2027 Open Enrollment FAQ

ENROLLMENT

Do I need to enroll if I want to keep my current benefits?

Your current medical, dental, and life insurance elections generally continue if you make no changes. However, HSA and FSA elections do not automatically renew and must be elected each year.

I am a new employee and enrolled in October 2026. Do I still need to complete Open Enrollment for 2027?

Yes. Your new-hire enrollment covers your current-year elections. You must also complete Open Enrollment for your 2027 benefits.

When is Open Enrollment?

Open Enrollment begins on October 26 ends on November 6, 2026.

Where do I enroll?

Enroll through the Benefits Portal available through Insight.

Insight → AmeriHealth Caritas Benefits Portal (on the left menu)

If you need to access the enrollment system from a personal device and cannot go through Insight:

1. Go to https://secure3-enroll.com/go/amerihealthcaritas [secure3-enroll.com].
2. Select the employee/member login option.
3. If you have not registered or logged in before, select "Register Now."
4. Enter the personal information requested to confirm your identity.
5. You will receive a verification code. Follow the instructions on the screen to enter it.
6. Follow the instructions to create or enter your username and password.

After you register, signing in is simple: enter your username and password, then enter the security code you receive to finish signing in.

If both my spouse and I work for AHC and want to change who carries family coverage, what should we do?

Review the information in the Benefits Guide on AHCHereforYou and follow the instructions on Page 11.

If I add a dependent during the year, how will that affect deductibles, out-of-pocket maximums, and HSA contributions?

If you move from individual coverage to family coverage or covering additional dependents, the cost of your benefits will change as will your deductible and out-of-pocket maximum. You would also have the option to contribute additional funds to your HSA up to the family limit determined by the IRS.

BENEFITS INFORMATION AND SUPPORT

Where can I find benefits information and plan rates?

Visit AHCHereForYou and review the 2027 Benefits Guide. Personalized payroll deductions and plan comparisons are also available through the Benefits Portal during Open Enrollment.

Is the benefits microsite replacing Insight?

For Open Enrollment information, AHCHereForYou is the primary resource. Other HR resources continue to be available on Insight.

Can someone help me understand the plans and make benefit elections?

- For assistance understanding plans, networks, and what elections might best suit your needs contact Health Advocate.
- For help with the enrollment system contact the Benefits Center at 1-855-958-0759 for enrollment and plan assistance.

Who should I contact with personal benefits questions?

Email ahcbenefits@benefitplace.com or call 1-855-958-0759.

Will the webinar slides, recording, and FAQ be shared?

Yes. Webinar materials will be distributed after the sessions.

GLP-1 WEIGHT MANAGEMENT PROGRAM

How will weight-loss GLP-1 medications be covered in 2027?

Eligible weight-loss GLP-1 medications will be administered and prescribed through Teladoc's Cardiometabolic Health Program and RxSaveCard, rather than through the traditional prescription benefit. Approved participants pay a $75 copay for a one-month supply.

Is the GLP-1 program available to spouses and dependents?

Yes. This program is available to associates enrolled in an AmeriHealth medical plan. Covered dependents age 18 and older may be eligible if they meet program requirements.

What if I already take a GLP-1 medication?

When registering for the program, provide information about your current prescription. Teladoc will review eligibility and next steps.

Can I transfer a GLP-1 prescription from another insurance plan?

This program is available to those enrolled in an AmeriHealth medical plan. If you are covered by an AmeriHealth medical plan, you may register with the program beginning January 1, 2027. Coverage is not automatic, and Teladoc will evaluate eligibility.

Can I start the process before January 1, 2027?

No. Registration is expected to begin January 1, 2027.

Do HDHP members have to meet their deductible before receiving GLP-1 medications?

No. These medications will be covered outside of the medical plan and eligible participants pay only the $75 copay.

Are dual-agonist medications (GIP/GLP-1) covered?

Coverage depends on whether the medication appears on the program's eligible medication list. For example, Zepbound is covered.

What if my GLP-1 is prescribed for a condition other than weight loss, such as diabetes or sleep apnea?

Comorbidities will be considered during the intake process.

Will I need to change from my current provider to Teladoc?

Yes, you will now use a Teladoc Cardiometabolic Health provider to receive a prescription and engage in the Cardiometabolic Health program for weight loss support.

How will Teladoc obtain my medical history and prior authorization information?

You will share all relevant information with Teladoc during the intake process and provider appointments. Teladoc will share details related to their process directly with you. Not everyone's situation is the same, and you will receive personalized care.

When will the Cardiometabolic Health Program become available?

January 1, 2027.

How do I enroll in Teladoc?

Register through the Teladoc website or app once the applicable program becomes available on January 1, 2027. Review the information on AHCHereforYou.

TELADOC AND VIRTUAL CARE

Does Teladoc Primary360 replace my primary care physician?

No. You can find more information on AHCHereforYou. Teladoc Primary360 is an additional care option and does not replace your existing PCP. You may continue seeing your regular provider. This program is available to associates across the country to provide access to a Primary Care Physician and is not meant to replace existing PCP relationships. The choice is entirely yours.

How do I enroll in Teladoc?

Register through the Teladoc website or app once the applicable program becomes available on January 1, 2027. Review the information on AHCHereforYou.

UTOPIA WELLCARE AND WELLNESS PROGRAMS

What is Utopia WellCare?

Utopia WellCare provides functional nutrition and weight-management support from registered dietitians, including six covered appointments per year. Find out more on AHCHereforYou.

