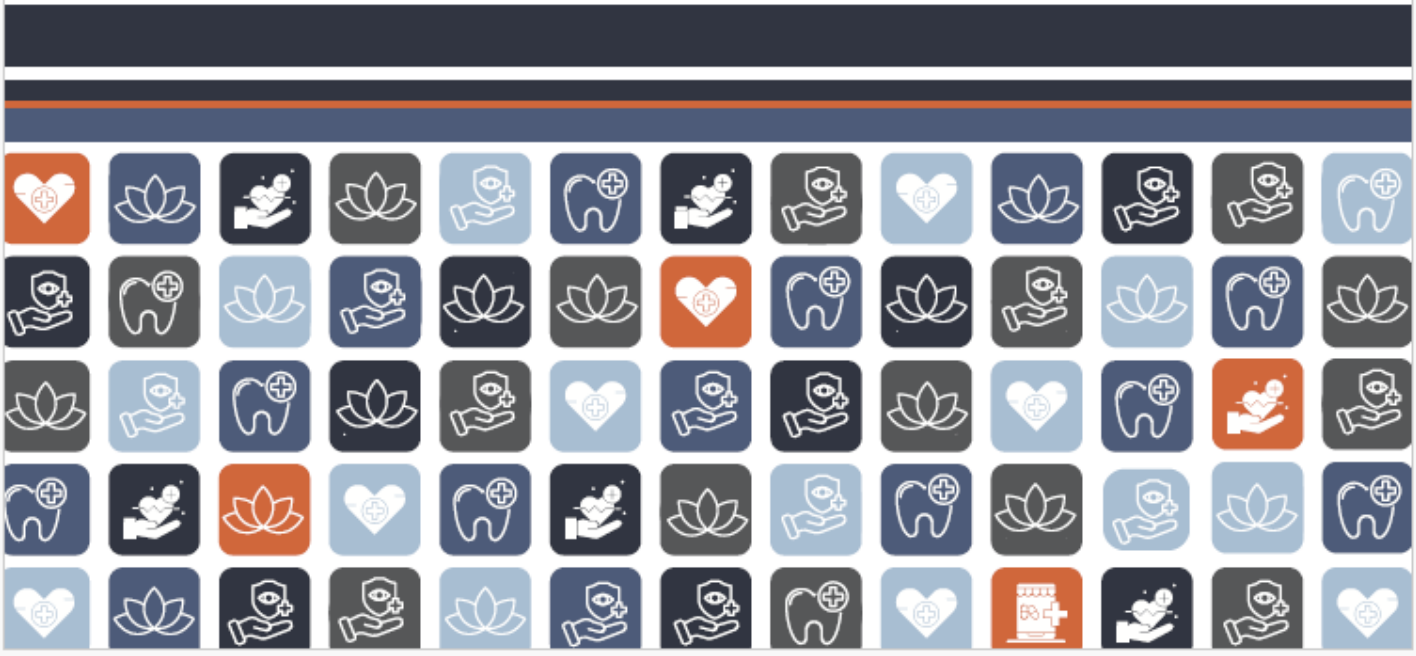
PLASTIC iNGENUITY

BENEFIT PLAN UPDATES
HEALTH
DENTAL AND VISION
FLEXIBLE SPENDING
PLAN INFORMATION

2027 Open Enrollment

is available from 11/9/2026 to 11/30/2026 in iSolved



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Plan Features: What is the Same / Different in 2027

All Plans – What's the same?

Health

- You can elect to keep your existing plan during 2027. The "Traditional" Plan will end after 12/31/2027.
- Professional Benefit Administrators (PBA) remains the claims administrator, providing customer service for Health Plan questions and processing claims.
- Pharmacy Benefit Manager (Drug Card) remains CVS/Caremark.
- A mid-year coverage change must be reported within 30 days of the qualifying event.
- Out of pocket expenses – Annual deductibles and routine Rx co-pays are not changing.

Dental & Vision – no plan or premium changes.

All Plans – What's different?

