UC Santa Barbara

Medical Plan & Non-Medical Plan Changes 2026

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UCSB

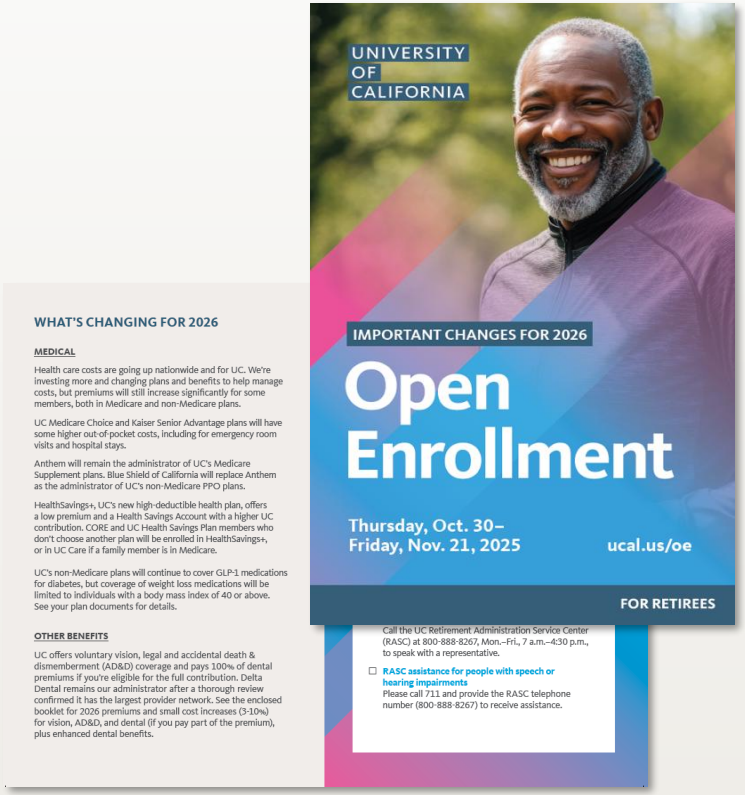
Human Resources, Administrative Services Division

UC SANTA BARBARA

This presentation is intended for communication purposes only.

Please visit the UCnet website https://ucnet.universityofcalifornia.edu and plan documents for complete information

Faculty & Staff



CA Retirees

Some Health Plans are Changing for 2026

- UC Blue & Gold HMO
- Kaiser Permanente HMO

- UC Care PPO
- HealthSavings+ with Health Savings Account (HSA)

- Delta Dental PPO
- DeltaCare USA

- Vision Services Plan- VSP

- Sun setting the CORE and Health Savings Plan

- Transition to **Blue Shield of CA** from Anthem for faculty/staff and non Medicare PPO plans

Default Medical Plans for Open Enrollment

2025 Medical Plan	2026 Medical Plan Default Passive Enrollment
CORE	HealthSavings+
Health Savings Plan	HealthSavings+
CORE / Medicare PPO Medicare PPO / CORE	UC Care / Medicare PPO Medicare PPO / UC Care

Split Families

Topics

- Plan comparisons & enhancements
- Rates
- Priorities
- Residence limitations
- Choice of physician
- Quick medical plan descriptions
- Cost of care & prescription drugs
- Out-of-Pocket Maximum
- Health Savings Account (HSA)
- Behavioral Health
- Chiropractic and Acupuncture
- Living out of country
- Non-medical plan updates
- Resources

NEW: PPO Plans Compare: 2025 vs 2026

	2025 - UC HSP	2025 - CORE	2026 – HealthSavings+
Provider Network & Plan Administrator	Anthem Blue Cross	Anthem Blue Cross	**Blue Shield of California**
Member Services & Health Care Advocacy	**Accolade**		
Pharmacy Benefit Manager	**Navitus**		

How PPO Plans Compare: 2025 vs 2026

	2025 - UC HSP	2025 - CORE	2026 – HealthSavings+
Calendar Year Deductibles Medical + Behavioral Health + Prescription Drugs	$1,650 IN Single $3,300 IN Family $2,600 OON Single $5,200 OON Family	$3,000 per covered person	**$2,500 IN Single** **$5,000 IN Family** **$4,000 OON Single** **$8,000 OON Family**
Out-of-Pocket Maximums Medical + Behavioral Health + Prescription Drugs	$4,000 IN Single $6,400 IN Family $8,000 OON Single $16,000 OON Family	$6,300 Single $12,700 Family	**$6,700 IN Single** **$13,400 IN Family** $8,000 OON Single $16,000 OON Family

