



SPS Benefits Open Enrollment Frequently Asked Questions

January 2026 - December 2026

Questions

General Open Enrollment Questions

- **When will selected benefits go into effect?**
January 1, 2026
- **Can employees change electives that they have just enrolled in as long as it is within the enrollment dates (October 27 - November 14 by 5PM)**
Yes, employees can change their enrollment elections as long as they do so on or before November 14th. After this date the elections are final and can only be changed with a [qualifying life event](#).
- **When should employees expect new ID cards?**
 - Flexible Spending (TASC) cards are issued in January for those who newly elected flex spending (medical). If you had flex spending (medical) in 2025, keep your TASC card as the 2026 funds will be loaded onto that same card.
 - You will receive your new ID card prior to January 1, 2026, to reflect the Anthem logo and Point C information. Your current medical insurance card will no longer work as of January 1, 2026. You must use the new insurance card to ensure proper processing of your Medical Claims. Your new card will continue to be a combined card with medical and pharmacy insurance information.

Please note: Remember to present your new ID card at your first doctor and/or pharmacy visit, on or after January 1, 2026. **This is extremely important to properly submit your claims.**

2025 Instructions - 2026 Plan Year Instructions COMING SOON!

- If you need to request an additional or replacement ID card, visit Med-Pay's portal at www.med-pay.com (portal instructions here: [Medical & Prescription ID Card](#)) or call Med-Pay's customer service department at (417) 886-6886.

- Only the employee's name will be on the insurance cards (even with family members on the plan). Insurance cards typically take 2-3 weeks to arrive at your home address.
- Your medical insurance card is also your prescription card.
- Dental ID cards are available online at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or at the MetLife Mobile App (available on the App Store and Google Play) for you to download and print at your convenience. Cards contain your name, employer's name and group number.
- Vision ID cards will be issued if coverage has been added. Only the employee's name will be on the insurance cards (even with family members on the plan). If you need a replacement card: contact HR Services (humanresources@spsmail.org or 523-4647).

● **If an employee does not want to make any changes to their benefits, do they still need to go into Alight/Smartben?**

No. If employees do not actively elect coverage in Alight/SmartBen, their current coverage will be carried forward to the new plan year.

NOTE: If enrolled in a FSA/Dependent Care or HSA, you must re-elect every year. Your elections do not automatically rollover.

● **When will employees see the deductions out of their paycheck?**

- Medical, Dental, Vision and Voluntary products- January 2026
- Flex Spending & HSA Contributions - January 2026
- **Life and LTD Insurance Carrier - New York Life *THIS YEAR ONLY***

New York Life is allowing increases to coverage (this year only) for benefit eligible employees to enroll in coverage up to \$150,000 and/or \$50,000 for spouses **without** going through medical underwriting (Evidence of Insurability – EOI). If coverage election exceeds these amounts, Evidence of Insurability will be applicable. This will allow all eligible employees and spouses to increase up to the plan Guaranteed Issue and also elect the buy up LTD with no Evidence of Insurability – EOI for the 1/1/2026 plan year.

- Life insurance- Employees requesting life insurance over the Guaranteed Issue (GI) amount, will be required to go through Evidence of Insurability (EOI). Note: *Once the amount/plan is approved by New York Life, the premium deduction will begin on your next paycheck.*
 - GI Amounts for OE2025
 - Voluntary Employee Life - currently insured may increase up to 2 units of \$10,000 up to the maximum benefit level.
 - Voluntary Spouse Life - currently insured may increase up to 2 units of \$5,000 up to the maximum benefit level.

- **How can employees find in-network providers?**

- [Find a Provider - THROUGH DECEMBER 31, 2025](#)
- [Anthem Provider Directory - BEGINNING JANUARY 1, 2026](#)

You do have the option to call the number on the back of the insurance card for the Point C Customer Service for assistance.

