



Benefits Open Enrollment Employee Presentations Question & Answers

Universities of Wisconsin Office of Human Resources is hosting virtual Benefits Open Enrollment 2026 presentations to the ten institutions that are part of the benefit counseling services. The institutions include UW-Green Bay, UW-Oshkosh, UW-Parkside, UW-Platteville, UW-River Falls, UW-Stevens Point, UW-Stout, UW-Superior, UW-Whitewater, and UW System Administration. Three additional institutions have also joined the presentations – UW-Eau Claire, UW-La Crosse, UW-Milwaukee.

The questions and answers listed below are from the sessions held **October 7, 2025, October 15, 2025, October 23, 2025, and October 29, 2025**. Answers were provided to most questions during the sessions however they have been updated and clarified below.

Health Insurance

1. **Question:** Is there a resource available to compare the health insurance plan designs?

Answer: Review the [Health & Pharmacy Benefits Plan Design Comparison](#) for an overview of health plan designs and coverage levels.

2. **Question:** Between health insurance plans, can you give scenario situations to help put into perspective how each plan might be helpful?

Answer: Selecting a health insurance plan is a personal decision based on various factors. One consideration is that the premiums for the local/regional health plans are lower; however, if you need nationwide coverage for your family, one of the Access Health Plan may be better for you. Note: emergency and urgent care are covered out of network and most health insurance carriers offer virtual visits and a 24-hour nurse line. Regarding the High Deductible Health Plan (HDHP) versus the lower deductible Health Plan, consider the employer contribution to the Health Savings Account (HSA) with the HDHP, the combined medical and pharmacy deductible and out-of-pocket limits with the HDHP, and the lower deductible with the Health Plan. Review the [How to Choose Your Health Insurance Plan web page](#) for step-by-step instructions to help choose the best plan for you. There is also a helpful comparison chart linked on that web page.

3. **Question:** Is there an advantage in enrolling in the High Deductible Health Plan (HDHP) health insurance?

Answer: A benefit of enrolling in one of the HDHPs is the lower premium and the employer contribution to your Health Savings Account (HSA). Universities of Wisconsin will contribute \$852 for individual coverage and \$1,704 for family coverage into your HSA in 2026 (would be pro-rated if you are not enrolled for the entire calendar year). Another feature is the HDHP has a combined medical and pharmacy deductible and out-of-pocket limits. Review the [Health & Pharmacy Benefits Plan Design Comparison](#) for helpful information.

4. **Question:** Can we see the cost of the specific health plan premium before we make a change?

Answer: Yes, the monthly health insurance premiums for 2026 are posted on the [Benefits Open Enrollment web page](#). Also, you will be able to see your per pay period (semi-monthly) costs in My Insurance Benefits when you complete your enrollments or changes online.



Benefits Open Enrollment Employee Presentations Question & Answers

5. **Question:** How much are State Group Health Insurance Plan monthly premiums increasing in 2026?

Answer: Premiums for the HDHP and health plan will increase between \$3 and \$21 per month, depending on plan design and coverage level. Premiums for the Access HDHP and Access health plan (for employees required to work in Wisconsin) will increase between \$19.50 and \$98 per month, depending on plan design and coverage level.

State Group Health 2026 Monthly Premiums can be found on the [Benefit Premiums web page](#) as well as on the [Benefits Enrollment web page](#).

6. **Question:** Can you review the health insurance plan premiums again and indicate where I can find them.

Answer: Premiums for the Health Plan and High Deductible Health Plan (HDHP) will increase between \$3 and \$21 per month, depending on plan design and coverage level. Premiums for the Access HDHP and Access Health Plan (for employees required to work in Wisconsin) will increase between \$19.50 and \$98 per month, depending on plan design and coverage level.

State Group Health 2026 Monthly Premiums can be found on the [Benefit Premiums web page](#) as well as on the [Benefits Enrollment web page](#).

7. **Question:** Where do I find the monthly premium link? I work less than 50%.

Answer: You can find the [Full-Monthly Premium](#) on the Department of Employee Trust Funds website, take the full monthly premium and divide it by 2 to determine the Less Than Half Time monthly premium.

8. **Question:** When enrolling using My Insurance Benefits, it looks like you have to enroll in both a medical plan and prescription benefits, is that correct?

Answer: When you enroll in a medical plan, you are automatically enrolled in pharmacy benefits. The administrative fee for pharmacy benefits is broken out separately in My Insurance Benefits whereas in the previous enrollment system, the pharmacy benefits administrative fee was included in the State Group Health Insurance premium “behind the scenes”.

9. **Question:** How does the deductible for the High Deductible Health Plan (HDHP) work? Can one member of the family coverage meet the entire deductible?

Answer: The HDHP deductible for in-network providers is \$1,700 for individual coverage and \$3,400 for family coverage. For family coverage, the deductible must be met by one individual or a combination of family members before the plan pays for most services.

10. **Question:** Is it required that I enroll in a High Deductible Health Plan (HDHP) to contribute to a Health Savings Account (HSA)?

Answer: To contribute to the HSA through the Universities of Wisconsin, you must also be enrolled in a HDHP through the Universities of Wisconsin.



Benefits Open Enrollment Employee Presentations Question & Answers

11. **Question:** Could you explain how co-insurance works if I have other insurance through my spouse?

Answer: Co-insurance is where you pay a percentage of the health service's cost after you've met your deductible, and your insurance carrier pays the rest. For example, typically after your deductible, the health insurance plan pays 90% and you pay the remaining 10% up to your out-of-pocket limit. Your deductible, co-insurance and out-of-pocket limits would not coordinate with your spouse's separate insurance plan.

12. **Question:** Are the plan design options the same across all insurance carriers?

Answer: For the plan designs with local coverage the coverage is the same across carriers for the plan design you choose. For example, if you choose the High Deductible Health Plan with Quartz UW Health you have the same coverage levels if you choose a High Deductible Health Plan with Dean Health Plan by Medica. Same example if you choose the Health Plan with Quartz UW Health or the Health Plan with Dean Health Plan by Medica.

13. **Question:** With the High Deductible Health Plan (HDHP), are out-of-network hospital services covered in the event of an accidental injury?

Answer: The HDHP and non-HDHP include out-of-network coverage for urgent care and emergency room services only.

14. **Question:** Does the Access Health Plan have a policy lifetime limit?

Answer: The Access Health Plan does not have a policy lifetime limit.

15. **Question:** I have Quartz West HDHP with dental but I couldn't tell when I went in to make my selection if dental was included or if I need to add that on. I also always have supplemental dental.

Answer: When you make your health insurance election in *My Insurance Benefits*, the uniform dental is a separate line item that is shown below the health plan. If you are enrolled, it will say "currently selected" in green, who is covered, and a semi-monthly premium. The supplemental dental is also a separate line item.

16. **Question:** Is an annual vision exam covered under uniform benefits or only under the separate vision plan?

Answer: One vision exam (office visit setting) is included under the health uniform benefits. In-network you will have a \$25 copay per visit. If you're enrolled in the High Deductible Health Plan (HDHP), you will pay the cost of vision exam until the deductible is met, then there is a \$25 copay per visit.

17. **Question:** Where do I find the provider directory to make sure my doctor is in my health insurance network?

Answer: Provider directories can be found through the [Health Plan Search Tool](#) by clicking on the name of the health plan. You can also confirm your provider is in network with your health insurance carrier by calling your provider.



Benefits Open Enrollment Employee Presentations Question & Answers

18. **Question:** What is the difference between Medica West and Mayo Clinic Health System and Dean Health Plan by Medica?

Answer: Each health insurance plan carrier will have different provider groups, counties, and major health systems they cover. You will want to view the [Health Plan Search tool](#) to confirm which plan will provide coverage in the area where you are seeking services.

19. **Question:** What is the main difference between Network Health and Prevea360?

Answer: The difference between health insurance plan carriers is the network of providers. You should choose a health insurance plan carrier that has your preferred doctors, hospitals, and clinics in-network.

20. **Question:** Does the Health Plan using Network Health cover any out-of-state/network emergency services?

Answer: Yes, emergency and urgent care are covered outside the Network Health service area. Contact your primary care physician if you need help determining the appropriate level of care. Follow-up care must be received from an in-network provider unless otherwise approved by Network Health.

21. **Question:** Will the Dean Health Plan by Medica more closely match regular Medica coverage? I live out of state, so it's often difficult to tell if services were covered until I receive a rejected claim months later. Providers can usually say if they accept Medica but they usually haven't heard of Dean.

Answer: If you live out of state and enroll in the Access Health Plan (Dean Health Plan by Medica), you can reach out to Dean Health Plan by Medica at (877) 371-6762 and confirm the clinic, hospital, doctor are in network as well as what services will be covered. Or, you may want to review the Schedule of Benefits. Information is provided online on the [Access Plan web page](#).

22. **Question:** Name changes for certain health insurance carriers were mentioned. Are the other carriers like Robin, Network, etc. still available?

Answer: Yes, the same health insurance carriers that are available in 2025 will be available in 2026, however four of them have *name changes* for 2026. Common Ground Health Cooperative name will change to CareSource; Dean Health Plan Medica West and Mayo Clinic Health System will be renamed Medica West and Mayo Clinic Health System; Dean Health Plan Prevea 360 East will be renamed to Prevea 360 East; Dean Health Plan will be renamed to Dean Health Plan by Medica. The other health insurance carrier names will remain the same.

23. **Question:** My spouse needs to see specialists at Mayo Clinic in Rochester, MN. My doctor is in Duluth, MN (we live in Douglas County). How do I find a policy that covers both of us? Is there a plan that covers both of us besides the nationwide plan?

