## Your Open Enrollment Checklist

FMOL Health is transitioning to an open enrollment period October 31-November 14, 2025. This will allow certain benefit selections to "roll over" if no action is taken. It is strongly recommended that you review your election options. Use this guide as a reference for any benefits that you need to change or update for 2026. Remember if no action is taken, your 2025 elections will roll over in the 2026 benefit year.

This checklist does not count as your official elections. **Elections MUST be made and submitted in Oracle by** November 14.

## **DON'T FORGET:** In

addition to making your benefit elections, you will also need to submit your dependent verification for any previously unverified dependents by November 14. If applying, your just premium application must be submitted by October 30.

## Benefit Options that will roll over to 2026 if no action is taken

| Medical/Health Insurance: Reference pages 12-31 in the Team Member Guide to Benefits for more information on each plan.                           | Dental Insurance:  Reference pages 32-33 in the Team Member Guide to Benefits for more information on each plan.           |  |  |  |  |
|---|--|--|--|--|--|
| ☐ The EPO Plan  | <ul><li>☐ Basic Plan</li><li>☐ Buy Up Plan</li><li>☐ Waive Dental Coverage</li></ul>                                       |  |  |  |  |
| ☐ The PPO Plan  |  |  |  |  |  |
| ☐ The HDHSA Plan  |  |  |  |  |  |
| Waive Medical Coverage  Healthcare Savings Account (HSA): Reference pages 36 in the Team Member Guide to Benefits for more information on an HSA. | Vision Insurance Reference pages 34-35 in the Team Member Guide to Benefits for more information on each plan.  Basic Plan |  |  |  |  |
| Minimum contribution is \$50.  HSA — Desired Annual Contribution:   | <ul><li>☐ Buy Up Plan</li><li>☐ Waive Vision Coverage</li></ul>  |  |  |  |  |
| Benefit Options that REQUIRE you to en  | •  |  |  |  |  |
| Flexible Spending Account (FSA)   | PTO Sellback Reference page 43 in the Team Member Guide to Benefits for more information on each plan.                     |  |  |  |  |
| Reference page 37 in the Team Member Guide to Benefits for more information on an FSA.  |  |  |  |  |  |
| FSA — Desired Annual Contribution:  | Amount to Sell   |  |  |  |  |
|   | In increments of 8 up to a maximum of 128 depending on your years of service   |  |  |  |  |
|   |  |  |  |  |  |

| plai<br>you<br>Refe | ou are already enrolled in a life insurance in, you can elect to increase or decrease in coverage by \$10,000 or \$20,000 erence page 40 in the Team Member Guide to efits for more information on each plan.  Increase my current coverage |  |  |  |  |
|---------------------|---|--|--|--|--|
|                     | Decrease my current coverage  |  |  |  |  |
|                     | Designate Dependents (if enrolled in spouse or dependent Life Plans)  |  |  |  |  |
|                     | Designate Beneficiary   |  |  |  |  |
|                     | Waive Voluntary Life Insurance  |  |  |  |  |
| Lor                 | ng-term Disability  |  |  |  |  |
| at L<br>coo<br>elig | Inplete evidence of insurability online LincolnFinancial.com using company de FMOLHS by November 14, 2025 for gibility review.  Perence page 41 in the Team Member Guide to efits for more information on each plan.                        |  |  |  |  |
|                     | Continue with Current LTD Election  |  |  |  |  |
|                     | Complete Evidence of Insurability at Lincoln.   |  |  |  |  |
|                     | Waive LTD Coverage  |  |  |  |  |
| Refe                | coln Voluntary Accident Plan: erence page 42 in the Team Member Guide to efits for more information.  |  |  |  |  |
|                     | Elect Coverage:   |  |  |  |  |
|                     | ☐ Employee Only   |  |  |  |  |
|                     | Employee + Spouse   |  |  |  |  |
|                     | Employee + Children   |  |  |  |  |
|                     | ☐ Employee + Family   |  |  |  |  |
|                     | Waive Accident Coverage   |  |  |  |  |

**Voluntary Life Insurance** 

| Lincoln   | Critical  | Illnes | s Pla | n      |          |  |
|-----------|-----------|--------|-------|--------|----------|--|
| Reference | e page 42 | in the | Team  | Member | Guide to |  |

| Benefits for more information. |                                 |                                       |  |  |  |
|--------------------------------|---------------------------------|---------------------------------------|--|--|--|
|                                | Elec                            | Elect Coverage:                       |  |  |  |
|                                |                                 | Employee Critical Illness             |  |  |  |
|                                |                                 | Spouse Critical Illness               |  |  |  |
|                                |                                 | Coverage Amount:                      |  |  |  |
|                                | Waive Critical Illness Coverage |                                       |  |  |  |
| Hos                            | spita                           | al Indemnity Insurance                |  |  |  |
| Refe                           | erenc                           | e page 42 in the Team Member Guide to |  |  |  |
| Ben                            | Benefits for more information.  |                                       |  |  |  |
|                                | Elec                            | Elect Coverage:                       |  |  |  |
|                                |                                 | Employee Only                         |  |  |  |
|                                |                                 | Employee + Spouse                     |  |  |  |
|                                |                                 | Employee + Children                   |  |  |  |
|                                |                                 | Employee + Family                     |  |  |  |
|                                | Wai                             | ve Accident Coverage                  |  |  |  |

Congrats! You've made all of your 2026
Open Enrollment decisions! Now go to
Oracle to make your elections official by
the November 14 deadline. For a guide
on how to complete enrollment in Oracle,
reference the Oracle Open Enrollment
Job Aid. If you have any questions,
contact askHR. Don't forget to check the
My To-Do List in Oracle under Benefits
to complete outstanding items that may
impact your benefit enrollment, such as
dependent verification.