- **How do I login to Alight Worklife for Open Enrollment?**

- Username: employeeID+SPS
- Password: last four of SSN + SPS
 - Example:
 - User:1234SPS
 - Password:0123SPS
 - NOTE: SPS must be all caps

- **With MetLife Dental will services such as braces be considered pre-existing conditions?**

- MetLife Dental will cover braces (Advanced Plan Only) up to the Ortho lifetime maximum (\$1,000). MetLife will receive ortho history from prior (Delta Dental) so if already banned, MetLife will only pay remaining balance up to \$1,000

- **MetLife Dental - what kind of fillings are covered?**

- Both amalgam and resin composite are covered

- **Where can I get more information to decide what medical plan to enroll in?**

See links below for detailed information to help with your election decision.

- [2026 Medical Benefits](#)

- **When will the funds be deposited in my HSA account and how much will SPS contribute?**

SPS contributions will deposit \$40.50 into your HSA account after each semi-monthly paycheck. You will have the option to make a pre-tax, payroll deduction contribution which will be deducted on each pay period.

- **What are the ACTIVE EMPLOYEE rates beginning January 2026?**

[2026 Medical Plan Premiums](#)

- The District will contribute **\$972** annually to the HSA account of any employee enrolled in the High Deductible Health Plan (HDHP) plan. The annual HSA amount will be distributed semi-monthly and will be pro-rated as applicable.
 - Not able to contribute to an HSA if enrolled in Medicare

- **How do I fill my Specialty Prescription with Capital Rx?**

Answer: Please reach out to your prescriber and update your specialty pharmacy provider to Optum Specialty Pharmacy. For additional specialty pharmacy questions, please call your dedicated Customer Care team at 1-833-463-0320.

Online: Go to the Capital Rx [member portal](#) to register or log in. Select 'Specialty Pharmacy'. Fill out the New Patient Form, and we will take it from there.

Phone: Call Capital Rx Customer Care and follow the prompts for 'specialty pharmacy' or ask your doctor to send an electronic prescription to Optum Specialty Pharmacy.

A patient care coordinator may reach out for more information to finalize your account or set up your first order. We will also contact your provider for an up-to-date prescription, if needed.

If your prescription needs a prior authorization, your prescriber may need to take extra steps to submit your prescription. To read more about prior authorizations, visit <https://cap-rx.com/members/> or call Capital Rx Customer Care.

- **If I'm having trouble adding Voluntary Life Insurance for my spouse or children, what should I do?**

First, ensure that the employee has elected Voluntary Life Insurance for themselves. The amount added for a spouse or dependents cannot be greater than the amount elected for self.

- **Will proof of good health be required for Voluntary Life Insurance? See above for Special Open Enrollment for 2026**

A personal health application (Evidence of Insurability) will be required for self and spouse when electing to add Voluntary Life Insurance. If you are currently insured under Voluntary Life Insurance, you may increase by up to 2 units of \$10,000, (\$500,000 max) for employee or increase up to 2 units of \$5,000 (\$50,000 max) for spouse. Any request over these amounts will require a personal health application (Evidence of Insurability) Employees will be able to complete the personal health application electronically through SmartBen, the link is on your sign-on page.

- **When will my Voluntary Life Insurance take effect?**

If you have to complete a personal health application (Evidence of Insurability), the approved amount will be deducted from the next paycheck after the underwriter has approved the personal health application (Evidence of Insurability).

- **Should I elect Short Term Disability coverage if I am planning to start a family or will need surgery soon?**

Short Term Disability is subject to pre-existing conditions. So, as long as the employee is not pregnant or does not have a current medical condition, Short Term Disability may be utilized during time off. The max amount of time covered by Short Term Disability for medically necessary leave is 13 weeks with a 14 day elimination period.

- **Can I use my sick leave and vacation time at the same time as Short Term Disability?**

Yes. Personal illness, vacation time, and Short Term Disability will run concurrently because Short Term Disability is an individual policy through SunLife.