Answer: Use the [Health Plan Search Tool](#) to find a local/regional health insurance plan carrier that will work for both of you. In the Where you Want to Get Care you can enter Douglas County or Minnesota, for Coverage Area enter Local, and for Plan Type select non-Medicare. Medica West and Mayo Clinic Health System includes Mayo Clinic however does not have Douglas County as a service area. Regardless of the health insurance plan carrier you choose you will want to verify with your providers that they are in-network with the health insurance plan carrier you choose. If you cannot find a local/regional health plan that covers



Benefits Open Enrollment Employee Presentations Question & Answers

both your and your spouse's doctors and clinics you may want to consider one of the Access Health Plans which has nationwide coverage.

24. **Question:** I work and live outside of Wisconsin. I noticed the Access Plan has two premium levels. The second option says "required to work outside Wisconsin." Can I use that one or do I have to use the higher priced nationwide Access Plan? I moved out of state for personal family needs and am not required to work out of state.

Answer: Your position must be required to work out of the State of Wisconsin to be eligible for this premium level. If you are choosing to live out of state and work remotely then you will pay the higher In-State premium. Your campus will be asked to verify your position requirements if you request the Out of State premium level.

25. **Question:** I live outside of Dane County and would like to have local providers but do not want to end my relationships in Dane County. Will the Access Plan allow me to be seen in either county? I currently have Quartz which does not allow us to go anywhere outside of Dane county. I'm trying to come up with an alternate plan.

Answer: The Access Plan would allow you to be seen in either county however the premium is higher. For Dane County there is a local health insurance plan carrier that offers coverage in Dane County and surrounding counties that may be an option, depending on the provider you seek services from. Dean Health Plan by Medica offers coverage in several counties. Use the [Health Plan Search tool](#) and filter the Where You Want to Get Care field by Dane County to view the Major Health Systems and Full Service Areas for the health plans to determine your options. If Dean Health Plan by Medica will not work for you then the Access Plan or Access HDHP Plan may be the only options.

26. **Question:** Are there any health insurance carriers that cover northern IL?

Answer: Yes, there are several health insurance carriers who have covered providers in Illinois. Use the Health Plan Search web page, available in the Resources section of the Benefits Open Enrollment web page. Enter "Illinois" in the "Where you want to get care" field and click Submit to see which carriers have covered providers in Illinois. Then click on each carrier to view their Provider Directory.

27. **Question:** I have Network Health. I want to keep my current family doctor but need to see a provider out-of-network, which Network Health plan should I choose so I can go outside of my network and still be covered.

Answer: The only health plan that offers coverage for in and out-of-network providers is the nationwide coverage Access Plan or Access HDHP. The local plans only cover out of network urgent care and emergency visits. To see if there is another local plan that covers the providers you need, use the [Health Plan Search tool](#).

28. **Question:** Currently I'm in Network Health, is it different for 2026?

Answer: Network Health will still be one of our health insurance carriers in 2026. We encourage you to review the [Network Health Provider Directory](#) to ensure your preferred doctors, hospitals, and clinics are in-network.



29. **Question:** If I enroll in a health plan by my county it says that there is coverage in those areas but ER and Urgent care will be covered out of network nationwide. If my family goes to an urgent care or ER and is admitted to the hospital, would they be covered in an out of network area?

Answer: You will need to contact your local based health insurance provider within 24 to 48 hours to share this information so that your plan will be able to work with the out of network hospital or clinic.

30. **Question:** I live in the Oshkosh area. If I have a dependent who is a college student in Madison (Dane County), can I choose local coverage? If I choose local coverage will my dependent still be able to have coverage as a dependent?

Answer: With the local health insurance carriers, emergency and urgent care services are covered out-of-network. Also, most health plans offer virtual visits and a 24-hour nurse line. Non-urgent care that is not with a covered provider would not be covered unless there is an approved referral. You could consider enrolling in the Access Health Plan, which has nationwide coverage, however the premium is higher.

31. **Question:** Does the Access Health Plan through Dean by Medica provide nationwide coverage? I travel out of state often for work, potentially for up to a month at a time. Am I able to use the Access Health Plan out-of-state?

Answer: If you enroll in the Access Health Plan and travel out of state, you can use your coverage out of state. The Access Health Plan is a preferred provider organization (PPO) that allows you to use providers across Wisconsin and nationwide through the First Health PPO network. Review the Provider Directory online or call [Dean Health Plan by Medica](#). Note: Your out-of-pocket costs will be less when you remain in-network, in either the Dean or First Health networks.

32. **Question:** Can I add a dependent to my health insurance at any time or is it only possible during the current enrollment period?

Answer: If you experience a qualifying life event during the year, you can enroll a newly eligible dependent. The addition of the new dependent will need to be completed within 30-days of the life event (60 days for a birth or adoption) and documentation will be required. All Life Events are outlined in the Universities of Wisconsin Employee Benefits website on the [Life Event web page](#).

33. **Question:** Can I add my fiancé to my health insurance coverage?

Answer: You are not able to cover your fiancé to your health insurance. Review the [Dependent Eligibility chart](#) found in the Resources section of the [Benefits Open Enrollment web page](#) for a list of eligible dependents by benefit plan. Within 30 days of marriage you can add your new spouse to most insurance plans. Review the [Marriage Life Events web page](#) for details.

34. **Question:** Is there a penalty for adding my spouse to my health and dental insurance plan, if they are eligible for insurance with their own employer?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: No, there is no penalty for adding your spouse to your insurance coverage, even if they are eligible for insurance through their own employer.

35. **Question:** Is there an extra fee to add a spouse if they have the option to have coverage through their work?

Answer: There is no additional charge for adding your spouse to your plan if they have the option to enroll in coverage through their employer; however, there is an increase to the premium to change from individual to family coverage. If you have family coverage, all members of the family must be covered, including the spouse but the family premium rate is not impacted by the number of family members enrolled.

36. **Question:** I have individual coverage but will be getting married soon. At the time of the life event, can I update my health, dental, and vision insurance to whatever plan I want or are there restrictions based on what I enroll in now during open enrollment?

Answer: At the time of a life event of marriage you can make changes to your plan coverages which includes adding spouse/dependents, cancelling coverage, or adding coverage for the first time. Changes available for other life events may differ. View the [Life Events web page](#) for details depending on your situation.

37. **Question:** Can you confirm that if I add my spouse to health insurance coverage upon marriage and do not change the health insurance carrier, that my deductible (and other accumulators) does not reset to \$0?

Answer: Correct. If you add your spouse to your current health insurance plan and do not change your carrier, your accumulators will not reset. Note, if you change from individual to family coverage, your deductible will increase, but the previous amount applied to your deductible will still count. If you *change* your health insurance plan carrier (for example, GHC to Dean), all limits (deductible, benefit maximums and out-of-pocket limits) will reset to \$0. Pharmacy benefit and Uniform Dental accumulators and limits will not reset.

38. **Question:** Do I need to submit proof of my marriage to add my spouse to my coverage?

Answer: Yes, you will be required to upload your marriage certificate to add your spouse to your coverage.

39. **Question:** What age are adult children who have graduated from school covered up to?

Answer: Children can be covered up to age 26, regardless of their student status or marital status. Review the [Dependent Eligibility Chart](#). Coverage may be continued past age 26 in certain circumstances (for example, disability, military status). For additional questions reach out to your [Benefits Contact](#).

40. **Question:** I am a short-term academic staff employee with a 9-month contract. Will the health insurance cover me through the summer months? If so, how will the premiums be deducted from my pay?

Answer: For employees on a 9-month academic contract whose short work break is during the summer months, benefit prepaids will be deducted over 18 paychecks during the academic year (first two paychecks of each month) to pay for summer coverage. If your position is expected to continue in fall semester, your insurance coverage can continue over the summer months. If your position is expected to end after spring semester, your insurance coverage would end at the end of the month following your last day. See the [Benefit Prepay Insurance Premium Deductions web page](#) for details.



Benefits Open Enrollment Employee Presentations Question & Answers

41. **Question:** I currently teach 60% time and am scheduled for 40% in spring 2026. I am contracted on a semester-by-semester basis. My family and I live in Minnesota and currently have health insurance/benefits through my spouse's employer. Could you recommend which benefits I should enroll in?

Answer: Benefit selections are a personal decision based on your work and personal situation. We recommend first reviewing the Universities of Wisconsin [Employee Benefits website](#) to understand the benefits available to you as an employee. The [Health Insurance Plan web pages](#) outline the health plan designs available and the [How To Choose Your Health Insurance Plan](#) can help you select a health plan that is available in your area.

42. **Question:** I am currently pregnant and due in 2026. My OBGYN is through Oakleaf but delivers at Marshfield Hospital, not at Mayo. Would I be okay to enroll in the Medica West and Mayo Clinic Health System insurance option that covers Mayo and Oakleaf or would I need to find an insurance option that covers Oakleaf and Marshfield?

Answer: You will want to use the [Health Plan Search Tool](#) to determine the health insurance plan carrier to select based on your situation. Once you find a health insurance plan carrier that you think will cover your situation reach out to the health insurance plan carrier and review the provider directories to confirm your doctors and hospital are in-network.

43. **Question:** Can I enroll in the High Deductible Health Plan if I receive coverage through the VA for medical?

Answer: If you are enrolled under TRICARE or have accessed VA benefits within the past 90 days you would not be eligible for the Health Savings Account (HSA). If this applies, then you would also not be eligible for the High Deductible Health Plan (HDHP) since you must enroll in the HSA to enroll in the HDHP. For more information on eligibility, contact your tax advisor, or visit the [Health Savings Account web page](#).

44. **Question:** You indicated that you should choose "Non-Medicare" when using the Health Plan Search web page. If I am enrolled in Medicare Part A, should I still select "Non-Medicare"?

Answer: The Medicare health insurance options are only available to retirees. If you are an active employee, you should select "Non-Medicare" on the Health Plan Search web page, even if you or your spouse are enrolled in Medicare.

