



2025 Annual Benefits Open Enrollment Frequently Asked Questions

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Active Enrollment

Q: We have been told that this is an ACTIVE enrollment. What does that mean?

A: Active enrollment means that your medical plan coverage and/or FSA (Healthcare & Dependent Care), and/or HSA (Health Savings) coverage will NOT roll over automatically. You will be required to reelect these coverages during the enrollment period in order to have coverage in 2025. Your current 2024 Medical, FSA/HSA and PTO Cash elections will NOT carry over to 2025 if you do not complete your enrollment.

Q: Why is HSHS doing an active enrollment?

A: Doing an active enrollment ensures that you can review each option carefully to choose which is right for you and your family. Your needs may have changed or evolved over the past year, so it's best practice to review your elections as part of enrollment each year.

Q: If I don't enroll by the deadline, what benefits will I have?

A: If you do NOT submit your Open Enrollment event in Workday by the deadline, your Medical, FSA/HSA and PTO Cash elections will be indicated as Waived for 2025. If you are currently covered under Dental, Vision, Supplemental Life Insurance, AD&D, ID Theft and Supplemental Health Benefits (i.e., Critical Illness, Hospital Indemnity and Accident), those elections will roll over for 2025. Employer-paid benefits such as Basic Life, LTD, STD, and EAP will always be provided to benefit-eligible colleagues regardless of their enrollment.



Workday Enrollment Event

Q: How do I enroll? What is the deadline?

A: An Open Enrollment task along with a Workday Journey will launch to your Workday homepage (“Awaiting Your Action” section) the morning of Monday, November 4th. Click into that task and follow the directions to complete your enrollment event. Make sure to review each benefit tile to complete your election and click “Review and Sign” to verify all elections selected are listed before clicking “I Accept” and “Submit” at the end. You can then save your election confirmation for your records by clicking “View 2025 Benefits Statement”. You can enroll on the web or Workday mobile app.

The deadline to enroll is 11:59 PM on Sunday, November 17th.

Q: The enrollment materials mentions completing a Workday Journey. What does that mean?

A: A Workday Journey refers to a guided process within the Workday system designed to help you navigate tasks smoothly. An Open Enrollment Journey has been created to serve you timely resources, education, and directions aimed at ensuring that you have a clear understanding of your options and responsibilities during the enrollment process.

Q: What if a colleague is currently on a Leave of Absence (Short-Term Disability/FMLA), will they have access to Workday to complete their enrollment?

A: Yes, colleagues have access to Workday if they are on FMLA or other Leave of Absence where benefits remain in place. All benefit eligible colleagues are mailed the 2025 Benefits Decision Guide to their home address to complete their enrollment at home or on the Workday mobile app. If a colleague has any issues with accessing Workday from home, they can contact HSHS Help Desk at 877-403- 4357 for assistance.

Q: If I have unforeseen issues or absence and am worried about missing the deadline, can I make alternate arrangements?

A: Colleagues in this circumstance should contact the HSHS HR Service Center. They can be contacted via Workday Help at www.myworkday.com/hshs/wdhelp/helpcenter or by calling 1-855-394-4747.

Q: Will newly eligible colleagues that are hired or have job changes in December complete the Open Enrollment event?

A: No, the colleague will only have their New Hire event or Job Change event as their coverage is scheduled to take effect 1/1/2025.



Q: What if I was hired or newly eligible in November after enrollment opens? Will I have two events?

A: Yes, colleagues in this case will complete their New Hire or Job Change event to elect benefits for December 2024. Once the first event is submitted, the Open Enrollment event for their 2025 will launch which also needs to be completed.

Q: What if I experience a Life Event before the end of 2024? How does that impact my Open Enrollment task?

A: When you experience a qualifying life event, you have 30 days from the date of the event to submit changes to your benefits by launching “Change Benefits” event and providing supporting documentation. If the effective date of your life event is prior to 1/1/2025, Workday will automatically relaunch your Open Enrollment event once the request is approved. You will then need to recomplete your Open Enrollment event.

