

Frequently Asked Questions – Benefits Open Enrollment 2026

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What's Changing?

Are health insurance premiums changing?

Yes. **Employee premiums** are increasing \$1–\$32 per month depending on plan and coverage tier. Most employees (those on the Silver and Gold plans) will see an increase of \$3–\$16 per month. All other premiums (dental, vision, life, and disability) do not change.

Are deductibles changing?

Yes—Silver and Gold plan deductibles are increasing to maintain HSA-qualified status under IRS rules:

- ▶ Gold: individual +\$50, family +\$100
- ▶ Silver: individual +\$100, family +\$200
- ▶ No changes to out-of-pocket maximums or out-of-network deductibles.

What's new with virtual care (Teladoc and NurseLine)?

Starting in 2026, all Principia health plans include Teladoc medical, dermatology, and mental health visits for a simple \$10 copay (previously \$54–\$85). With this enhancement, the NurseLine is being retired due to very low use.

What about Flexible Spending Accounts (FSAs)?

Annual limits are increasing to help you save more pre-tax: Healthcare FSA → \$3,400 (from \$3,300) and Dependent Care FSA → \$7,500 (from \$5,000). Remember: FSAs require a new election every year—they do not roll over automatically.

What are the new Health Savings Account (HSA) limits—and does Principia still contribute?

HSA limits (employee + employer contributions) increase to \$4,400 (individual) and \$8,750 (family); the catch-up remains \$1,000 for those 55+. Principia continues to contribute to your HSA on the Silver and Gold plans, and you can contribute too.

Are there changes to retirement plan contribution limits?

Anticipated (pending IRS confirmation) changes include:

- ▶ 403(b) annual limit \$24,500 (up from \$23,500)
- ▶ Catch-up contributions
 - ▶ \$8,000 for age 50+
 - ▶ \$11,250 special catch-up for ages 60–63.
 - ▶ Additionally, starting in 2026, catch-up contributions for high-earners (income over \$145,000 in previous year) will be automatically made on a Roth (pre-tax) basis.

We'll confirm once the IRS finalizes 2026 limits.

Are carriers or plan line-ups changing?

No. We're continuing with the same vendors: UMR for medical (4 plans in the UHC Choice Plus network) and SunLife for dental, vision, life, disability, and voluntary benefits; Inspira continues to administer HSAs and FSAs.

Enrollment

How do I enroll?

From October 28 through November 17, visit www.workforcenow.adp.com (or the ADP mobile app) to enroll. It's your once-a-year opportunity, outside of a life event, to make changes to your

benefits, effective January 1, 2026. If you make no changes, your current elections will roll over into 2026, **except for Dependent Care and Healthcare Flexible Spending Accounts**, which always require an annual election. Want to make changes to your Retirement 403(b) plan contributions? You can do that throughout the year at www.transamerica.com/portal.

How do I know which benefits to choose?

We recommend using **ALEX**, our benefits decision support tool—he'll ask you questions and then give you personalized recommendations. You can choose to set up an account with ALEX in order to save your progress, or just access the tool as a Guest.

When can I expect to receive my ID or debit cards?

If you choose a new health or dental plan, or enroll newly in a HSA or Healthcare FSA, you'll receive your UMR healthcare ID card, SunLife Dental Card, and Inspira Financial (HSA and Healthcare FSA) debit cards by December 31. You will not receive an ID card for vision insurance. Your vision provider can look up your benefits without an ID card.

Where do I go with questions?

Start by using these resources:

- ▶ [Benefits Guide](#) (a comprehensive guide to all of Principia's benefits)
- ▶ [Benefits Hub](#) (a website with plan summaries and details)
- ▶ [ALEX](#) (a decision-support tool that will ask you questions and make recommendations based on your situation)

If you still need help, you can reach out to our team of Benefits Specialists provided by our broker, USI, Monday through Friday 8-5 CT at 855-874-0829 or via email at

BRCMidwest@usi.com.

Any escalated issues or questions can be directed to Principia's HR team at HR@principia.edu.

My spouse works for Principia. Should we both enroll under one spouse's benefits?

The answer may be different for different families. For example, someone may want one spouse to have a health plan with a higher deductible and the other spouse and children to be covered under a health plan with a lower deductible; on the other hand, a family where all members may incur eligible expenses may prefer to be on one plan together (with one shared deductible). You can choose what makes the most sense for your family. Both employees cannot simultaneously cover their children on the same plan (so both employees cannot each elect to cover their children on their health, dental, vision, or life insurance benefits).