45. **Question:** My spouse and I both work for the Universities of Wisconsin and are each enrolled in individual coverage. My spouse plans to retire next spring. Would my spouse's retirement be considered a life event that would permit me to change my insurance at that point, to add my spouse to my plan? Or would I need to add my spouse during this open enrollment period?

Answer: When your spouse retires, you will have 30 days from their retirement date to make your change. It's recommended you reach out to your [Benefits Contact](#) for details on how to manage that transition and ensure your spouse's sick leave credits are secured.

46. **Question:** If I enroll in the Access Health Plan and retire after age 65 and my spouse is also in the Access Health Plan, will sick leave conversion pay for myself and my spouse?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: Yes, if you retire with an immediate annuity, your sick leave will be converted to credits and used to pay for your health insurance premiums in retirement, even with the Access Health Plan.

47. Question: I'm turning 65 but will continue working and have enrolled in the Access Health Plan. I will be signing up for Medicare Part A. What happens to my Access Health Plan? Do I need to do anything?

Answer: Enrolling in Medicare Part A (hospital) does not affect your Access Health Plan enrollment. You can list Medicare Part A as other insurance. For information about Medicare benefits, eligibility, and how to enroll, contact your local Social Security Administration (SSA) office or call (800) 772-1213.

48. Question: I will be 65 in October; can I still apply for Medicare now if I have coverage through the Universities of Wisconsin?

Answer: You can enroll in our State Group Health Insurance plan (non-HDHP) and Medicare Part A. You can postpone Medicare Part B until you retire. Your State Group Health Insurance plan will continue to be your primary coverage.

16. Question: Will you be discussing United Healthcare (Medicare) & Ascension?

Answer: Each Medicare Advantage or Medicare Plus with United Health Care are plans specifically for retirees with the State of Wisconsin. If you are currently an active employee and have not yet retired and started receiving your WRS retirement benefits you are not eligible for these plans even if you have already enrolled in Medicare Part A (and B). Ascension Wisconsin is a major health system in several of the health insurance providers in the northern portion of the State. You should use the [Health Plan Search tool](#) for the county you wish to receive medical services to verify which plans in that county utilize Ascension Wisconsin.

Prescription Coverage

49. Question: Where can I find information on preferred pharmacies and mail order pharmacies?

Answer: Contact Navitus, the pharmacy benefits administrator, for information about preferred pharmacies and mail order pharmacy benefits. Navitus can be reached at www.navitus.com or (844) 268-9789.

50. Question: When I logged into My Insurance Benefits to make my elections, I noticed that the pharmacy benefit is listed separately. Why is that?

Answer: My Insurance Benefits enrollment system breaks out Pharmacy, Wellness, and Administrative Fees in the Medical (health) insurance section. This is simply a difference in the way the new enrollment system reflects the fees (splits them out) versus the previous enrollment system (included in the State Group Health Insurance premium "behind the scenes"). The Navitus Pharmacy administrative fee has always been included in the State Group Health Insurance premium. It just hasn't been split out separately until the new enrollment system.

51. Question: How much coverage is there for continuous glucose monitors?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: Contact Navitus at (866) 333-2757 to find out how your continuous glucose monitor will be covered under the pharmacy benefits.

52. **Question:** For continuous glucose monitors moving to coverage under the pharmacy benefit only, will Navitus have the costs now for 2026? Are there any other changes for diabetic supplies besides CGM?

Answer: Contact Navitus at (866) 333-2757 to find out what they estimate your out-of-pocket cost to be in 2026. The expectation is that all insurance carriers (including Navitus) can answer questions during the open enrollment period for the upcoming calendar year.

53. **Question:** I have a Continuous Glucose Monitor (CGM). What will I have to do to change my CGM to only being covered by the pharmacy benefit?

Answer: Currently, CGM's are allowed under the medical benefits **and** pharmacy benefits. If you currently use your medical benefits for your CGM, starting in 2026, you will need to make sure that your CGM is covered by the pharmacy benefit. You can contact Navitus to find out if your CGM will be covered by the pharmacy benefit; otherwise, you can contact your provider to determine your options. If your CGM is already being processed under the pharmacy benefit, no action is necessary on your part.

54. **Question:** Does Universities of Wisconsin have the option to include prescription types in the prescription plan formularies? For example, does Universities of Wisconsin determine if GLP-1s are covered under the plan?

Answer: No. At this time the State Group Health with Pharmacy plan does not include the GLP-1 prescriptions.

55. **Question:** If I am currently using a GLP-1 due to Diabetes, are you saying that they will no longer cover that next year?

Answer: Contact your health insurance carrier and Navitus at (866) 333-2757 for specific health related questions.

Health Insurance Opt-Out Incentive

56. **Question:** If I do not enroll in the State Group Health Insurance through the Universities of Wisconsin, can I enroll in the \$2,000 incentive? Would that have to be for a full year?

Answer: If you choose not to enroll in health insurance during open enrollment, you may be eligible for up to a \$2,000 Opt-Out Incentive. The \$2,000 Opt-Out Incentive is prorated. If selected, it is paid for the months you are eligible for the employer contribution towards your health insurance premium. The incentive is provided on two paychecks each month, distributed evenly over 24 pay periods a year. If you lose your other health insurance throughout the year and need to enroll in coverage through the Universities of Wisconsin, you will be able to do so if you reach out to GetHelpUW@support.wisconsin.edu within 30 days of your loss of coverage.



Benefits Open Enrollment Employee Presentations Question & Answers

57. **Question:** If I am choosing the health insurance opt-out incentive, can I still enroll in the other benefits?

Answer: You may enroll in the Preventive Dental Plan and other benefits available during the open enrollment period if you enroll in the Opt-Out Incentive.

58. **Question:** If I opt-out of health insurance, can I still have a Health Savings Account (HSA)?

Answer: If you enroll in the health insurance opt-out incentive, you are not eligible to enroll in the HSA through the Universities of Wisconsin. You can only enroll in the HSA if you are enrolled in the High Deductible Health Plan (HDHP).

59. **Question:** Could you explain the steps to enroll in the health insurance opt-out incentive? I think I did it correctly, but how do I confirm that I did indeed choose the opt-out?

Answer: In My Insurance Benefits, after you click Decline for the health insurance, your next option will be the Medical Opt-Out Incentive. You can enroll and Save. Then, review your elections to make sure everything is correct. From your home screen in My Insurance Benefits, click Print your benefits. Review the Open Enrollment Elections section to make sure everything is correct for 2026. Your current (2025) benefit elections are listed below under Current Elections. You can save or print this benefit summary.

60. **Question:** Is there a health opt-out incentive specifically for Universities of Wisconsin employees who decline their own coverage while their spouse is enrolled through the Universities of Wisconsin?

Answer: No. If you are covered under the State Group Health insurance of your spouse or parent that also works for Universities of Wisconsin or another state agency, you are not eligible for the health opt-out incentive.

Well Wisconsin

61. **Question:** Do I have to wait until after January 2026 to complete activities related to the 2026 Well Wisconsin \$150 wellness incentive?

Answer: Yes. If you enroll in the health insurance for 2026, you will need to wait until January to start completing the steps to receive the \$150 wellness incentive.

62. **Question:** Is there cost to join the Well Wisconsin program?

Answer: There is a cost to have the Well Wisconsin Program available to employees; however, it is part of the health insurance premium. Employees and spouses enrolled in health insurance with Universities of Wisconsin are eligible for the Well Wisconsin Program and there is no additional fee outside of the health insurance premium.



Benefits Open Enrollment Employee Presentations Question & Answers

Dental Insurance

63. **Question:** Where can I find the premiums with dental insurance coverage?

Answer: The dental insurance premiums are listed on the [Benefits Open Enrollment web page](#) in the Uniform, Preventive & Supplemental Dental Insurance section. The premiums for the health insurance are listed in the State Group Health Insurance section, and do not include Uniform dental insurance premium.

64. **Question:** For dental insurance, if we enroll in the Uniform Dental Insurance plan and the Select Plus plan, are we charged the monthly premium for both?

Answer: If you enroll in the Uniform Dental Insurance plan and the Select Plus plan, you will pay the monthly premium for both plans. The Uniform Dental Insurance plan coverage preventive dental services and the Select Plus plan covers major dental services.

65. **Question:** For uniform dental, does it already include preventive dental service coverage?

Answer: The Uniform Dental insurance has 100% coverage (up to your annual maximum and with an in-network Delta Dental provider) for preventive or basic dental services, such as routine evaluations, cleanings, X-rays, and fillings. Review the [Dental Comparison Chart](#) and the [Dental Insurance Plan Brochure](#) for details. Regarding preventive care services in general, review the [Preventive Care Services web page](#).

66. **Question:** If we want the Select Plus Supplemental Dental plan do we have to choose the Uniform Dental/Preventive Dental plan also? If we enroll in both will they be separate premiums?

Answer: You do not have to enroll in the Uniform Dental/Preventive Dental plan to enroll in the Supplemental Dental Plans (PPO Select Plan or Select Plus Plan). If you do not enroll in the Uniform Dental/Preventive, you will not have coverage for preventive or diagnostic dental. Separate premiums are paid if you are enrolled in the Uniform Dental/Preventive Dental and the Supplemental Dental Plans.

67. **Question:** What is covered by the Supplemental Dental Insurance plans?

Answer: The Supplemental Dental Insurance plans cover major services, such as crowns and implants. For more information, review the [Dental Insurance Plan Brochure](#).

68. **Question:** Can I enroll in Supplemental Dental Insurance only? Or do I have to enroll in uniform or Preventive Dental Insurance as well?

Answer: You can enroll in supplemental dental insurance if you do not enroll in the uniform or Preventive Dental Insurance. However, be aware that there is no coverage for basic or preventive dental care under the Supplemental Dental Insurance plans. Review the Dental Insurance Plan Comparison chart available on the [Benefits Open Enrollment web page](#) in the Resources section.

