

OPEN ENROLLMENT FAQs

Updated 3/9/26 and 3/11/26

Updates since 2/27/26 in blue

INFINITY-SPECIFIC QUESTIONS

Why is Infinity Rehab holding an open enrollment now?

Traditionally we hold open enrollment each year in June, for a plan year that covers July 1 -June 30 the following year. This year, we're doing two open enrollments: this one 3 months early in March, and a second one in June on our normal timeline. Why?

The main reason is because in 2025 we had exceptionally high healthcare spending for the company. As a self-funded plan, we were forced to absorb \$1.5M of unbudgeted healthcare costs. Not because we budgeted too low, but because our plan participants – our employees and their families – needed far more care than normal. And as President Mike Billings shared throughout last year, this experience forced us to cut back in other areas, which included not providing annual raises and no 401k match. Not something we want to repeat in 2026.

So late last year, we began to seriously look at redesigning our health plan. We made the decision to add a second high-deductible health plan (HDHP) to allow employees a long-requested option to have lower monthly premiums in exchange for higher deductibles. We also rebalanced our PPO and HDHP employer contributions to be more in line with industry benchmarks, as well as in line with national trends of health plan migrations to high-deductible plans and HSAs. Both should help us stabilize our health care costs for 2026. Because we want to start stabilizing as soon as possible, we decided to do an extra open enrollment in March.

Do we still get charged an additional fee for spouses who are covered under Infinity's plan if we choose the "EE + Family" plan vs "EE + Spouse" and they are offered insurance elsewhere?

No, the spousal surcharge that we had in the past is no longer in effect, so no fee will be charged in this scenario.

Where can I find the Infincast from 2/25 where Mike and Derek talked about benefits and open enrollment?

You can watch the 30 min call recording here: <https://youtu.be/YeH2Gblicns>

OPEN ENROLLMENT SUPPORT QUESTIONS

What should I expect to get out of a call with a benefit counselor?

There are four main goals for the benefits counselor call:

1. Educate about the current benefits available
2. When asked, explain the differences in plan costs from last year to this year, referencing both benefit guides to explore plan costs
3. When asked, use the questionnaire to support education and enrollment, including making suggestions based on your scenario.*
4. Enroll in Paycom if the employee is ready.

*It is important to note that while the counselor can educate, answer basic questions, and suggest or recommend, they will never tell an employee what plan to enroll in. You are the only person that can make the final decision for you and your family.

Do I have to meet with an open enrollment benefit counselor?

No, it is not required. However, we **STRONGLY** encourage you to meet with a counselor. The counselors are neutral in the open enrollment process and are here to educate and support you with your choices so you can make the best decision possible for you and your family. You may also learn about benefits you don't have now or don't think you need that could be very valuable to you. It's worth the 30 minutes that is allotted for these sessions.

Schedule your benefit counselor call at: <https://infinity.benefitsinfo.com/schedule-your-enrollment-call>

Is the training with benefit counselors one-on-one time or is it a group session?

The 30-minute session is one-to-one between you and a dedicated counselor. These sessions are personalized to your unique scenario and completely confidential.

How do I make the most of my time with a benefit counselor?

We recommend you do two things in advance of your session to be most prepared:

1. Complete the conversation prep questionnaire available on the benefits landing page. This consists of 4 questions about your personal situation and takes less than 5 minutes to complete.
2. If you have dependents, or if you know that you have high health care spending, we recommend you take the additional step of requesting your last 6 months of claims. This step will help you and the benefits counselor

understand if the HDHP or PPO may be better for you. You can request this from Betsy Volm via email at Betsy.Volm@aleragroup.com.

Please note: the claims that Betsy provides are only what the plan pays on your behalf. It does not capture what you pay for medical visits and/or prescriptions. For a more detailed look at your actual expenses, see the **PPO → HDHP Scenarios** section below to find instructions on how to do that inside RGA and Express Scripts.

GENERAL PLAN CHANGE QUESTIONS (PPO VS. HDHP)

If I make a choice in March (effective April) that I decide I’m not happy with, can I change my choice in June (effective July)?

You can. It’s an interesting wrinkle that occurs with the added open enrollment. Of course, this may also come with a fair bit of disruption for you, so we highly recommend that you complete your due diligence so that you feel good about the decision you make now. This is where scheduling a personalized benefits counselor call can be especially helpful.

Can you please make it easier to see what the employee rates are now vs. what they will be going forward? I know I can compare last year’s benefits guide to this year’s but that’s a lot of work.