Enhancements – VSP Vision

Q: What are the specific enhancements/changes made to the Vision Plan for 2025?

A: Beginning January 1, 2025, colleagues will have increased allowances for frames and contact lenses (from \$150 to \$180 - \$200 for featured brands). We are also introducing “VSP LightCare” which provides allowances for non-prescription sunglasses or non-prescription blue light filtering glasses. These enhancements are designed to deliver more value to those enrolled and open the benefit to those that don’t require prescription lenses.

Health Plan Coverage and Premiums

Q: How do the HSHS health plan premiums compare to other insurance?

A: HSHS is proud to offer comprehensive and affordable coverage to colleagues, and the choice of three plan options that help you determine which is best for you and your family. HSHS covers that vast majority of the overall cost of health coverage, and colleague premiums remain well below industry benchmarks and many of our competitors in our local markets.

UMR Medical Plan (Illinois or Outside Wisconsin Colleagues)

Q: How do I find an in-network provider with UMR (HSHS Select, HSHS Extended, and UHC Choice Plus networks)?

A: Visit the [Annual Enrollment page](#) of the HSHS Benefits Website to find providers within each of the network tiers. Remember, you will always receive the highest benefit level when using HSHS/PCC/Prevea providers and facilities for your care including 100% coverage for office visits, and labs/x-rays in an office or outpatient setting.



Q: Are any providers or facilities excluded from coverage?

A: The health plan does not individually exclude any providers or facilities. Any provider or facility that is part of the UHC Choice Plus network is available for you to use without a referral or prior authorization. Providers and facilities not in the UHC Choice Plus network are not covered except in the case of emergency or prior approval from UMR.

Q: Where does Springfield Clinic fall under the new Network Tiers?

A: Springfield Clinic falls under the HSHS Extended Network (Tier 2). It is important to note, however that the Springfield Clinic Ambulatory Surgical Center falls under the UHC Choice Plus (Tier 3). Other providers and facilities covered under the HSHS Extended Network include SIU, SSM/SLU, and Mercy.

Q: What if I work remotely or live outside the service area and don't have access to any HSHS Select or HSHS Extended providers?

A: Colleagues who live outside of the HSHS service area (as defined by home ZIP code) will receive the HSHS Extended (Tier 2) benefit level for any services received from a UHC Choice Plus Provider. UMR will be provided your home zip code and automatically assign you as an out of area member.

Q: What if I live inside the service area but one or more of my dependents live outside of the service area?

A: Similarly, your dependents who live outside of the HSHS service area can receive the HSHS Extended (Tier 2) benefit level for any services received from a UHC Choice Plus Provider. You must contact UMR to notify them so they can assign your dependent(s) accordingly or if you need to update any changes with your current dependents.

Q: If I am forced to use a Tier 3 (UHC Choice Plus) provider, due to the absence of a Tier 1 (HSHS Select) or Tier 2 (HSHS Extended) provider within a reasonable distance, what are my options?

A: If you find yourself forced to use a Tier 3 provider because there are no Tier 1 or Tier 2 network providers available nearby, the first step is to contact UMR to verify that no nearby network providers can offer the necessary service. Once confirmed, please contact the HR Service Center to request a review to apply Tier 2 benefits.

Q: Are there any specific provider types covered at the HSHS Extended benefit level (Tier 2) under the UHC Choice Plus Network?

A: Yes. To ensure adequate access to providers at a preferred benefit level, all urgent care, behavioral health, durable medical equipment and chiropractic providers and facilities in the UHC Choice Plus Network (normally Tier 3) are covered at HSHS Extended benefit level (Tier 2).



Q: How are claims covered for anesthesiology, pathology, emergency medicine, and other providers for UMR members?

A: If you receive care at an HSHS facility and one of these providers delivers one of these services mentioned above, your claims will be covered at the HSHS Select/Tier 1 benefit level.

Dean Medical Plan (Wisconsin)

Q: How do I find an in-network provider with Dean Health Plan?