69. **Question:** Do the Supplemental Dental Insurance plans have waiting periods?

Answer: No. The dental insurance plans do not have waiting periods.



Benefits Open Enrollment Employee Presentations Question & Answers

70. **Question:** With the Supplemental Dental Select Plus Plan is the orthodontic benefit in addition to the Uniform Dental Insurance benefit for the same person? For example, I have a 10-year-old dependent who needs braces. Would we get more of a benefit for enrolling in the Select Plus Plan?

Answer: The orthodontic benefit under the Supplemental Dental Select Plus Plan is in addition to the coverage under the Uniform Dental/Preventive Plan. This means you would be eligible for an additional lifetime benefit of \$1,500 per child if you enroll in the Uniform/Preventive Plan and Select Plus Plan.

71. **Question:** Is there a separate Delta Dental ID card for the Select Plus Plan?

Answer: Yes, there is a separate ID card for the Supplemental Dental Insurance plans. You can contact Delta Dental to request one. Their telephone number is (844) 337-8383.

72. **Question:** Can we see a PPO network dentist if we only have the Uniform Dental benefit?

Answer: The Uniform Dental/Preventive Dental plans cover the PPO and Premier provider networks. The Supplemental Dental is where you need to be aware of which provider network is covered. The PPO Select Supplemental Dental Plan covers only the PPO provider network. The Select Plus Premier Plan covers both the PPO and Premier provider networks.

73. **Question:** Delta Dental seems to have less in-network providers than previous years. Are there any talks about changing dental insurance carrier or allowing out of network coverage?

Answer: The contract between the Department of Employee Trust Funds (ETF) and Delta Dental is reviewed periodically (every 2-3 years). Provider network and availability of providers are reviewed when the contract is reviewed. Currently for the dental insurance plans, there are no dental benefits for out-of-network providers.

74. **Question:** Can my spouse enroll in dental insurance if I am not covering them on my health insurance?

Answer: If you are enrolled in health insurance and your spouse is not, you can only include your spouse in one of the Supplemental Dental Insurance plans. You cannot enroll them in the Uniform or Preventive Dental Insurance plans. If you are not enrolled in health insurance, then you would be able to enroll you and your spouse in Preventive Dental and one of the Supplemental Dental Plans.

75. **Question:** Am I able to add a child to Supplemental Dental but not to Uniform/Preventive Dental?

Answer: Yes. You can exclude your child from the Uniform/Preventive Dental Insurance plan but include them on the Supplemental Dental Insurance plan.

76. **Question:** Prior to 2019, we had different dental insurance plan options which all could be elected (some were rather inexpensive as they built on top of each other). If we find an additional plan, is our plan considered the primary coverage?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: If you find an additional plan that is not included in the Dental Insurance Plans available through the Universities of Wisconsin you would need to check with that plan to see how it coordinates with other plans.

77. **Question:** Can Dental Insurance and Vision Insurance be continued after retirement?

Answer: You can continue Dental Insurance and Vision Insurance into retirement. If you have health insurance and *uniform* dental coverage and retire with an immediate annuity, your health insurance and uniform dental insurance coverage will automatically continue into retirement. For Preventive Dental Insurance, Supplemental Dental Insurance, and Vision Insurance, you must submit continuation applications to continue your coverage in these plans.

Vision Insurance

78. **Question:** Since the Vision Insurance carrier is changing from Delta Vision to MetLife, do I have to re-enroll or will this automatically update to MetLife?

Answer: If you are currently enrolled in Vision Insurance, your enrollment, coverage level, and dependents will remain the same from 2025 to 2026 unless you make a change during the enrollment period.

79. **Question:** If I choose the Health Insurance Opt-Out Incentive, can I still enroll in Vision Insurance?

Answer: Yes. If you choose the Health Insurance Opt-Out Incentive, you can enroll in Vision Insurance.

80. **Question:** What is the coverage for vision under our health insurance?

Answer: Health insurance covers one annual eye exam per person if you go to a provider within your health insurance carrier network. The health insurance does not cover materials such as contacts or glasses.

81. **Question:** Where can I find specific coverage information for vision? I am looking for information on coverage for glasses and lenses.

Answer: If you are enrolled in the health insurance, one annual vision exam per person is covered by your health insurance carrier (make sure to see a provider who is covered by your health insurance). This would be subject to co-pays and/or deductible, depending on which plan you select. If you are interested in vision coverage for eyeglasses or contacts, you can consider enrolling in Vision Insurance. See the Vision Brochure on the Benefits Open Enrollment web page for coverage details or contact MetLife at (833) 393-5433.

82. **Question:** If I already used the frame benefit in 2025 with DeltaVision, will I be eligible to receive the frame benefit in 2026 with MetLife even though frames are generally only allowed every 24 months for adults?

Answer: All vision insurance benefits will reset January 1, 2026 since there is an insurance carrier change from DeltaVision to MetLife. This means that you will be able to use the frame benefit in 2026 even if you already used the frame benefit in 2025.



Benefits Open Enrollment Employee Presentations Question & Answers

83. **Question:** If I get eyeglasses with this year's Vision Insurance Plan carrier, DeltaVision, do I have to wait 12 months to order another pair of glasses with the new insurance carrier, MetLife?

Answer: All vision insurance benefits will reset January 1, 2026 since there is an insurance carrier change from DeltaVision to MetLife. This means that you will be able to use the frame benefit in 2026 even if you already used the frame benefit in 2025.

84. **Question:** For the Vision Insurance carrier change can children still receive new frames every year? Is there a warranty still with the frames?

Answer: The frames frequency for children will continue to be every 12 months.

85. **Question:** MetLife says this for Progressive lenses "Your cost will be limited to a member out of pocket amount that MetLife has negotiated for you." What is the member out of pocket amount?

Answer: The [Decision Guide](#) (page 13) outlines the member out of pocket for progressive lenses. Standard: \$0 (covered in full). Premium: up to \$70 copay. Ultra: up to \$80 copay. Ultimate: up to \$175 copay.

86. **Question:** Where can we find a list of covered vision providers under MetLife?

Answer: The Vision Insurance MetLife provider directory is available in the Resources section of the [Benefits Open Enrollment web page](#).

87. **Question:** What is the out-of-network coverage for Vision Insurance with MetLife?

Answer: MetLife does offer some out-of-network coverage. Out-of-network coverage can be found in the MetLife Vision Brochure on page 3. The brochure can be accessed on the [Benefits Open Enrollment web page](#) in the Resources section.

88. **Question:** If MetLife does not issue ID cards for vision insurance how do we make sure our insurance is applied?

Answer: Tell your vision provider that you have coverage through MetLife (Superior network). Your provider will be able to verify your coverage once you provide them with your full legal name and date of birth, if they are a covered provider. You can also print off vision insurance ID cards from the [MetLife website](#) and write your name on them. You can check for covered providers using the [MetLife provider directory](#).

89. **Question:** How do we get vision insurance ID cards if MetLife does not issue ID cards?

Answer: You do not need vision insurance ID cards. At your vision appointment, tell your vision provider that you have coverage through MetLife (Superior network). Your provider should be able to verify your coverage with MetLife once you provide them with your full legal name and date of birth. You can also print generic vision insurance ID cards from the [MetLife website](#) and write your name on them.

90. **Question:** Since we will not receive vision insurance ID cards with MetLife, do we pay in full at the vision appointment and submit claims for reimbursement?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: If you see an in-network vision provider, you do not need to pay in full up front. At your vision appointment, tell your vision provider that you have coverage through MetLife (Superior network). Your provider should be able to verify your coverage with MetLife once you give them your full legal name and date of birth. Or, you can print generic vision insurance ID cards from the [MetLife website](#) and write your name on them.

91. **Question:** Does MetLife have an eye care provider list so I can confirm that my eye doctor is covered?

Answer: The MetLife provider directory is available in the Resources section of the [Benefits Open Enrollment web page](#).

92. **Question:** Can I use my same eye doctor with the MetLife Vision for routine eye and contact lens exams?

Answer: Review the MetLife network or check with your current provider to determine if your current eye doctor is in-network with MetLife's Superior network. Benefits are higher if your provider is in-network. The MetLife provider directory is available in the Resources section of the [Benefits Open Enrollment web page](#).

93. **Question:** Can Zenni optical be used to purchase glasses under the vision plans?

Answer: Check with your provider and review the MetLife provider directory to confirm if your provider is in-network with MetLife. The MetLife provider directory is available in the Resources section of the [Benefits Open Enrollment web page](#).

Spending & Savings Accounts

94. **Question:** What are the differences between a Flexible Spending Account (FSA) and Health Savings Account (HSA)?

Answer: Review the [Comparison: HSA vs FSA](#) for a thorough comparison of these pre-tax accounts.

95. **Question:** Can I enroll in both the Flexible Spending Account (FSA) and Health Savings Account (HSA)?

Answer: If you enroll in the High Deductible Health Plan (HDHP) with Health Savings Account (HSA), you can also enroll in the Limited Purpose FSA.

96. **Question:** What happens if I have Health Savings Account (HSA) funds from when I was enrolled in the High Deductible Health Plan (HDHP) but am now enrolled in the Health Plan with a healthcare Flexible Spending Account (FSA)? Can I transfer my HSA into my Healthcare FSA?

Answer: You can continue to use your HSA for eligible health, dental, and vision expenses until the account is exhausted. However, since you are no longer enrolled in an HDHP, you can no longer contribute to your HSA. You cannot transfer your HSA into your healthcare FSA.

97. **Question:** Will the Flexible Spending Account (FSA) also be administered by TASC? Who is our current administrator?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: The current administrator for the Spending & Savings Accounts is Optum. The new administrator starting January 1 will be TASC. TASC will administer all of the accounts that Optum currently administers. These include the Health Savings Account, Flexible Spending Accounts, and Parking & Transit Accounts.

