

2026

Annual Enrollment

Frequently Asked Questions



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This document answers questions colleagues may have regarding the existing and new US health care options for 2026, and other benefit changes. For additional information, please see the chart on [page 20](#) for a list of resources.

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Please note, this information is subject to applicable plan provisions, including the Company's right to make changes to or terminate the plans described in this document.

BENEFIT CHANGES FOR 2026

What's changing for 2026?

While health care costs have continued to rise, American Express medical plan rates have remained the same since 2022. Next year, we are making modest increases to your payroll deductions (around \$2 per paycheck for single coverage), deductibles, out-of-pocket maximums, and co-pays. Delta Traditional and EyeMed Vision plan paycheck contributions will remain the same for 2026 with a slight increase in the Delta DHMO paycheck costs.

What hasn't changed is our commitment to backing you and your loved ones' holistic well-being. You'll continue to have access to high-quality benefits you can count on, including free preventive care like cancer screenings and select prescription drugs. We're also introducing new enhancements designed to give you even more value and support:

Medical Plan

- Specialized digestive health support including unlimited consultations with dietitians, free testing, and tracking tools through Cylinder.
- Expanded fertility tools so colleagues can grow their families with more confidence through Maven.
- Expanded virtual physical therapy and pain management through Hinge Health.
- Integrated telemedicine solutions across medical plans (replacing Amwell).

Dependent Care Flexible Spending Account (DCFSA) limit increase

- For 2026, the IRS Dependent Care Flexible Spending Account (DCFSA) contribution limit will increase to \$7,500.¹

Additional Enhancements

- Digital estate planning tools available for free across our MetLife plans (Legal Assistance and Life Insurance) to help you plan and protect your future.
- Higher coverage maximums at no additional cost for our Group Critical Illness, Accident, and Hospital Indemnity insurance plans offered by Aflac.

For more information on your 2026 benefits, check out the [Virtual Benefits Tour](#) and watch the four-minute video that compares our three medical plans. You can also look up your state's rates, access on-demand virtual sessions, and more—from any device, anytime.

¹ Your annual contribution limit for the DCFSA may be reduced if you're classified by the IRS as a "highly compensated employee." You'll be notified if you're affected.

ANNUAL ENROLLMENT

When is Annual Enrollment?

Annual Enrollment runs from November 3 through November 21, 2025.

What happens if I do nothing?

If you don't select new benefits options during Annual Enrollment (November 3-21), your medical, dental, and vision elections from 2025 will remain the same for 2026.

This does not include the [Health Care Flexible Spending Account \(HCFSAs\)](#) which requires you to enroll/re-enroll in every year (see [page 13](#) for more information about HCFSAs).

What if I have coverage under another health care plan? Can I still enroll in the Amex medical coverage?

Yes, but if you have coverage under an external non-Amex plan, and you elect the Basic or Premier Amex medical plan, you're not eligible for a Health Savings Account (HSA), unless your other coverage is considered HSA-eligible, (i.e., a high-deductible health plan—see [page 12](#) for more information about HSAs).

Can my spouse, domestic partner, or dependents (like children) be included in my coverage?

Yes, you can enroll eligible dependents including your spouse or domestic partner and your children under age 26. Please refer to [page 7](#) of the [Aetna](#) or [UHC](#) Medical Plan Summary Plan Descriptions for further details on coverage.

If you cover a spouse or domestic partner who has coverage available through another employer, a per-paycheck surcharge of \$38 will be added to your medical plan contributions.

What changes can I make during Annual Enrollment if I am currently on a Leave of Absence (i.e., salary continuation, parental leave, FMLA, etc.)?

You can make changes to the following elections:

- Medical Plan
- Dental Plan
- Vision Plan
- Health Savings Account (HSA), but only if you elect the Basic or Premier Plan
- Health Care Flexible Spending Account (HCFSA)
- Dependent Care Flexible Spending Account (DCFSA)
- Life Insurance Plan (decreases or coverage cancellations only)²
- Legal Assistance Plan
- Aflac coverage (decreases or coverage cancellations only)³
- Vacation Purchase Plan⁴

Colleagues on a leave of absence cannot elect the Tax Choice LTD option until the next annual enrollment period following their return from leave.

Can I make new elections if I return from leave after annual enrollment ends?

If you return to active status after annual the enrollment period ends (after November 21), **but prior to January 1, 2026**, you can elect all the benefits available to active colleagues, including the Tax Choice LTD option, increased Life Insurance coverage, Vacation Purchase, and Aflac coverage by calling the Colleague Service Center at 855-783-4772 no later than December 30, 2025.

If I am active during annual enrollment and I elect the Tax Choice LTD option, Aflac coverage, or elect to increase my Life Insurance coverage, but then I begin a leave of absence before January 1, 2026, can I keep those elections?