IN= IN-Network
OON= Out-of-Network

How PPO Plans Compare: 2025 vs 2026

	2025 - UC HSP	2025 - CORE	2026 – HealthSavings+
Preventive Care	IN $0 no deductible OON 40% after deductible	IN $0 no deductible OON 20% after deductible	**IN $0 no deductible** **OON** **50% after deductible**
Co-Insurance Doctors, Specialists, Labs, Imaging, Mental Health, Maternity Care, Hospitalization	IN 20% after deductible OON 40% after deductible	IN & OON 20% after deductible	**IN 30% after deductible** **OON** **50% after deductible**

IN= IN-Network
OON= Out-of-Network

How PPO Plans Compare: 2025 vs 2026

	2025 - UC HSP	2025 - CORE	2026 – HealthSavings+
Urgent Care	IN 20% after deductible OON 40% after deductible	IN & OON 20% after deductible	**IN 30% after deductible** **OON** **50% after deductible**
Emergency	20% after deductible	20% after deductible	**30% after deductible**
Ambulance Emergency Transport	20% after deductible	20% deductible waived	**30% deductible waived**
Retail Clinic onsite clinics located within retail stores and pharmacies	20% after deductible	20% after deductible	**30% after deductible**

IN= IN-Network
OON= Out-of-Network

How PPO Plans Compare: 2025 vs 2026

	2025 - UC HSP	2025 - CORE	2026 – HealthSavings+
Prescription Drugs provided through Navitus	IN – Participating Pharmacies Full cost of Rx until deductible is reached, then 20% for most covered drugs OON Full cost of Rx until deductible is reached, then 40% for most covered drugs	IN & OON Full cost of Rx until deductible is reached, then 20% for most covered drugs	**IN – Participating Pharmacies** **Full cost of Rx until deductible is reached, then 30% for most covered drugs** **OON** **Full cost of Rx until deductible is reached, then 50% for most covered drugs**
90-day Rx Supply	Costco Mail Order, UC Pharmacy or a Retail 90 pharmacy		

IN= IN-Network
OON= Out-of-Network

UC Care & HealthSavings+
Pharmacy Benefits Changes

- **Navitus: *Access Guidance Services***
  - 2025: Copay card savings for members with Copay Cards accrue to Out-of-pocket max.
  - **2026: Copay card savings will no longer accrue to OOPM.**

- **New criteria for all weight-loss medication coverage for weight management:**
  - BMI of 40 or higher, regardless of co-morbid conditions.
  - Members currently on these drugs who started with at least 40 BMI could continue with recertification.

UC Care & HealthSavings+
Travel Expense Benefits for Surgeries

	2025	2026
Transplant $10,000 max per transplant	LODGING up to $50/night/person 1 caregiver per adult patient Up to 2 caregivers for a minor FOOD No allowance	**LODGING** **up to $250/night/person** **1 caregiver per adult patient** **Up to 2 caregivers for a minor** **FOOD** **$150/day/person**
Bariatric Surgery $5,000 max per surgery		
Gender Affirmation Surgery $10,000 max per surgery		
Gene Therapy for Ocular Disorder $10,000 max	Not covered for travel benefit	

Additional Travel Vaccines for UC Care, Health Savings+, Medicare PPO / High Option Supplement

- Dengue Vaccine
- Cholera Vaccine Live Oral
- Tick-borne encephalitis virus vaccine, inactivated;
  0.24 ML or 0.5 dosage, for intramuscular use
- Zaite Ebolavirus vaccine, live, for intramuscular use

Medicare PPO/High Option
After deductible is met:
IN/Preferred 20% allowed amount
OON/Non-Preferred 20% billed amount

UC Care
Tier 1: $0
Tier 2: $0
Tier 3: 50%

HS+
IN Network: 30%
Out of Network: 50%

NEW: HMO Plan Changes : UC Blue & Gold HMO & Kaiser HMO

Legislative Mandates

SB 729 – Coverage for diagnosis and treatment of infertility

2025	2026
• IUI, IVF, GIFT and ZIFT covered at 50% coinsurance • Up to 2 cycle lifetime limit per member (IVF, GIFT, ZIFT) • Prescriptions covered at 50% coinsurance • Does not apply to annual OOP max	• **IUI, IVF, GIFT and ZIFT covered at plan-specific cost share** • **Up to 3 completed oocyte (egg) retrievals per lifetime and unlimited embryo transfers per member (IVF, GIFT, ZIFT)** • **Allowance restarts** • **Prescriptions covered at respective tier level** • **Applies to annual OOP max**

UC Blue & Gold HMO and Kaiser HMO
Legislative Mandates

AB 3059: Human Milk

- Adds medically necessary pasteurized human donor milk obtained from a licensed tissue bank as a basic health care service, ensuring access which was previously limited by insurance coverage barriers.