98. **Question:** Will the new Flexible Spending Account (FSA) / Health Savings Account (HSA) administrator, TASC, send a payment card if I enroll for 2026?

Answer: Yes. If you enroll in a FSA or HSA for the 2026 plan year, TASC will send you a payment card in December.

99. **Question:** For the Healthcare Flexible Spending Account (FSA), is a payment card provided that can be used to pay for certain purchases? Or do you submit claims to the administrator for reimbursement?

Answer: If you enroll in the Healthcare FSA, TASC will issue you a payment card to be used for eligible health, dental, and vision expenses. For eligible expenses, you can use your payment card or you can pay out-of-pocket and submit your expenses for reimbursement online or via U.S. Mail.

100. **Question:** Can I contribute to a Flexible Spending Account (FSA) if I choose the Opt-Out Incentive?

Answer: Yes, you can enroll in a FSA if you enroll in the health insurance opt-out incentive.

101. **Question:** Is the Flexible Spending Account (FSA) for those not enrolled in a High Deductible Health Plan (HDHP)?

Answer: You may enroll in the Limited Purpose FSA if you are enrolled in the HDHP and Health Savings Account (HSA) but those funds can only be used for eligible dental, vision, and post-deductible medical/pharmacy expenses. Employees not enrolled in the HDHP with HSA could consider enrolling in the HealthCare FSA.

102. **Question:** In My Insurance Benefits, it only shows me enrolled for the Health Care Flexible Spending Account (FSA). Can the funds be used for spouse and dependents if it only lists me as being enrolled?

Answer: In My Insurance Benefits, the FSA will only show as you being enrolled. You can use the Health Care FSA funds for your spouse and all dependent out-of-pocket expenses as well.

103. **Question:** What is the deadline for using my 2025 healthcare Flexible Spending Account (FSA)?

Answer: You have until December 31, 2025 to incur FSA claims. You have until March 31, 2026 to submit FSA claims for the 2025 plan year. If the balance in your Healthcare FSA is \$50 or more on March 31, 2026 OR you re-enroll for the 2026 plan year, then you are eligible to carryover up to \$660 from 2025 to 2026.

104. **Question:** Is there grace period to submit Flexible Spending Accounts (FSA) claims for contributions from the previous year?

Answer: You have until March 31, 2026 to submit claims for 2025 expenses. Note that the expenses must have been incurred during 2025. To be eligible to carryover FSA funds from 2025 to 2026, you must have a minimum balance of \$50 in your health care FSA at the end of the run-out period (March 31, 2026) OR re-



Benefits Open Enrollment Employee Presentations Question & Answers

enroll during the benefits enrollment period (October 6 – October 31, 2025) for the upcoming calendar year. If eligible, carryover will appear in your health care FSA around April 15th.

105. **Question:** If I enroll in multiple accounts, for example: the healthcare Flexible Spending Account (FSA) and a Parking or Transit Account, will I receive multiple payment cards from TASC?

Answer: If you enroll in multiple accounts, you will receive one payment card from TASC. Your payment card will work for all accounts that you enroll in. Note: There is no payment card for the Transit Account. Eligible expenses for the Transit Account should be submitted to TASC electronically or via U.S. Mail.

106. **Question:** If I carry over \$660 in my Flexible Spending Account, is there a deadline of when that \$660 needs to be used in 2026?

Answer: There is not a deadline in which you need to use your carryover amount by. Note: Your carryover will not show in your account until around April 15th.

107. **Question:** Will eligible Flexible Spending Account (FSA) funds from 2025 move from Optum to TASC?

Answer: If the balance in your healthcare FSA is greater than or equal to \$50 on March 31, 2026, up to \$660 of healthcare FSA funds will automatically transfer from Optum to TASC around April 15, 2026. This applies to your FSA carryover funds. If the balance in your healthcare FSA is less than \$50 on March 31, 2026 but you re-enroll for the 2026 plan year during Open Enrollment, up to \$660 of healthcare FSA funds will also automatically transfer from Optum to TASC around April 15, 2026.

108. **Question:** If I retire early next year, what happens to my Flexible Spending Account (FSA) balance?

Answer: When you retire, you will receive a continuation notice that outlines your continuation rights. To continue coverage, submit a continuation application to the Department of Employee Trust Funds (ETF) within 60 days of the coverage end date or 60 days from the date on the continuation notice, whichever is later. If you continue your Healthcare FSA, you can continue to incur eligible expenses until your FSA is exhausted or the last day of the month in which your final contribution is made to ETF, whichever is earlier. If you do not continue your coverage, you may incur eligible expenses through the end of the month in which you retire. Review the [Benefits at Retirement chart](#) for details.

109. **Question:** What is the age limit for the Dependent Day Care Flexible Spending Account (FSA)?

Answer: The Dependent Day Care FSA can be used for children under the age of 13. It can also be used for eligible adult dependents such as a spouse or live-in parent (to care for an incapacitated adult that lives with you or expenses for an in-home care giver).

110. **Question:** If my spouse has a Dependent Day Care Flexible Spending Account (FSA) for our toddler through their place of employment, am I still eligible to sign up as well?

Answer: The Dependent Day Care FSA has a **per household** maximum contribution amount of \$3,750 or \$7,500 depending on tax filing status. You can each enroll in a Dependent Day Care FSA through your



Benefits Open Enrollment Employee Presentations Question & Answers

individual employers; however, you should make sure you do not exceed the IRS per household maximum contribution amount of \$3,750 or \$7,500 (depending on tax filing status).

111. **Question:** How much will carryover from one year to the next for my Dependent Day Care Flexible Spending Account (FSA)?

Answer: The IRS does not allow carryover from one year to the next for the Dependent Day Care Account.

112. **Question:** If the cost of my parking is already deducted from my paycheck do I need enroll in the Parking Flexible Spending Account (FSA)?

Answer: If you have parking deducted from your paycheck through your University, then you should **not** enroll in the Parking FSA.

113. **Question:** How does reimbursement work for the Parking & Transit Accounts?

Answer: If you enroll in the Parking Account, you will receive a TASC payment card that can be used for eligible expenses. If you enroll in a Transit Account, you will need to submit claims manually (electronically or via U.S. Mail) to TASC for reimbursement.

114. **Question:** How do I submit claims for the Parking or Transit Flexible Spending Account (FSA)?

Answer: If you enroll in a Parking FSA you will receive a TASC payment card. You may use the payment card for eligible parking expenses, or you can submit claims to TASC electronically or via U.S. Mail. If you enroll in a Transit FSA you will not receive a TASC payment card. For eligible transit expenses, you must pay out-of-pocket, then submit your claim to TASC electronically or via U.S. Mail for reimbursement.

115. **Question:** Can Teaching Assistants and Research Assistants enroll in a Flexible Spending Account (FSA)?

Answer: If you are eligible for the Graduate Assistant/Short-Term Academic Staff benefits package, you can enroll in a FSA. The [General Employee Information web page](#) has information about benefits eligibility. Also, review the [Graduate Assistant/Short-Term Academic Staff Benefit Summary](#). If you aren't sure if you are eligible, reach out to your [Benefits Contact](#).

116. **Question:** Can I use my Health Savings Account (HSA) from this year if I change from the High Deductible Health Plan (HDHP)? I understand I will no longer be able to contribute to my HSA if I don't enroll in a HDHP.

Answer: You can continue to use your current HSA for eligible expenses until your HSA is exhausted, even if you do not enroll in an HDHP and HSA for 2026. You are correct; you cannot contribute to your HSA once you are no longer enrolled in the HDHP with HSA.

117. **Question:** What happens to balance in my Health Savings Account (HSA) at the end of each year?

Answer: All money in your HSA carries over from one year to the next.



Benefits Open Enrollment Employee Presentations Question & Answers

118. **Question:** If I am enrolled in a High Deductible Health Plan (HDHP), can I be enrolled in a Flexible Spending Account (FSA) and Health Savings Account (HSA)? How much does the employer contribute to the HSA and how often?
- Answer:** If you are enrolled in an HDHP, you can be enrolled in the Limited Purpose FSA and HSA. The Limited Purpose FSA can be used for dental and vision expenses as well as post-deductible medical expenses. If you enroll in an HSA, the contribution to your HSA will occur on the first two paychecks of each month. For individual coverage, \$35.50 per paycheck. For family coverage, \$71.00 per paycheck.
119. **Question:** Can I have a Health Savings Account (HSA) if my spouse also has an HSA and I am not listed as a dependent?
- Answer:** You can have an HSA at the same time as your spouse if your spouse and their employer do not contribute to your spouse's HSA. An HSA can be used for any dependent, even if they are not listed on your health insurance and you are only able to contribute towards one HSA per calendar year.
120. **Question:** Will my Health Savings Account (HSA) balance automatically rollover from Optum to TASC due to the vendor change or will we need to roll it over ourselves?
- Answer:** Your HSA will not transfer to TASC automatically. You can decide if you want your HSA to transfer to TASC, stay with Optum, or transfer to another HSA administrator. If you want to transfer your HSA to TASC, you can submit a form after December 29, 2025. Watch for information from TASC after the Open Enrollment period ends (October 31) that explains the steps you can take to initiate the transfer of your HSA. If you decide to leave your HSA with Optum, a \$3.00 monthly administrative fee will automatically be deducted from your Optum HSA starting in April 2026. Funds remaining in your HSA with Optum may be used for eligible health, dental, and vision expenses.
121. **Question:** Will my Health Savings Account (HSA) balance with Optum transfer to the new HSA vendor, TASC?
- Answer:** You can decide whether to leave your current HSA with Optum or transfer it to TASC. If you leave your HSA balance with Optum, you may continue to use the funds for qualifying expenses. Also, beginning in April 2026 a \$3 administrative fee will automatically be deducted from your Optum HSA. If you prefer to transfer your HSA balance to TASC, you can initiate this process on/after December 29th. Watch for information in December from TASC with instructions for how to transfer your Optum HSA balance to TASC.
122. **Question:** Will we receive instructions on how to transfer our Health Savings Account (HSA)?
- Answer:** Yes, you will receive communication from TASC after October 31 that will include information about transferring your HSA from Optum to TASC.
123. **Question:** How much will it cost to transfer my Health Savings Account (HSA) balance from Optum to TASC?
- Answer:** There is no cost to transfer your HSA balance from Optum to TASC.