A: Visit deancare.com/HSHS to find providers within the HSHS/Prevea 360 network service area. Remember that you will always receive the highest benefit level when using HSHS providers and facilities for your care including 100% coverage for office visits, labs, and x-rays.

Q: Are any providers or facilities excluded from coverage?

A: The health plan does not individually exclude any providers or facilities. Any provider or facility in the Prevea360 network is available for you to use without a referral or prior authorization. Providers and facilities not in the Prevea360 network are not covered except in the case of emergency or prior approval from DHP.

Q: What if I work remotely or live outside the service area and don't have access to any HSHS or Prevea 360 providers?

A: Colleagues who live outside of the HSHS/Prevea 360 service area (as defined by home ZIP code) will have access to the nationwide First Health Network. DHP will be provided with your home zip code and will automatically assign you as an out of area member.

Q: What if I live inside the service area but one or more of my dependents live outside of the service area?

A: Similarly, your dependents who live outside of the HSHS/Prevea 360 service area can access the First Health Network. You can register your dependent with Dean Health Plan after you receive your ID card. If you need to make changes on any current dependents already set up, please contact DHP. Once your dependent is registered, the First Health Network will apply for your dependent's medical plan coverage. Note that DHP will not have any NEW election and dependent information in their system until mid-December.

Medical Plan (All Colleagues – IL and WI)

Q: How do I know what deductible applies to a service?

A: Review the plan grid in your benefit guide. Services that require a deductible are noted with an asterisk on the plan grid. For colleagues in Illinois (or outside of Wisconsin), make note of whether the provider is in the HSHS Select (Tier 1), HSHS Extended (Tier 2), or UHC Choice Plus (Tier 3) as the deductible levels differ by tier. For colleagues in Wisconsin, the same deductible applies for all Prevea360 network providers.



Q: What does Deductibles and Out-of-Pocket Maximums cross apply mean?

A: This means that any progress towards the Deductibles and Out of Pocket Maximums in one tier count towards all tiers. For example, if you pay \$100 in deductible when using an HSHS Extended (Tier 2) provider, you also receive credit for that \$100 in the HSHS Select (Tier 1) and UHC Choice Plus (Tier 3) tiers.

Q: What does it mean that medical and prescription drug deductible and out-of-pocket maximums are combined?

A: This means you have overall deductible and out-of-pocket maximum amounts rather than separate amounts for medical and prescription drugs. If you meet the overall deductible with just medical expenses, you don't have to start over on a new deductible for prescription expenses or vice versa.

Q: Will my deductible reset in 2025? How can I plan for early year expenses?

A: Yes, deductible and out-of-pocket maximum progress resets each calendar year. A valuable strategy for colleagues is to utilize the Health FSA to help with the out-of-pocket costs at the beginning of the plan year. Your entire election in the Healthcare FSA is available to use on January 1st but are withheld over the 26 pay periods during the calendar year. For example, if you know you have a prescription that you need to fill early in the year, consider at least contributing the cost for that prescription in your Healthcare FSA.

Q: Will I get new ID cards for medical and/or prescription drugs?

A: You will only get a new ID card if you change your coverage or enroll for the first time.

Virtual Health Care

Q: How do we access virtual care in 2025? Is it still covered at 100%?

A: Yes. Health plan members with UMR can access Teladoc, while those with DHP can use Prevea Virtual Care. Virtual care visits with these providers are completely FREE and 100% covered/paid by HSHS.

High Deductible Health Plan (HDHP) and Health Savings Account (HSA)

Q: What is important to know before selecting the High Deductible Health Plan (HDHP)?

A: Due to IRS regulations, colleagues in the HDHP will be required to meet their deductible before any payment is made by the plan (with the exception of preventative care services). If you would struggle being able to pay out-of-pocket for a large medical expense before you've built up money in your HSA, this plan may not be right for you.



Q: If I have an FSA, Medicare, Medicaid, TRICARE or other secondary coverage can I elect the HDHP with HSA?

A: Colleagues who have other non-HDHP coverage are NOT eligible to enroll in the HDHP nor contribute to an HSA. This includes those covered by Medicare, Medicaid, Tricare, or an FSA or HRA that reimburses expenses before the HDHP deductible is met.