- Simplifies the process for hospitals to distribute donor milk by removing certain regulatory hurdles.

APL 23-026: Children and Youth Behavioral Health Initiative

- Requires health plans to provide coverage for mental health and substance use disorder treatment services provided at a school site when the services are provided or arranged by a local educational agency or public institution of higher education

UC Blue & Gold HMO
Plan Changes

	2025	2026
Musculoskeletal Care (MSK) Management & Interventional Pain Management (IPM) Programs	Turning Point manages Prior Authorizations for MSK and IPM	**Evolent manages Prior Authorizations for MSK and IPM**
Sharecare Virtual Cooking Classes	N/A	**Up to five (5) virtual cooking classes to UC locations at no cost**

Weight Loss Medication Criteria Change

	2026 Requirement	Continuation of Weight Loss Drug Coverage	Coverage of GLP-1s for Type 2 Diabetes
UC B&G HMO	BMI 40+ for new prescriptions; no exceptions for comorbidities	Current utilizers may continue if medical necessity and PA criteria met, regardless of BMI	Covered
Kaiser HMO	BMI 40+ for weight loss only; BMI 30+ with moderate/severe obstructive sleep apnea; BMI 27+ with one of these comorbidities: peripheral artery disease, history of stroke or heart attack	Available to current utilizers who started weight loss medication with a BMI 40+	
UC Care	BMI 40+ for new prescriptions; no exceptions for comorbidities	Available to current utilizers who started their weight loss medication with a BMI 40+	
HealthSavings+			

2026 Employee Contributions

	Pay Band 1 ($73,000 and Under)				Pay Band 2 ($73,001 to $145,000)			
	EE	EE+C	EE+Sp	EE+Fam	EE	EE+C	EE+Sp	EE+Fam
UC Blue & Gold HMO	$97.97	$176.35	$334.04	$412.42	$156.29	$281.33	$456.51	$581.55
Kaiser Permanente - CA	$75.57	$136.02	$257.78	$318.23	$120.61	$217.09	$352.35	$448.83
Kaiser Mid-Atlantic	$75.57	$136.02	$257.78	$318.23	$120.61	$217.09	$352.35	$448.83
HealthSavings+	$23.41	$42.14	$177.46	$196.18	$81.73	$147.12	$290.31	$355.69
UC Care	$130.85	$235.52	$403.08	$507.76	$189.17	$340.50	$525.55	$676.89

	Pay Band 3 ($145,001 to $217,000)				Pay Band 4 (Over $217,000)			
	EE	EE+C	EE+Sp	EE+Fam	EE	EE+C	EE+Sp	EE+Fam
UC Blue & Gold HMO	$214.61	$386.30	$578.98	$750.67	$272.92	$491.27	$701.44	$919.79
Kaiser Permanente - CA	$165.64	$298.15	$446.92	$579.43	$210.68	$379.22	$541.50	$710.04
Kaiser Mid-Atlantic	$165.64	$298.15	$446.92	$579.43	$210.68	$379.22	$541.50	$710.04
HealthSavings+	$140.05	$252.09	$393.19	$505.22	$189.61	$341.30	$487.31	$638.99
UC Care	$247.49	$445.47	$648.02	$846.01	$305.80	$550.44	$770.48	$1,015.13

Getting started…

All plans have similar coverage

- Medical
- Behavioral Health
- Rx Drugs

Must use in-network providers

All plans cover preventive care at no cost!

- Annual well visit and labs
- Well woman visits and labs
- Preventive screening tests
- Immunizations

What is your priority?

Cost to enroll	Monthly premium
Cost of care	Predictable, low cost copays Pay % of each service
Choice of providers	HMO medical group physicians PPO preferred network or any provider
Effort to manage	Coordinating care & bills

Residence Limitations

UC Blue & Gold & Kaiser (HMO)

- Employee must live in California
- PCP must be within 30 miles of where you live or work
- UCLA Health is NOT in-network with the UC Blue & Gold Plan in the Santa Barbara area

UC Care PPO

- Employee may live anywhere
- Worldwide services

HealthSavings+

- Employee may live anywhere (must have a US mail address to contribute to HSA account)
- Worldwide services

Choice of Physician

UC Blue & Gold and Kaiser HMO (Health Net, Kaiser)