Health

- **New Network – Anthem replaces Alliance and First Health**
- Premiums are increasing (see detailed chart on page 3).
- Co-insurance: 20% in-network; 40% out-of-network.
- You will need to switch to PI Standard or PI HDHP during Open Enrollment this year or next.

Flex Spending Medical – 2027 maximum contribution is projected to be $3,500 (pre-tax).

Flex Spending Dependent Care – 2027 maximum contribution is $7,500 (pre-tax).

Health Savings Accounts (HSA) – 2027 maximum contributions - Single $4,500 / Family $9,000

Health Plan Choices & Overall Cost Examples

For 2027, you will have 3 Health Plan Choices:

1) **PI Traditional (historical) (Blue)**
2) **PI Standard (Grey)**
3) **PI HDHP-High Deductible Health Plan (Orange)**

What to consider when making your selection:

- **Monthly Premium** – Each plan has different premiums. Don't just choose the lowest premium plan without considering the full cost of your plan.
- **Annual deductible** – Each plan will have a different deductible. What risk level are you comfortable with?
- **Next Year** - Anticipated healthcare needs and changes in the next year – this includes medical and prescription costs.
- **Out of Pocket Maximum** – how confident are you that you can pay the out-of-pocket maximum if something unexpected happens during the year?
- **Your budget** - Am I able to budget appropriately? An HSA w/the HDHP is a lot like a checkbook, you can only use what you have accumulated for out-of-pocket costs.

Anthem Network Provider Search

To confirm your current providers are in network with Anthem, please view the instructions below:

- Go to **Anthem.com.**
- Click **Find Care.**
- Select **Basic Search as a Guest.**
- Complete the requested dropdown selections:
    - **Medical Plan or Network**
    - **Wisconsin**
    - **Medical (Employer Sponsored)**
    - **Blue Access PPO and click Continue.**
- Search for a provider using:
    - Provider name
    - Specialty
    - NPI number

Enter a city or ZIP code to specify the location and refine your search by selecting a provider or service type.

Overall Cost Examples by plan for different scenarios

Following the overview of plan choices, there are 3 examples are meant to illustrate how the various pieces of the different plans can impact your overall employee cost. You need to understand your own expenses and which plan makes the best sense for you and your unique situation. All of the examples assume 20% co-insurance in-network and 40% out-of-network.

An Overview of the 3 Health Plan Choices:

Health Plan Choices:	**PI Traditional** (2027 – Last Year Available) (In WI or Out of WI)	**PI Standard** (In WI or Out of WI)	**PI High-Deductible Health Plan (HDHP)** (In WI or Out of WI)
Description:	*Historical PI Plan – 2027 is the last year available.*	*In Network preventive care covered at 100%; Other expenses subject to deductible.*	*In Network preventive care covered at 100%; All other expenses subject to deductible with HSA Contribution from PI.*
2027 Types of Coverage & Monthly Premiums	Single = $150 Family = $450	Single = $116 Team Member + 1 = $275 Family = $385	Single = $60 Team Member + 1 = $156 Family = $300
Annual Deductible	Single = $300 Family = $900	In Network: Per covered person= $500 Per Family = $1,500 Out of Network: Per covered person= $750 Per Family = $2,250	In Network: Single = $2,000 TM+1 & Family = $4,000 Out of Network: Single = $3,000 TM+1 & Family = $5,000
Max Out of Pocket (OOP)	In WI: Single = $1,300 + Rx Family = $3,900 + Rx Outside WI: Single = $1,050 to 1,550 + Rx Family = $3,150 to 4,650 + Rx	In Network: Per covered person=$2,000 Per Family = $6,000 Out of Network: Per covered person=$3,000 Per Family = $9,000	In Network: Single = $4,000 TM+1 & Family = $8,000 Out of Network: Single = $6,000 TM+1 & Family = $10,000
Preventive Care Cost	Subject to Deductible and Co-Insurance	$0 (for select services with in network providers)	$0 (for select services with in network providers)
FSA	FSA	FSA	Limited FSA for Dental and Vision
HSA	No HSA	No HSA	PI HSA Contribution divided by 2 checks/month totaling Single = $500/yr TM+1 & Family = $1,000/yr
Co-Pays or Co-Insurance **(after deductible until Max OOP)**	In WI: 20% in-network; 40% out-of-network Outside WI: 15% in network to 25% out of network	20% in-network; 40% out-of-network	20% in-network; 40% out-of-network
Prescription (Rx) Co-Pay (per Rx)	*$5/$15/$30* *(not included in Max OOP)*	*$5/$15/$30* *(included in the Max OOP)*	*Co-Insurance After Deductible (counts toward Max OOP)*
Specialty Rx Co-insurance	*Specialty Rx Co-insurance is 30% or 0% cost with participation in Prudent Rx. Prudent Rx provides copay assistance for prescriptions and is a new program for the PI Health Plan. Specialty medications are high-cost prescriptions for serious, chronic diseases which require special handling via mail order. All participants affected will be contacted in advance of 2027.*		

