



2026 Open Enrollment Frequently Asked Questions (FAQ)

Why is TEAM Services listed on my ID card and not my specific Brand/Employer Name?

- The insurance contracts with our carriers are managed by TEAM Services and include coverage to your specific Brand/Employer. Therefore, you will see TEAM Services listed on your ID card, SBCs, Benefit Summaries and SPDs.

Who can contribute to a Health Savings Account (HSA)?

- Under the TEAM Services Group plans the only two plan options that are eligible to enroll in and contribute to an HSA are the HDHP \$3,000 plan and the \$7,000 HDHP plans. The PPO \$750 and PPO \$250 plans CANNOT be paired with an HSA as they are not High Deductible Health Plans (HDHP), per IRS rules. As long as you are enrolled in an eligible HDHP plan, you can enroll in and contribute to an HSA. If you are age 65 or older and not enrolled in Medicare, you can continue to contribute to and use an HSA. If you are age 65 or older and are enrolled in Medicare, you can continue to use existing HSA funds, but you CANNOT continue to contribute to an HSA.

What if my provider is Out of Network?

- Most all providers currently utilized by the TEAM Services Group employees are In-Network with Cigna. Cigna can also work directly with your provider to help negotiate moving them into the Network.

Will my deductible and Out of Pocket maximum reset?

- Depending on your company's anniversary date, your deductible and max out of pocket maximums will reset on January 1st 2026.

What happens if I'm in the middle of treatment?

- You will need to confirm with your doctor that their practice is In-Network with Cigna. If they happen to be In-Network, your financial responsibility for covered services will depend on the Cigna plan you chose, and treatment can continue with no issues. If the Doctor is not In-Network, your cost share will be dependent on the Out of Network benefits listed on the Cigna Plan you chose.



If I currently have an HSA or FSA today, will I still be able to use that after 1/1/26?

- For the HSA Yes. The HSA is your account, and those dollars are still yours. What you cannot do is contribute to more than one HSA account at once. As long as you are only contributing to one HSA account, you are allowed to have both. You will also want to be sure that you do not contribute more than the IRS maximum, which is \$4,400 for individuals and \$8,750 for families in 2026. You can also work with your current HSA administrator to transfer your balance over to your new WEX account.
- For the FSA No. That program will terminate on 1/1/2026 and you will have to use any of the unused FSA funds, there will not be a rollover feature applied as the plan is being terminated, but there may be a grace period that allows you to submit claims a few months after 1/1/2026 for services incurred during the 2025 calendar year.

Can I have an HSA and FSA?

- You CANNOT have an HSA and Health Care FSA – the IRS does not allow participants to have an HSA and a traditional Healthcare FSA at the same time.
- You CAN have an HSA and Limited Purpose FSA – the Limited Purpose FSA when paired with an HSA can only be used for eligible Dental and Vision expenses.
- Anyone can enroll in the dependent care FSA up to the IRS maximum, there are no limitations when pairing with an HSA.

What's the difference between a Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA?

- With the Health Care FSA, you can contribute up to \$3,400 per year on a pre-tax basis to pay for eligible out-of-pocket health care expenses, such as deductibles, copayments, and other eligible health care expenses not covered by your medical, dental and vision plans, including: Eye examinations, glasses and contacts; Dental co-payments and orthodontic expenses; Transportation to and from a medical provider; and Medical expenses subject to deductible, coinsurance and copays.
- The Limited Purpose FSA works the exact same way as the Healthcare FSA except it is meant for employees enrolled in one of the HDHP plans that pairs with an HSA and can only be used for Dental and Vision expenses.
- The Dependent Care FSA uses pre-tax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is incapable of self-care due to a mental or physical handicap. You can contribute up to \$7,500 per year, or \$3,750 if married and filing separate tax returns. Eligible childcare or dependent care facilities including daycare centers, nursery school, summer day camps, elder daycare, services in your home that include dependent care, or care in your home or someone else's home where the income is claimed by your care provider.



- It's important to remember that funds contributed into your FSAs must be used to pay for eligible expenses incurred during the policy year. Any funds remaining in the Dependent Care FSA after the end of the run-out period will be forfeited.

Which Spending Account can I put more money in?

- For the Healthcare or Limited purpose FSA, you can put aside \$3,400 pre-tax for the year in 2026.
- For the Dependent Care FSA, you can put aside up to \$7,500 per year, or \$3,750 if married and filing separate tax returns. There is no roll over for dependent care, you will forfeit any unused funds at the end of the year.
- For the HSA, you can contribute up to the IRS maximum which is \$4,400 for an individual or \$8,750 for a family. The HSA is your account no matter what, so you can take this money with you if you were to leave your current employer.

How do I complete Evidence of Insurability (EOI)?

- EOI can be completed via an automatic link within the Bswift system.

What if I have questions about Medical/Dental/Vision coverage?

- Effective Monday 10/27 - there is Support available through GIS Benefits. You can use this service to review the benefit options, help decide what plans are best for you and begin the enrollment process.
- Connect with a GIS Benefits Advocate at: **877-277-7476** or by clicking this [LINK](#)

How do I know if my medication is covered?

- You can utilize the Cigna support line to ask about your medication or visit the Cigna prescription drug list (PDL) specific to the TEAM Services Group plan offerings to search for your medication on your own.

If my dependents or I are in the middle of a current dental treatment plan, does that need to start over with the new Dental plans?

- There are no limitations – you can continue your current treatment plan as is and utilize the full annual and/or Orthodontia maximum amounts under the new Dental plans.



What are my Life and AD&D insurance options?

- TEAM Services Group provides you with Basic Life and Accidental Death and Dismemberment (AD&D) insurance at no cost to you, your coverage level will depend on your eligibility class. If you would like to supplement your employer provided coverage, you may purchase additional coverage for yourself, your spouse, or your dependent children. You pay the full cost for voluntary coverage through payroll deductions and the cost depends on your age and the coverage amount you choose.

What are my Disability insurance options?

- TEAM Services Group provides you with Voluntary Short-Term Disability (STD) insurance. If you would also like Voluntary Long-Term Disability (LTD) insurance, you must elect and pay for the full cost through payroll deductions. The cost and coverage amount will depend on your salary and eligibility class.

If I have a heart attack and end up in the hospital, will the Voluntary Critical Illness and Hospital plans both pay out benefits?

- If you elect the Critical Illness plan and the Hospital plan (2 different plans), yes both plan options will pay out separate benefits in the event of a heart attack where you end up with a hospital or ICU stay.