You must be in active status as of January 1, 2026, for your Tax Choice LTD option, Aflac coverage, or Life Insurance increase to be effective, so those elections will be automatically canceled if you begin a leave of absence prior to January 1, 2026.

² As required by MetLife, only active colleagues can increase or enroll in life insurance for the first time (including spouse and child life insurance), but you can decrease or cancel your coverage during Annual Enrollment. Aflac coverage is also only available to colleagues who are actively at work, but if you are already enrolled in Aflac coverage, you can decrease or cancel it during Annual Enrollment.

³ Aflac coverage (accident, critical illness, and hospital indemnity insurance) is also only available to colleagues who are actively at work, but if you're already enrolled in Aflac coverage, you can decrease or cancel it during Annual Enrollment.

⁴ You can elect the Vacation Purchase Plan if you're on a paid leave of absence. If you're on an unpaid medical or personal leave of absence, you are not eligible for the Vacation Purchase Plan until the next annual enrollment period following your return to active status.

I'm receiving separation pay. What changes can I make during Annual Enrollment?

You can make changes to the following elections:

- Medical Plan
- Dental Plan
- Vision Plan
- Health Savings Account (HSA), but only if you elect the Basic or Premier Plan
- Health Care Flexible Spending Account (HCFSA)
- Life Insurance Plan⁵
- Legal Assistance Plan

Colleagues receiving separation pay are not eligible for LTD coverage, the Dependent Care Flexible Spending Account (DCFSA), or the Vacation Purchase Plan.

What should I do before I enroll in benefits?

- Visit the [Colleague Benefits Website](#) for your personalized Annual Enrollment Benefit Tour and details on all your benefits.
- Join the “[Ask the Experts](#)” session on November 10 for an overview of 2026 American Express benefits or our providers’ sessions ([live and on-demand](#)).
- Call Aetna (888-877-1418) or UHC (877-250-8181) advocacy teams to check if your current providers are in-network with your preferred plan and find new in-network providers over the phone or through [UHC](#) and [Aetna](#)’s websites.^{6*}
- Estimate your future medical expenses on U.S. Benefits to help decide which medical plan option is right for you.
- Call the Colleague Service Center (855-783-4772) if you have any other questions.

How can I find more information about our benefits?

Visit the [Colleague Benefits Website](#) to take the Annual Enrollment Benefit Tour, compare plans, look up your state’s rates, and listen to on-demand virtual sessions anytime, on any device. You can also register for live virtual sessions or attend on-site benefit events where you can ask our providers questions directly. Our Colleague Service Center is available for additional questions at 855-783-4772 (available on weekdays, excluding holidays, from 9 a.m. – 7 p.m. ET).

⁵ As required by MetLife, only active colleagues can increase or enroll in life insurance for the first time (including spouse and child life insurance), but you can decrease or cancel your coverage during Annual Enrollment. Aflac coverage is also only available to colleagues who are actively at work, but if you are already enrolled in Aflac coverage, you can decrease or cancel it during Annual Enrollment

⁶ In-network providers, including Tier 1 providers under the Select Plan, can change network status based on their contracts with Aetna/UHC.

MEDICAL PLAN OPTIONS

What are some of the features of the Basic, Premier, and Select medical plans?

Basic Plan

- Lower per paycheck cost, but higher deductible than the Premier Plan.
- Generally, better for colleagues that are typically low health care users and want to contribute less of their paycheck.
- Health Savings Account (HSA) automatically opened, but no Company HSA contributions.
- In-network preventive care is covered at 100%.
- Out-of-network providers are covered (but they cost more than in-network providers).

Premier Plan

- Higher per paycheck cost, but lower deductible than the Basic Plan.
- Generally, better for colleagues that are typically average-to-high health care users or have complex medical needs.
- HSA automatically opened, with up to \$1,000 annual Company contribution (depending on band level and if electing single or family coverage).
- In-network preventive care is covered at 100%.
- Out-of-network providers are covered (but they cost more than in-network providers).

Select Plan

- No annual deductible—fixed costs for non-preventive services with a “select” network of providers (“Tier 1”).
- Same per-paycheck cost as the Premier Plan.
- Generally, better for colleagues that prefer predictable out-of-pocket costs.
- Tier 1 and Tier 2 in-network preventive care is covered at 100%.
- Fewer in-network providers (around 30% smaller than Basic and Premier Plans)—you’ll have access to a “select” network of providers (“Tier 1”).
- No out-of-network coverage, except for emergency care like ER visits.
- Due to IRS rules, no option to open an HSA, and no Company HSA contribution, but if you currently have an HSA, you can use your existing savings to pay for [qualified health expenses](#).
- You can open a Health Care Flexible Spending Account (HCFSA):
 - A spending account for you to deposit money into, tax-free (up to \$3,300 in 2026) that you can spend on qualified health expenses—keep in mind, reimbursement requirements are more detailed than the HSA and unused funds above \$660 are forfeited if they aren’t claimed by June 30 of the calendar year following enrollment, see [page 13](#) for more details.
- 20% coinsurance for prescription drugs.