- **What happens when my child turns 26?**

Your child can remain on our insurance through the last day of the month in which they turn 26, unless there is a documented disability.

- **If someone has a Qualifying Life Event mid-year, can they change to a different Medical Plan?**

Yes.

- **Do the funds in the TASC Flexible Spending account carry over into the new year? Is money forfeited if not used?**

- For active employees, there is a 75 day grace period to incur expenses and a 90 day grace period to submit for reimbursement. Any funds remaining are forfeited.

- **How does reimbursement work for my Dependent Care FSA:**

- Dependent Care- Dependent care services must be provided prior to submitting reimbursement. ex: Even if you pay your daycare in advance (ex: pay May 1st for the month of May), you will not be reimbursed until after the paid coverage has occurred and the deduction has been taken from your paycheck(s). Receipts should be submitted after services have been provided (ex: submit June 1st for May's expenses).

- **Is there a charge to use TASC Flexible Spending and Dependent Care?**

Yes. An administration fee of \$1.37 Semi-monthly will be deducted from the employee's paycheck.

- **How do I enroll my newborn?**

Enrollment Requirements for Newborn Children.

The newborn will be covered from the moment of birth through the 31st day following birth ***if*** the Active Employee/Retiree has Spouse, Dependent Child/Children or Family Coverage. **To continue coverage beyond 31 days, an enrollment form must be received by the District's Benefits Office before the end of the 31-day period and any premiums due must be paid.** If the enrollment form is picked up within the 31-day period, the Employee/Retiree has 10 additional days to return the form to the Plan Administrator. If the Employee/Retiree does not wish to have this coverage for the first 31 days, he/she should notify the District's Benefits Office immediately in order to decline this automatic coverage.

If the Active Employee/Retiree has Employee/Retiree only coverage (single coverage), in order for the newborn to be covered from the moment of birth, **an enrollment form must be received by the District's Benefits Office by the 31st day following birth and any premiums due must be paid.** If the enrollment form is picked up within the 31-day period, the Employee/Retiree has 10 additional days to return the form to the Plan Administrator.

If the Employee/Retiree does not apply for coverage during the 31-day period, the enrollment will be considered a Late Enrollment and must wait for Open Enrollment to enroll for coverage. The enrollee will be subject to the Late Enrollment provision of this Plan. There will be no payment by the Plan for charges incurred prior to the Enrollment Date. The Employee/Retiree will be responsible for all charges.

Such coverage for a newborn includes: routine nursery care (Refer to Routine Well Newborn Nursery/Physician Care in the Schedule of Benefits); or the necessary care or treatment of coverage of injury or sickness, including medically diagnosed congenital defects, birth abnormalities or complications resulting from prematurity (Refer to Hospital Services and Physician Services in the Schedule of Benefits).

Charges for covered Routine Well Newborn Nursery and Physician Care will be applied toward the Plan of the newborn child.

Retiree and Cobra participants

- **Can Retirees and COBRA participants change plans?**
 - Retirees are eligible to elect coverages in which they were enrolled in prior to retirement as long as elections are made within the first year of retirement. If you did not elect coverage during your first year of retirement, you are NOT eligible to elect a new line of coverage.
 - Retirees that have been gone over 1 year can only change the coverages in which they are already enrolled. (Nothing can be added. Example: if they do not

have medical already, they can NOT add it. If they have dental they can change from basic to advanced plan)

- Retirees can add/drop dependents. COBRA enrollees can drop dependents but cannot add dependents unless they experience a qualifying event.
- If you are enrolled in Medicare, or approaching Medicare eligibility, the HDHP/HSA plan is not considered creditable coverage in terms of Medicare Part D. If you are enrolled in Medicare, you are not eligible to enroll in the HDHP/HSA.