Low Utilization Claim Example (Single Coverage)

Note: These examples are for illustrative purposes only and prices for services are illustrative in nature and may not reflect actual pricing.

	Cost of Care	PI Traditional $300 Deductible	PI Standard $500 Deductible	PI HDHP *$2,000 Deductible*
		Team Member Pays	**Team Member Pays**	**Team Member Pays**
Preventative Exam	$300	$300 *(Deductible Satisfied)*	$0	$0
General Services				
Primary Office Visit Charge	$200	$40 *(20% Co-insurance)*	$200 *(Deductible $200)*	$200 *(Deductible)*
Lab work	$350	$70 *(20% Co-insurance)*	$310 *(Deductible $300 & 20% Co-insurance)*	$350 *(Deductible)*
12 Prescriptions (tier 1)	$600	$60 *($5 Copay per Script)*	$60 *($5 Copay per Script)*	$600 *(Deductible)*
Total Claims or Total TM Share	**$1,450**	***$470***	***$570***	***$1,150***
Employer HSA Contributions		*Not Applicable*	*Not Applicable*	*($500)*
Premiums for the year		*$1,800*	*$1,392*	*$720*
Team Member Cost + Premium		***$2,270***	***$1,962***	***$1,370***

Medium Utilization Claim Example (Single Coverage)

Note: These examples are for illustrative purposes only and prices for services are illustrative in nature and may not reflect actual pricing.

	Cost of Care	PI Traditional $300 Deductible	PI Standard $500 Deductible	PI HDHP *$2,000 Deductible*
		Team Member Pays	**Team Member Pays**	**Team Member Pays**
Preventative Exam	$300	$300 *(Deductible Satisfied)*	$0	$0
General Services				
2 Primary Care Office Visits	$400	$80 *(20% Coinsurance)*	$400 *(Deductible)*	$400 *(Deductible)*
Lab work	$350	$70 *(20% Co-insurance)*	$150 *(Deductible $100 & 20% Co-insurance)*	$350 *(Deductible)*
12 Prescriptions (tier 2)	$1,000	$180 *($15 Copay per Script)*	$180 *($15 Copay per Script)*	$1,000 *(Deductible)*
Outpatient MRI	$2,280	$456 *(20% Co-insurance)*	*$456 (20% Co-insurance)*	*$656 (Deductible $250 & 20% Co-insurance)*
Total Claims or Total TM Share	**$4,330**	***$1,086***	***$1,186***	***$2,406***
Employer HSA Contributions		*Not Applicable*	*Not Applicable*	*($500)*
Premiums for the year		*$1,800*	*$1,392*	*$720*
Team Member Cost + Premium		***$2,886***	***$2,578***	***$2,626***

High Utilization Claim Example (Single Coverage)

Note: These examples are for illustrative purposes only and prices for services are illustrative in nature and may not reflect actual pricing.

