

## June 1 – Dec. 31, 2026 Short Plan Year Frequently Asked Questions

### What is changing with my benefits plan year for health and welfare benefits?

CVS Health is moving to a single enterprise-wide benefits plan year of Jan. 1 to Dec. 31, effective Jan. 1, 2027. To transition to this schedule, colleagues enrolled in benefits coverage effective June 1, 2026, will have a one-time, **short plan year that will run from June 1 through Dec. 31, 2026.**

### How does aligning the benefits plan year to the calendar year help colleagues?

We hear consistent feedback from colleagues that a calendar year plan year would be easier to navigate and better align with important annual planning activities. This alignment makes benefits easier to compare with a spouse's or partner's coverage, since many employers use a calendar year schedule. It also simplifies annual tax planning, as it aligns Health Savings Account (HSA)/Flexible Spending Account (FSA) contributions with a calendar year and coincides with other annual processes like performance, budget and compensation cycles.

### Will this transition affect my coverage or how I use my benefits?

- **There will be no changes to the coverage you elected for June 1, 2026, or to your premiums (paycheck contributions).** Your coverage will continue without interruption. If you want to review coverage you selected, see your confirmation statement on the benefits enrollment website ([Colleague Zone](#) > My applications > View all > Benefits – Your Benefit Coverage > My Benefits > Benefit Summary > Confirmation Statement).
- **No action is required.** However, if you review your choices and you'd like to adjust your elections, here's what you need to know:
  - You can make prospective changes to elect another benefits option for your medical, dental and vision elections **by June 15.**
  - If you want to make a change to your Flexible Spending Account (FSA) contributions, those changes must be made **before June 1.**
  - You can make changes by calling the HR Service Center at **1-888-694-7287** (say Health Care or press 1). Representatives are available Monday through Friday from 8 a.m. – 8 p.m. ET.

### Will there be any changes to the medical coverage I elected during annual enrollment?

Deductibles, plan maximums and benefit allowances will reset on June 1 as planned and will **not be prorated for the short plan year** due to IRS rules.



To minimize the impact of the short plan year, we will apply a plan credit for amounts you paid toward your deductible and out-of-pocket maximum (including copayments, if applicable) under the medical plan for covered services between Jan. 1 – May 31, 2026 to your deductibles and out-of-pocket maximums for the short plan year. Please note that the credits will not apply in the fully insured plans for Hawaii and Puerto Rico.

## What amounts count for the short plan year deductible and out-of-pocket maximum credit?

To count toward the short plan year deductible and out-of-pocket maximum credit, the expense must be:

- For a medical or prescription drug claim covered under the plan with a date of service between Jan. 1 – May 31, 2026,
- An amount you paid out of pocket toward your deductible and out-of-pocket maximum, including copayments if applicable (amounts paid by the plan do not count toward the credit), and
- For you or for a covered dependent who is enrolled in medical coverage for the short plan year.

### Example:

	Chris	Elaine
<b>Claims for covered services between Jan – May 2026</b>	\$1,500 in claims for covered services Chris had not met his deductible or out-of-pocket maximum, so he paid a portion of these claims out of pocket. He paid <b>\$1,000</b> and the plan paid <b>\$500</b> .	\$1,500 in claims for covered services Elaine had met her out-of-pocket maximum in 2025, so she paid <b>\$0</b> toward these claims and the plan paid <b>\$1,500</b> .
<b>Short plan year credit?</b>	 Yes The \$1,000 Chris paid out of pocket for Jan – May 2026 covered services is received as a plan credit toward his deductible for the short plan year.	 No Since Elaine did not pay out of pocket for Jan – May 2026 services, no credit is applied for the short plan year.

## How will the short plan year credit work if I changed medical plans during annual enrollment? What if I had more out-of-pocket expenses in the Jan. 1 – May 31, 2026 time period than the out-of-pocket maximum in my new plan?

The credit will still apply, based on your eligible out-of-pocket expenses. If the amount of your credit exceeds the out-of-pocket maximum in your new plan, you will have met the out-of-pocket maximum in the new plan for the entire short plan year—and your eligible expenses for the short plan year will be covered at 100%. There is not an administrative need to apply a credit greater than the out-of-pocket maximum for the new plan, and nothing will carry over into 2027.

## When can I expect to see the credit for the Jan. 1 – May 31, 2026 time period?

Crediting will be processed in mid to late June, though it may take several claims processing cycles for all credits to be applied. If you have new claims before the credits have been applied, those claims will be reprocessed as needed. If you believe there is a discrepancy after your credit is applied, call Aetna at the number on your ID card.