Yes, here’s a table that shows today’s rates on the left side, and the new rates for each of the 3 plans on the right side.

	PPO TODAY	HDHP TODAY	HDHP BASE 2026	HDHP BUY-UP 2026	PPO 2026
Medical FT More than 10,400 hours (>5 yrs)	EE Monthly	EE Monthly	EE Monthly	EE Monthly	EE Monthly
Employee	\$84.67	\$36.28	\$54.00	\$101.00	\$277.00
EE + Spouse	\$544.18	\$365.77	\$449.00	\$546.00	\$916.00
EE + Child	\$401.70	\$264.41	\$330.00	\$413.00	\$729.00
EE + Family	\$852.74	\$604.53	\$753.00	\$884.00	\$1,378.00
Medical FT40 Less than 10,400 hours (<5 yrs)	EE Monthly	EE Monthly	EE Monthly	EE Monthly	EE Monthly
Employee	\$193.78	\$114.31	\$146.00	\$193.00	\$369.00
EE + Spouse	\$707.10	\$482.61	\$593.00	\$690.00	\$1,060.00
EE + Child	\$564.74	\$382.46	\$468.00	\$551.00	\$867.00
EE + Family	\$1,015.18	\$722.59	\$882.00	\$1,013.00	\$1,507.00

Medical FT 30	EE Monthly				
Employee	\$229.69	\$147.57	\$184.00	\$231.00	\$407.00
EE + Spouse	\$740.48	\$514.67	\$642.00	\$739.00	\$1,109.00
EE + Child	\$601.88	\$415.84	\$509.00	\$592.00	\$908.00
EE + Family	\$1,048.57	\$753.31	\$925.00	\$1,056.00	\$1,550.00
Medical PT	EE Monthly				
Employee	\$527.49	\$419.71	\$768.00	\$815.00	\$991.00
EE + Spouse	\$1,229.51	\$956.15	\$1,604.00	\$1,701.00	\$2,071.00
EE + Child	\$1,035.62	\$808.46	\$1,376.00	\$1,459.00	\$1,775.00
EE + Family	\$1,652.98	\$1,305.23	\$2,151.00	\$2,282.00	\$2,776.00

PPO → HDHP SCENARIOS

I am currently on the PPO plan and have an FSA. If I switch to one of the high-deductible plans and open an HSA in March (effective April 1), are both my FSA and HSA active through the end of June? Is money being pulled from my check for both—or just for the new HSA?

No, if you choose an HDHP medical plan, your FSA will end 3/31/26. Your HSA will begin 4/1/26 and you can choose if you want to make elections to that account.

You will receive an employer contribution into your HSA. If you elect the HDHP Base plan you will receive \$1,500 annually (prorated each payroll), and if you enroll in the HDHP Buy Up plan, you will receive \$600 annually (prorated each payroll).

If I go from PPO to HDHP, will my current FSA with Chard Snyder end earlier than planned?

Yes, if you currently have an FSA and you elect one of the HDHP medical plans, your FSA will end 3/31/26. If you need resources on how to use up your dollars prior to March 31st, here are some resources:

www.fsastore.com

www.amazon.com/fsastore

www.sephora.com (search FSA store once you get to this site)

I am currently on a PPO plan with employee and child. I have an FSA card and I have used the FSA card in its entirety. If I were to pick the HD plan this enrollment period, would I need to pay the FSA card back outright, or would I still just have the money taken out of my paychecks as agreed the annual benefits renew come July 1st?

FSA accounts are pre-loaded with the full amount at the beginning of the plan year. If you change to the HDHP/HSA effective April 1, you will no longer be eligible to have an FSA, and your paycheck contributions to the FSA will stop. Per FSA rules, you do not have to pay back the amount you spent that exceeds what you've contributed.

I am thinking about switching from PPO to an HDHP effective 4/1. How can I project out what my potential costs will be on the HDHP?

The best way to predict your expense will be to review your Explanation of Benefits (EOBs) with RGA and Express Scripts. Here's how you can access your EOBs:

For Medical EOBs:

Login to RGA for your medical claims and review your EOBs for the same time period. When looking at an EOB, you will want to look at the overall plan cost versus your cost. For example, if a doctor's visit total cost is \$300, but the network discount was \$100, then the cost to you on the HDHP would be \$200 towards your deductible.

To access RGA, please go to <https://or.accessrga.com>. You will select RGA Member Login, and you can login or register from there.

Log in to your RGA account



The screenshot shows a login form with two input fields: 'Email address' and 'Password'. Below the 'Email address' field is a link that says 'Forgot email address?'. Below the 'Password' field is a link that says 'Forgot password?'. At the bottom of the form is a blue button labeled 'Log In'.