How is the coverage under the Select Plan different from the Basic and Premier Plans?

In the Select Plan:

- You pay fixed costs for all covered medical services and 20% coinsurance for prescription drugs when you use Tier 1 providers—there’s no annual deductible.
- Fewer in-network providers (around 30% smaller than Basic and Premier Plans)—you’ll have access to a “select” network of providers (“Tier 1”).
- No coverage for out-of-network providers, except for emergency care like ER visits.
- Due to IRS rules, the Select Plan can’t be linked to an HSA; therefore, you won’t receive a Company HSA contribution.
 - You can open a HCFSA to deposit money into, tax-free, that you can spend on qualified health expenses (see [page 13](#) for more details).

The chart below provides a comparison of all three medical plans’ in-network coverage

Here’s what you pay for in-network care

	Basic Plan	Premier Plan	Select Plan*
Annual Deductible	\$3,200 (single) \$6,400 (family)	\$1,850 (single) \$3,700 (family)	\$0 (single) \$0 (family)
Out-of-Pocket Maximum	\$5,400 (single) \$10,800 (family)	\$3,700 (single) \$7,400 (family)	\$3,700 (single) \$7,400 (family)
Preventive Care	0%	0%	\$0
Office Visits	20% after deductible	10% after deductible	\$25 (primary doctor) \$45 (specialist)
Inpatient Hospital	20% after deductible	10% after deductible	\$500
Emergency Room	20% after deductible	10% after deductible	\$250
Pharmacy**	20% after deductible	10% after deductible	20% coinsurance

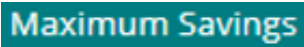

*Tier 1 providers. Refer to the Select Plan Summary of Benefits and Coverage for details about Tier 2 coverage. ([Aetna SBC](#), [UHC SBC](#))

**Certain preventive prescription drugs & vitamins are also covered at 100%. Refer to the [Free Preventive Prescription Drugs & Vitamins List](#) for details.

You can find more details about the out-of-network coverage under the Basic and Premier Plans on the on the [Medical Benefits](#) page of the Colleague Benefits Website.

How do I determine if my current providers are Tier 1 in the Select Plan?

You can search for providers on [U.S. Benefits](#) or go to the [UHC](#) or [Aetna](#) websites to access their provider directories. On their websites, Tier 1 providers have the below labels:

Aetna Tier 1 Provider Banner	UHC Tier 1 Provider Icon
	

To find a list of all Tier 1 primary care providers (PCPs) in your area:

- [Aetna](#): Click “Find a Doctor” then enter your zip code in the “Continue as a guest” area and click “Search” > Click the Select plan / Continue > Under “Find what you need by category” select “Medical Doctors & Specialists” > Doctors (Primary Care) > All Primary Care Physicians.
- [UHC](#): Click “See the network options” under the Select Plan > Open the Directory, then enter your zip code / Continue > People > Primary Care > All Primary Care Providers.

You can also call the Aetna ((888) 877-1418) or UHC ((877) 250-8181) advocacy teams to see if your current providers are in-network with your preferred plan and find new in-network providers.

Do I need a primary care doctor if I enroll in the Select Plan?

Primary care doctors can help you stay healthier and lower medical costs in the long term; however, you do not need a referral from a primary care doctor to see a specialist. **If you enroll in the UHC Select Plan, you'll need to select a primary care doctor.** If you don't choose a primary care doctor, UHC will assign one to you. With both Aetna and UHC, you can change your primary care doctor at any time.

If you elect the UHC Select Plan, you can designate a Tier 1 primary care provider (PCP) for yourself and your covered family members in [U.S. Benefits](#):

- On the “Choose Your Primary Care Providers” screen, click Find Doctors, then under Filter Options, click “Tier 1 Providers”. Click “Add to Favorites” next to each provider’s name, then “Update Favorites” to assign a PCP for each family member from the dropdown menu.

How do I determine if my current providers are in-network in the Basic and Premier Plans?

You can search for Basic and Premier Plan providers on the [Aetna](#) or [UHC](#) websites (see above) or on [U.S. Benefits](#). Please note that in-network providers for the Aetna Basic and Premier Plans participate in the Aetna Choice POS II network, and in-network providers for the UHC Basic and Premier Plans participate in the UHC Choice Plus network.

If my providers are listed as in-network during the annual enrollment period, can I assume they will remain in-network through 2026?