What is the difference between Teladoc and Utopia WellCare?

Teladoc provides clinical and virtual medical services. Utopia WellCare focuses on nutrition and wellness coaching through registered dietitians. These services as well as HUSK can help you with a combined approach to your cardiometabolic and overall health.

Is Utopia available to dependents?

Yes. It is available to associates and covered dependents.

How do I speak with a nutritionist, and is it free?

Eligible medical-plan members and covered dependents receive six free visits each year through Utopia WellCare or other IBX in-network nutritionists. Find out more on AHCHereforYou.

How do I earn the smart ring or smart band?

You must enroll in Utopia WellCare and complete six sessions.

Do sessions with an IBX nutritionist count toward the Utopia reward program?

No. Utopia WellCare is a separate program.

Does AHC offer sports equipment discounts?

Access Plum Benefits to see what discounts are available as an AHC associate.

How do I request fitness reimbursement or determine gym eligibility?

Refer to the IBX Healthy Lifestyles information available through the Wellness section of the microsite or IBX member resources.

HSA, FSA, AND HealthEquity

Can I use HSA funds for dental and vision expenses?

Yes. HSA funds may be used for qualified dental and vision expenses. Read more on AHCHereforYou and in your Benefits Guide.

Is the Limited Purpose FSA new for 2027?

Yes. You can find more information on AHCHereforYou and in your Benefits Guide. The Limited Purpose FSA (LPFSA) is available to eligible associates enrolled in the HDHP and may be used for dental and vision expenses. It provides another opportunity to save pre-tax dollars for care and allows HSA funds to continue growing or be used for larger healthcare expenses. You can have both an HSA and a Limited Purpose FSA to maximize your healthcare dollars.

Can Limited Purpose FSA funds roll over?

Yes. Up to $680 may roll over, subject to IRS and plan rules.

When does a regular Health FSA rollover become a Limited Purpose FSA?

When an associate moves from a PPO/POS plan with a Health FSA to an HDHP with an HSA.

What is the HSA employer contribution?

Eligible HDHP participants may receive $500 for associate-only coverage or $1,000 for family coverage.

Is the HSA contribution annual?

Yes. The employer contribution is made annually.

Does the employer contribution count toward IRS HSA limits?

Yes. Employer contributions count toward the annual maximum contribution limit.

Will there be a blackout period during the transition to HealthEquity?

Health FSA and Limited Purpose FSA rollover funds may not transfer immediately. Rollover balances are expected to be transferred after the claims run-out period ends on March 31, and then credited toward the end of April.

Will I receive one card or multiple cards for HSA/FSA accounts?

You will receive one HealthEquity card for any combination of HSA/FSA/LPFSA/Commuter accounts.

MEDICAL, VISION, AND DENTAL

Does the vision plan cover medically necessary contact lenses?

Yes. Please review the vision plan highlights on AHCHereforYou.

How do I submit an out-of-network vision claim?

Follow Davis Vision's out-of-network reimbursement process and submit the required documentation. You may find the vision claim form on AHCHereforYou.

Does the dental plan include out-of-network benefits?

Out-of-network coverage varies by service and plan design. Review plan materials or contact IBX Dental for details. Contact information may be found on AHCHereforYou. For assistance contact Health Advocate.

Is Dominion the dental network?

IBX administers the dental plan. While Dominion is the main dental network, there are several others included in your IBX dental plan. All networks in your dental plan are listed on Page 29 of the Benefits Guide, which may be found on AHCHereforYou. For assistance contact Health Advocate.

Why doesn't my dental ID card say PPO?

Dental cards may not display "PPO." Contact IBX Dental if you need confirmation of your enrollment or network status.

Is the eyewear benefit available every year?

Your vision plan includes 1 pair of frames and 1 pair of lenses (or contact lenses) each year. See the vision plan highlights on AHCHereforYou for more information.

Where can I see my deductible progress?

Review your deductible and out-of-pocket accumulators through your IBX member account or app. You can access the member login at the top of the AHC IBX home page.

How can I verify if a provider is in-network?

Use "Find a Provider" on the AHC IBX site. For assistance contact Health Advocate.

Can I keep the same providers if I move from the POS plan to the PPO plan?

Verify each provider through the PPO network directory because participation may vary. Use "Find a Provider" on the AHC IBX site to check a provider's network status.

VOLUNTARY BENEFITS

What new voluntary benefits are available in 2027?

AHC is adding Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, and Group Whole Life Insurance. Read more on AHCHereforYou.

Do these voluntary benefits offer preventive-care rewards?

Yes. Certain voluntary benefits include wellness or preventive-care incentives. Read more on AHCHereforYou.

Are there tax advantages to these benefits?

Premiums are paid after tax, so benefit payments generally are not taxed.

RETIREMENT

What is the company match?

Associates who defer at least 6% of pay will receive a 4% match total, with company contributions provided according to the plan's contribution formula.

Do I change my 401(k) elections in the Benefits Portal?

No. 401(k) changes are made through Empower's website or by calling Empower at 1-833-566-9888.

ELIGIBILITY

Are part-time associates eligible for dental and vision benefits?

Yes. Employees working at least 20 hours per week are eligible for benefits. Read more about benefits eligibility beginning on Page 9 of the Benefits Guide which may be found on AHCHereforYou.

Where can I find tuition reimbursement information?

Tuition reimbursement information is available through the HR Center on Insight. You can also read more in the Benefits Guide which may be found on AHCHereforYou.