



Santa Clara Human Resources

2026 Open Enrollment Frequently Asked Questions (FAQ)

(Last updated: November 18, 2025)

Open Enrollment Dates and Changes

What are the dates for Benefits Open Enrollment?

November 5, 2025 through November 21, 2025.

When will Open Enrollment changes take effect?

Any elections or benefit changes made during Open Enrollment will take effect on January 1, 2026.

What are some of the changes for 2026?

- The Aetna Exclusive Provider Organization (EPO) will be available to all benefit-eligible employees. Previously, it had only been available to employees who were approved to work outside of California.
- Kaiser and Aetna plans will include [enhanced fertility benefits](#).
- Enhancements to the Guardian Dental PPO such as night guard coverage and an increase in number of covered fluoride treatments.
- The Dependent Care FSA limit will increase to \$7,500 (\$3,750 for married couples filing separately).
- Healthcare (Medical) FSA and Limited Purpose FSA limits will increase to \$3,400.
- HSA contribution limits will increase to \$4,400 for individual coverage and \$8,750 for family coverage (no change to additional \$1,000 catch-up for those 55 and older).
- The Aetna High Deductible Health Plan (POS/PPO) deductible for individuals within a family will increase to \$3,400 in order to comply with IRS regulations.
- SunLife has discontinued offering online will prep as part of your life insurance benefit.

Are the rates changing?

The [2026 rates](#) for our medical and dental plans have increased compared to 2025 while the vision rates have a slight decrease. Voluntary life insurance rates are age-based so while there are no rate changes, you will see an increase if you moved into a new age grouping.

General Questions

When will I see the 2026 rates reflected in my paycheck?

The 2026 rates will first be reflected on the January 22, 2026 paycheck. This means, for example, that if you elected Kaiser coverage in 2025 and switched to the Aetna HMO during Open Enrollment, your January 7 paycheck will still have the Kaiser deduction and your Aetna deductions will begin on January 22.

2026 FSA and HSA elections will be reflected beginning on the January 7, 2026 paycheck per IRS requirements.

Can I change my elections after Open Enrollment ends?

Per IRS regulations and carrier agreements, changes outside of Open Enrollment are not allowed unless you have a qualifying life/family status event. This applies to medical, dental, vision, healthcare FSA, limited purpose FSA, dependent care FSA, and life insurance. Examples of qualifying events include marriage, divorce, birth/adoption of a child, and loss or gain of other coverage. This is not an exhaustive list; check with the Benefits Department if you have a different event that you believe will qualify. Changes due to a qualifying life event must be requested within 30 days of the event (60 days if the event is loss of eligibility for or enrollment in Medicaid, Medicare, or state health insurance programs).

If I am on a Leave of Absence, how can I complete my enrollment?

Whether or not you are on leave, you can log into Workday and select the “Open Enrollment Change” task.

Workday Enrollment

How do I review my current (2025) benefit enrollments in Workday?

There are a few different ways to navigate to your elections; here’s one: From the Workday menu, choose the “Benefits and Pay” app. Under “Benefits,” select “Benefit Elections.”



Tip: If you don’t see the “Benefits” option, you may need to click on the right-facing arrow to expand the side menu.

If I don't wish to change my benefit elections, do I have to take any action in Workday?

If you don’t take action, your 2025 elections will automatically roll over, with the exception of:

- Flexible Spending Accounts (Healthcare, Dependent Care, or Limited Purpose), which require a new election each year.
- Health Savings Account election IF you are turning age 55 in 2026. If so, you will need to enroll in the Health Equity HSA Catch-Up plan in Workday. You do not need to actually elect the \$1,000 catch-up amount, this is simply the name of the plan in Workday.

Even if you don’t plan on making changes, we encourage all benefit-eligible employees to review their elections. This will be your opportunity to ensure elections are correct, that you’re covering the family members intended, and that you understand how much your benefit cost will be in 2026. It’s also a good time to make sure the beneficiaries you’ve named for your basic and/or voluntary life insurance are current.

When and how can I make changes to my benefit enrollments?