Benefits Open Enrollment Employee Presentations Question & Answers

124. **Question:** I have a Health Savings Account (HSA) from my previous employer. Do I need to transfer that HSA to my HSA with the UW?
- Answer:** Since the HSA is an individual savings account, you are not required to transfer your HSA from your previous employer to the HSA you have through the Universities of Wisconsin. You should consider reviewing the interest rate for each of your HSA's or contact your tax advisor to help you determine how to proceed.
125. **Question:** If I have invested some of my Health Savings Account (HSA) balance, will that also transfer to TASC when I transfer my balance?
- Answer:** If you choose to transfer your funds from Optum to TASC, you must liquidate your investments prior to transferring your balance from Optum to TASC. This ensures that your entire balance (cash and investments) are transferred from Optum to TASC.
126. **Question:** What happens with my current Health Savings Account (HSA) if I am no longer in the High Deductible Health Plan (HDHP) for 2026?
- Answer:** You can no longer contribute to your HSA if you are no longer enrolled in the HDHP; however, you can still use the remaining funds to pay or be reimbursed for future qualified medical expenses. A monthly administrative fee may be deducted from your HSA balance until the account is zero. Your HSA will remain with Optum unless you transfer it to TASC or another HSA administrator.
127. **Question:** Is the maximum annual contribution I can make to a Health Savings Account (HSA) as an individual 12-month employee \$3,548?
- Answer:** If you are enrolled in the HSA for the entire calendar year and younger than age 55, then your maximum annual contribution amount is \$3,548. This excludes the \$852 employer contribution to your HSA. If you will attain age 55 or older in 2026, you can contribute an additional \$1,000 to your HSA in 2026.
128. **Question:** For the High Deductible Health Plan (HDHP) is the employer contribution to my Health Savings Account (HSA) \$1,704 if I enroll in family coverage?
- Answer:** Yes. If you enroll in a family HDHP, the employer contribution to your HSA will be \$1,704 as long as you remain enrolled for the entire calendar year.
129. **Question:** My spouse is enrolled as a dependent of mine through the Universities of Wisconsin under the non-High Deductible Health Plan (HDHP). My spouse has a Health Savings Account (HSA) from their previous employer when they had an HDHP but he does not contribute to it anymore. Can I enroll in a healthcare Flexible Spending Account (FSA) in 2026 even though my spouse has an HSA from a previous employer they no longer contributes to?
- Answer:** Yes, you can enroll in a healthcare FSA in 2026 under your circumstances. Having an existing HSA from previous years does not prevent your spouse from being covered by your non-HDHP or healthcare FSA since he is no longer enrolled in an HDHP or contributing to his HSA.



Benefits Open Enrollment Employee Presentations Question & Answers

130. **Question:** Can I use my Health Savings Account (HSA) to pay for my spouse's medical expenses, even if we are both Universities of Wisconsin employees, I enroll in the High Deductible Health Plan (HDHP) and my spouse enrolls in the non-HDHP?

Answer: Yes, you can use HSA funds to pay for qualified medical expenses for a spouse or tax dependent even if your spouse or tax dependent is covered under another health plan.

131. **Question:** Can I contribute to my Health Savings Account (HSA) using post-tax money via a one-time check as opposed to monthly paycheck deductions?

Answer: You can contribute to your HSA post-tax via a one-time check versus pre-tax through paycheck deductions but you must remain enrolled for the entire calendar year to be eligible for the IRS annual maximum contribution amount: \$4,400 for individual coverage (or \$5,400 if you will attain age 55+ in 2026) or \$8,750 for family coverage (or \$9,750 if you will attain age 55+ in 2026). **Note:** When you calculate how much to contribute post-tax, take into consideration the employer contribution to your HSA (\$852 for individual coverage and \$1,704 for family coverage). If you do not take into consideration the employer contribution and instead meet the IRS annual maximum contribution amount mid-year with your post-tax contribution, the Universities of Wisconsin will not be able to deposit the entire employer contribution into your HSA. Contact your tax advisor to determine if you should make post-tax contributions to your HSA.

132. **Question:** Can I use my Health Savings Account (HSA) for a gym membership?

Answer: A gym membership is generally not considered an eligible HSA expense. View the [HSA Handbook](#) for a list of qualified and examples of non-qualified expenses.

Life Insurance

133. **Question:** How can I determine the amount of life insurance coverage to enroll in?

Answer: You can consider what expenses your loved ones may incur if you pass away to help determine how much life insurance coverage you would like. Review the [Life Insurance web page](#), which has links to a "Why Life Insurance Matters" brochure and a Life Insurance Needs Calculator. Also review the life insurance plan options linked on that web page to see the coverage amount options. Premium costs for the different coverage levels are available on the [Benefit Premiums web page](#).

134. **Question:** I recently became benefits eligible. How do I know which life insurance plans I'm initially eligible for and which plans I can enroll in later without evidence of insurability?

Answer: If you are eligible for the WRS Benefits Package, you are eligible to enroll in State Group Life Insurance and Individual & Family Life Insurance.

For State Group Life Insurance you may enroll in one to five units of employee coverage, up to \$20,000 of spouse coverage, and up to \$10,000 of child coverage during your initial 30-day enrollment period. Each unit of employee coverage is equal to your highest calendar year's earnings, rounded to the nearest \$1,000. Employee coverage level is adjusted annually and will automatically increase if your salary increases. If you



Benefits Open Enrollment Employee Presentations Question & Answers

did not enroll in coverage during your initial enrollment period or want to increase coverage, you can do so through Evidence of Insurability.

For Individual & Family Life Insurance, you may enroll in up to \$20,000 of employee coverage; \$10,000 of spouse or domestic partner coverage; and \$5,000 of child(ren) coverage during your initial 30-day enrollment period. If you enrolled in coverage during your initial enrollment period, annually during the open enrollment period you may increase coverage without Evidence of Insurability. If you did not enroll in coverage during your initial enrollment period or want to increase coverage outside of the open enrollment period you can do so through Evidence of Insurability.

Details on life insurance plan options can be found on the [Life Insurance web page](#).

135. **Question:** What are the life insurance plan premiums?

Answer: State Group Life insurance premiums are based on the level of coverage and your salary for employee coverage. Spouse and Dependent coverage premiums are based on the level of coverage. For Individual & Family Life insurance, premiums are based on the amount of coverage for employees, spouses, and children. Review the [Benefits Premiums web page](#) for specific premium information.

136. **Question:** I completed my enrollment and printed my benefits summary but the basic, supplemental, and additional life insurance only show for 2025. Does life insurance automatically continue in 2026?

Answer: Yes, your current State Group Life Insurance enrollments will automatically continue in 2026.

137. **Question:** For State Group Life Insurance and Income Continuation Insurance, if we see those under our "Current" benefits for 2025 in My Insurance Benefits, will those automatically carry over without changes in 2026? When looking in My Insurance Benefits, you see "Current" coverage on the home page (which lists them) but then when you change to "Future", they no longer appear.

Answer: Since you cannot make changes to State Group Life Insurance or Income Continuation Insurance during the open enrollment period, these plans do not appear under the Open Enrollment section in My Insurance Benefits. If you are currently enrolled in State Group Life Insurance or Income Continuation Insurance, your coverage will continue automatically into 2026.

138. **Question:** Is the State Group Life Insurance plan called "Basic Life Insurance" in My Insurance Benefits? Will the premiums increase by 5% April 1, 2026? Is the Basic and Supplemental Life Insurance both based on annual salary?

Answer: The State Group Life Insurance is called Basic Life Insurance, Supplemental Life Insurance, and Additional Life Insurance in My Insurance Benefits. The coverage is based on your highest annual salary during your employment, if enrolled. Employee coverage premium will increase 5% for most age groups effective April 1, 2026. Spouse & Dependent coverage premium will remain the same.



Benefits Open Enrollment Employee Presentations Question & Answers

139. **Question:** For the excess amount of coverage for Individual & Family Life Insurance, if my application is denied when I go through the proof of good health process, how can I get additional life insurance coverage that does not require approval?

Answer: If you go through the proof of good health process for additional coverage through the Individual & Family Life Insurance plan, but your request is denied, then you are not eligible for additional coverage currently. If you are enrolled and remain eligible for the Individual & Family Life Insurance plan during the next benefits open enrollment period, you could increase your coverage amount slightly at that time without proof of good health.

140. **Question:** Is increasing Individual & Family Life Insurance coverage still an option for 2026?

Answer: If you are currently enrolled in Individual & Family Life Insurance you may increase up to the limits, each year during open enrollment. In My Insurance Benefits you will see the Individual & Family Life Insurance Plan as an option to make changes to.

141. **Question:** How do I renew my Individual & Family Life Insurance for 2026?

Answer: If you are currently enrolled in Individual & Family Life Insurance, your coverage will automatically continue for 2026, unless you make a change.

142. **Question:** If I have a life event (marriage) can I add spousal life insurance?

Answer: Yes, if you get married, you can add spouse **State Group Life Insurance** within 30 days of your marriage date. Note that you must enroll in or be enrolled in *employee* State Group Life Insurance to enroll in spouse coverage. To enroll in spouse **Individual & Family Life Insurance**, you must *already* be enrolled in *employee* Individual and Family Life Insurance. See the [Marriage Life Event web page](#) for details.