Health Savings Accounts (HSA): The Basics

- **What is a Health Savings Account?**

A Health Savings Account allows individuals to pay for current health expenses and save for future qualified medical expenses on a pre-tax basis. Funds deposited into an HSA are not taxed, the balance in the HSA grows tax free, and that amount is available on a tax free basis to pay medical costs. Your voluntary contributions to your HSA reduce your taxable income. You must be enrolled in our High Deductible Health Plan to contribute to an HSA.

- **What are the general features of an HSA?**

- Your own HSA voluntary contributions are tax-deductible. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See [IRS Publication 969 \(external link\) \(PDF file\)](#).
- Interest earned on your account is tax-free (no interest earned at this time for funds deposited with TASC)
- Tax-free withdrawals may be made for qualified medical expenses
- Unused funds (and interest) are carried over, without limit, from year to year
- You own the HSA and it is yours to keep - even when you change plans or retire
- Your HSA is administered by a trustee/custodian - for SPS this will be TASC who also administers our Flexible Spending and Dependent Care
- SPS will contribute \$936 Annually which will be deposited semi-monthly

- **How will an HSA plan save me money?**

An HSA plan may save you money through lower premiums, tax savings, and money deposited in your account which can be used to pay your deductible and other out-of-pocket medical expenses in the current year or in the future.

- **Does the money in my HSA earn interest?**

TASC deposited funds do not currently earn interest.

- **Can the unused funds in my HSA be rolled over each year?**

Yes. Your funds will accumulate without a maximum cap. However, the annual limit you can contribute to the HSA may not exceed the maximum contribution amount set by the IRS , plus "catch up" contributions for those ages 55 to 65. For plan year 2024 you can fund your Health Savings Account to a maximum of \$4,150 (single) or \$8,300 (family). If you are over age 55, you and your spouse can contribute an additional \$1,000 per year. The employer contribution is included towards the total maximum contribution.

- **What happens to my HSA if I resign/retire or switch to a traditional plan?**

You own your account, so you keep your HSA, even if you change health plans. If you no longer are enrolled in an HDHP you are not eligible to make contributions to your HSA, but you may request withdrawals for qualified medical expenses. You will have the option to change your HSA with TASC to an individual account or you can transfer your HSA funds to an account with your own banking facility.

- **What is the process for setting up an HSA?**

First, you must elect a High Deductible Health Plan (HDHP). After you are enrolled in a HDHP, you can complete the HSA enrollment process. Once TASC (the HSA Administrator) receives your enrollment from SPS, you will be automatically enrolled. You will receive an email to login to their site to sign the HSA Terms and Conditions document. If you already participate in the FSA or Dependent Care you will use your same login credentials. Otherwise, you will be prompted to create your login/password.

- **What are the survivor benefits associated with my HSA?**

Your HSA would pass to your surviving spouse or named beneficiary tax free. If you are unmarried and do not have a named beneficiary, the money is disbursed to your estate and is subject to any applicable taxes.

HSA: Contributions

- **What is the total amount I can contribute to my account (including the plan's premium pass through and my voluntary contributions)?**

The IRS sets the maximum contribution limits. The maximum annual contribution limit for 2024 is \$4,150 (single) or \$8,300 (family). If you are over age 55, you and your spouse can contribute an additional \$1,000 per year. The employer contribution is included towards the total maximum contribution.

HSA: Coverage

- **What expenses can I pay for with my HSA?**

Your HSA can be used to pay for "qualified medical expenses," as defined by IRS Code 213(d). These expenses include, but are not limited to, medical plan deductibles, diagnostic services covered by your plan, Medicare Part B and long-term care insurance premiums, and other health insurance premiums if you are receiving Federal unemployment compensation, LASIK surgery and some nursing services. Please note only some insurance premiums are considered "qualified medical expenses."

When you become Medicare enrolled you can use the account to purchase any health insurance other than a Medigap policy. You may not, however, continue to make contributions to your HSA once you are Medicare enrolled.