There is no guarantee that providers who are in-network during annual enrollment will remain in the same network throughout 2026. Providers renegotiate their contracts with Aetna and UHC every few years, and if they're unable to reach an agreement, the provider may decide to leave the Aetna or UHC network at the end of their contract period.

If I elect a UHC plan and my provider leaves the network mid-year, but they're in-network with Aetna, can I switch to Aetna mid-year (and vice-versa)?

No, because mid-year medical plan changes are only allowed due to qualifying status changes (including marriage, divorce, gain or loss of outside coverage, etc.) but changes to the provider network are generally not considered qualifying status changes (see the [Medical Plan SPD](#) for further details). Although you can't change your medical plan, you can apply for Transition of Care, which will allow you to continue seeing your provider and to have claims paid at the in-network level for a period of time, if you're being treated for certain conditions and your application is approved by Aetna or UHC. Further details can be found in the Aetna and UHC Transition of Care forms, which are posted on the Plan Information page of [U.S. Benefits](#).

What is Tier 2 coverage in the Select Plan?

Tier 2 providers are not in the Tier 1 network but are not out-of-network (e.g., they're the 30% of providers that are not in Tier 1 of the Select network but are in-network in the Premier and Basic Plans). Below is a comparison of Select Plan pricing for Tier 1, 2, and out-of-network providers:

Plan Highlights	Tier 1	Tier 2	Out-of-Network
Deductible	\$0	\$2,600 (single) \$5,200 (family)	No coverage
Coinsurance	N/A	20%	No coverage
Annual out-of-pocket maximum	\$ 3,700 (single) \$ 7,400 (family)	\$ 7,000 (single) \$ 14,000 (family)	No coverage
Preventive care	100%	100%	No coverage
Doctor visit	\$25	20% after deductible	No coverage
Specialist visit	\$45	20% after deductible	No coverage
Urgent care	\$60	20% after deductible	No coverage
Walk-in clinic	\$25	20% after deductible	No coverage
Emergency room	\$250	\$250	\$250
Inpatient hospital	\$500	20% after deductible	No coverage
Pharmacy	20% coinsurance	20% coinsurance	No coverage

You can also find more details about the Select Plan Tier 1 and 2 coverage in the Summaries of Benefits and Coverage (SBCs) on the [Medical Benefits](#) page on the Colleague Benefits Website.

I met my 2025 medical plan deductible; will it carry over into 2026?

No, annual deductibles do not carry over into the following year. If you elect the Basic or Premier Plan for 2026, you will have to meet a new annual deductible.

What's considered preventive care and how is it covered under the Basic, Premier, and Select Plans?

Preventive care is the care you receive when you don't have any symptoms and have no reason to believe you might be unhealthy. Services can be based on age, gender, and medical history. In-network preventive care is covered at 100% under all three plans. Some examples are:

- Routine physicals
- Well-childcare:
 - Unlimited preventive care visits for children under 3
 - One annual preventive care visit for children ages 3 to 19
- Primary and preventive obstetrics and gynecological (OB/GYN) services
- Screenings not related to a diagnosis, including:
 - Cervical cancer, pap smear, and HPV screenings
 - Screening mammograms and screening breast ultrasounds
 - Bone density screenings
 - Routine HIV screenings
 - Colorectal cancer screenings
 - Skin cancer screenings

Will Amwell still be available in 2025? How do I access telehealth benefits in 2026?

The Amex discounted rate with Amwell will only be available through December 31, 2025. Starting January 1, 2026, colleagues will need to go through their medical carrier (Aetna or UHC) to get immediate access to telehealth providers (including via Amwell for UHC members) at discounted rates. Colleagues and their eligible family members enrolled in an Amex medical plan can use this benefit.

In the Basic and Premier Plans, do in-network claims count toward my out-of-network deductible and out-of-pocket maximums (and vice versa)?

Yes, all claims count toward both in- and out-of-network deductible amounts and out-of-pocket maximums.

In the Select Plan, does my Tier 1 out of pocket maximum count towards my Tier 2 out-of-pocket maximum (and vice versa)?

Yes, all claims count toward both the Tier 1 and 2 out-of-pocket maximums. Keep in mind, there is no out-of-network coverage in the Select Plan, except for emergency care like ER visits.

If I change my medical plan election, when will I get my new ID card?

You should receive your ID card by early January. If you don't, you can always download a temporary one on the Aetna or UHC websites (see Resources on [page 20](#)). Your medical plan coverage will begin January 1, and you don't need your ID card to access your benefits.

If I elect the Select Plan, can I change to the Premier or Basic Plan later?

You won't be able to change your 2026 benefit elections after December 30, 2025, unless you experience a qualifying change during 2026 (including marriage, divorce, and gain or loss of other coverage). **Make sure your doctors are Tier 1 with the Aetna or UHC networks before enrolling in the Select Plan.**

TAX-ADVANTAGED HEALTH & DEPENDENT CARE ACCOUNTS

HEALTH SAVINGS ACCOUNT (HSA)

What is a Health Savings Account (HSA)?