- You choose PCP
- PCP coordinates care
- PCP refers to specialists
- Specialists limited to physicians in medical group
- Out-of-network is not available

UC Care (Blue Shield)

- UC Select Tier 1 – In-network
- Anthem Preferred Tier 2 – In-network
- Out-of-Network

HealthSavings+ (Blue Shield)

- Anthem Preferred – In-network
- Out-of-Network

UC Care PPO Tiers

In-network Providers

UC Select Tier 1

- UC Medical Centers
- UC Select Blue Shield PPO providers

* For non UC Medical centers: *Tier 1 was never intended to have all provider types and services accessible in Tier 1.*

Blue Shield PPO Tier 2

In CA
- Blue Shield PPO

Out of CA
- Blue Shield

Out of U.S.
- Global Core

Out-of-network Providers

Non-Preferred (Tier 3)

Out of the UC Select and Tier 2 providers

UC Select in Santa Barbara

UC Select (Tier 1) are limited to:

- Sutter Health (Sansum Clinic)
- Cottage Hospital System (Santa Barbara, Goleta and Santa Ynez) Not all providers at Cottage Hospital are tier 1 – please confirm with Accolade prior to booking appointments
- Quest Diagnostic Labs
- Pacific Diagnostic Labs
- Pueblo Radiology
- UCLA Health
- Search Blue Shield directory* for other local UC Select providers

**click UC Tier 1 provider list to review Tier 1 provider directory*

UC Select near UCSB

Additional UC Select (Tier 1) providers in:

- Santa Maria
- Lompoc
- Ventura
- UC Medical Centers

UC Care Provider Directory:

uchealthplans.com

- **Contact Accolade via Accolade App or by calling 866-406-1182**

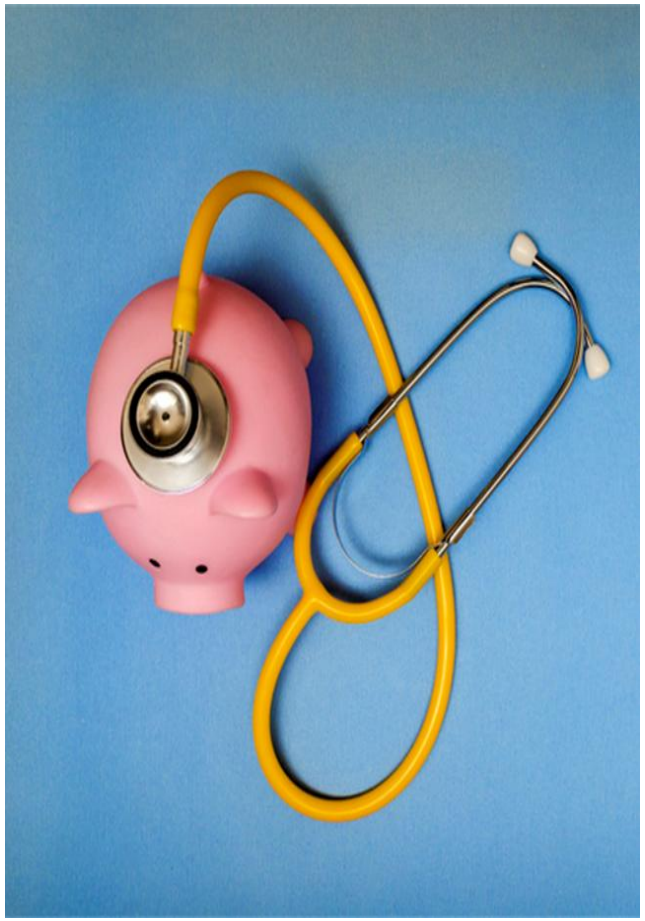
Let's take a closer look at our 2026 medical plans

health net

KAISER PERMANENTE

blue CALIFORNIA

Terminology



- **UC HMOs** do not have deductibles
- **Copay** "fixed rate" for each service
- **UC PPOs** have deductibles and coinsurance
  - **Deductible** is the amount you pay **each year** before the plan starts sharing the cost with you
  - **Coinsurance** is your share of the cost after you pay the deductible
  - Your costs are based on the **network** the provider is in and the **service** you receive
  - You pay discounted rates for "in-network" providers
  - You pay more for "out-of-network" providers

PPO In-Network

UC Care & HealthSavings+ Plans

Plan negotiates "allowed" rates to process claims

In Network

Discounted Rate

Amount each plan negotiates with **preferred** or **participating** providers

- You pay the in-network co-insurance on the discounted rate
- Provider **cannot** "balance bill"