For the complete list of IRS-allowable expenses, you can request a copy of IRS Publication 502 by calling 1-800-829-3676, or visit the IRS website at www.irs.gov and select "Forms and Publications." Please note, however, while health insurance premiums are listed as an allowable expense they are not reimbursable from HSAs, unless you are receiving Federal unemployment compensation.

- **Can I use my HSA to pay for non-health-related expenses?**

Yes. You may withdraw money from your HSA for items other than qualified health expenses, but it will be subject to income tax and, if you are under 65 years old, an additional 20 percent tax penalty on the amount withdrawn.

- **I have a Self Only health plan. Will my spouse's otherwise uncovered medical expenses be payable from my HSA, the way they are from my current FSA?**

Yes, you may use the money in your HSA to pay your spouse's or other covered dependent's uncovered medical expenses. However, you are not allowed to have both an HSA and a Health Care FSA at the same time unless it is a Limited Healthcare FSA

- **What happens during the year, while covered under an HDHP/HSA, when one changes from Self Only coverage to Self and Family coverage or vice versa based on a qualified life event?**

You will be able to continue contributing to your HSA. The amount you are permitted to contribute will change from the Self Only to Self and Family contribution or vice versa, prorated appropriately for the year.

HSA: Eligibility

- **Who is eligible for an HSA?**

You must participate in a High Deductible Health Plan, have no other insurance coverage other than those specifically allowed, and not be claimed as a dependent on someone else's tax return in order to be eligible for an HSA. Some examples of other coverage that would cause ineligibility are: a health care flexible spending account (HCFSAs), a spouse's FSA, a spouse's family enrollment in an HMO, other non-high deductible health insurance coverage, TRICARE, Medicare, or receipt of VA or IHS healthcare benefits within the previous three months. You can still have other disability, dental, vision and long-term care insurance policies.

- **If we apply during Open Enrollment, and then find we are not eligible for an HSA, can we cancel?**

It is important to review eligibility requirements before you enroll. If you have not used any benefits or received a plan contribution to your HSA, you may cancel your enrollment no later than 30 days after the effective date of your enrollment, and you may enroll in another plan with a retroactive effective date.

- **I carry the health insurance for my family, but I file jointly with my husband on my Federal taxes. Does this mean I am not eligible?**

You are eligible. Filing jointly as a spouse does not mean you are a dependent on your husband's tax return.

HSA: Withdrawal

- **What expenses can I use for my HSA?**

You can use the money in your account for qualified medical expenses. See IRS Publication 502 for a full list. Keep in mind health insurance premiums, which are listed, are generally not reimbursable.

- **When can I use my HSA?**

You can use the money in your HSA immediately, or you can allow the money to accumulate for future use. However, you can only use the amount currently in your account.

- **Will I have to pay out of my pocket at the time of service?**

It is recommended payment be made after the health plan's negotiated provider discount has been applied. The Explanation of Benefits (EoB) describes your liability after the health plan's negotiated discount has been applied.

- **How will the HSA be paid out?**

You can access your account with a debit card or manually withdrawal request (\$25 minimum).

- **Is there a minimum reimbursement amount I can request from my HSA?**

There is no minimum amount when using your debit card. If you send a manual request it needs to be at least \$25 or higher.

- **Do I have to use my HSA to pay for my annual physical or flu shot?**

No. In-network preventive care is covered at 100%.

- **Can I use my HSA to pay for medical services provided in other countries, such as Mexico and Canada?**

Yes.

- **What if my medical expenses are more than my health savings account?**

You will pay any difference between the balance of your HSA and the plan's deductible. However, you can pay yourself back with future HSA deposits.

- **What are my options if I withdraw money from my HSA for an expense I thought was a qualified medical expense, and I find out later the expense is not a qualified medical expense?**

You can return the money to the HSA if there is clear and convincing evidence the

withdrawal was a mistake of fact. You must repay this money before April 15th of the year following when you knew or should have known that the withdrawal was a mistake.