143. **Question:** I am trying to add my child to Individual & Family Life Insurance - Child plan. Even if I select \$2,500 it is asking for evidence of insurability.

Answer: If you do not currently (in 2025) have your dependents enrolled, you can only add them through Evidence of Insurability (EOI). If you are currently enrolled in Individual & Family Life Insurance with dependent coverage, you can increase the coverage by \$2,500 without EOI.

144. **Question:** Is there an age limit for child's life insurance?

Answer: The age limit for child's life insurance depends on the life insurance.

- State Group Life Insurance: end of month your child turns age 26
- Individual & Family Life Insurance: end of year your child turns 25, provided child is unmarried
- Accidental Death & Dismemberment Insurance: end of year your child turns 25, provided child is unmarried, a full-time student and dependent upon parent for at least 50% of financial support.

145. **Question:** When I was hired I accidentally signed up for spouse life insurance coverage however I have not had a spouse since working for the Universities of Wisconsin. How do I cancel coverage? Can I be reimbursed for premiums paid?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: Reach out to your [Benefits Contact](#) for assistance on canceling coverage and to determine if premiums can be reimbursed.

146. **Question:** Where can I find the Premium Rate for State Group Life Insurance and Income Continuation Insurance for 2026?

Answer: Current premiums can be found on the [Benefits Premiums web page](#). 2026 premiums will be added in December.

147. **Question:** What do I do if I want to make a change to my life insurance?

Answer: If you want to cancel your life insurance coverage you can do so at any time. If you want to enroll in coverage, you would need to submit a medical evidence of insurability application to the life insurance carrier. If you already have Individual & Family Life Insurance, you can increase coverage up to certain limits during the open enrollment period. See the [Life Insurance web pages](#) for more information.

148. **Question:** Are premiums for the State Group Life Insurance Basic coverage discontinued after age 66?

Answer: As an employee, the State Group Life Insurance Basic (1x salary) premium continues until you turn age 70. At age 70 there is no premium and the coverage level reduces to half of Basic. When you retire, the coverage automatically continues and you pay the premium until you turn age 65. At age 65 the coverage decreases to 75% of Basic (1x salary) with no premium. At age 66 the coverage changes to 50% of Basic with no premium and remains at that for the rest of your life.

149. **Question:** Do the State Group Life Insurance or Individual & Family Life Insurance plans continue when I retire? On my current pay stub, I see "State Group Life Spouse & Dep" as a post-tax deduction (\$2.10); is this something we automatically get or do I need to re-enroll?

Answer: Your State Group Life Insurance and Individual & Family Life Insurance coverage can continue into retirement. Review the [Employee Benefits at Retirement chart](#) for details.

As an active employee, if you are enrolled in life insurance now, your coverage will continue automatically year-to-year, unless you cancel or change your coverage. You do not need to re-enroll in life insurance during each Benefits Open Enrollment period.

There are no life insurance plans that employees are automatically enrolled in. If you are currently enrolled in life insurance, it is because you previously enrolled in coverage. You can cancel your life insurance coverage at anytime.

Accident Insurance

150. **Question:** Where do I find information on the Accident Insurance Plan?

Answer: Accident Insurance information can be found on the Universities of Wisconsin [Accident Insurance web page](#).



Benefits Open Enrollment Employee Presentations Question & Answers

151. **Question:** In the overview of the changes at the beginning of the presentation you mentioned that we must re-enroll our dependents to get covered in 2026. Was this in reference to?

Answer: This was in reference to the Accident Insurance Plan. If you are currently enrolled in individual + spouse, individual + children, or family coverage, you must re-enroll your spouse and/or eligible children during your enrollment session; otherwise, your spouse and/or eligible children will not have coverage in 2026.

152. **Question:** I might retire in 2026. How would Accident Insurance and such premiums be affected if I start the year employed?

Answer: When you retire, some insurance plans may continue automatically (such as health and uniform dental insurance) and some plans will end automatically unless you continue coverage by submitting paperwork timely. Typically, you can only continue coverage if you are enrolled in that insurance plan at the time of retirement. Also, some plans can have the same premium cost as active employees pay, and other plans have a higher premium cost. Review the [Benefits at Retirement chart](#) for details on the plans you are enrolled in.

Other Updates & Employee Resources

153. **Question:** Will these slides be posted so I can review after the webinar?

Answer: Yes, these slides and a recording of the presentation will be posted on the [Benefits Open Enrollment Presentations web page](#).

154. **Question:** Is the effective date of all of these changes January 1, 2026?

Answer: For most of the benefits that were reviewed during the presentation (Health Insurance, Opt-Out Incentive, Dental Insurance, Vision Insurance, FSA, HSA, Parking & Transit Accounts, Individual & Family Life Insurance, Accidental Death & Dismemberment Insurance, Accident Insurance), any changes you make will be effective January 1, 2026. In the Other Updates section, we mentioned that State Group Life Insurance and Income Continuation Insurance premium rates will change April 1, 2026.

155. **Question:** After having submitted my 2026 elections I did not get an email stating that I had made my benefit elections. Am I supposed to receive such an email?

Answer: You will not receive a confirmation email for 2026 enrollments. You can confirm your enrollments within My Insurance Benefits by clicking on 'Print your benefits.' You will see both 2026 and 2025 enrollments there. Note that State Group Life and Income Continuation Insurance will not show for 2026 because there is no election change opportunity for those plans this year. Those plans will automatically roll over with no action needed.



Benefits Open Enrollment Employee Presentations Question & Answers

156. **Question:** If I am not making any changes in my healthcare, will the system automatically update my choices or will I need to enter information into the system? How will I know if my choices have been updated? Will I receive confirmation from the system for 2026?

Answer: We do encourage employees to review their provider directories to ensure their doctors are still covered, and review the [Benefits Open Enrollment web page](#) for information about changes in 2026. There are some plans which require annual re-enrollment to participate for the upcoming year, such as the spending and savings accounts and the medical/health insurance opt-out incentive. If you are enrolled in Accident Insurance and your spouse and/or children are covered, you will need to add them to your Accident Insurance during the open enrollment period, otherwise their coverage will end December 31, 2025. To review your 2026 benefits, log in to My Insurance Benefits and follow the steps. You can click **Print your benefits** and review the **Open Enrollment Elections** to make sure everything is correct for 2026. Your current (2025) benefit elections are listed below under **Current Elections**. You can save or print this benefit summary if you want. If any changes are needed, make and Save those changes in My Insurance Benefits by October 31, 2025.

157. **Question:** How can I compare our current benefits package to what is being offered in 2026?

Answer: Benefits changes for 2026 are outlined on the [Benefits Open Enrollment web page](#). Current benefit information is available on the [Employee Benefits website](#). You can review your current insurance enrollments by logging into [Workday](#). From the left-hand Menu, click Personal, then Benefits and Pay, Benefits, and Benefit Elections.

158. **Question:** If we're not changing anything, do we need to do anything?

Answer: You will want to review all benefit enrollments for 2026 to ensure everything looks accurate. There are some plans which require annual re-enrollment to participate for the upcoming year, such as the spending and savings accounts and the medical/health insurance opt-out incentive. If you are enrolled in Accident Insurance and your spouse and/or children are covered, you will need to add them to your Accident Insurance during the open enrollment period, otherwise their coverage will end December 31, 2025 (this year only). We also encourage you to check the provider directories to ensure your providers are still covered.

159. **Question:** If I want to keep the same benefits I have now for 2026, do I need to do anything?

Answer: You will want to review all benefit enrollments for 2026 to ensure everything looks accurate. There are some plans which require annual re-enrollment to participate for the upcoming year, such as the spending and savings accounts and the medical/health insurance opt-out incentive. If you are enrolled in Accident Insurance and your spouse and/or children are covered, you will need to add them to your Accident Insurance during the open enrollment period, otherwise their coverage will end December 31, 2025 (this year only). We also encourage you to check the provider directories to ensure your providers are still covered.



160. **Question:** If I don't want to make any changes to my benefits during open enrollment, do I have to set up a My Benefits account or do anything in Workday?

Answer: We recommend that all benefits eligible employees set up their My Benefits account and review their benefits enrollments. Your My Benefits account will follow you after you leave Universities of Wisconsin employment. Open enrollment is a good time to review your benefits and dependents even if you do not have changes.

161. **Question:** If I do not want to make any changes to my health, dental, or vision insurance, or change my dependents, I do not need to do anything as I will be automatically re-enrolled, correct?

Answer: You should review all benefit enrollments for 2026 to ensure everything looks accurate. There are plans that require enrollment each year, such as the Health Insurance Opt-Out Incentive, Flexible Spending Accounts (FSA), and the Health Savings Account (HSA). In addition, if you are enrolled in Accident Insurance covering your spouse or children, this year only, you must re-enroll them in Accident Insurance if you want their coverage to continue after December 31, 2025.

162. **Question:** Where do we go to enroll?

Answer: You will to set up a My Benefits account to access the new benefits enrollment system. This is a one-time registration process that you must complete prior to enrolling in your benefits. For instructions, review [Set Up Account in My Benefits \(KB 149907\)](#). You can access My Insurance Benefits through Workday. After logging into Workday, go to Personal in the upper left, then Benefits and Pay, and under Suggested Links select My Insurance Benefits. Then log into My Insurance Benefits using the new My Benefits log in credentials that you set up.

163. **Question:** How do we enroll in or decline our benefits online?

Answer: You will need a My Benefits account to access the new benefits enrollment system. This is a one-time registration process that you must complete prior to enrolling in your benefits. For instructions, review [Set Up Account in My Benefits](#). You can access My Insurance Benefits through Workday. After logging into Workday, go to Personal, then Benefits and Pay, and under Suggested Links select My Insurance Benefits. Then log into My Insurance Benefits using the new My Benefits log in credentials that you set up.