## How do I check my claims submitted for the Jan. 1 – May 31, 2026 time period?

From the member website through [Aetna.com](https://www.aetna.com) or the Aetna Health<sup>SM</sup> app, select “Claims” and then filter for medical and prescription drug claims within this date range. The amount for the credit is the amount listed under “Your share” for you and for dependents that remain covered in the medical plan for the short plan year. If you need assistance, call Aetna at the number on your ID card.

## **Why don't I receive credit for claims before Jan. 1, 2026?**

Crediting for claims with a date of service between Jan. 1 – May 31, 2026 applies a 12-month period (Jan. 1 – Dec. 31, 2026), in accordance with IRS rules.

## **Do the claim credits apply to the fully insured medical plans offered to colleagues in Hawaii and Puerto Rico?**

Unfortunately, we cannot offer prior period claim credits to the short plan year in the fully insured plans offered in Hawaii and Puerto Rico.

## **How does the short plan year affect my Health Savings Account (HSA) contributions?**

- For the June 1 – Dec. 31, 2026 plan year, the maximum HSA contribution amount will be prorated based on the short plan year: \$2,566 individual coverage or \$5,104 family coverage; plus \$583 if you are age 55 or older.
  - **If you elected to contribute more than these amounts**, your contribution will be automatically reset to the maximum amounts listed above and will be deducted evenly from each pay period.
  - **If you elected a contribution amount equal to or less than these amounts**, there will be no automatic change to your contribution election.
- Company contributions (if eligible) will continue to be deposited on a prorated basis for the short plan year: \$292 individual coverage/\$584 family coverage.

You can change your HSA contributions at any time by visiting [Colleague Zone](#) > My applications > View all > Benefits – Your Benefit Coverage > View HSA.

**Note:** Even if you don't change your HSA contribution amount, your paycheck deduction will increase. This is because there are fewer pay periods in the short plan year in which to deduct your full contribution. For example: For a biweekly-paid colleague, there are 15 paychecks between June 1 and Dec. 31, 2026, vs. 26 for a 12-month plan year. For a \$500 HSA contribution, the biweekly contribution for a 12-month plan year would have been \$19.23, but will now be \$33.33 for the short plan year.

## **Will my Annual Benefits Base Rate (ABBR) be impacted for the short plan year?**

No, your ABBR for the short plan year will not change. It was determined based on your base pay as of Feb. 28, 2026, plus an average of your last two years' paid bonus and commissions (if applicable).

Your ABBR will be recalculated for the plan year beginning Jan. 1, 2027, based on your base pay as of Sept. 30, 2026, plus an average of your last two years' paid bonus and commissions (if applicable).

## **Will the working spouse/partner surcharge still apply during the short plan year?**

Yes, the surcharge will apply. The per paycheck amount will not change, however the total surcharge amount will be prorated for the short plan year.

### **Will the tobacco/nicotine surcharge still apply during the short plan year?**

Yes, the surcharge will apply. The per paycheck amount will not change, however the total surcharge amount will be prorated for the short plan year.

### **Will the preventive care surcharge still apply during the short plan year?**

Yes, the surcharge will still apply, and the per paycheck amount will not change. If you or your enrolled spouse/partner did not complete a preventive care visit since June 1, 2025, the surcharge will be deducted beginning in Aug. 2026 and will continue through the end of the short plan year (Dec. 31, 2026) or until record of a preventive visit is processed.

### **Will there be any changes to the dental coverage I elected during annual enrollment?**

Deductibles, plan maximums and benefit allowances will reset on June 1 as planned and will not be prorated for the short plan year. That means you can take advantage of the full year of benefits, even though your participation will be shorter than a full year.

### **Will there be any changes to the vision coverage I elected during annual enrollment?**

Service frequencies and allowances will reset on June 1 as planned and will not be prorated for the short plan year. This means you can take advantage of the full year of benefits, such as allowances for frames/lenses or contacts, even though your participation will be shorter than a full year.

### **How does the short plan year affect my Health Care Flexible Spending Account (FSA) or Limited Purpose FSA elections?**

To account for the short plan year, the maximum contribution amount will be prorated to \$1,983.

- **If you elected a contribution amount of greater than \$1,983**, your contribution will be automatically reset to \$1,983, which will be deducted evenly each pay period.
- **If you elected a contribution amount of \$1,983 or less**, there will be no automatic change to your contribution election.