	Cost of Care	PI Traditional $300 Deductible	PI Standard $500 Deductible	PI HDHP *$2,000 Deductible*
		Team Member Pays	**Team Member Pays**	**Team Member Pays**
Preventative Exam	$300	$300 *(Deductible Satisfied)*	$0	$0
General Services				
Emergency Room Visit	$800	$100 *($100 Copay per visit)*	$100 *($100 Copay Per Visit goes toward deductible)*	$800 *(Deductible)*
X-Ray	$350	$70 *(20% Co-insurance)*	$175 *(Deductible)* +$35 *(Co-insurance)*	$350 *(Deductible)*
Shoulder Surgery: Outpatient Surgery	$38,000	$930 *($1,000 Co-insurance has been met)*	$1,465 *($1,500 Co-insurance has been met)*	$2,850 *($2,000 Deductible and $2,000 Co-insurance has been met)*
6 Physical Therapy Visits	$1,200	$0	$0	$0
15 Prescriptions (Tier 2)	$1,540	$225 *($15 Copay per prescription)*	$225 *($15 Copay per prescription counts toward deductible)*	$0
Total Claims or Total TM Share	**$41,650**	***$1,625***	***$2,000***	***$4,000***
Employer HSA Contributions		*Not Applicable*	*Not Applicable*	*($500)*
Premiums for the year		*$1,800*	*$1,392*	*$720*
Team Member Cost + Premium		***$3,425***	***$3,392***	***$4,220***

PI High-Deductible Health Plan (HDHP):

Reminders:

- PI will deposit money into your Health Savings Account (HSA) each payroll. This money can cover healthcare out of pocket expenses. This is tax free.
- All costs, other than preventive care, are subject to meeting your deductible first. This includes prescription costs.
- Preventive care cost is $0 for select services with in-network providers.
- WI and non-WI groups shift to the same plan – 20% in network / 40% out of network after deductible.
- You can contribute to a Limited Purpose Flexible Spending Account (FSA) for dental and vision costs if you don't wish to use your HSA funds.

More Information about a Health Savings Account (HSA):

- If you enroll in an HDHP, you can contribute to an HSA! An HSA is like a bank account you use to pay for eligible health care expenses - such as office visits, prescription drugs and lab tests. TASC is the administrator.
- An HSA requires a designated beneficiary.
- To be eligible to have an HSA, individuals must be covered under a HDHP, cannot be enrolled in Medicare, cannot be enrolled in another health plan, and cannot be claimed as a dependent on someone else's tax return.

Some key advantages to an HSA:

- Tax Savings: Your contributions to the HSA are made with pre-tax dollars, so you'll pay less in income taxes. The money in your account can earn tax-free interest and any money withdrawn from your HSA for qualified expenses can be used on a tax-free basis. HSAs provide a triple-tax advantage!!
- Control: You can use the HSA to pay for any qualified medical expenses, as defined by the IRS. Common expenses include deductibles, copays, prescription drugs, dental and vision needs. See the full list at www.irs.gov.
- Savings and Investments: Unused HSA dollars roll over year to year. At age 65, you can use your HSA funds for any purpose on a taxable basis.
- Portability: The account is yours; you can take your HSA with you if your employment changes.
- Contributions and Investment Earnings: Both are tax free, as are disbursements from the account to pay for qualified expenses.

In order for a dependent under age 26 to use HSA money, they must qualify as your IRS Dependent. Additional rules apply if your spouse also has an HSA.

HSA Contribution Limits and HSA Video:

In 2027, individuals can contribute $4,500 pretax into their HSA and families are eligible to contribute up to $9,000. This amount includes employee and employer contribution amounts. There is an additional catch-up contribution limit amount of $1,000 for those age 55+.

SCAN THE CODE FOR A SHORT VIDEO TO LEARN MORE!

Frequently asked health plan questions (FAQs):

When will my ID card for the Anthem network arrive? We will be working with PBA to get cards to participants prior to the beginning of 2027. Please make sure your address is correct in iSolved to avoid delays.

What if I don't like the plan I choose? These decisions may have a big financial impact on you and your family. You will make a new selection EACH YEAR but now is the time to do the research. Please see Benefits Consultation at the end of this packet if you would like to discuss options with our benefits area.

If I select the Standard or HDHP and don't like it, can I change back to the Traditional plan when choosing benefits for 2028 or beyond? The Traditional plan is ending 12/31/2027. It will not be a choice for 2028.

