Milender White Aggregated Q&A from Open Enrollment Information Session (November 3, 2026)	
Question	**Answer**
Will my current voluntary Life insurance coverage automatically transfer to the new plan?	No. Your current voluntary Life insurance elections will not automatically transfer to the new plan. You must actively re-enroll to maintain your coverage. Depending on the amount of coverage you select, you may be required to provide evidence of insurability before your coverage is approved.
What is the benefit of the FSA compared with the HSA, especially since HSA funds roll over but FSA funds may be forfeited?	The type of account available to you depends on the medical plan you select. **Health Savings Account (HSA)**: Available to employees enrolled in an eligible High Deductible Health Plan (HDHP). HSA funds roll over from year to year and can be used for eligible medical expenses. **Health Care Flexible Spending Account (FSA)**: Available to employees enrolled in either the PPO or HMO medical plans. It allows you to set aside pre-tax dollars for eligible health care expenses. **Limited-Purpose FSA**: Employees enrolled in an HSA-eligible HDHP may also contribute to a Limited-Purpose FSA for eligible dental and vision expenses. Both HSAs and FSAs are subject to IRS rules and applicable plan requirements.
Why do I need to contact Fetch for pet insurance if I'm automatically enrolled?	Fetch is an optional pet insurance benefit, not a company-paid or automatically enrolled plan. Employees interested in coverage should contact Fetch directly for plan options, pricing and coverage details.
Is employee-only vision coverage fully paid by the company?	Yes. Graham pays 100% of the cost of employee-only vision coverage.
How do I find providers who accept my medical, dental or vision plan?	Use the provider search tools to find in-network providers: **Medical**: Select the PPO option when searching for providers under either RGA medical plan. Additional instructions are available in the RGA Provider Search Instructions document on the benefits website. **Dental:** Use the Delta Dental member website, select the Find a Dentist tool and choose the Delta Dental USA Network. **Vision:** Refer to the provider search instructions on the Benefits website.
Will the presentation slides be distributed after the session?	The presentation is available on the Benefits website Home page and your entity-specific page.
Can I use my HSA to pay for pet health care expenses?	No. Pet health care expenses are not eligible HSA expenses.
Which plan should I select on the RGA website to access the HDHP 2K Plan?	Choose the PPO option for both RGA plans. Additional guidance is available in the RGA Provider Search Instructions document on the benefits website.
What should I do if my Dentist does not appear in the Delta Dental provider search?	Visit the Delta Dental member website, select Find a Dentist and choose the Delta Dental USA Network option to search for DHMO providers.
What is the difference between medically necessary and elective?	Medically necessary treatment is generally required to diagnose or treat a medical condition or preserve your health. Elective treatment is typically optional and may include procedures performed primarily for cosmetic purposes. Coverage depends on the specific treatment and the terms of your medical plan.
Does Uber or Lyft count for HSA commuter benefits?	Certain rideshare expenses may qualify when the service meets IRS commuter rideshare requirements, including use of a vehicle that can accommodate six or more passengers. Standard individual Uber or Lyft trips may not qualify.
Can I use my HSA to pay for medical expenses incurred before January 1, 2027?	No. Expenses must be incurred on or after January 1, 2027, to qualify for reimbursement from a new HSA established on that date.
Can I transfer funds from my current HSA to the new HSA?	Yes. Existing HSA funds can be transferred to the new HSA. Employees who elect an HSA for 2027 will receive instructions in December explaining how to complete the transfer.
Does the 20% prescription cost apply to the deductible or the out-of-pocket maximum?	Prescription spending counts toward both the deductible and the out-of-pocket maximum, in accordance with the plan's provisions.
How can I determine whether my current doctors or providers are in-network under the new insurance plans?	Instructions for finding in-network medical, dental and vision providers are available in the Employee FAQs on the Benefits website.