Don't have an account yet? [Create an account now](#)

Once logged in, go to Manage Claims & Deductibles, where you can view individual claims by clicking on the Claim # (on the left), or you can export all claims to a spreadsheet (on the right).

Regence Home **Manage Claims & Deductibles** View Coverage EN ID Chat With Live Agent

Viewing claims for: [REDACTED] (you) Display claims for Current Year (-) Filter by Claim # Export

Claim #	Member	Service Date	Provider	Total Charges	Claim Status
8918290601	[REDACTED]	01/15/2026	[REDACTED]	\$350	Complete Please review your Explanation of Benefits (EOB)
8912433301	[REDACTED]	01/23/2026	[REDACTED]	\$1,052	Payment Pending Payment of plan (insurance) portion pending

For Prescription EOBs:

You will need to login to Express Scripts to access your prescription claims. To access Express Scripts, please go to www.expressscripts.com

You will click on “Log in” if you already have an account, or “Register” if you are registering for the first time. Just follow the prompts to complete the process.

There is also a QR code for Express Scripts:

Sign up at express-scripts.com or scan this QR code.



To predict what your expenses will be with prescriptions, select the Prescriptions dropdown menu, then select “Claims History.” For a new medication, you can choose “Price a Medication.”

EVERNORTH HEALTH SERVICES 🔔 🛒

Express Scripts® Pharmacy Benefit Services

Home **Prescriptions** Benefits Account Help English Log Out

- My Medications
- Order History
- Claims History
- Price a Medication
- Check Coverage
- Automatic Refills
- Find a Pharmacy
- Pharmacy Options
- Prior Authorizations
- Request an Rx

Welcome to Express Scripts

Explore the dashboard by clicking on the panels to see your available prescriptions, most recent orders, or to make a payment.

Get your prescription delivered

Have a new prescription or looking to refill an old one?

Once the drug comes up, you will click on “Price details.” The total cost of the drug is what you would pay on the HDHP plan. For example:

Eliquis 2.5 Mg Tablet	
Pharmacy:	EXPRESS SCRIPTS MAIL
Days supply:	90
Quantity:	90
Total medication cost:	HDHP → \$ 491.43
Plan pays*:	Price → \$ 401.43
You pay:	PPO price → \$ 90.00

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During the 2025-2026 benefit period, I was enrolled under PPO under “EE plus Children.” Now in open enrollment, I am trying to select the “EE plus Children” option under the HDHP Buy Up plan. However, when I attempt to enroll, the Paycom system automatically places me under “Employee plus Family,” which is not correct. My dependents in Paycom are just me and my two children, excluding my partner.

I am only enrolling myself and my two child dependents, so the correct tier should be “EE plus Children.” Could you confirm whether this is a system issue or if there is something I need to adjust on my end?

We have investigated this and learned that this is a system issue that occurred during plan setup that we cannot correct until after open enrollment is complete.

For anyone in this situation, we ask that you select Employee + Family during your open enrollment. Then right after enrollment closes, we will manually change you to Employee + Children. You will only pay the Employee + Children rate from the benefits booklet.

PPO → PPO SCENARIOS

I'm currently enrolled with the FSA program and the PPO medical plan. Will that continue if I do nothing at open enrollment in March? (Stay on the PPO medical plan)

Yes, the FSA program will not be part of this open enrollment. The next opportunity to elect/change your FSA plan will be during open enrollment for the 7/1 renewal plan year.

I am currently on the PPO plan and have an FSA. If I continue and renew for the PPO plan and FSA in March, does my current FSA plan stay active through June since it is already funded? Would I then need to re-enroll in the FSA again in June?

Yes, your current FSA will stay in place. You don't need to do anything. You will need to renew your FSA in June.

PPO → PPO → HDHP SCENARIO

I am on PPO right now. If I continue PPO/FSA in the 3-month window from April-June then switch to an HDHP plan, does my FSA that has been funded for the full year go away in July? Or is the funding only for a 3-month window? What if I end up using more funds from the fully funded FSA in that 3-month window than I have paid for up to July if I switch? Will I be charged for the difference?

If you are enrolled in the PPO and FSA plans now, and you want to keep those for the short plan year (April – June), nothing will happen with your FSA. Your original enrollment in FSA will continue on as is. There is NOT an opportunity during this open enrollment to elect FSA. Only current FSA elections will continue through June. If you have an FSA now and you move to the HDHP plan effective 4/1/26, your FSA will end 3/31/26.

