

Open Enrollment

- **2026 – 2027 Benefits**
- *Effective June 1, 2026 through May 31, 2027*



Benefit Terms

- **Premium:**

- A per-pay-period cost that is deducted from your paycheck to provide you access to benefits like medical and dental coverage.

- **Copay:**

- Flat amount paid up-front per office visit or prescription.

- **Deductible:**

- Annual amount you are required to pay for certain services prior to the plan kicking-in and paying the coinsurance benefit.

- **Coinsurance:**

- A method of cost-sharing that requires the employee to pay a stated percentage of all remaining medical expenses after the deductible has been paid.

- **Out-of-Pocket Maximum:**

- Once an employee has reached this annual amount, any further eligible costs for the plan year are covered 100% by the plan.



New for 2026

- ***NEW!*** Adding PrudentRx to your Prescription Plan.
 - Save on specialty medications.
- ***NEW!*** Adding Rightway for Advocacy Support.
 - New app rolling out in June to assist with benefit questions.



2026 Medical Benefits



Plan Comparison

In-Network Coverage	Aetna PPO (In-Network)	Aetna HDHP (In-Network)
Individual Deductible	\$2,000	\$2,500
Family Deductible (employee + dependents must meet family deductible)	\$4,000 (family members have an individual deductible until family amount met)	\$5,000 (no family member individual deductible; one or more members must reach deductible)
Coinsurance (In-Network; after deductible)	Plan pays 80%, Member pays 20%	Plan pays 80%, Member pays 20%
Individual Out-of-Pocket Maximum (includes deductible)	\$4,000	\$4,500
Family Out-of-Pocket Maximum	\$8,000	\$9,000
Preventive Care	Covered in full	Covered in full
Office Visits (In-Network)	Member pays 20% after \$25 office visit copay; after deductible	Member pays 20% after deductible
Emergency Room Copay	\$100 (waived if admitted)	\$200 (waived if admitted)
Retail Prescription Drug Copay	\$10—Generic \$35—Preferred Brand \$70—Non-Preferred Brand	After deductible is met: \$10—Generic \$35—Preferred Brand \$70—Non-Preferred Brand
Mail Order Prescription Drug Copay	2x applicable retail copay	2x applicable retail copay

Deductible must be met first on pharmacy for copay to apply



Cost of Plan—Aetna HDHP

- Monthly Cost of the **Aetna HDHP** Medical/Rx/Vision Plan
 - Whitworth will contribute to the Health Savings Accounts (HSA) \$700 for individuals and \$1,400 for family tiers, half of the funds deposited in June and the other half in December.

Contribution Tiers	Employee Share per Month	Change from Last Year
Employee Only	\$38	\$8.00
Employee & Spouse	\$469	\$31.74
Employee & Child	\$272	\$23.76
Employee & 2+ Children	\$404	\$24.66
Employee, Spouse & Child	\$695	\$39.48
Employee, Spouse & 2+ Children	\$817	\$28.90



Cost of Plan—Aetna PPO

- Monthly Premium of the **Aetna PPO** Medical/Rx/Vision Plan
 - Whitworth will continue the \$1,000 individual/\$2,000 family annual contribution to the Health Reimbursement Account (HRA)

Contribution Tiers	Employee Share per Month	Change from Last Year
Employee Only	\$174	\$20.48
Employee & Spouse	\$721	\$53.78
Employee & Child	\$470	\$41.20
Employee & 2+ Children	\$640	\$45.82
Employee, Spouse & Child	\$1,009	\$66.46
Employee, Spouse & 2+ Children	\$1,169	\$59.20



Medical Plans—Aetna HDHP

- Once HSA amount are deposited, the money is the employees' to use for qualified medical expenses. There is no vesting period.
- Lower monthly premiums than the Aetna PPO Plan
- Ability to self-refer for some services (i.e. specialists)
- Large network of providers across the nation
- Pharmacy services available at many locations
- Preventive Care and Routine Vision Exams covered at 100%*
 - **If health issue found billed at normal rates*



Medical Plans—Aetna PPO

- Designed to provide top-dollar healthcare and Rx coverage
- Lower deductible and out-of-pocket max than the Aetna HDHP Plan
- Ability to self-refer for some services (i.e. specialists)
- Large network of providers across the nation
- Pharmacy services available at many locations
- Preventive Care and Routine Vision Exams covered at 100%*
 - **If health issue found billed at normal rates*



Health Reimbursement Account (HRA)



What's a Health Reimbursement Account?

- An account that allows tax free medical expense reimbursement
 - Account is only funded by Whitworth
 - Eligible expenses - deductible, coinsurance, prescribed medications + dental and vision expenses.