Benefit-eligible employees can make changes in Workday from Wednesday, November 5 through Friday, November 21. Look for the “Open Enrollment Change” task in the “Awaiting Action” section of the Workday landing page (or find it through the “My Tasks” envelope icon). Choose “Let’s Get Started” and follow the prompts to enroll or make changes. When satisfied with your elections, make sure to choose “Review and Sign” and then “Submit” prior to 5 pm on November 21. For further information about completing the Open Enrollment event in Workday, refer to this [User Guide](#).

I’m trying to submit my enrollment but it’s giving me an error; what’s wrong?

Click on the error link in the red bar for guidance. Most likely, you need to scroll to the bottom of the page and check the “I accept” box. If issues persist, please email scu-benefits@scu.edu for assistance.

I submitted my enrollment then realized I need to make another change. Can I still do so?

You can make changes through November 21. To do so, choose the “Benefits & Pay” app. Under “Needs Attention,” there is an option to edit your Open Enrollment event. After you’re done making changes, don’t forget to submit them!

Dependent Enrollment

What if I need to add dependents?

Before you can enroll eligible dependents in any of your plans, they have to be added as dependents in Workday.

If you haven't already added them, make sure to complete the applicable eligibility affidavit(s): child/children, spouse, or registered domestic partner:

[Affidavit of Dependent Eligibility \(Children\)](#)

[Affidavit of Marriage \(Spouse\)](#)

[Affidavit of Registered Domestic Partner](#)

You'll need to have their social security numbers available. To review and/or add dependents in Workday:

- Choose the "Benefits and Pay" app
- Under "Benefits," choose "Dependents"
- Review the dependents already added, if any.
- Choose the "Add" button to add dependents.
 - Under "Reason," choose "Add Dependent > Other/Open Enrollment" and complete the required fields
 - Under "Attachments," upload the applicable affidavit. For "Category," select "Benefits"
 - Submit
- After you've added them as Dependents, you can elect coverage for them in various plans (e.g., medical).

What is the age limit for covering a dependent child?

Dependent children will be covered until the end of the month in which they turn 26. If they have a mental or physical disability that existed prior to age 26 and they are incapable of self-support, they may remain covered past the age of 26. Additional documentation will be required if not already on file; please contact the Benefits Department for more information.

Medical Plans

What are some of the differences between the Aetna HMOs (AWH and HMO), EPO, and HDHP/PPO?

Aetna HMO and Aetna Whole Health (AWH) HMO: You may only see providers that are in-network (other than in cases of emergency). You will choose or be assigned to a primary care physician (PCP) that will manage your healthcare needs. You may see a specialist only with a referral from your PCP.

Aetna EPO: You may only receive services from providers that are in-network. Designating a primary care physician (PCP) is encouraged but not required. The Aetna EPO does not require a referral to see a specialist.

Aetna HDHP/PPO: The Aetna HDHP/PPO plan (which you may also see referred to as Aetna OAMC POS) offers the most flexibility, as it does not require a referral for a specialist and you may also go out-of-network. The tradeoff to having this flexibility is that you'll likely have higher out of pocket costs, because 1) this plan has the highest premiums of any of the SCU offerings, 2) you'll need to meet a high deductible before the insurance starts paying, 3) after you meet the deductible, you typically pay a co-insurance amount (e.g., 10% of the service's cost) as opposed to the flat co-pay amount that is common with HMOs. If you go out of network, you may also be subject to balance billing (see next question).

I want to see healthcare providers that do not contract with any insurance plans, or if they do, not any that SCU offers. What are my options?

The only SCU medical plan that includes out-of-network coverage is the Aetna HDHP/PPO. This may be a good option for you if you want to see an out-of-network provider, but it's important that you understand how insurance works in these situations as you'll be subject to balance billing. Because Aetna does not have a contract with an out-of-network provider there is no negotiated rate, but there is an "allowed amount" for each service, and Aetna will base payment on this allowance. The allowance is typically based on 105% of what Medicare would pay for the same service. This is perhaps best illustrated by example:

- You visit an out-of-network provider who charges \$250 for the visit.