ADP is automatically enrolling me in the Health Savings Account. How do I waive it?

Employees on the Silver and Gold HSA plans receive a Principia contribution to their HSA. To ensure you receive the Principia HSA contributions, do not waive your HSA (unless you're not eligible—detailed below). Instead, elect a \$0 employee contribution.

If you are not eligible for the HSA (because you're on Medicare, Tricare, or other insurance), but still want to elect the Silver or Gold plan, then follow these steps to waive:

1. When you're going through Open Enrollment, under the Health Savings Account benefit, elect \$0 for the employee contribution and click "Confirm Details."
2. Return to the Open Enrollment page to select benefits, and under "Selected Plans," Health Savings Account, select "View All Plans."
3. Where you previously made an election, a red "X Unenroll" now appears on the bottom left. Select that. Then, "Yes, unenroll benefit."
4. You have successfully waived the HSA Principia and employee contribution. Now, you can elect a Limited Purpose FSA, if you'd like.

Health

What's included in the health plans?

All four health plans provide comprehensive coverage, including:

- Christian Science Care
 - Practitioners
 - Nurses
 - Nursing Facilities and In-Home Care (up to 90-day annual limit)
- Preventive care (covered at 100% in-network)
- Telehealth* (virtual healthcare through www.Teladoc.com or call 1.800.TELADOC to get started for a non-emergency situation for \$10)
- Mental health
- Prescription coverage
- Allergy testing
- Chiropractors and podiatrists
- Durable medical equipment, including hearing aids* (up to an annual limit) and orthotics
- Hospital, emergency room, and urgent care visits
- Inpatient and outpatient surgeries

Note: Covered services are subject to deductible, then coinsurance. On the Platinum plan, copays may apply. For example, a \$25 copay applies to primary care and mental health providers and a \$50 copay applies to specialists (chiropractors, podiatrists, dermatologists, etc.).

How are the health plan deductibles changing?

The deductibles for our HSA health plans (Silver and Gold) are increasing slightly to comply with IRS regulations. For a health plan to qualify as a Health Savings Account (HSA)-eligible plan, the IRS sets minimum deductible levels each year. These levels are adjusted periodically to account for inflation and ensure that HSA-compatible plans continue to meet the criteria for tax-advantaged savings.

By meeting these IRS requirements, the HSA plan allows you to continue taking advantage of the HSA's tax benefits, including tax-free contributions and growth and tax-free withdrawals for eligible medical expenses. This adjustment keeps us compliant and ensures that you can still use an HSA with our health plan, supporting long-term savings for healthcare cost

In-Network Benefits*	Bronze	Silver (HSA)	Gold (HSA)	Platinum
Health Plan Deductible				
2025 Calendar Year Deductible Individual / Family	\$9,100 / \$18,200	\$3,300 / \$6,600	\$1,650 / \$3,300	\$1,000 / \$2,000
NEW Calendar Year Deductible Individual / Family	No change	\$3,400 / \$6,800	\$1,700 / \$3,400	No change

Do I have to elect a health plan with Principia?

No. You can choose between the four plans or opt out of health insurance with Principia.

Are health plans available elsewhere?

You are not required to choose one of Principia's health plans. You can review plans available at www.healthcare.gov. If you're 65 or older, [Medicare](#) may be a better option for you.

What are the differences between the four health plans?

Check out the [Benefits Guide](#) (pp. 7–8) to see a side-by-side comparison of the four health plans.

- ▶ Most notably, the deductibles and out-of-pocket maximums are different on each plan. The lower your deductible, the higher your monthly premium.
- ▶ All the plans cover the same services. On the Platinum plan, you'll just pay a copay for most of your health care needs (doctor, specialist, prescription, urgent care, and ER). On all other plans, you pay 100% of the cost of care until you meet your deductible (except preventive care, which is covered at 100% on all the plans, and telehealth, which is a \$10 copay through Teladoc).
- ▶ Only the Silver and Gold are HSA plans and include a Principia contribution to your HSA.
- ▶ Christian Science coverage is included on all the plans, but only the Bronze and Platinum plans have a distinct (and lower) Christian Science deductible (which is integrated with your medical deductible).
- ▶ All the plans, except the Gold HSA plan, have an embedded individual deductible, meaning that each individual on a family plan is limited by their own individual deductible. On the Gold plan, there is one family deductible, and an individual on a family plan is limited only by the family deductible.