CAVEAT! If Aetna doesn't cover it, you can't be reimbursed for it (except for dental and vision)

- Roll-over a maximum of \$1,000 for employee only and \$2,000 for employee plus dependent(s)
- Total account limit is \$2,000 for employee-only and \$4,000 for employee + dependent(s)



HRA—Contributions

- Whitworth will contribute \$1,000 individual and \$2,000 for individual + 1 or more family member(s)
- Deposit occurs mid-June 2026, prior plan year May 31 balance used for rollover.

2026 Plan Year	
Contribution Tier	Whitworth University Contribution
Employee Only	\$1,000
Employee + Dependent(s)	\$2,000



Health Savings Account (HSA)



What's a Health Savings Account?

When you enroll in a qualified high- deductible health plan the Health Savings Account:

- Allows you to contribute pretax funds for qualified medical expenses
- You can change your pretax payroll deduction any time of year
- You are ineligible for the medical FSA if contributing to the HSA
- Funds carry over from year to year
- HSA funds are yours to keep (or invest) even if you leave the company
- Eligible expenses list: <https://www.healthequity.com/hsa-qme>
- Total account limit is \$4,400 for employee-only and \$8,750 for employee + dependent(s) for this IRS calendar year. (WU contributions included.)



HSA—Contributions

- Whitworth will contribute \$700 individual and \$1,400 for individual + 1 or more family member(s)
- Deposit will occur half beginning of June and half beginning of December

2026 Plan Year	
Contribution Tier	Whitworth University Contribution
Employee Only	\$700
Employee + Dependent(s)	\$1,400



2026 Flexible Spending Account



Flexible Spending Account | Health Care

Allow employees to set aside pre-tax money to put towards you and your dependents' healthcare expenses

- Maximum = \$3,400
- Eligible expenses are vast! (**differs from the HRA**):
 - Office visit and prescription drug copays, deductibles, coinsurance, prescribed over-the-counter prescriptions, dental expenses, vision expenses, medical equipment, diabetic supplies
 - Eligible expenses list:
<https://learn.healthequity.com/qme/>
 - Calculate your savings at
<https://learn.healthequity.com/sample/fsa/tax-worksheet>
- **Remember**...“Use it or lose it” policy for each plan year
 - Run-out period ends 8/14/2027; last day to submit claims against past plan year



Flexible Spending Account | Dependent Care

Allows employees to set aside pre-tax money for the cost of care

- Maximum = \$7,500 married filing jointly or single head of household
- If you're married filing separately the maximum is \$3,750
- If your spouse is eligible for a DC account elsewhere, the household limit is still \$7,500
- Eligible Expenses
 - Day Care for children under age 13, unless incapable of self-care
 - Elder day care costs relating to the care of a dependent who is incapable of self-care
- See the complete list at <https://www2.healthequity.com/learn/dependent-care-expenses>
- Calculate your savings at <https://www.wageworks.com/calculators/dependent-care-savings-calculator/>
- **Remember**...“Use it or lose it” policy for each plan year
 - Run-out period ends 8/15/2027; last day to submit claims against past plan year



2026 Dental Benefits



Dental Plans—Delta Dental

- Whitworth offers employees two dental plans through Delta Dental of Washington
- Higher reimbursements if you choose a dentist from the “preferred PPO Network” and less out-of-pocket expenses

Dental Benefit	Core Plan	Buy-Up Plan
Deductible - Individual / Family	\$50 / \$150	\$50 / \$150
Preventive Services	Covered at 100%	Covered at 100%
Basic Services	Covered at 70%	Covered at 70%
Major Services	Covered at 50%	Covered at 50%
Annual Maximum	\$1,750	\$2,500
Orthodontia	Not Covered	Covered at 50% Lifetime Max \$2,500 (Adults & Children)



Dental Basic Plan Summary

Benefit Summary		Dentist Networks	
Provisions		Delta Dental PPO	Delta Dental Premier OR Out-of-Network
Deductible	Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Period Maximum (per person)		\$1,750	
Dental Plan Pays:			
Preventive Care	Class I—Exams, X-Rays, Cleanings	100%	70%
Basic Services	Class II—Fillings, Root Canals, Anesthesia	70%	60%
Major Care	Class III—Crowns, Bridges	50%	40%



Dental Buy-Up Plan Summary

Benefit Summary		Dentist Networks	
Provisions		Delta Dental PPO	Delta Dental Premier OR Out-of-Network
Deductible	Individual / Family	\$50 / \$150	\$50 / \$150
Benefit Period Maximum (per person)		\$2,500	
Orthodontia (Adults & Children) TMJ coverage		50% up to \$2,500 per person 50% up to \$5,000 per person	
Dental Plan Pays:			
Preventive Care	Class I—Exams, X-Rays, Cleanings	100%	70%
Basic Services	Class II—Fillings, Root Canals, Anesthesia	70%	60%
Major Care	Class III—Crowns, Bridges	50%	40%