HSAs are savings accounts for you to deposit money into, tax-free, and spend on qualified health expenses (i.e., medical, dental, and vision expenses, over-the-counter drugs, etc.). HSA savings roll over automatically, and stay with you forever:

- If you enroll in the Premier or Basic Plan, Amex will open an HSA for you
- If you enroll in the Premier Plan, Amex will contribute up to \$1,000 to your HSA (based on band level and if electing single or family coverage)

I'm enrolling in the Select Plan. Why can't I contribute to an HSA?

Due to federal regulations, you can only have an HSA if you enroll in a high-deductible health plan. The Premier and Basic Plans qualify as high-deductible plans, but the Select Plan does not.

I have an HSA now but I'm enrolling in the Select Plan next year. Can I still use my HSA to pay for health care expenses?

Yes, you can use your remaining HSA balance to pay for [qualified health expenses](#). However, you can't contribute to an HSA with the Select Plan.

How does the HSA work with secondary insurance, such as Medicaid, Medicare, or my spouse or domestic partner's plan?

You're not eligible to contribute to an HSA (or receive HSA contributions from Amex) if you're enrolled in a medical plan that isn't a high-deductible health plan, like the Select Plan. You also can't contribute to one if you're enrolled in a medical plan outside of Amex that isn't HSA-qualified (like Medicaid and Medicare, or your spouse or domestic partner's plan). You'll be asked to certify this during Annual Enrollment.

What expenses are eligible for tax-free reimbursement from an HSA?

HSA funds are tax-free as long as they're spent on qualified health expenses—like medical, dental, and vision expenses—for yourself or a tax-qualified family member. Visit healthequity.com/hsa-qme for a full list of expenses that qualify.

What if I use my HSA to pay for something that isn't a qualified health expense?

If you use your HSA for something other than qualified health expenses, you'll be charged income tax and a 20% tax penalty. However, if you're disabled or over the age of 65, you'll only be charged income tax. Be sure to keep track of how you use your HSA and speak with your tax preparer for additional details.

How much is Amex contributing to my HSA?

For colleagues enrolled in the Premier Plan, the 2026 Amex HSA contribution is based on your job band and coverage level:

- Colleagues Band 30 and below will receive \$500 for single coverage and \$1,000 for family coverage.
- Colleagues who are Band 35 and above will receive \$400 for single coverage and \$800 for family coverage.
- There's no Amex contribution for colleagues in the Basic or Select Plans.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA)

What is the Health Care Flexible Spending Account (HCFSA) Plan?

The HCFSA, formerly called Health Care Reimbursement Account (HCRA), is a spending account for you to deposit money into via payroll contributions, tax-free and spend on qualified health expenses. In 2026, you can save up to \$3,300 in your HCFSA. Remember:

- You need to file claims for eligible 2026 expenses by June 30, 2027.
- You need to spend the money you contribute on eligible 2026 expenses, because you can only rollover a maximum of \$660—and you'll lose any remaining balance.

How do I submit a request for reimbursement and what information is required?

For fastest processing, visit healthequity.com/amex. Follow the prompts and upload your documentation to the claim.

You can also submit a form for reimbursement on their site alongside any supporting documentation by returning to the Help Center and clicking on the 'Upload Form' button. Be sure your documentation includes these five key pieces of information:

- Name of the provider
- Name of the HCFSA member who incurred the expense
- Expense type
- Date expense was incurred
- Amount to be reimbursed

Note: Credit card receipts and canceled checks are not sufficient documentation.

HEALTH SAVINGS ACCOUNTS (HSA) VS. HEALTH CARE FLEXIBLE SPENDING ACCOUNTS (HCFSA)

What is the difference between a Health Savings Account (HSA) and a Health Care Spending Account (HCFSA)?

HSAs and HCFsAs are great ways to save money because they let you set aside pre-tax dollars to pay for qualified health care expenses. Since these dollars are deducted from your pay before your taxes are calculated, you also reduce your taxable income and pay less in taxes. However, HSAs and HCFsAs have some differences:

	HSA	HCFSA
Ownership & Rollovers	The money in an HSA is yours to keep. It rolls over each year and stays with you even if you leave Amex.	You have to spend the money each year. Only up to \$660 can carry over to the following year, and you'll lose the rest if you don't spend it or if you leave Amex.
Investment Potential	If you have over \$500 in your HSA, you can invest it and earn interest on it.	You can't invest your HCFSA funds.
When the Funds are Available	Your HSA builds up as you add money throughout the year.	You have access to all your HCFSA funds for the year as of January 1.
How You Pay	You can pay providers directly from the portal and mobile app, you can be reimbursed on the portal for any out-of-pocket payments made to providers, and you are given an HSA checkbook to pay providers.	You will pay providers out of pocket and submit claims for reimbursement on the portal or mobile app.
Contribution Flexibility	You can start, stop, or change your contributions to an HSA at any time.	You can only start or change your HCFSA during Annual Enrollment or if you have a qualifying change in family status in 2026 (marriage, divorce, birth, etc.).