Q: What if I still have money in my FSA for 2024 and use the grace period? Am I ineligible for HSA contributions?

A: The FSA grace period counts as other coverage that makes you ineligible to make or receive HSA contributions until the end of the grace period. If you want to elect the HSA in 2025, you should make every effort to spend all of your funds so that you don't have any delay in receiving your HSA contributions in 2025.

If you have an FSA account balance greater than \$0 as of 1/1/2025, you will not be able to make or receive HSA contributions until April 2025.

Q: Can I elect a Healthcare FSA and HSA at the same time?

A: No, based on the IRS regulations, colleagues cannot have a Healthcare Flexible Spending Account (FSA) and a Health Savings Account (HSA) at the same time.

Q: Can I have a Dependent Care FSA and HSA at the same time?

A: Yes, colleagues can elect Dependent Care FSA (DCFSA) when choosing a High Deductible Health Plan (HDHP) with HSA.

Q: Can I waive the Medical coverage and still elect an HSA?

A: No, you must enroll in the HDHP in order to establish the Health Savings Account (HSA). However, once your HSA is established, the money in the account is yours even if you change your insurance or leave employment at HSHS. You just can't contribute additional money in the HSA unless you are covered by a qualifying HDHP.

Q: How does the employer HSA contribution work?

A: Every pay period in which you are covered by the HDHP plan as an active colleague, HSHS will contribute \$25 to your HSA. You do not need to contribute yourself to receive the HSHS contribution. Note that HSHS contributions count towards the IRS maximum contributions. Once you are no longer covered by the HDHP or terminate employment, you will not receive any future employer HSA contributions.



Q: Do colleagues that elect the HDHP have to contribute to the HSA?

A: No, HSHS will make the \$25 per pay period employer contribution to the colleague's HSA regardless of whether the colleague is able to contribute anything to the account themselves.

Q: When can I use my HSA funds?

A: Unlike the FSA, in the HSA you only have access to the funds that have been deposited in your account. However, you can reimburse yourself for past expenses (as long as they were incurred after your HSA was established) after funds are deposited in the account throughout the year.

Q: Can colleagues change their HSA contribution at any time or only during annual enrollment?

A: You can change your HSA contribution at any time during the year and it does not require a qualifying life event.

Q: What is the tax advantage of the HSA? Why is it popular?

A: The HSA has unique tax advantages that make it a very effective way to lower your tax liability. Contributions to the HSA come out before taxes meaning you don't pay income tax on these amounts. Interest or investment earnings within the account are also tax-free. Finally, as long as you use the money for qualified expenses, the money isn't taxed when you take it out of the account.

Q: I'm used to the "use it or lose it" rules of the FSA. Is there really no such rule in the HSA?

A: One of the biggest advantages of the HSA is that your money can roll over year over year. You can save money over multiple years in the HSA – either planning for a large expense in a future year or even saving for use in retirement. The money in the account is yours and isn't forfeited if you don't use it by the end of the year or if you change insurance or leave employment with HSHS.

Q: Is there a maximum amount that can be in an HSA?

A: No, your HSA can grow over time with no maximum balance that applies. However, there is a maximum amount that can be contributed per calendar year. The amount depends on whether you have single or family HDHP coverage and whether you are eligible for "catch-up" contributions based on your age.

Q: If I leave employment, what happens to my HSA?

A: HSAs are individually owned bank accounts that the colleague keeps regardless of the employer or insurance changes. Once a colleague ends employment, they will no longer receive the HSHS contribution, and they will have to pay any account fees that HSHS was paying on their behalf.



Q: Does the HSA have any monthly fees?

A: HSHS covers the admin fees for active colleagues. A fee would only apply if you elect paper statements, utilize the plans investment features or terminate employment.

Q: How does the account grow? Can I invest the money in my HSA instead of just earning interest?

A: Like any other savings account, your account will earn a small amount of interest. Once you reach a \$2,000 balance, you can choose to invest the money in a lineup of investment funds. A monthly fee applies for utilizing the investment feature of the plan similar to a 403(b) plan.