Dental Cost of Plan

Monthly Cost of the Dental Plan

CORE PLAN	Employee Share per Month	YOY Employee Change
Employee Only	\$5.50	\$0.50
Employee + Spouse	\$54.50	\$5.10
Employee + Child(ren)	\$54.30	\$5.10
Employee + Family	\$100.00	\$6.39
BUY UP PLAN	Employee Share per Month	YOY Employee Change
Employee Only	\$14.78	\$1.40
Employee + Spouse	\$73.56	\$6.95
Employee + Child(ren)	\$94.92	\$9.04
Employee + Family	\$150.40	\$11.28



2026 Life/AD&D/Disability



Life/AD&D and Disability—Prudential

Employer Paid Benefits		
General Plan Information	Basic Life / AD&D	Long-Term Disability
Benefit Amount	1.5 x basic annual earnings	60% of monthly earnings
Maximum Benefit	\$200,000	\$7,500
Elimination Period	N/A	90 days
Benefit Duration	N/A	<ul style="list-style-type: none">• Typically age 65• Up to 24 months for addictions/mental health



Voluntary Life/AD&D Insurance—Prudential

- Allows you to purchase additional life insurance for yourself and your dependents
- If you enroll for Voluntary Life/AD&D when first eligible for benefits and under 65, you have Guarantee Issue of \$200K life insurance for yourself, \$20K for your spouse

Voluntary Life Insurance	
100% Employee Paid (post-tax payroll deduction)	
Employee Benefit Amount	Increments of \$10,000 up to \$500,000 (or lesser of 5x annual earnings)
Spouse Benefit Amount <i>(limit 50% of Employee coverage)</i>	Option #1—Increments of \$5,000 up to \$125,000 Option #2—Flat \$3,000
Child(ren) Age 26 Benefit Amount <i>(unmarried children only)</i>	Option #1—Increments of \$1,000 up to \$10,000 Option #2—Flat \$1,000



More Benefits



Employee Assistance Program (EAP)

Resources For Living EAP

- Access to many helpful services that address personal life challenges and improve workplace productivity and performance
- Chat Therapy & Televideo - Send secure text, video or audio messages to your counselor, who will respond within one working day up to five days a week
- Offer help with a wide range of issues including stress and anxiety, depression, relationship, legal and financial, addiction, work/life, grief and loss
- Wellness resources available online
- EAP services 24/7 visit: resourcesforliving.com or call 1-888-238-6232 / TTY:711
 - Username: Whitworth
 - Password: EAP



Rightway – Benefit Advocacy

Rightway is a service that guides you through a better healthcare experience. They provide you with unlimited access to a trusted advocate who can answer your healthcare questions and take care of actions for you.

Look for the rollout of this app in June.

Our app is a single source where you can view your benefits information, find a doctor in your area, or connect with your dedicated health guide who can answer your questions and take care of actions for you.

Need care? Your guide will...



- + Find you the best doctor and make an appointment.
- + Provide upfront pricing for medical visits.

Unexpected bill?



- + Send it our way and we'll explain the charges.
- + If something looks wrong, we'll dispute it on your behalf.

Not sure where to start?



- + Connect with your guide to do a health assessment.
- + Get an overview of your benefits.



PrudentRx

Reduce out-of-pocket costs on your specialty medications

▪ Here's what's new

- Aetna®, a CVS Health® company, has collaborated with PrudentRx exclusively for a program that may help save you money on your specialty prescription. This innovative plan design includes all specialty medications on your plan's specialty drug list, as well as select high-cost specialty limited distribution drugs (LDDs) – outlined in your plan's PrudentRx program drug list.

▪ How it works

- A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.* Participating members will have a **\$0 out-of-pocket** cost on eligible specialty medications! (For the HDHP after deductible is met.)

▪ How to get started

- Your enrollment in the program will begin automatically, but additional steps may be needed. You can choose to opt-out at any time.



Enrollment Instructions

- To enroll, visit the HR website or link through the announcement or email.
 - **April 15 – April 29, 2026**
- Remember, Flexible Spending (FSA) elections will not continue. New form is needed each plan year for this benefit.
- You do not need to complete any forms if you do not wish to make any plan changes this open enrollment.



Next Steps

- Understand your options and consider your needs when choosing the right plans for you.
- Complete 2026 Open Enrollment by **Wednesday, April 29th, 2026**
- Open Enrollment is the only time to make changes to your benefits outside of a qualifying life event

Contact Heidi Petersen with questions!