Example

20% co-insurance

Provider charge:	$200
Allowed amount:	$100
Plan pays 80%:	$80
You pay 20%:	$20
Provider write-off:	$100

PPO Out-of-Network

UC Care & HealthSavings+ Plans

Out-of-Network

Value that plan assigns
to a service when provider is NOT a **preferred** provider (not participating)

- **Plan** pays out-of-network co-insurance on the allowed amount
- Provider **can** balance bill

Example

50% co-insurance

Provider charge:	$200
Allowed amount:	$100
Plan pays 50% **(from allowed amount)**	$50
You pay 50%:	$50
You pay balance:	$100

Out-of-Pocket Maximum (OOPM)

Definition: Maximum amount that plan requires an individual to pay in a calendar year **before it will pay 100%** of the costs for covered benefits

OOPM includes: copays, deductibles and co-insurance for medical services, behavioral health and prescription drugs

Does not include amounts "not allowed" by insurance plan when using out-of-network providers

	KAISER HMO (KAISER PERMANENTE)	UC BLUE & GOLD HMO (HEALTH NET)	UC CARE PPO (BLUE SHIELD)	HEALTHSAVINGS+ (BLUE SHIELD)
OUT-OF-POCKET COSTS What you'll pay for medical care Notes: • Most preventive care is free to you. • Out-of-pocket maximum (OOP max) includes deductible. • Amounts listed are per person/per family (unless otherwise noted).	$ IN KAISER NETWORK ONLY (except in emergencies) **Deductible:** None **Copayments (for example):** $30 doctor's office visits **OOP max:** $1,500/$3,000	$ IN-NETWORK ONLY (except in emergencies) **Deductible:** None **Copayments (for example):** $30 doctor's office visits **OOP max:** $1,000/ $2,000 (2 people)/ $3,000 (3 or more)	UC SELECT TIER 1: $ **Deductible:** None **Copayments (for example):** $30 doctor's office visits **OOP max:** $6,100/$9,700 BLUE SHIELD PPO TIER 2: $$ **Deductible:** $500/$1,000 **Coinsurance:** 30% **OOP max:** $7,600/$14,200 OUT-OF-NETWORK: $$$ **Deductible:** $750/$1,750 **Coinsurance:** 50% **OOP max:** $9,600/$20,200	HSA CONTRIBUTIONS **From UC:** up to $750/$1,500 **Your max (including UC contribution):** $4,400/$8,750 IN-NETWORK: $$ **Deductible:** $2,500/$5,000 **Coinsurance:** 30% **OOP max:** $6,700/$13,400 OUT-OF-NETWORK : $$$ **Deductible:** $4,000/$8,000 **Coinsurance:** 50% **OOP max:** $8,000/$16,000

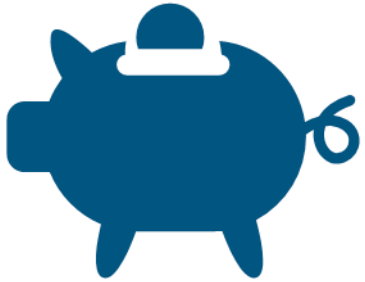
UC HealthSavings+ Plan

- High deductible medical plan paired with a Health Savings Account

Medical Coverage

Anthem BlueCross

Health Savings Account



HealthEquity

866-212-4729

https://learn.healthequity.com/uc/hsa/

Health Savings HSA

- **HSA contribution limits**
  - **$4,400 for self-only coverage** (up from $4,300)
  - **$8,750 for family coverage** (up from $8,550)
- **Same *Catch-up contribution*** for members 55 and over: $1,000 for the year
- **Same *UC Contribution* for the year**: up to $750 for single or $1,500 for family coverage

Health Savings Account (HSA)

- You keep the money even if you change jobs or insurance plans
- You can make contributions at any time
- **HSA has triple tax advantage**
  - No Federal taxes on contributions
  - No taxes when funds are used
  - No taxes on earnings
- HSA **funds rollover** from year to year
- You can **invest funds** to earn more

This hypothetical example is for illustration only. Our example assumes monthly contributions of $83.34 for 25 years, invested at a hypothetical 6% annual rate of return, with no withdrawals. Your own account may earn more or less than this example. Investing in this manner does not ensure a profit or guarantee against loss in declining markets.

Consider HSA Limitations

To own/contribute to Health Savings Account:

- Can **not** be enrolled in Medicare A or B
  - Did you enroll in Medicare at age 65?
  - Were you automatically enrolled when you signed up for Social Security pension?
- Can **not** be enrolled in other medical plan
- Can **not** be claimed as a dependent on someone else's tax return

How it Works!