Can I participate in both the HCFSA and the HSA?

If you're enrolled in the Premier or Basic Plan, you'll be eligible for a special, limited purpose HCFSA (or LPFSA) that only reimburses dental and vision expenses, per IRS rules. Once you've met your medical plan's in-network deductible, you can also use your LPFSA for medical and prescription drug expenses. The chart below shows which accounts you can use for reimbursement and when.

	If you have both an HSA and an HCFSA (LPFSA)...	
	You can use your HSA	You can use your HCFSA
Medical and prescription drug expenses	Yes	Only after you meet your medical plan's in-network deductible
Over the counter (OTC) medication expenses⁷	Yes	Dental and vision: Yes Medical: Only after you meet your in-network deductible
Dental expenses⁷	Yes	Yes
Vision expenses⁷	Yes	Yes

⁷ Expenses do not count toward your medical plan's annual deductible or out-of-pocket maximum.

How do I get reimbursed for claims with my HSA and HCFSA?

Both the HSA and HCFSA are administered by HealthEquity. On their website, you'll be able to review balances, pay providers, and reimburse yourself. Visit healthequity.com/amex for more information.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)

What's the difference between the Dependent Care Flexible Spending Account (DCFSA) and the Dependent Care Reimbursement Account (DCRA)?

The DCFSA and the DCRA are the same plan. We updated the name a few years ago to DCFSA to make it clear that the Dependent Care Reimbursement Account is a Flexible Spending Account (FSA).

What expenses are eligible for dependent care reimbursement?

The expense must allow you (or your spouse, if you're married) to work, look for work, or attend school full time for you to use your DCFSA. Visit HealthEquity to learn more about DCFSA eligible expenses.

How do I submit a reimbursement claim?

Submit your claims at healthequity.com/amex. If you're on an Amex device, [click here to be logged in automatically](#).

Is there a deadline for submitting claims?

You must submit your claims by June 30, 2027, to be reimbursed for eligible 2026 expenses.

If I'm unable use all my DCFSA money, will it roll over into the following year?

No, unused DCFSA contributions do not carry over into the following year, so **you should plan to submit your eligible expenses for reimbursement no later than June 30 of the following year** (for example, your eligible 2025 expenses must be submitted for reimbursement no later than June 30, 2026).

I received an email earlier this year that said I'm considered a "Highly Compensated Employee" (HCE) by the IRS because I earned over \$155,000 in gross earnings⁸ in 2024, so my 2025 DCFSA contribution was reduced to \$1,850 to meet the IRS nondiscrimination requirements. Can I increase my 2026 DCFSA contributions to \$7,500 this year?

Yes, you'll be allowed to elect up to \$7,500 for 2026. However, if you are considered an HCE in 2026 based on your 2025 gross earnings, your 2026 contribution may need to be reduced to meet the IRS nondiscrimination requirements⁸ (as in prior years). You'll be notified by email in 2026 if your contribution needs to be reduced.

⁸ The IRS nondiscrimination rules require that the average contribution for HCEs (defined as employees who earned more than \$155,000 in gross earnings in 2024) cannot be disproportionately higher than the average contribution for employees who are not HCEs. Amex is therefore required to limit the maximum DCFSA contribution for HCEs to remain in compliance.

LONG-TERM DISABILITY (LTD) PLAN

What is Long-Term Disability (LTD) coverage?

LTD coverage replaces a portion of your base salary if you become disabled for 6 months or more—like a financial safety net. It's an important income replacement benefit for you and your family if you're unable to work due to disability, such as an unexpected injury or long-term illness.

Why do I need LTD coverage?

It's important to prepare for the unexpected and being disabled is more common than many people realize. According to the Social Security Administration, just over 25% of today's 20-year-olds will likely become disabled before reaching age 67.

How does LTD coverage work?

All eligible U.S. colleagues are automatically enrolled in LTD coverage at no cost. The coverage provides 65% of your pre-disability base salary up to \$500,000 with a maximum monthly benefit of \$27,083. This monthly benefit will be subject to federal, state, and local income tax, as applicable, and would be reduced by any other disability or similar benefits you may be eligible to receive (i.e., Social Security benefits). LTD benefits begin after 6 consecutive months of total disability and will support you for as long as you remain disabled (as determined by our LTD insurer, MetLife), generally until age 65. Review the [LTD Plan Summary Plan Description](#) (SPD) for more details.