If you maintain your PPO and FSA plans effective 4/1 and keep them through 6/30, then you've finished up your annual elections. If you had an FSA through 6/30 and move to a HDHP effective 7/1, you will lose any remaining funds in your FSA. We strongly encourage you to use up your funds by 6/30. If you continue your FSA through 6/30, there will not be an opportunity for you to use more than you've contributed. It's the end of the plan year, so you've fully funded your FSA.

PPO → HDHP → PPO Scenarios

If I decide to go back to the PPO plan and FSA in June, what happens to my HSA that I added in March on the high-deductible plan?

The HSA is your account forever. You never lose those dollars. You will always need to use them for qualified expenses, or you will be charged a penalty and you will have to pay taxes on those dollars. After the age of 65, you can withdraw the funds for non-qualified expenses with no penalty, but you will be taxed on those dollars.

FSA-RELATED QUESTIONS

I am moving from the Medical PPO with a health FSA to an HDHP this open enrollment and I have over \$400 remaining in my FSA. When I move to the HDHP on April 1, does my general-purpose FSA end at that time, and are the remaining funds only eligible for expenses incurred before April 1? Is there a run out period, grace period, or option to convert the balance for the funds to be transferred or rolled into the HSA?

If you move to an HDHP effective 4/1, you will no longer be able to spend your FSA dollars after 3/31/26. You will need to use up your contributions by that time. You have until June 30th to submit your expenses *incurred* by 3/31/26, but you will need to *incur* your expenses by 3/31/26. If you need resources for how to use up your funds by 3/31/26, please see the FSA Resources in this FAQ. There is no option to convert the balance into your new HSA.

I am newly enrolling in a PPO plan. Can I start an FSA effective 4/1/2026?

No, you must wait until the June open enrollment to begin a new FSA.

HSA-RELATED QUESTIONS

Does the company contribute any money to the HSA?

Yes, if you have an HSA, you will receive an employer contribution into your account each pay period.

If you elect the HDHP Base plan you will receive \$1,500 annually (\$62.50 each payroll).

If you elect the HDHP Buy-Up plan, you will receive \$600 annually (\$25 each payroll).

The benefits counselor told me I'd also be able to change my contribution amount to my HSA, and I didn't see where to do that in the self-enrollment. Can

you direct me to where I can change my employee contribution to the HSA? I only saw the employer contribution.

If you currently have an HDHP/HSA: You CAN change your employee contribution amount by going into the 2025 plan year tab.

If you currently have a PPO/FSA and are newly enrolling in a HDHP/HSA: You CAN NOT change/start your employee contribution to a new HSA during this Open Enrollment (3/2-3/13). This is due to intricacies related to the mid-cycle open enrollment.

We are currently exploring whether we can manually start employee HSA contributions after March open enrollment ends. If we can do this, we will message HSA participants after open enrollment with further instructions on how to request this.

Keep in mind that you may also choose to begin making employee contributions during June open enrollment (effective 7/1/26-6/30/27). You will still have 6 months remaining in the year at that time, so plenty of time to make a sizeable employee contribution. You can even request a higher amount of employee contribution at that time to max out your 2026 HSA limits if you wish.

New as of 3/11/26: You may now elect your HSA employee contribution in Paycom → Ask Here. Follow these instructions [by 4/1/26](#):

NEXT STEP: Enter your desired per paycheck contribution in Paycom Ask Here

- 1) Go to Paycom Employee Self-Service
- 2) Select the Ask Here icon (? In conversation bubble)
- 3) Select "Benefits"
- 4) Select "HSA Contribution 4/01/2026"
- 5) Enter the per paycheck employee contribution you want to make*
- 6) Submit your Ask Here request

***To determine the MAX per paycheck contribution you can make, use this calculator:**

[HSA Employee Contribution Calculator March 2026.xlsx](#)

Our plan starts April 1 — can I still contribute the full amount to my new HSA?

Because our plan begins April 1, your 2026 contribution limit is prorated based on the number of months you are enrolled. Since you'll be covered for 9 months (April–December), your limit is 9/12 of the annual maximum:

- Individual coverage: up to \$3,300
- Family coverage: up to \$6,562.50

This is based on IRS rules in Publication 969, which state that your HSA contribution limit is calculated based on the months you are an eligible individual.

DEDUCTIBLE-RELATED QUESTIONS

Do my deductibles restart with each of the open enrollment periods?

No, your deductible restarts each calendar year.

How do the new medical plans being offered effective 4/1/26 differ from our current medical plans?