- **UC** contributes in January ***$750 individual / $1,500 family**
- You contribute anytime (up to IRS limit)
  - *Single $4,400 - $750 (UC) = $3,350
  - *Family $8,750 – $1,500 (UC) = $7,300
- Contributions carryover year to year
- Increase or decrease contribution at any time

Comparing our Medical Plan Copays/ Coinsurance

Office Visit

Medical Plan	Deductible	Co-pay	Co-insurance
HMO	None	$30	None
UC Care PPO UC Select/Tier 1	None	$30	None
Preferred/Tier 2	$500 individual $1,000 family		You pay 30%
Out-of-network/Tier 3	$750 individual $1,750 family		Plan pays 50% of the allowed rate You pay balance

Hospital & Outpatient Surgery Visit

Medical Plan	Deductible	Co-pay	Co-insurance
HMO	None	$100	None
UC Care PPO UC Select/Tier 1	None	$100	None
Preferred/Tier 2	$500 individual $1,000 family		You pay 30%
Out-of-network	$750 individual $1,750 family		Plan pays 50% of the allowed rate You pay balance

Emergency Room Visit

Medical Plan	Deductible	Co-pay	Co-insurance
HMO	None	$125 (waived if admitted)	None
UC Care PPO UC Select/Tier 1	None	$300*	None
Preferred/Tier 2	Waived	$300*	None
Out-of-network	Waived	$300*	None

*$250 if admitted

Emergency Room Visit

Medical Plan	Co-pay	Deductible	Co-insurance
HealthSavings+			
In-network	N/A	$2,500 individual $5,000 family*	You pay 30% coinsurance + 30% coinsurance Physician fee
Out-of-network		$6,700 individual $13,400 family*	You pay 30% coinsurance + 30% coinsurance Physician

*Full family deductible must be met **before** plan shares cost.

Behavioral Health

All plans cover behavioral health care

- Psychiatrist
- Psychologist
- Therapist
- Substance abuse treatment
- In-patient mental health

Referral is not required

Behavioral Health (BH) is bundled with UC Medical Plan

Medical Plan	In-Network BH Provider	Out-of-Network BH Coverage
UC Blue & Gold HMO	Health Net Behavioral Health	No
Kaiser HMO	Optum or Kaiser* *Visit plan documents for Kaiser rates	No
UC Care PPO **HealthSavings+ PPO**	Blue Shield	Yes

Behavioral Health Costs

BH by Plan	In-Network Costs	Out-of-Network Costs
Kaiser HMO (Optum)	Visit 1-3 - $0 Visits 4+ - $30 $250 per admittance of course	Emergency Only
UC Blue & Gold HMO (HealthNet Behavioral Health)		Emergency Only
UC Care PPO* (Blue Shield)		Deductible 50% allowed
HealthSaving+ PPO (Blue Shield)	Deductible 30% allowed	Deductible 50% allowed

Chiropractic & Acupuncture

Medical Plans	Providers	Costs
UC Blue & Gold	American Specialty Health	$20 copay Self-referral 24 visit/year combined
Kaiser	American Specialty Health	$15 copay Self-referral 24 visit/year combined with acupuncture
	Kaiser	$15 copay 24 visit/year combined with chiropractor

Chiropractic & Acupuncture

Medical Plans	Providers	Costs
UC Care UC Select	N/A	N/A
Preferred	Blue Shield	After deductible you pay 20%
Out-of-Network	Non-Blue Shield	<u>After deductible:</u> Acupuncture – plan pays 50% of allowed Chiropractor – plan pays 80% of allowed

Chiropractic & Acupuncture

Medical Plans	Providers	Costs
Health Savings+ In-network	Blue Shield	After deductible you pay 30%
Out-of-network	Non Blue Shield	<u>After deductible:</u> Acupuncture – plan pays 50% of allowed

Benefit is limited to **24** visits per calendar year **combined** for acupuncture & chiropractic visits.