164. **Question:** What should I do if I set up My Benefits account with my work email, not my personal email?

Answer: You can change the email address associated with your My Benefits account. Log into your MyWisconsin ID account. Once logged in, in the upper right select Settings. In the Personal Information section, you can make updates. More information can be found on the [MyWisconsin ID Account Management web page](#).

165. **Question:** What if I set up a My Benefits account already using my work email? I logged in and added my personal email account, is that enough?



Benefits Open Enrollment Employee Presentations Question & Answers

Answer: You can change your My Benefits account credentials to use your personal email address instead of your work email address. Review the [MyWisconsin ID Account Management web page](#).

166. **Question:** When you say we need to set up a My Benefits account using our personal email address, does that mean I need to use a Gmail or Hotmail account and not my work email?

Answer: It is recommended that you do not use your work email address when you set up your My Benefits account since your My Benefits account will follow you when you leave Universities of Wisconsin employment. After you leave the Universities of Wisconsin, you may not have access to your Universities of Wisconsin email account. A Gmail or Hotmail account can be used as well as any other type of personal email account.

167. **Question:** When I set up My Benefits account, what is considered a “personal” email?

Answer: It is recommended that you do not use your Universities of Wisconsin email address. This is to ensure that you are still able to login if you leave employment with the Universities of Wisconsin. A gmail or yahoo email address (although there are plenty others) are considered “personal” email addresses.

168. **Question:** In the *review and confirm your enrollment summary* before you hit complete enrollment, the family Accidental Death & Dismemberment insurance shows “persons covered” as just you, however I have the family coverage.

Answer: Yes, there are a few plans, such as the Accidental Death & Dismemberment insurance, Flexible Spending Account (FSA), and Health Savings Account (HSA) which list ‘just you’ under ‘persons covered’ however if you have family Accidental Death & Dismemberment insurance – family coverage, all eligible family members will be covered. Also, you can use your FSA and HSA funds on qualified medical expenses for all your eligible family members.

169. **Question:** Is there a processing fee for benefits this year?

Answer: No, there is not a processing fee for benefits. When you log into My Insurance Benefits you will see the premium for the health insurance broken out into an administrative fee, pharmacy benefits, and Well Wisconsin Program. These costs have always been included in the health insurance premium. This is a new way of showing the costs that make up the health insurance premium. The administrative fees cannot be declined.

170. **Question:** Where can I find the list of the vendor presentations and register for them?

Answer: You can find the vendor presentations on the [Benefits & Wellness Fairs web page](#) (click *Open all*).

171. **Question:** Do the health insurance plans cover hearing aids?

Answer: Typically hearing aids can be covered by your health insurance after you meet your deductible, and then you may pay 20% coinsurance (durable medical equipment; would need to be medically necessary and



Benefits Open Enrollment Employee Presentations Question & Answers

prescribed by your in-network provider). Check with your health insurance provider for details, as prior authorization may be required and there may be a maximum amount available. Details are in your health insurance carrier's Summary of Benefits: <https://etf.wi.gov/its-your-choice/2026/state-employee-and-retiree-health-plan-supplemental-benefits/health-insurance-employees-cobra-and-retirees-without-medicare/summary-benefits-and-coverage>. If you enroll in Vision Insurance MetLife may provide discounts on hearing aids, as noted on page 3 of the [Vision Insurance Brochure](#). Contact MetLife for details at (833) 393-5433.

172. **Question:** How many beneficiaries can you name?

Answer: As many as you would like. You can find information on the [Beneficiary Information web page](#).

173. **Question:** I'm retiring during open enrollment. Should I submit paperwork through Workday before retirement or with the Department of Employee Trust Funds (ETF) afterward?

Answer: If you are making changes for 2026, when you will be retired, you will want to submit those changes directly to the Department of Employee Trust Funds (ETF) by October 31, 2025. If you have further questions or would like confirmation on your steps, reach out to your [Benefits Contact](#).

174. **Question:** I will be getting married in 2026. Can I change coverage at that time? Are there are things I should do now proactively.

Answer: You will want to wait until the life event has happened to update your benefits. You will have 30-days from the date of marriage to add your spouse to your current benefits. You will also have limited opportunities to add coverage as well within 30-days of the date of marriage. Health Insurance will become effective on the date of marriage and other additional plans or changes on the first of the month following the date of marriage. Life event information can be found on the Universities of Wisconsin Employee Benefits website on the [Life Events web page](#). Documentation will be required.

175. **Question:** If my 24-year-old daughter is getting married this month, do I have to take her off my insurance? If she is my only dependent child on the plan now, do I have to change my plans to individual + spouse or leave as family if I remove her?

Answer: Review your daughter's insurance coverage in My Insurance Benefits. Next, review the [Dependent Eligibility Chart](#). Some plans may discontinue coverage if your child is married, such as Individual & Family Life Insurance or Accidental Death & Dismemberment Insurance, so you would want to remove your child if she is covered by those plans. For other plans, such as health, dental, vision and accident insurance, your child can remain enrolled until age 26, regardless of her marital status. Since your daughter is over age 18, you can remove her from your insurance coverage during any Benefits Open Enrollment period, and then her coverage would end the following January 1st. If your daughter gains other coverage (for example, enrolls in her new spouse's insurance), that is a qualifying life event, and you can then remove her from your insurance coverage within 30 days of when that other coverage starts. Review the [Gain of Other Coverage web page](#) for details.



Benefits Open Enrollment Employee Presentations Question & Answers

176. **Question:** My divorce will finalize in January, will that count as a qualifying life event in order to add my child to my insurance or will I need to add them during this open enrollment period?

Answer: You will have 30 days from the loss of other coverage to add your child to your plan. Review the life event [Loss of Other Coverage web page](#) and/or contact your Benefits Contact for details related specifically to your current plans.

177. **Question:** Most of the language on the life event web pages is on employees job change status. Can I add my spouse and dependents next year, if my spouse has an employment change later this year that impacts his benefits for next year?

Answer: Review the [Life Events Family Changes web pages](#) for a list of life events that may allow you to add your spouse and dependents outside of the open enrollment window. If you lose coverage through your spouse you may be able to enroll in insurance coverage through the Universities of Wisconsin through a [Loss of Other Coverage life event](#).

178. **Question:** Is there any option for my 28-year-old child to be covered by my insurance?

Answer: Review the Dependent Eligibility Chart for a list of eligible dependents by benefit plans. The [Dependent Eligibility chart](#) can be found in the Resources section of the Benefits Open Enrollment web page. Most dependent insurance coverage ends by age 26, except in certain situations such as disability and military duty.

179. **Question:** With Workday, we were told that prepaids are being deducted during the academic year, rather than just during payrolls in the spring. Currently, for faculty paid on an academic year/9-month basis, it is difficult to plan our individual budgets because it is impossible to know what the net pay will be from paycheck to paycheck. Is there a calculator or website that could tell us what each of our estimated paychecks will be for 2026 based on our 2026 benefits selections and the prepaid amounts?

Answer: There is not a calculator that will estimate your pay taking into account prepaid amounts. Your prepaid deductions should be consistent paycheck to paycheck unless you have had a change to your coverage which would affect your premiums or when there are benefit changes such as for January 1 when premiums change or elections change and April 1 when State Group Life Insurance and Income Continuation Insurance premiums change. Reach out to your [Benefits Contact](#) for additional questions or to have your paycheck reviewed to see why your prepaid deductions may be fluctuating.

180. **Question:** Where do I find information about Income Continuation Insurance (ICI)?

Answer: From the [Employee Benefits website](#), in the left hand navigation go to Disability and Income Continuation Insurance, and then go to [Income Continuation Insurance](#).

181. **Question:** Can I make changes to my Income Continuation Insurance (ICI) coverage?

Answer: Yes, if you are enrolled, you can cancel coverage at any time. If you are a Faculty, Academic Staff, or Limited Appointee, you can increase your elimination period at any time (for examples, switch from a 30-day elimination period to a 180-day elimination period). If you are not enrolled and want to enroll, you can



Benefits Open Enrollment Employee Presentations Question & Answers

enroll through medical evidence of insurability or if you have a deferred enrollment opportunity. Review the [ICI web page](#).

182. **Question:** Does having Income Continuation Insurance (ICI) impact parental leave following birth of a child?

Answer: Paid Parental Leave provides up to 6 weeks of paid time off following the birth of your child. With ICI, you do have to use up your sick leave (up to 130 days) or satisfy your elimination period (whichever is longer) before the ICI benefit can begin. Also, your ICI benefit would be reduced/adjusted to account for any paid leave. Review the [Birth Life Event web page](#), the [Paid Parental Leave web page](#), and the [ICI web page](#) for details.

183. **Question:** For the WRS, does the employer contribution increase also?

Answer: Yes, 2026 WRS Contribution Rates will increase to 7.2% for both employee and employer contributions for most employees.

184. **Question:** The Supplemental Retirement Change option in Workday is above and beyond Wisconsin Retirement System (WRS) contributions, correct?

Answer: The Supplemental Retirement Change option in Workday is for the UW 403(b) Supplemental Retirement Program (SRP) contributions. This is separate from WRS contributions. More information related to the Supplemental Retirement Program Plan options, including how to enroll or make changes to contributions can be found under the [Retirement Plans web page](#).

185. **Question:** I have some specific questions about coverage of a child. How do I schedule a time to talk with a benefits consultant?

Answer: Reach out to your [Benefits Contact](#) to get information about how to meet with a benefits specialist.

186. **Question:** If we need help navigating Workday, enrolling in benefits, or making changes, are we able to schedule a meeting in-person with an HR person?

Answer: If you need help, reach out to your [Benefits Contact](#) for assistance.