



Annual Enrollment 2026 – Anthem Transition Frequently Asked Questions

Last updated September 11, 2025

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Your Union College Medical Plan Through Anthem

Question: Is my medical plan changing? Will my coverage be different?

Answer: No. Your Union medical plan design is not changing. You'll continue to have **the same three plan choices (HDHP Plan H, PPO Plan C, PPO Plan U), coverage levels, plan structure and covered treatments and services in 2026**. Union is self-insured, which means the College—not the insurance company—pays for your medical claims. Anthem will serve as the new medical plan administrator which means processing claims, providing customer service and giving you access to its broad provider network and digital tools. But the plan itself is Union's, so your coverage stays the same.

Question: Why did we change our medical plan administrator from CDPHP to Anthem?

Answer: This decision was not made lightly. Earlier this year, the college issued a request for proposals from several medical plan vendors, including Anthem and CDPHP. This is routinely done for all of our benefit plans. After thorough consideration, analysis and review, we determined that Anthem is best aligned with our core goals: keeping employee health care cost increases as low as possible, providing minimal disruption to the ways employees access their health care, offering best-in-class market competitive coverage and strengthening the College's financial stability by reducing administrative costs.

Please know that this change is part of our continued effort to provide the best possible support for you and the Union community. Refer to the **Support and Resources** section of this FAQ to learn about guidance offered during this transition.

Question: How much will my medical premium increase in 2026?

Answer: Moving to Anthem will cut employee health premium increases in half for next year. Health premiums are rising sharply for employers nationwide and in our region, with average increases of 8-12% in 2026. With CDPHP, employees would have seen roughly a 10% health premium increase. With Anthem, the College was able to reduce that increase to roughly 5%.

Question: Is our pharmacy administrator changing?

Answer: No, prescription drug coverage will continue to be administered through **OptumRx**. Be sure to take advantage of OptumRx's website: <https://www.optumrx.com/public/landing> to utilize all their resources and tools available to you as a member. Once you create your account, you can manage your prescriptions, sign up for home delivery, utilize the drug cost estimator tool and shop the Optum Store for discounted HSA and FSA eligible items.

Question: Will I still be able to enroll in a Health Savings Account (HSA) or Flexible Spending Account (FSA)?

Answer: Yes. You will still have access to a Health Savings Account, administered by HealthEquity, when you enroll in Union's High Deductible Health Plan (HDHP Plan H) and meet the IRS eligibility criteria. To learn more about the HSA, visit learn.healthequity.com/UnionCollege. The College will also continue contributing to employee HSA accounts; \$500 for individual coverage or \$1,000 for employee +1 or family coverage.

If you are not enrolled in HDHP Plan H with a HSA, you can elect to contribute to a Health Care FSA to pay for eligible out-of-pocket health care expenses. You do not need to be enrolled in a medical plan with Union to contribute to this plan.

A Dependent Care FSA will also remain available for all eligible employees, regardless of medical plan enrollment. FSAs will continue to be offered through Sentinel Group. Visit <https://bit.ly/3Svgpeh> to register once enrolled.

Annual Enrollment

Question: When is Annual Enrollment? How do I enroll?

Answer: Annual Enrollment runs from October 21, 2025, through November 11, 2025. You must make your elections in Workday by 11:50 p.m. ET on November 11, 2025.

Question: Will my current medical plan coverage carry over?

Answer: Yes. If you do not make an election during Annual Enrollment, your current medical coverage (HDHP Plan H, PPO Plan C, PPO Plan U) will carry over. The plan names and

designs are not changing—only the plan administrator. If you are currently enrolled in a Union medical plan and wish to un-enroll for 2026, you will need to actively waive coverage during Annual Enrollment. While your medical coverage will carry over, there are benefits, such as Flexible Spending Accounts (FSAs), that you will need to re-enroll in to ensure coverage in 2026.

Question: Will the College host a Benefits Fair this year?

Answer: Yes. Join us on Tuesday, October 21 from 9 a.m. to 2 p.m. at the College Park Hall Ballroom. Explore your benefits, meet with Anthem representatives and get one-on-one support from your Human Resources team, including help enrolling in [Workday](#).

Question: Can I enroll my spouse and/or children in a medical plan administered by Anthem?