How do I know if I'm eligible?

All regular full-time or part-time U.S. colleagues scheduled to work at least 20 hours per week are eligible.

How am I covered for the first 6 months of disability?

If you have at least 6 months of service from your most recent hire date when you become disabled, you'll receive a portion of your salary under the [Salary Continuation Policy](#) for up to 25 weeks (after a one-week waiting period), as follows:

- **Waiting Period:** One week paid with accrued sick, PTO, or purchased vacation days (if no paid days available, the week is unpaid).
- **Weeks 2-5:** Four weeks at 100% of your pre-disability base salary.
- **Week 6 through exhaustion of your sick time:** Must use your available sick time to continue receiving 100% of your pre-disability base salary.
- **After exhaustion of sick time up to week 26:** The balance of any additional approved Salary Continuation up to 25-week maximum is paid at 70% of your pre-disability base salary.

Your salary continuation claim must be approved by the disability vendor via the Colleague Service Center. Review the [Salary Continuation Policy](#) for more details.

Have I been automatically enrolled?

Yes, all full-time U.S. colleagues scheduled to work at least 30 hours per week are automatically enrolled as of their hire date, and part-time colleagues scheduled to work 20-29 hours per week are automatically enrolled after completing 90 days of service.

How does the Tax Choice option under the Company-paid LTD plan work?

The Company-paid LTD plan provides a monthly benefit (in the event you become disabled for more than 6 months) and the benefit will be subject to federal, state, and local income tax, as applicable. However, if you elect the new Tax Choice option⁹ you will be taxed on the Company-paid premium value in each paycheck via imputed income (and the imputed income will be reported in your W-2). If you later become disabled and qualify for LTD benefits, your LTD benefit payments will be tax-free. If you don't take action to elect the Tax Choice option, and you qualify for LTD benefits, taxes will be withheld from your LTD benefit payments.

For example, let's say Ben, a fictional Amex colleague, elects the Tax Choice option while actively at work. He sees imputed income in his paystubs and W-2, which means he pays taxes on the value of his LTD plan coverage, even though the Company is paying for the coverage. If Ben becomes disabled and unable to work for more than 6 months, he will start to receive LTD benefit payments. There are no taxes withheld and he does not owe any tax on these LTD benefit payments. If Ben hadn't elected the Tax Choice option, his payments would be subject to federal, state, and/or local tax (similar to how his paycheck is taxed today). The amount of taxes withheld from LTD benefits payments varies based on several factors, including state of residence, filing status and any other sources of income that he receives. See a [side-by-side example](#) of Company-paid LTD and LTD with the Tax Choice option.

What is imputed income and what are the tax implications as it relates to electing the Tax Choice LTD option?

Goldman Sachs Ayco¹⁰ financial coaches can meet with you one-on-one and help answer LTD tax implications and other benefit questions, including helping you with your financial well-being goals, at no cost to you. Talk to an Ayco coach at 866-325-0099 or set up an account on ayco.com/login/amex.

If I elect the Tax Choice option, how much imputed income will be reported in my paychecks?

The monthly imputed income amount is equal to the Company premium for the cost of your LTD coverage, which is \$0.32 per \$100 of current monthly salary up to \$41,667 (up to \$500,000 salary per year). For example, if your annual salary is \$60,000, your monthly salary is \$5,000, and your monthly imputed income would be \$16 ($\$5,000/\$100 = \$50 \times \$0.32 = \16). One half of this monthly amount, or \$8, would be reported in each semi-monthly paycheck as taxable imputed income.

⁹ Colleagues must be actively at work to elect the Tax Choice LTD option

¹⁰ Advisory services offered by Goldman Sachs Wealth Services, L.P. (the "Adviser"), a registered investment adviser, affiliate of Goldman Sachs & Co. LLC ("GS&Co."), and subsidiary of The Goldman Sachs Group, Inc., a worldwide, full-service investment banking, broker-dealer, asset management, and financial services organization. Goldman Sachs Ayco is a brand of Goldman Sachs Wealth Services, L.P. Brokerage services are offered through GS&Co. and Mercer Allied Company, L.P. (a limited purpose broker-dealer), both affiliates of the Adviser and members FINRA/SIPC.

If I elect the Tax Choice option, I'm paying taxes on my LTD coverage upfront while I'm active vs. on my LTD benefit payments if I start to collect LTD benefits. What is the advantage of paying taxes now, if I never become disabled?