The PPO deductible is going up. We're adding a second HDHP plan, so there will be a Base Plan and a Buy Up Plan. The Buy Up plan deductible will be slightly lower than the current HDHP plan and the Base Plan deductible will be higher than the current HDHP plan.

CURRENT

	HDHP Plan	PPO Plan
Deductible – Ind./Fam.	\$2,200/\$5,000	\$1,200/ \$3,600
Coinsurance	20%	20%
OOP Maximum – Ind./Fam.	\$5,000/\$13,000	\$4,600/\$12,700

EFFECTIVE 4/1/26

	HDHP – Base Plan	HDHP – Buy Up Plan	PPO Plan
Deductible – Ind./Fam.	\$3,500/\$7,000	\$2,000/\$6,000	\$2,000/\$6,000
Coinsurance	30%	20%	20%
OOP Maximum – Ind./Fam.	\$7,500/\$15,000	\$6,000/\$15,000	\$6,000/\$18,000

What happens to my deductible if I change plans?

Whatever you have accumulated so far will stay in place. Example: If you have accumulated \$1500 towards your deductible and you choose a new plan that has a \$3000 deductible, the \$1500 will be applied towards the \$3000.

Does the out-of-pocket max work like the deductible where it stays with what you have accumulated and goes towards the same or different plan if you switch?

Yes

I am currently on a PPO plan with Employee and Child. If I were to stay with the PPO plan, but choose the Employee Only plan and drop my daughter, would this change renew my whole plan? As I have already met my deductible and whatnot for the year.

No, this change will not renew your whole plan. Your expenditures while on the Employee and Child plan would still count toward your new Employee Only plan. The amounts you spend toward your individual deductible will carry over to your new plan, and the amount you spent on your daughter will no longer apply to your new Employee Only plan.

STATUS-RELATED QUESTIONS

I'm a PT20 employee. What changes for me?

Beginning April 1, you will no longer receive employer contributions toward your monthly premium costs. This change comes as a result of benchmarking our plan against industry norms.

Do PT20 employees over 5 years with Infinity get a discounted rate?

Unfortunately, no, current policy only includes full-time status (FT30 and FT40) at the discounted rates.

For PT20 employees, what happens if a paycheck doesn't cover the deductions for benefits?

In any scenario – PT20 or otherwise – where an employee's paycheck does not cover the premium owed, the amount not covered stays on the employee's account in "arrears" and will be covered by the next paycheck. If this situation continues over multiple pay periods and the arrears amount continues to grow, the employee will be asked to write a personal check for the amount owed.

Do FT 30 employees who have been with the company >5 years qualify for the FT more than 5 years rates?

Yes, current policy includes FT30 with more than 10,400 hours/ 5 years of service in the “FT more than 5 years” rates.

Do Tier 2 PRN employees still get CEU360 access? This is not reflected in the benefits packet.

Yes, PRN2 employees still get Unlimited access to CEU360. This was an oversight and will be added to a future version of the Benefits Guide.

PROVIDER-RELATED QUESTIONS

Is Regence going away?

No, Regence Group Administrators (RGA) will continue to be our medical provider. We will have the same network of providers, and nothing is changing there.

Is anything changing with the Dental (Lincoln) or Vision (VSP) plans?

No, nothing is changing with either of these plans.

Will cost of medications be changing?

No, nothing is changing regarding the cost of medications. The prescription plans do not change at the 4/1/26 open enrollment, so all current copays will remain the same.

Who is Alera?

Alera is our benefit broker. They negotiate and work with our carrier partners to help us offer the best plans available. They are also here to support the Infinity Rehab HR team and employees if there are any questions relating to benefits. They support all benefits plans, except for the 401(k).

401(K)-RELATED QUESTIONS

Is the company contributing to the 401k? I have heard different things and just want to clarify this.

Each year, the company accrues dollars for a discretionary 401k match that occurs once a year, usually around September. Because the match is discretionary, a decision must be made each year about whether the company can fund that year’s match.

For the 2025 plan year, a decision will be made this summer about whether we will fund the discretionary match in or around September 2026.

LOGISTICAL QUESTIONS

If I change medical plans effective 4/1/26, will I get a new medical ID card?

Yes, your member number will not be changing, but you will receive a new ID card to reflect the correct medical plan. Please make sure to provide the new medical ID card to your providers.

OTHER QUESTIONS

Can I buy insurance on the ACA Health Insurance Marketplace instead of through the company?

Yes, anyone is always welcome to purchase insurance on the marketplace instead of their employer.