Answer: Yes. You can continue to cover eligible dependents—including your spouse or domestic partner and/or children—under your Union medical plan. Enrollment rules and dependent eligibility requirements remain the same as in past years; only the plan administrator is changing to Anthem. For more information on eligibility, please refer to plan documents available from HR.

Question: How will I get my new ID card?

Answer: New Anthem ID cards will be mailed to your home in December. After January 1, 2026, you will be able to access your Anthem ID digitally by creating an account on [anthem.com](#) and through the Sydney Health app. If you would like to verify that your address is correct or if you need to update your address, please follow this [job aid](#) to complete this task in [Workday](#).

Finding a Provider/Transition of Care

Question: How do I know if my current doctor, specialist or hospital is in Anthem's network?

Answer: Anthem has a broad nationwide network, with 100% hospital participation in our service area. Visit Anthem's Care Finder tool at <https://findcare.anthem.com/>.

Use the **Basic Search As A Guest** option, then:

1. Select **Medical Plan** under type of plan or network
2. Select **New York** under state where plan is offered
3. Select **Medical (Employer-sponsored)** under how you get health insurance
4. Select **National PPO (BlueCard PPO)** for your plan
5. Enter your zip code, provider name and/or hospital to view in-network providers

Starting January 1, 2026, you can use **Anthem's Find Care tool** to search in-network providers, see quality ratings and get personalized cost estimates.

When you visit an Anthem network doctor, your costs will be lower than with an out-of-network doctor. That's because network doctors have agreed to charge lower fees, and our plan covers

a larger share of the charges. With out-of-network coverage, you can see any doctor you wish and still be covered for treatment of any illness or injury; however, staying in-network will provide significant cost savings.

Question: My provider isn't in the Anthem network. Can they join the network? What happens if I continue to see them?

Answer: Anthem has committed to expanding its provider network and will assist with outreach to providers who are currently not in-network. You will be able to request provider outreach through the Anthem Health Guide phone line once you are enrolled. Union will share additional details when they become available.

When you see an out-of-network provider, your plan may cover part of the cost, but because those providers don't have an agreement with Anthem, they can charge more than the Anthem-allowed amount. This means you could be responsible for paying the difference (this is called "balance billing"). Emergency care is always covered at the in-network benefit level. For most employees, it should be easy to find in-network care close to home.

Question: What happens if I'm pregnant, or in the middle of treatment, when we switch to Anthem on January 1?

Answer: If you or your dependent (including newborn children between the ages of birth and 36 months) are under treatment for certain medical conditions and your provider is no longer in-network, you may be eligible for the Transition of Care process.

With Transition of Care, you will be able to continue to receive services for certain medical and behavioral conditions with health care providers and facilities that are not in the Anthem network at in-network coverage levels for up to 180 days, during which the safe transfer of care to a network provider or facility will be arranged. These conditions may include pregnancy, cancer treatment, transplants and other acute conditions. Anthem's Health Guide will actively support you and/or your spouse or dependent(s) in finding care in-network during this time and/or assist with recruiting and credentialing the out-of-network provider into the Anthem network.

Network coverage levels provided as part of these processes are for the specific illness/condition only and wouldn't be applied to another illness/condition. You would need to complete a separate request for each illness/condition.

Question: I am currently undergoing fertility treatment. Will I be able to continue treatment with my provider after January 1?

Answer: Yes. Anthem provides comprehensive coverage for basic, comprehensive and advanced infertility services, as well as fertility preservation services. Through Anthem's Transition of Care process, you will not need to seek additional approval to continue your current course of treatment with your provider.

Question: I have a medical procedure scheduled for 2026 that was pre-certified through CDPHP. Will that pre-certification transfer to Anthem?

Answer: Yes. For transitional care situations where a procedure was already pre-certified through CDPHP, Anthem will obtain the pre-certification details from CDPHP, and Anthem's Medical Management team will manually load the information into Anthem's system. This process ensures your procedure can move forward without interruption.

Question: What if I currently take an injectable medication covered by the medical plan?

Answer: If you are currently taking an injectable medication that falls under the medical benefit rather than your pharmacy benefit, this information (such as your prior authorization) will transfer to Anthem. You will need to take action and will receive a personalized communication toward the end of 2025 detailing your next steps.