- Let's assume the Aetna allowed amount for the service provided at that visit is \$200.
- If you have not yet met the out-of-network deductible, you will be responsible for paying \$250, and \$200 will be applied to the deductible.
- If you *have* met the out-of-network deductible, Aetna will pay apply the out of network percentage (typically 70%) to the allowed amount. In our example, Aetna will pay \$140 (70% of \$200), and you will be responsible for the balance of \$110.

What is the difference between the Aetna Whole Health (AWH) HMO and the Aetna HMO?

The plan designs (co-pays, out of pocket maximums, etc.) of these two HMOs are the same, but AWH has lower per-paycheck costs due to a more limited network of providers. For example, in the Bay Area, providers who are a part of the Palo Alto Medical Foundation are in-network for the HMO but not for AWH. To find out if a specific provider is in-network with either of these plans, refer to the next question. You may also view a listing of California medical groups/IPAs: [Medical groups and IPAs](#). This listing shows whether a particular medical group/IPA is in-network for both AWH and the Aetna HMO, or just the Aetna HMO. This chart is subject to change.

How do I find out if my doctor (or other healthcare provider) is in-network with Aetna?

Visit the Aetna site: <https://www.aetna.com/individuals-families/find-a-doctor.html>

- Under "Guests," choose "Plan from an employer."
- Under "Continue as a guest," enter your preferred location and radius, then choose "Search."
- Under "Select a Plan," look for the plan you're interested in:
 - AWH: Under "Aetna Whole Health Plans" choose "(CA) Aetna Whole Health – Northern California HMO."
 - HMO: Under "Aetna Standard Plans," choose "HMO."
 - HDHP: Under "Aetna Open Access Plans," choose "OA Managed Choice POS HDHP (OAMC)."
 - EPO Choose "Elect Choice® EPO (Open Access)."
- Select "Continue."
- Search by your provider's name or choose a category to browse available in-network providers in your area.

For a step-by-step guide with screenshots of the Aetna site, please refer to the [Aetna Provider Lookup Guide](#). You may also contact your provider's office directly to inquire whether they are in-network for the plan you're interested in. Please note that healthcare providers, medical groups, and hospitals contract with Aetna and if the contract ends without a new agreement, they would no longer be in-network. Unfortunately, this can happen at any point during the year (based on the terms of the contract) and is typically not considered a qualifying event for which a plan change could be allowed.

If I am NEWLY enrolling myself and/or one of my dependents in one of the Aetna HMOs and Workday is requiring that I enter a Provider ID. What is this and where do I find it?

Each Primary Care Physician (PCP) that is in-network with Aetna has a 6-digit Primary Care ID. Instructions for identifying this ID can be found in the [Aetna Provider Lookup Guide](#). If you do not wish to designate a PCP and instead be auto-assigned one by Aetna based on your zip code, enter "none" in the Provider ID field in Workday. PCP designations can always be changed directly with Aetna once you are enrolled.

I currently (in 2025) am enrolled in one of the Aetna HMOs and I want to change my PCP. Do I do that in Workday?

No, you will need to make this change directly with Aetna by calling the number on your ID card. Once a PCP is initially assigned by Aetna, any changes must be made through Aetna. Even if you put a new PCP code in Workday, Aetna will not make the change.

I have seen the Aetna High Deductible Health Plan (HDHP) referred to as both a Preferred Provider Organization (PPO) and a Point of Service plan (POS). Which type of plan is it?

The Aetna HDHP operates as a “true” PPO plan, officially named Open Access Managed Choice POS plan. It is built as an open access plan that operates the same way as what other carriers call a PPO.

How does the Kaiser plan work?

With the Kaiser HMO, you will designate a primary care physician within the Kaiser network, and typically receive services at Kaiser facilities. Enrollees must live or work in a Kaiser service area.

What are the enhanced fertility benefits offered by Kaiser and Aetna starting in 2026?

Currently, the Kaiser and Aetna plans offer limited fertility coverage. Beginning in 2026, California law requires that large group health plans provide coverage for fertility care such as diagnosis and treatment of infertility (including IVF), up to three completed egg retrievals, and unlimited embryo transfers (based on clinical guidelines). Aetna and Kaiser 2026 plan documents, including covered and excluded services, will be posted on the [Open Enrollment](#) or [Benefits](#) site as they become available.