Q: Are there any penalties if I use my HSA funds for expenses for non-medical reasons?

A: The IRS issues a 20% penalty if you use HSA dollars for non-medical reasons. This penalty is waived if you are age 65 or older. In addition to the penalty, you then owe income tax on the dollars since you weren't taxed when you contributed them. You are responsible for ensuring you only use the funds in your HSA for qualified medical expenses.

Q: If I previously enrolled in the FSA in 2024, can I continue to use my existing debit card provided by Health Equity?

A: Yes. Only newly enrolled colleagues will receive a debit card also known as the Health Equity Visa Health Account card. The HealthEquity Visa Health Account card works like a debit card for eligible health care FSA expenses. Use it to pay for eligible expenses at the pharmacy, including OptumRx for maintenance medications, hospital or your doctor or other health care provider's office.

Medical Premium Discount Program

Q: What is the Medical Premium Discount Program? Is it still being offered in 2025?

A: Yes, HSHS will continue to offer the Medical Premium Discount Program. The program is designed to improve access to affordable health care coverage for our colleagues. Based on household income and family size, colleagues that fall below 200% of the federal poverty guideline are eligible for the discount.

To apply, visit [Workday Help](#), search "Medical Premium Discount", and select "Apply Here". Complete the form and upload your 2023 federal income tax return. If you have any questions or run into issues with your application, contact the HSHS HR Service Center by creating a case in Workday Help.



Voluntary Health Benefits

Q: Do colleagues have to be enrolled in any of the HSHS Medical plans to elect any of the voluntary health benefits offered?

A: No, colleagues do NOT need to be enrolled in the HSHS medical plan to elect Accident, Critical Illness, and Hospital Indemnity insurance.

Q: Who is covered under Critical Illness coverage?

A: You can elect coverage just for yourself, or for yourself and your spouse or LDA. Any children are automatically covered at no additional premium. Premiums vary by age and smoker status (both colleague and Spouse) and are available in the enrollment system.

Q: Does a pre-existing diagnosis matter when electing Critical Illness Insurance?

A: Yes, no benefits will be paid for a Date of Diagnosis that occurs prior to the Coverage Effective Date. Call Unum for more details at 866-634-9404.

Q: Can a colleague receive a \$50 wellness benefit for getting a preventative screening under multiple plans?

A: Yes, you are able to make a claim for the wellness benefit for any Unum voluntary health benefit you are covered under and there is no restriction if covered under multiple benefits.

Q: What does it mean when it says that Hospital Indemnity benefits are enhanced 25% when you use an HSHS Facility?

A: The benefit normally pays \$1,000 in the event of a hospital admission (and \$100 per day up to 30 days), so if colleague uses an HSHS facility the amount would be \$1,250 (and \$125 per day up to 30 days).

PTO Cash

Q: If I make a PTO cash election in 2025, when will payment be made if I don't request payment during the year?

A: If you elect to cash in PTO during annual enrollment, but do not request payment throughout the year, an automatic payment will be processed during the second pay period in October 2025.

Q: If I make a PTO cash election in 2025, can I revoke or change my election after annual enrollment?

A: No. You cannot revoke or change your election after annual enrollment.



General/Other

Q: I submitted my Open Enrollment task, but I need to make a change before the deadline of November 17, can I get back to the Open Enrollment task?

A: Yes. Access the Benefits and Pay Hub and click “Change Open Enrollment” to reopen your enrollment.

Q: I completed my Workday Journey for Open Enrollment, but it is no longer showing on my home page, is there a way to view it again?

A: Yes. On the Workday homepage, type “View Journeys” in the search box to view any Journey you already completed.

Q: Where do I go if I have additional questions?

A: You have many resources available to you. Visit the [Annual Enrollment Page](#) of the HSHS Benefits Website to access the 2025 Benefits Enrollment Guide and view additional information. You can also contact the HSHS HR Service Center by using [Workday Help](#) or by calling 1-855-394-4747.



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