How do I check to see if my doctor is in the UMR network?

All our UMR health plans are preferred provider plans, so you may choose any provider, but staying in-network will provide significant savings. To see if your doctor is in the UMR network, go to [www.umr.com](#) and search using the **United Healthcare Choice Plus Network**.

Do I need to get a referral to see a specialist?

No. Sometimes, plans require that you designate a Primary Care Provider (PCP) and that you get referrals from that PCP to see specialists (chiropractors, dermatologists, etc.). Principia's plans do not require you to designate a PCP or get referrals to see specialists.

Are Principia's plans considered creditable coverage by Medicare?

All of Principia's health plans meet the requirements to be creditable coverage to allow you to opt out of Medicare Part B, if you choose. The Silver, Gold, and Platinum plans (**all but the Bronze**) provide creditable prescription coverage, allowing you to opt out of Plan D.

Keep in mind that Medicare, especially Medicare Advantage plans, may provide better health coverage (including dental and vision on some plans) at a lower cost (premium + deductible) than the Principia health plans. Consider your options carefully.

Learn more about Medicare and your Principia plan [here](#).

Do I need to enroll separately for the Pharmacy Program? No. With the election of a health plan, you automatically receive prescription drug benefits through a pharmacy program with OptumRx, and the premium is built into the health plan premium. **Which pharmacy can I go to?** You can visit any in-network pharmacy, which includes most major pharmacies (including Walgreens, CVS, Costco, Target, Walmart, and many more) and many neighborhood pharmacies, too. Log into [www.umr.com](#) and select Pharmacy to review in-network providers and to manage your pharmacy benefits.

How do I know if my prescription is covered?

The formulary (the listing of covered medications) for OptumRx is on the Benefits Hub, under Prescriptions [here](#).

Do I have a separate deductible for the OptumRx Pharmacy Program?

No, your pharmacy costs will continue to apply to your health plan deductible and out-of-pocket maximums. When you visit the pharmacy, your claim under OptumRx is tied "real-time" to UMR's claim management system to ensure the proper cost is charged.

Do I have to participate in mail order Rx?

Yes, if you regularly use a prescription, you will be required to use mail order. This typically happens after three consecutive months. OptumRx will reach out to you when you're nearing three months; however, taking steps to set up mail order proactively will save you time and ensure a seamless transition between refills.

Teladoc

What is Teladoc?

Teladoc is our 24/7 virtual care option for non-emergency medical concerns. You can connect by video or phone to get care from anywhere, often in minutes. Get started at www.Teladoc.com or call 1-800-TELADOC.

What's new for 2026?

Beginning January 1, 2026, virtual visits through Teladoc are a \$10 copay on all our plans (a decrease in cost from \$54-\$85 for the Bronze, Silver, and Gold health plans).

Who can use Teladoc?

Anyone enrolled in a Principia health plan—employees and covered dependents—can use Teladoc for eligible non-emergency care.

What kinds of issues can Teladoc help with?

Common non-emergency concerns such as cold/flu symptoms, sinus infections, minor rashes, pink eye, stomach bugs, and other everyday illnesses. It's a fast way to get guidance and, when appropriate, a prescription.

How do prescriptions from a Teladoc visit work?

If a prescription is appropriate, it will be sent to an in-network pharmacy under our OptumRx program. Your pharmacy costs tie to your medical plan.

Will the Teladoc copay count toward my out-of-pocket maximum?

Yes—copays generally apply toward your plan's out-of-pocket maximum for the year, just like other covered services under your plan design.

Do I need to meet my deductible first on the HSA plans (Silver/Gold)?

No. The \$10 Teladoc copay applies right away on the Silver and Gold HSA plans for virtual medical visits, even if you haven't met your deductible. To pay the copay, you can use your preferred payment method—or, if you have one, your Inspira HSA or Healthcare FSA debit card.

How do I get started or set up my account?

Visit www.Teladoc.com or call 1-800-TELADOC to create your account and complete your health profile. We recommend setting this up before you need it, so you can connect quickly when you need care.

