs in our medical plans are driven by the medical claims incurred through utilization in those plans. Our medical plans are “self-funded,” which means we do not pay premiums to an

insurance provider. We pool the money from employee premiums with OhioHealth contributions and pay for medical claims from that pool of money.

Q: Will using virtual medical care lower my healthcare costs?

A: Yes, you can save money by using virtual care when that makes sense for your circumstances. Virtual telehealth care will transition from Curai (Rightway) to Teladoc in 2027. Find information on your new myHealthPlan ID card, or access care through the Teladoc App, teladochealth.com or call **800-835-2362**.

STILL HAVE UNANSWERED QUESTIONS?

We are continuously working to gather answers to your questions. If you don't see an answer to your question, consider the options below or check back for updated questions and answers.

Q: I have a specific question about my health benefits or claims, who can I call?

A: For specific or personal health questions, please call a myHealthPlan Member Advocate at 855-571-1378.

Q: I need help enrolling in Workday, who can help me?

A: You can get one-on-one assistance with a [benefits counselor](#) to review your options and submit your elections.

Q: Where can I find more information?

A: Explore the OhioHealthRewards.com website or visit [eSource](#).

Q: Who can help with general questions?

A: Contact the HR Resource Center at (614) 533-8888 or HRRC@OhioHealth.com.