If you never become disabled, there would be no advantage to paying taxes upfront on your LTD coverage. The advantage would only apply if you became disabled, because most people will pay less in taxes on their LTD coverage while actively employed vs. the amount of taxes owed on their LTD benefit payments (if they later become disabled). Whether the total amount is lower will depend on a number of factors, including the period of time you paid taxes on your LTD coverage while actively employed and the period of time you receive LTD benefit payments. It is possible that if you pay taxes on your LTD coverage for a long period of time before becoming disabled and then only qualify for LTD benefits for a short period of time (for example, if you recover from your disability), your total taxes on your LTD coverage while actively employed would be greater than your taxes on your LTD benefit payments.

Is there an exclusion for pre-existing conditions?

Yes, the LTD Plan will not cover a disability caused by a pre-existing condition in your first year of coverage. A pre-existing condition is a condition that you've received treatment or medication for in the three months prior to your effective date of coverage (coverage for full-time colleagues begins on the hire date, and coverage for part-time colleagues begins 90 days after the hire date).

Do I need to be actively at work to be automatically enrolled?

No. All eligible colleagues are automatically enrolled in the LTD plan. However, only colleagues who are actively at work can elect the new Tax Choice LTD option (see [page 5](#) for more information regarding benefits that can and cannot be elected during annual enrollment for colleagues on leaves of absence). Also, the LTD Plan will not cover a disability caused by a pre-existing condition in your first year of coverage. A pre-existing condition is a condition that you've received treatment or medication for in the three months prior to your effective date of coverage (see above).

What is the difference between LTD and Enhanced LTD?

LTD provides a benefit of 65% of your pre-disability base salary (up to \$500,000) with a maximum monthly benefit of \$27,083. All colleagues are automatically enrolled in Company-paid LTD. Colleagues can enroll in Enhanced LTD when they become newly eligible (total annual compensation must be \$150,000 and above). Enhanced LTD provides a benefit of 65% of your cash Annual Incentive Award (AIA), as well as your base salary above \$500,000. Enhanced LTD payments are not subject to income taxes because you pay Enhanced LTD premiums on a post-tax basis. Also, you can keep Enhanced LTD coverage if you leave Amex by paying premiums via direct bill, while LTD can't be continued after you leave Amex.

See the chart below for a comparison of the LTD and Enhanced LTD Plans:

	65% of Base Salary up to \$500k	65% of Annual Incentives up to \$275k*	Enrollment
LTD Coverage	Company-Paid ✓		All colleagues are auto-enrolled
Enhanced LTD Coverage		Colleague-Paid ✓	Typically May - June after initial eligibility

*Enhanced LTD replaces 65% of your cash incentive payments and/or your base salary above \$500,000, up to a monthly maximum benefit payment of \$15,000. For more information on Enhanced LTD, please refer to the [Enhanced LTD Summary Plan Description](#).

What if I have questions or need to make a change to my Enhanced LTD coverage?

Please contact Covala, our Enhanced LTD service provider, at 855-583-2639 or via email at EnhancedLTD@covalagroup.com.

RESOURCES

Provider	Topics	Contact
Aetna	The Aetna Premier, Basic, and Select Plans, including claims, benefits, and provider search	(888) 877-1418 or visit Aetna to search for providers
United Healthcare (UHC)	The UHC Premier, Basic, and Select Plans, including claims, benefits, and provider search	(877) 250-8181 or visit UHC to search for providers
OptumRx	Prescription drug coverage and costs, or to order or refill a mail-order prescription	(855) 526-3979 or optumrx.com To schedule a virtual pharmacist consultation: amex_onsite_pharmacists@optum.com or call (844) 567-6856 to speak with a live person
HealthEquity	Your HSA, HCFSAs, and DCFSAs, including account balance, claims, and transaction information	(866) 246-4846 or healthequity.com/amex or click here to single sign on from an Amex device
Delta Dental	Dental plan coverage, including claims, benefits, and dental provider search	Delta Traditional option: (800) 932-0783 Provider networks: Delta PPO & Premier deltadentalins.com Delta DHMO option: (800) 422-4234 Provider network: DeltaCare USA
EyeMed	Vision plan coverage, including claims, benefits, and vision provider search	(866) 639-3633 or eyemed.com .
Goldman Sachs Ayco	Free one-on-one financial coaching	(866) 325-0099 or ayco.com/login/amex
Covala	Enhanced Long-Term Disability (LTD) coverage	(855) 583-2639 or EnhancedLTD@covalagroup.com
Colleague Service Center	Questions regarding your benefits and assistance with annual enrollment	(855) 783-4772 or via Chat

This document describes only certain highlights of some of the Company's benefits plans. It does not supersede the actual plan provisions of the plan documents, which in all cases are the final authority. Eligibility criteria and/or Company plans, programs, practices, and processes may be amended, changed, or terminated by the Company at any time without prior notice to, or consent by, participants. This document does not constitute a contract of employment between the Company and any individual, or an obligation by the Company to maintain any particular benefit program, practice, or policy.