Tax Savings

Each year, the IRS sets new contribution limits on tax-advantaged plans. In 2026, you can expect the following annual contribution limits:

Flexible Spending Accounts (FSA)

- Healthcare and Limited Purpose: \$3,400 (up from \$3,300 in 2025)
- Dependent Care: \$7,500 (increase from \$5,000 in 2025). Employees with dependent children up to the age of 12, who have aftercare, summer day camp, or preschool tuition expenses can save taxes by participating in the DCFSA.

Health Savings Account (HSA)

- Individual: \$4,400 (up from \$4,300 in 2025)
- Family: \$8,750 (up from \$8,550 in 2025)
- Catch-up: \$1,000 for those 55 and older (no change)

Christian Science Care

How is Christian Science care covered on our health plans?

Christian Science practitioners, nurses, nursing facilities, and in-home care are covered expenses on all our health plans. You can submit your expenses directly to UMR. UMR will apply your expenses to your deductible (on the Bronze and Platinum plan, a lower Christian Science deductible of \$300 for each individual and \$900 for a family). Once you've met your deductible, UMR will either reimburse you or pay the provider directly for 80% of the expense, depending on how you submit the claim. Once you meet the out-of-pocket maximum, the plan will then pay for all covered services at 100%.

Note: The explanation above assumes you're using an in-network provider (one listed in *The Christian Science Journal*). The benefits are less for non-Journal-listed providers (higher coinsurance and higher out-of-pocket maximum).

How do I submit a claim for Christian Science care?

To submit a claim, complete a form available [here](#). When submitting multiple dates of service with a practitioner, use one claim form per individual, provider, and/or month and submit the form via email.

How do I pay for Christian Science practitioners?

UMR reimburses you for any Christian Science care, once your deductible has been met, so you should pay your practitioner directly, and you will get reimbursed from UMR for benefits covered by the plan. UMR does not pay practitioners directly.

Any practitioner care not covered by our health plan (while you're still paying towards your deductible, for example) can be reimbursed under a Traditional Healthcare FSA or a Health Savings Account.

Dental

How do I check to see if my dentist is in the SunLife network?

Visit www.sunlife.com/findadentist. Select PPO Plans, then "Sun Life Dental Network." You can still visit an out-of-network dentist, but if you plan to do so, you might consider the Dental High Plan, which has even better out-of-network benefits.

Vision

How do I check to see if my optometrist is in the VSP network?

Visit www.vsp.com/eye-doctor. Select "Choice Network." You can still visit an out-of-network eye doctor, you can do so. Remember, you will have to submit your receipts to VSP to receive out-of-network reimbursement costs.

Does VSP provide a member card?

No, VSP does not provide a card. You can go to the website and print out a generic card. When you create an account at www.VSP.com, you can see your member identification number (though your vision provider can verify your coverage simply through your Social Security number).

Premiums

What are the new health plan premiums?

Monthly Premiums	Bronze		Silver		Gold		Platinum	
	2025	2026	2025	2026	2025	2026	2025	2026
Employee	\$32	\$33	\$64	\$67	\$96	\$100	\$160	\$168
Employee + Child(ren)	\$64	\$66	\$128	\$134	\$192	\$200	\$320	\$336
Employee + Spouse	\$96	\$99	\$192	\$201	\$288	\$300	\$480	\$504
Family	\$128	\$132	\$256	\$268	\$384	\$400	\$640	\$672

What is premium cost-sharing, and how much does Principia pay for health premiums?

The premium you pay for your health insurance with Principia is only a small portion of the overall premium cost. Principia shares in the cost with you and covers most of the premium. For example, for the Bronze and Silver plans, Principia pays about 90% of the employee-only premium and about 80-90% of the Family premium. The chart below shows the full premium, the employee and Principia portion of that premium, and the percentage that Principia covers.

	Bronze				Silver (HSA)				Gold (HSA)				Platinum			
	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%
Employee Only	\$551	\$33	\$518	94%	\$841	\$67	\$574	89%	\$705	\$100	\$605	86%	\$757	\$168	\$589	78%
Employee + Child(ren)	\$771	\$86	\$705	91%	\$897	\$134	\$763	85%	\$988	\$200	\$788	80%	\$1,080	\$338	\$724	68%
Employee + Spouse	\$991	\$99	\$892	90%	\$1,154	\$201	\$963	82%	\$1,270	\$300	\$970	76%	\$1,383	\$504	\$859	63%
Family	\$1,212	\$132	\$1,080	89%	\$1,410	\$268	\$1,142	81%	\$1,552	\$400	\$1,152	74%	\$1,666	\$672	\$994	60%

How do Principia's healthcare premiums compare to other organizations?