When traveling outside the U.S

When traveling outside the U.S

HMO (Health Net, Kaiser)

- Limited to emergency and urgent care only
- No routine care when away from medical group

UC Care

- Worldwide coverage
- Blue Shield Preferred/Tier 2 or Out-of-network/Tier 3 benefit levels
- Coverage through BlueShield Global CORE

HealthSavings+

- Worldwide coverage
- Coverage through BlueShield Global CORE

Non- Medical Plan Changes

2026 Plan Changes – Dental Plans

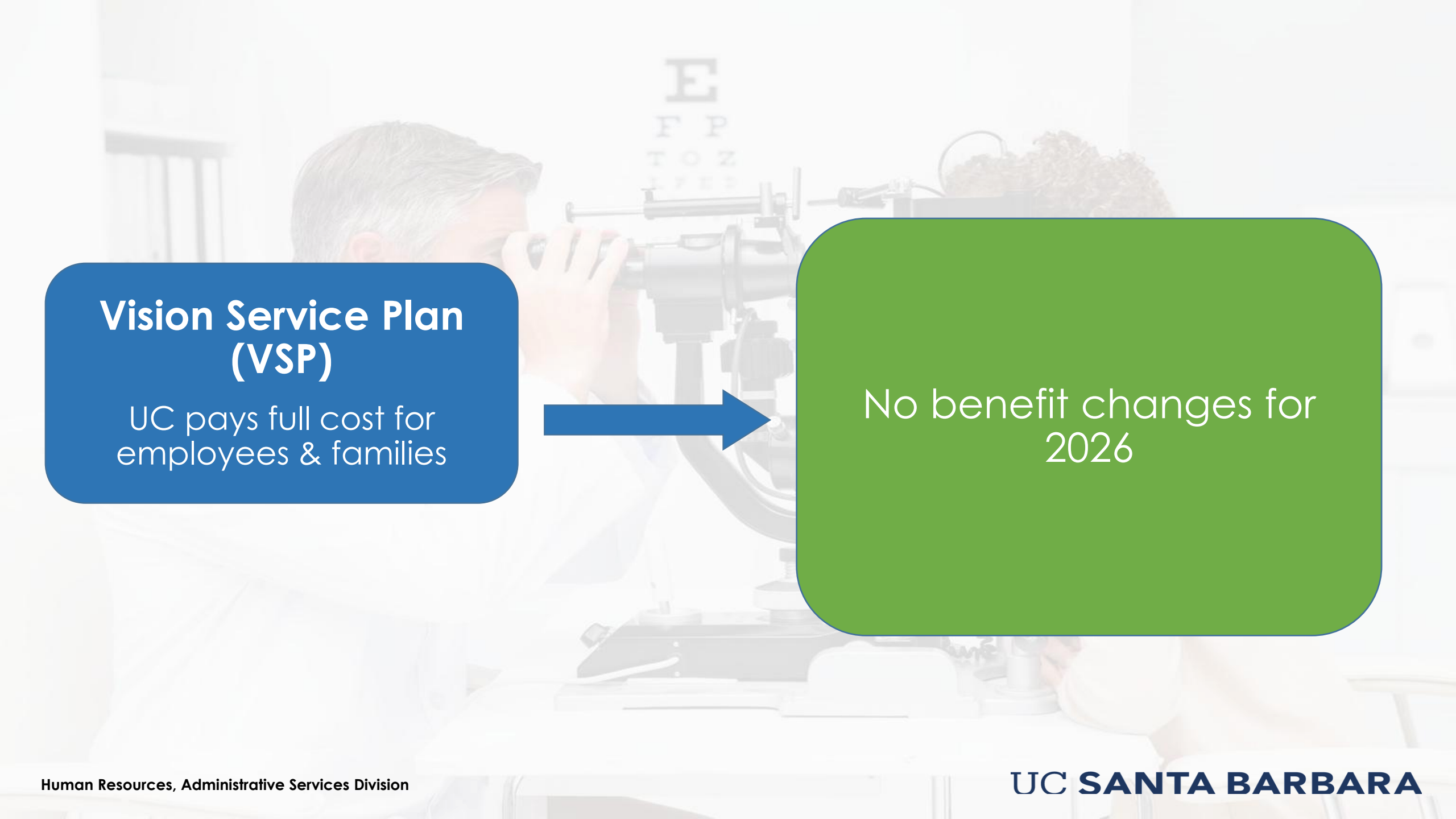
Dental Administrator Evaluation Findings

- Dental provider retention is an industry issue experienced by all dental administrators.
- Delta Dental continues to have the broadest overall provider network.
- Leaving Delta Dental would cause network provider disruptions for 20% (80,000) UC members.

Dental PPO Plan Enhancements

	Delta Dental PPO Providers	Delta Dental Premier Providers (Increased coverage from 75%)	Out-of-Network Providers (Increased coverage from 75%)
Sealant Benefits	100%	**80%**	**80%**
Endodontics (Root Canals)	80%	**80%**	**80%**
Periodontics (Gum Disease)	80%	**80%**	**80%**
Oral Surgery	80%	**80%**	**80%**

Coverage for Delta Dental Premier and Out-of-Network for certain services are increasing from 75% to 80%, based on the plan allowance. There are no benefit changes for the Delta Dental Care HMO plan.