Question: Will I still have access to my claim information through CDPHP's member portal?

Answer: No. Access to CDPHP's member portal will end on December 31, 2025. CDPHP recommends that members consider downloading any historical claim data in advance of that date or they may contact CDPHP's member services for further assistance.

Question: What if I live outside New York—does Anthem cover care nationwide?

Answer: Yes. Anthem's network extends nationwide, giving you access to providers and hospitals across the country. You'll be able to search for in-network doctors, specialists and facilities using Anthem's Find Care tool before January 1, 2026, and use the tool for personalized estimates starting in 2026. If you live, work or travel outside New York, you can still receive in-network coverage with Anthem's broad national network.

Question: What if I need care while traveling internationally?

Answer: If you experience a medical emergency outside the U.S. while on personal travel, your Anthem plan provides coverage through the Blue Cross Global Core Program. In most cases, you'll need to pay upfront and then submit a claim for reimbursement. For non-emergency care abroad, coverage may be limited, and you may need to see an out-of-network provider. Anthem's Health Guide team can assist you with details before you travel.

If you're traveling for work, Union College also provides travel medical insurance through GeoBlue. This coverage is separate from your medical plan and is designed to support you while traveling on College business.

Support and Resources

Question: Where can I go if I have questions about my benefits before Annual Enrollment?

Answer: Anthem's First Impressions phone line is in the process of gaining access to Union's medical plan information to help you understand how the plans work, what services are covered and the basics you need to feel more comfortable when making your elections. Once that is available, we will update this FAQ.

Please also refer to your Benefits Guide and Benefits Newsletter, which will be shared in October, as well as the Union Human Resources website, <https://www.union.edu/human-resources/benefits>, which is updated regularly.

Question: Where can I go if I have questions about my benefits after Annual Enrollment?

Answer: You will receive access to **Anthem's Health Guide** in November. Your Anthem Health Guide is your one-stop resource for personalized support. A health guide can:

- Answer questions about your benefits and coverage
- Help you find doctors or specialists that fit your needs
- Connect you to programs for maternity, chronic conditions or behavioral health
- Provide cost estimates and help you save money on care

Think of Anthem Health Guide as your personal guide to navigating the health care system.

After January 1, you can visit [anthem.com](https://www.anthem.com) to manage claims, view your ID card, find providers based on cost and quality, access wellness programs and much more. You can find everything you need to be informed about your health care decisions and help manage your health care risks. Be sure to register on [anthem.com](https://www.anthem.com) as soon as you can after January 1 to take full advantage of your health plan services.

Question: Does Anthem have a mobile app?

Answer: Anthem's free **Sydney Health app** gives you fast and convenient access to your health insurance information right on your phone, with resources to help you understand your benefits, improve your health and save money.

On the app, you can:

- Find a doctor and check your costs
- Check medical, dental, and vision claims and health records with one click
- Get an overview of your plan, health reminders and suggestions for wellness programs
- View and use your Anthem ID card
- Use the chat function to get answers to your questions
- Sync your devices to your fitness tracker, monitor your nutrition and set custom reminders to help you reach your goals
- View your health history and electronic medical records
- Visit with a board-certified doctor 24/7 through video visits for no or low cost

The app is available for both Apple and Android phones. Download the free [Sydney Health app](#) for your device.

Wellness Program

Question: Are the College's current wellness incentives changing?

Answer: Beginning January 1, 2026, Union's wellness program will be administered by U.S. Wellness. This shift provides employees with the program benefits they currently enjoy, while offering some additional resources and support.

The 10% Wellness Incentive Program will continue, providing members enrolled in a Union medical plan a discount on their medical premiums when they complete a biometric screening or physical and complete the Smoke/Tobacco Free Affirmation.

The **Lifepoints Program will continue (through U.S. Wellness)**, allowing you to earn up to \$365 in gift cards, per family per year. Members can earn points for a variety of healthy activities, such as receiving an annual physical, getting a flu shot, completing a personal health assessment and more.

Please note: **you will need to create a new account with U.S. Wellness**. Detailed instructions will be provided to guide you through the process. Once you're set up, you'll have access to all the same great tools you use today, plus expanded options like cancer testing, vaccinations and health coaches.