We have compared our plans (both the coverage and the employee premiums) with colleges and universities, K-12 schools, and other Christian Science organizations and found that our premiums, even with the slight increase for 2026, continue to position us as highly competitive.

For example, see below for a comparison of the monthly premiums on Principia's Silver and Gold Plans with other plans with similar coverage (deductible and out-of-pocket maximum) outside Principia:

- Employee-only monthly premiums:
 - 2026 Principia Silver: \$67 (Principia paying 89% of employee-only premium)
 - 2026 Principia Gold: \$100 (Principia paying 86% of employee-only premium)
 - Midwest Colleges/Universities: \$151
 - Midwest K-12: \$105

- Family monthly premiums:
 - 2026 Principia Silver: \$268 (Principia paying 81% of family premium)
 - 2026 Principia Gold: \$400 (Principia paying 74% of family premium)
 - Midwest Colleges/Universities: \$682
 - Midwest K-12: \$793

What are the 2026 dental premiums?

There are no changes to the dental premiums for 2026.

Dental Low Plan Monthly Premiums	2026
Employee	\$25.92
Employee + Child(ren)	\$65.68
Employee + Spouse	\$52.36
Family	\$98.32

Dental High Plan Monthly Premiums	2026
Employee	\$48.98
Employee + Child(ren)	\$104.32
Employee + Spouse	\$88.84
Family	\$149.52

What are the 2026 vision premiums?

There are no changes to the vision premiums for 2026.

Vision Monthly Premiums	2025 & 2026
Employee	\$6.92
Employee + Child(ren)	\$15.22
Employee + Spouse	\$13.84
Family	\$22.16

Tax Savings

I currently have/will have Medicare (Part A and/or Part B). Can I enroll in the HSA plan? If so, can I contribute to the HSA with my own money?

You can enroll in the HSA health plan, but you cannot contribute to the HSA or receive Principia contributions if you are enrolled in Medicare (even Part A). Since you can't enjoy the Principia contributions or the tax savings of the HSA Plans, the Principia Bronze or Platinum health plan or a Medicare Advantage or Medigap plan may be a better fit for you. Find more information about Principia plans and Medicare [here](#).

My spouse is on Medicare. Can I still enroll in the HSA plan?

Yes, you can enroll yourself and your spouse on the HSA plan and make contributions to your HSA plan, as long as **you** are not enrolled in Medicare.

My children and/or spouse are not enrolled on my HSA plan. Can I still use the HSA to pay for their medical expenses?

Yes, if they meet the IRS qualifications for dependents.

Can you enroll in the HSA account and health plan separately?

No, the HSA account requires a Principia HSA health plan. If you are enrolled in one of the HSA health plans, you will receive a Principia contribution (unless you waive it due to your ineligibility for contributions), and you can also make your own contribution through payroll deduction.

Can I enroll in a Flexible Spending Account and health plan separately?

Yes, you can elect the Healthcare Flexible Spending Account (FSA) without enrolling in a health plan. The FSA allows you to contribute your own pre-tax dollars to an account to pay for eligible medical, dental, and vision expenses. Note: If you do elect the Silver or Gold Health Plan with an HSA and also elect an FSA, you'll be automatically enrolled into the Limited-Purpose (HSA-compatible) FSA, and FSA funds can only be used on dental or vision expenses until you've met your medical deductible.

If I enroll in the HSA plan, can I still have a Healthcare FSA?

Yes; however, you are not permitted to have both an HSA and a **Traditional** Healthcare FSA. You can, instead, elect a Limited-Purpose FSA (also known as an HSA-Compatible FSA). If you elect the HSA health plan and an FSA, then your Limited-Purpose Healthcare FSA can only be used **on dental and vision expenses**.

If you participate in the HSA, you can still participate in the Dependent Care Flexible Spending Account.

Why would I want a Limited-Purpose (HSA-Compatible) FSA?