What is considered preventive care? This depends on your age and gender. Also, it is only covered if you use a provider in your network. Below are some links that might help:

- https://www.healthcare.gov/preventive-care-adults/
- https://www.healthcare.gov/preventive-care-women/
- https://www.healthcare.gov/preventive-care-children/

How are we going to sign up for a different option? All 3 options will be available in iSolved for Open Enrollment for 2027.

I really don't understand why someone would choose a high-deductible plan (HDHP)? What benefit is one of those? A high-deductible health plan would fit someone whose health care expenses are low or someone who has the savings to cover the deductible. When an HDHP is chosen, PI will make tax-free Health Plan Savings Account (HSA) contributions through the year to use towards medical expenses. You can also make tax-

free HSA contributions. Anything that is left over at the end of the year carries forward to the next year. It is not lost and is portable even if you leave PI.

Can I still participate in Flex Spending for dental and vision if I use a HDHP? If you have an HDHP with an HSA, your medical expenses are reimbursable ONLY through the HSA. You cannot use the PI Traditional FSA. You can, however, use the Limited Purpose FSA for dental and vision expenses if you don't want to use your HSA for these.

Will the documents be translated? Team members are receiving this electronic version of the document and can translate it as needed.

Glossary of Important Terms:

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage, (for example 20%) of the allowed amount for the service. You generally incur coinsurance after satisfying the deductible.

Copayment: A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

Cost Sharing: Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are copayments, deductibles, and coinsurance.

Deductible: An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services.

Emergency Room Care / Services: Services to check for an emergency medical condition and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's ER or other place that provides care for emergency medical conditions.

Health Insurance: A contract that requires a health insurer to pay some or all your health care costs for a premium. A health insurance contract may be called a "policy" or "plan."

Out-of-pocket Limit: The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs.

Premium: The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly.

Urgent Care: Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require ER care.

Dental Plan Choices:

While there are no premium changes for 2027, during Open Enrollment, you will elect which dental coverage you need for the year.

- **Single Coverage**
  Premium paid by PI
  $0 premium cost to Team Member
- **Family Coverage**
  Premium partially paid by PI.
  Team Member pays $840/yr ($70/mo) for Family Coverage.
- **Waive Coverage**
  PI will make a $200 Flex Spending Contribution for you to use for any out-of-pocket expenses not covered by a plan you have.

Coverage Details for Dental:

Benefit Plan Design	Delta PPO	Delta Premier
	When you see a Delta PPO dentist	When you see a Delta Dental Premier or any other dentist
Individual Annual Maximum	$1,000	$1,000
Deductible - Individual	$50	$50
Deductible - Family	$150	$150
Dependent Eligibility Dependents are eligible to the date on which they attain age 26 and full-time students to the date on which they attain age 26; except as noted for orthodontics		
Diagnostic & Preventive Services –IN ADDITION to the $1,000 benefit above		
Exams	100%	100%
Cleanings	100%	100%
Benefit Plan Design	**Delta PPO**	**Delta Premier**
X-rays	100%	100%
Sealants	100%	100%
Space maintainers	100%	100%
Deductible applies	No	No
Basic & Major Services		
Emergency treatment to relieve pain	80%	80%
Fillings	80%	80%
Endodontics - nonsurgical	50%	50%
Endodontics - surgical	50%	50%
Periodontics - nonsurgical	50%	50%
Periodontics - surgical	50%	50%
Extractions - nonsurgical	80%	80%

Benefit Plan Design	Delta PPO	Delta Premier
Extractions - surgical and other oral surgery	50%	50%
Crowns, inlays, onlays	40%	40%
Bridges and dentures	40%	40%
Repairs and adjustments to bridges and dentures	40%	40%
Implants	40%	40%
Deductible applies	Yes	Yes
Orthodontic Services Coverage copayment	50%	50%
Individual lifetime maximum	$1,000	$1,000
Dependents eligible to age	19	19
Full-time students eligible to age	19	19
Adult ortho	No	No
Deductible applies	Yes	Yes
Special Plan Provisions – ASK YOUR DENTIST		
Evidence-Based Integrated Care Plan	Yes	Yes

Vision Plan Choices:

During Open Enrollment, you can choose if you wish to carry vision coverage.