- **Do I have to keep my receipts showing what I withdrew from my account?**

Yes, you should keep your receipts. If you exceed your deductible, you may need the receipts to send to your HDHP. If you are audited by the IRS, you may need to explain your HSA expenditures.

HSA: IRS Tax Questions

- **What are the tax benefits of an HSA?**

Tax benefits are three-fold: your additional voluntary contributions are pre-tax or tax-deductible*, interest earned is tax-free, and HSA distributions are tax-free if they are used to pay for qualified medical expenses.

* Contributions are tax-deductible on your Federal tax return. Some states do not recognize contributions to an HSA as deduction. Your own HSA contributions are either tax-deductible or pre-tax (if made by payroll deduction). See [IRS Publication 969 \(external link\) \(PDF file\)](#). You should consult your tax advisor.

- **Are health plan contributions to my HSA considered taxable income and are they tax-deductible?**

"Premium pass through" payments are not considered income, and you can not deduct them on your income tax return.

- **Can my voluntary contributions to an HSA be deducted pre-tax from my paycheck?**

Yes. Those who are enrolled in the HSA/HDHPs are eligible to make pre-tax allotments to their HSAs through their payroll office.

- **Do I need to itemize on my tax return? What does the IRS require me to report on my taxes?**

You do not have to itemize to receive the tax deduction. However, you need to complete IRS form 8889 with your income tax return. This form communicates to the IRS what your total withdrawals and deposits were from your account during the year.

Limited Expense Health Care Flexible Spending Accounts (LEX HCFSA)

- **What is a limited expense health care flexible savings account?**

A Limited Expense Health Care Flexible Savings Account (LEX HCFSA) is a type of flexible spending account. It is an account where you contribute money from your salary before taxes are withheld, incur eligible dental and vision care expenses and get reimbursed. Go to [www.FSAFEDS.com \(external link\)](http://www.FSAFEDS.com) to learn more about LEX HCFSA.

- **What kind of expenses does the FSAFEDS LEX HCFSA cover?**

Expenses are limited to eligible dental and vision care services/products that meet the IRS definition of medical care. Eligible expenses include your out-of-pocket costs for such services/products as:

Dental Care

Cleanings

Fillings

Crowns

Orthodontics

Vision Care

Refractions

Eyeglasses

Contact lenses

Vision correction
procedures

Dental and vision care expenses are the only reimbursable expenses covered under the FSAFEDS LEX HCFSA. Cosmetic services – even if dental or vision related – are not eligible expenses. All of the other expenses normally eligible under a "general" health care flexible spending account are NOT eligible under a Limited FSA.

- **Are all my dependents covered under a Limited FSA like they are under a general purpose health care flexible spending account?**

Yes, all dependents you claim on your Federal Income Tax return, or with whom you jointly file your taxes.

Questions relating to HDHPs, HSA, and Health Care Flexible Spending Account (HCFSA)

- **Do my prescription expenses apply to the plan limit?**

Yes. The amount you pay for allowed prescription expenses is applied to the limit and includes the deductible and coinsurance.

- **If I select a family HDHP to cover the kids, does my spouse's plan affect my eligibility for the HSA?**

If you are not covered by your spouse's health plan, you are eligible for an HSA. You are ineligible when you are covered by another health plan.

- **Are there any safeguards in place to prevent an employee from enrolling in both an FSA and an HSA? Or if it does occur, what instructions should human resource and payroll offices follow?**

Employees are responsible for making sure they are not enrolled in an FSA or other type of health benefit disqualifying for an HSA. It is ultimately the enrollee's responsibility to follow IRS rules. No action is needed by either the Human Resources Office or payroll office.

- **One of the attractions of the FSA is from the day the account is activated, the full amount elected is available regardless of how little has actually been paid into the account.**

With an HSA only the amount of the health plan monthly "premium pass through" and the individual's voluntary contribution accumulated to date is available for

reimbursements. Of course, you can wait to file for a reimbursement until after the account has had a chance to build up to the needed amount.