In either case, you can change your contribution election before **June 1, 2026**. Call the HR Service Center at **1-888-694-7287** and say Health Care or press 1. Representatives are available Monday through Friday from 8 a.m. – 8 p.m. ET.

**Note:** Even if you don't change your FSA contribution amount, your paycheck deduction will increase. This is because there are fewer pay periods in the short plan year in which to deduct your full contribution. For example: For a biweekly-paid colleague, there are 15 paychecks between June 1 and Dec. 31, 2026, vs. 26 for a 12-month plan year. For a \$500 FSA contribution, the biweekly contribution for a 12-month plan year would have been \$19.23, but will now be \$33.33 for the short plan year.

## **Does the short plan year affect the permitted carryover for the Health Care Flexible Spending Account (FSA) or Limited Purpose FSA?**

No, the carryover for the Health Care FSA or Limited Purpose FSA is not affected. If you had an account balance as of May 31, 2026, up to \$660 will carry over for the June 1 – Dec. 31, 2026 short plan year. Further, if you have an account balance as of Dec. 31, 2026, up to \$680 will carry over for the new plan year that starts Jan. 1, 2027. Please note that there is no carryover in the Dependent Care FSA.

## **How does the short plan year affect by Dependent Care Flexible Spending Account (FSA) election?**

To account for the short plan year, the maximum contribution will be prorated to \$4,375. Note: If you are designated as a Highly Compensated Employee, the maximum contribution for the short plan year will be prorated to \$802.

- **If you elected a contribution amount of greater than \$4,375\***, your contribution will be automatically reset to \$4,375\*, which will be deducted evenly each pay period.
- **If you elected a contribution amount of \$4,375\* or less**, there will be no automatic change to your contribution election.

In either case, you can change your contribution election before **June 1, 2026**. Call the HR Service Center at **1-888-694-7287** and say Health Care or press 1. Representatives are available Monday through Friday from 8 a.m. – 8 p.m. ET.

**Note:** Even if you don't change your FSA contribution amount, your paycheck deduction will increase. This is because there are fewer pay periods in the short plan year in which to deduct your full contribution. For example: For a biweekly-paid colleague, there are 15 paychecks between June 1 and Dec. 31, 2026, vs. 26 for a 12-month plan year. For a \$500 FSA contribution, the biweekly contribution for a 12-month plan year would have been \$19.23, but will now be \$33.33 for the short plan year.

\*\$802 for Highly Compensated Employees.

## **What is the deadline to submit Flexible Spending Account (FSA) claims for the short plan year?**

You have until March 31, 2027 to submit claims for expenses you incur between June 1 and Dec. 31, 2026. This same deadline applies to all FSAs: Health Care FSA, Limited Purpose FSA and Dependent Care FSA.

## **Will there be a separate enrollment period for 2027 benefits?**

Yes, enrollment for the Jan. 1, 2027 plan year will take place in Oct. 2026. You will receive additional information closer to enrollment.

## Will the Benefit Eligibility Process (BEP) timeline change?

The BEP will not be impacted for the short plan year. But, we will change the measurement period once we transition to a January-December plan year. For the plan year beginning Jan. 1, 2027, the review period will be Oct. 3, 2025 to Oct. 2, 2026. We will not drop anyone from full-time benefits coverage for the plan year beginning Jan. 1, 2027, that was eligible for full-time benefits for the June 1 - Dec. 31, 2026 short plan year.

## Where can I get help?

- Contact the HR Service Center **1-888-694-7287** (say Health Care or press 1) for questions or support.
- Get guidance from a CFP® Financial Coach from Financial Finesse at **1-866-291-7134**. Or use web chat on the Financial Finesse hub ([Colleague Zone](#) > My applications > View all > Financial Finesse).
- For more specific questions about your medical plans and coverage, call the number on your medical plan ID card.
- For questions about your FSA, call Inspira Financial: **1-888-678-7646** (CVS Health colleagues)/ **1-855-516-8596** (CVS Health Care Delivery colleagues).

The change to a January –December benefits plan year applies to The CVS Health Welfare Benefit Plan, The CVS Health Care Delivery Welfare Benefit Plan, and to your employer’s Health and Dependent Care Flexible Spending Account Plans, for colleagues currently on a June – May plan year. This FAQ is for informational purposes only. If there’s any difference between this and plan documents, official plan documents govern. CVS Health or your employer reserves the right to amend, modify or terminate all or part of its benefit plans at any time. This description is not an employment contract or guarantee.