There are a few reasons you might want to contribute to a Limited Purpose FSA, while participating in an HSA:

- ▶ It helps you maximize your tax savings. You can save even more taxes when you contribute to both the HSA and the FSA.
- ▶ You can reserve your HSA as a savings/investment account and use your Limited-Purpose FSA for eligible **dental and vision expenses**. Once you've met your medical deductible, you can also request that your Limited-Purpose FSA allow for eligible health expenses, including Christian Science practitioners, coinsurance, and more (by contacting [Inspira Financial](#) directly).
- ▶ Limited-Purpose FSA election amounts are available immediately, while the HSA balance is only available as you and Principia contribute. Keep in mind, your FSA election cannot be changed, and you must incur expenses by March 15 of the following year (and claim by March 31) or you forfeit any remaining funds. Your HSA election, on the other hand, can be changed at any time, and there are no deadlines to spend your HSA balance.

Can I enroll in a Dependent Care Flexible Spending Account, even if I elect an HSA health plan or waive the health plan?

Yes, your Dependent Care FSA election is not impacted by your health plan election.

What are the changes made to the Dependent Care Flexible Spending Account in 2026?

The Dependent Care FSA contribution limit is set to increase in 2026 (from \$5,000 to \$7,500), allowing participants to set aside even more pre-tax funds for eligible dependent care expenses.

What is a Dependent Care Flexible Spending Account (DCFSA)?

A DCFSA lets you set aside pre-tax dollars to pay for eligible dependent care expenses, such as preschool, before/after school programs, summer day camps (not overnight), licensed daycare centers, and in-home care (like a nanny or babysitter) so you and your spouse can work or look for work. For 2026, you can contribute up to \$7,500.

What expenses qualify for DCFSA reimbursement?

Eligible expenses include care for children under age 13 or a spouse/dependent who cannot care for themselves. Examples: preschool tuition, licensed daycare, summer day camps, and adult day care. Expenses must be work-related, and you'll need to provide receipts showing the provider's details and dates of service. Overnight camps, tutoring, and non-work-related babysitting are not eligible.

Life Insurance

What life insurance is provided to me by Principia?

All benefits-eligible employees receive 2x their salary (up to a maximum of \$550k) in basic life insurance and an additional 2x their salary (up to the same maximum) in accidental death insurance. Principia and you share in the cost of this premium.

Additionally, Principia provides you with \$2,000 in life insurance for your spouse and children, up to age 26.

How do I update my life insurance beneficiaries?

To update beneficiaries, log into ADP, and under Benefits, find HSA Contribution and Beneficiary Changes, and select "Start Enrollment."

To make someone a primary beneficiary who is currently secondary, you must first delete the secondary percentage and then add a percent to primary.

What is Guaranteed Issue?

Our **voluntary** life insurance benefit includes a Guaranteed Issue—meaning, no medical questions will be asked if you elect coverage up to the Guaranteed Issue amounts during Open Enrollment:

- ▶ Employee coverage: \$10,000 increase
- ▶ Spouse coverage: \$5,000 increase
- ▶ Child: \$5,000

My spouse works at Principia. Can I cover them or my children on my voluntary life insurance?

Because you and your spouse both already have basic life insurance coverage through Principia, neither of you can elect voluntary spouse coverage. You can, however, elect additional voluntary coverage for yourself.

Only one spouse can cover the child(ren) on the voluntary child coverage.

Retirement

What is the Principia match?

Principia matches 100% of the first 6% of your voluntary contributions, up to an annual maximum match of \$4,500.

Can I make changes to my retirement contribution during Open Enrollment?

Yes – on <http://www.transamerica.com/portal>. Of course, you can make changes to your retirement contribution at any time throughout the year. This is a great opportunity for you to review your elections and your beneficiaries.

What's changing with the retirement plan?

Each year, the IRS reviews the maximum employee contribution limits and typically makes adjustments. In 2026, the contribution limits are anticipated to be:

2026 IRS employee contribution limits*

- ▶ \$24,500 (up from \$23,500 in 2025)

Catch-up contribution limits

- ▶ \$8,000 for those 50 (before December 31, 2026) and older, up from \$7,500 in 2025
- ▶ \$11,250 for those attaining ages 60-63 before December 31, 2026
- ▶ Note: **Beginning in 2026**, if you are a “high earner” (that is, prior-year wages over a threshold—currently \$145,000 and indexed), any catch-up contributions you make must be designated as Roth (after-tax) contributions.

*Projected 403(b) limits