What if I have a dependent that is out of the area for extended periods of time, such as a child away at college?

Please review the [Out of Area Dependent chart](#) and let the Benefits Department know if you have any questions.

Dental and Vision Plans

Is the Guardian dental plan a PPO?

Yes, it is a dental PPO plan. As such, you may go to any dental provider, but you may have less out-of-pocket costs if you receive services from an in-network provider.

How do I find out if my dentist is in-network with Guardian?

Visit Guardian: guardiananytime.com/fpapp/search. Select DentalGuard Preferred as the plan type. You may also ask your dental provider if they are in-network with the Guardian PPO.

Do I need to enroll in Anthem Blue View Vision if I am in the Kaiser Plan?

As a Kaiser member, vision is covered through the Kaiser plan. However, you may also enroll in Anthem Blue View Vision for additional coverage. Please be mindful that the two plans are out of network with each other.

Do I need to enroll in Anthem Blue View Vision if I plan to enroll in an Aetna medical plan?

Our Aetna medical plans do not include vision coverage. If you need vision coverage, you will need to enroll in the Anthem Blue View Vision plan.

Flexible Spending Accounts (FSAs)

I enrolled in the Healthcare FSA (or Limited Purpose FSA) in 2025 but I won't use all my funds before December 31, 2025. Will they roll over to 2026?

The maximum amount that can be rolled over to 2026 is \$660. If you do have funds rolling over to 2026, please take that into consideration when calculating how much you wish to elect for 2026.

I will incur childcare expenses for my child who will turn age 13 in 2026. Am I able to enroll in the Dependent Care FSA?

You may enroll for 2026; however, childcare expenses are not eligible for reimbursement once your child turns age 13.

I enrolled in the Dependent Care FSA in 2025 but I won't use all my funds by December 31, 2025. Will they roll over to 2026?

No, dependent care FSA funds are truly “use it or lose it” and will not roll over to the new year.

I enrolled in the Healthcare Care FSA (or Limited Purpose FSA) and/or the Dependent Care FSA in 2025. Will I need to re-enroll if I want to participate in 2026?

Yes, per regulations you are required to make a new election each year, even if it's the same amount.

I enrolled in the Mass Transit/Commuter FSA in 2025. Will I need to re-enroll if I want to participate in 2026?

No, unlike the other FSA plans, Mass Transit elections can be made as often as monthly. Elections must be made in Workday between the 1st and 10th of the month. Unless you make changes, the election in effect in December will also be in effect in January. You do not need to wait for Open Enrollment every year to make changes.

Health Savings Account (HSA)

If I'm enrolled in the HDHP/PPO plan in 2025 but switch to a different medical plan during open enrollment, what happens to my HSA?

You may no longer contribute to an HSA beginning 1/1/26, but you can still use your HSA funds to pay for qualified healthcare expenses. If you leave your funds at Health Equity, any monthly maintenance fees that SCU has been covering will start being drawn from your account. Please contact Health Equity (877.857.6810) if you have additional questions.

Retirement Plans

Can I enroll in the 403(b) or change my election during Open Enrollment?

Once you are eligible to participate in the University's 403(b) plan, you can enroll or make changes at any time. You aren't limited to the Open Enrollment period! Please visit the [SCU Retirement](#) page for more information about our retirement plans, including links to our retirement portal and instructions for making changes.

Additional Resources

What if I have additional questions?

There are many resources available if you have questions! Here are some:

- Through Health Advocate, employees and their family members (spouse/DP, dependent children, parents, parents-in-law) can receive confidential support such as help understanding benefits (including Medicare), resolving claims issues, and finding in-network providers. This [Health Advocate flyer](#) summarizes their services and includes contact information.
- Individual carriers (e.g., Aetna, Kaiser).
- [ALEX by Jellyvision](#) provides interactive decision support, designed to make the benefits election process less complicated and more tailored to your needs.
- And of course, your Benefits team! You can schedule a virtual [1:1 appointment](#) with a benefits team member or email scu-benefits@scu.edu. Please note that toward the end of Open Enrollment, the appointment slots fill up and the team experiences a higher than usual volume of calls and emails.