Vision Service Plan (VSP)

UC pays full cost for employees & families

No benefit changes for 2026

Supplemental Health Plans - Prudential

- Premiums remain the same for all **Accident, Critical Illness, and Hospital Indemnity plans**

- **NEW**: Hospital Indemnity Plan:
  - Admissions Benefit observation requirement decreasing from 24 to 18 hours

- No benefit change for Accident or Critical Illness

- Open for enrollment

Other Plans

Legal – ARAG

- No benefit or rate changes for 2026
- Open for enrollment

Disability – Lincoln Financial Group

- No benefit or rate changes for 2026
- Disability will not be open for enrollment during OE; Employees can apply at any time with EOI

Family Care Services – Bright Horizons

- UC continues to pay the cost for access to referral services
- Eligible employees are automatically enrolled and pay providers directly for care

EOI= Evidence of Insurability

Other Plans - Continued

Identity Theft Protection - Experian

- Credit College Program launch and no changes to monitoring and restoration services
- UC continues to pay the full premium for Faculty, Staff, Retirees, and dependent children up to age 18. Enrollment is automatic, and once activated, individuals can choose which data elements they want monitored

Adoption – WEX Health

- Reimbursement limit for eligible adoption-related expenses remains at $5,000
- Automatic enrollment; eligible employees submit the Adoption Verification Form to WEX after finalizing the adoption to start the reimbursement process

Pet Insurance – Nationwide

- Nationwide continues to offer discounted rates
- Always open for enrollment; employees purchase policies directly with Nationwide

Flexible Spending Accounts (FSAs)

- All limits and deadlines apply to both Faculty/Staff and Postdocs.
- 2026 Health FSA Contribution Limit: **$3,300** (up from $3,200)
- Health FSA carryover limit
  - **$660** for carryover from 2025 to 2026 Plan Year
  - $660* for carryover from 2026 to 2027 Plan Year
- 2026 Dependent Care FSA Contribution Limit – Increased Contribution Limits
  - New for 2026: The DepCare FSA contribution limit has increased
  - **$7,500** for non-highly compensated employees
  - **$3,200** for Highly-Compensated Employees (HCEs) as defined by the IRS
    - $160K or greater income in 2025

- **2025 Health FSA**
  - Run-out period (filing deadline): April 15, 2026
  - Carryover: Funds available in January 2026
- **2025 Dependent Care FSA**
  - Run-out period (filing deadline): April 15, 2026
  - Grace period: January 1, 2026 – March 15, 2026
- **2026 Health FSA**
  - Run-out period (filing deadline): April 15, 2027
  - Carryover: Funds available in January 2027
- **2026 Dependent Care FSA**
  - Run-out period (filing deadline): April 15, 2027
  - Grace period: January 1, 2027 – March 15, 2027

* To be determined

Limited Purpose FSA

- Available only to employees meeting all of the following criteria:
  - Are eligible for the Faculty/Staff Benefits program, and
  - Participated in the Health FSA during a plan year, and
  - Have a carry-over balance greater than $25 at the end of that plan year, and
  - Enroll in the HealthSavings+ for the following plan year

- CORE participants who default to HealthSavings+ for 2026 due to no active enrollment changes during Open Enrollment will be automatically enrolled in the 2026 Limited Purpose FSA if they meet all of the above criteria

- Balance of the Health FSA up to $660 is placed in the Limited Purpose FSA (LPFSA)

- Participant may not contribute additional funds

- Eligible expenses are restricted to dental, vision, and preventive care services

- Participation limited to one year; any balance remaining at the end of the run-out period is forfeited

Andrew Fung a UC dedicated Fidelity workplace financial consultant.

Contact information:
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- Understanding your Retirement Saving Program
- Evaluating your individual situation and priorities
- Rollovers into UC Retirement Saving Program
- Comprehensive retirement income planning
- Legacy planning, charitable giving, and tax strategies

Open Enrollment Resources

- **UCnet Open Enrollment Website:** ucal.us/oe
- OE content and plan costs for Faculty/Staff & Retirees

- **UCPATH:** sso.ucsb.edu
- Faculty/Staff must visit UCPATH to submit OE changes

- **UCSB Human Resources ServiceNow**
- Benefits education, general open enrollment questions
- Employee Services ➡ Benefits Administration ➡ Open Enrollment Questions

- **UC Santa Barbara Health Care Facilitator YouTube Channel**
- Recorded videos of OE Medical plan & Non-Medical plan changes

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