1) **Single Coverage**
   PI Team Member pays 100% of premium pretax - $92.88/yr; $7.74/mo.

2) **Family Coverage**
   PI Team Member pays 100% of premium pretax - $231.36/yr; $19.28/mo.

Coverage Details for Vision:

DeltaVision		
	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays $10	$35
Retinal Imaging	Member pays $39	None
Contact lens fit and follow-up		
Standard	Member pays $0	$40
Premium	10% discount off retail, plus $55 allowance	$40
Frames -- *Any available frame at provider location.*	$150 allowance, then 20% off balance	$75
Standard plastic lenses		
Single vision	Member pays $10	$25
Bifocal	Member pays $10	$40
Trifocal	Member pays $10	$55
Lens options		
UV coating	Member pays $15	None
Tint (solid & gradient)	Member pays $15	None
Standard scratch resistance	Member pays $15	None
Standard polycarbonate	Member pays $40	None
Standard progressive	Member pays $75	$40
Premium progressive		
Tier 1	Member pays $95	$60
Tier 2	Member pays $105	$60
Tier 3	Member pays $120	$60
Tier 4	Member pays $75, 80% of charge, less $120 allowance	$60
Standard anti-reflective coating	Member pays $45	None

DeltaVision

	Network Benefit	Non-Network Reimbursement
Premium anti-reflective coating		
Tier 1	Member pays $57	None
Tier 2	Member pays $68	None
Tier 3	80% of charge	None
Other add-ons and services	20% off retail price	None
Contact lenses – In lieu of Spectacles *Contact lens allowance covers materials only*		
Conventional	$150 allowance, then 15% off balance	$120
Disposable	$150 allowance	$120
Medically necessary	Paid in full	$200
Laser vision correction – *Lasik or PRK*	15% off retail price or 5% off promotional price	None
Frequency		
Exams:	Every Calendar year	
Lenses or Contact	Every Calendar year	
Lenses: Frames:	Every Calendar year	

Additional in-network discounts

- 20% discount on items not covered by the Plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Contracted Provider's professional services or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount on complete eyeglass purchases and a 15% discount on conventional contact lenses once the funded benefit has been used.
- Not all network providers offer Laser Vision correction services. Please contact your provider for availability of these services.

DeltaVision – Diabetic Benefits

	Network Benefit	Non-Network Reimbursement
Office service visit (medical follow-up exam)	Member pays $0	$77
Retinal imaging	Member pays $0	$50
Extended ophthalmoscopy	Member pays $0	$15
Gonioscopy	Member pays $0	$15
Scanning Laser	Member pays $0	$33

Flexible Spending General Information:

A flexible spending account (FSA) puts more money in your pocket by reducing your taxable income when you contribute pretax dollars to a flexible spending account.

Through the PI Flexible Spending Plan administered by TASC, there are two types of accounts:

HEALTHCARE

- Medical/dental office visit co-pays
- Dental/orthodontic care services
- Prescriptions, vaccinations, and OTC
- Eye exams; prescription glasses/lenses

DEPENDENT CARE

- Daycare expenses
- Before & after school care
- Nanny/nursery school
- Elder care

Why Participate in Flexible Spending?

You can:

- Reduce Federal, State and FICA taxes with pretax payroll contributions.
- Have immediate access to elected Healthcare FSA funds.
- Access funds easily with the TASC Card.
- Receive reimbursements quickly with MyCash.
- Use Picture to Pay to submit a request quickly.
- Check balances and submit requests with the TASC mobile app.

Learn More About Flexible Spending Accounts (FSA):

Flexible Spending Account Calculator By using this calculator, you can estimate your tax savings.

Healthcare FSA

- HealthCare Flexible Spending Account Video from TASC
- Flex Spending Healthcare Eligible Expenses for Reimbursement

Dependent Care FSA: Dependent Care FSA is a cash balance account-only the money that goes in can come out.

- Dependent Care Flexible Spending Video from TASC
- Dependent Care Eligible Expenses
- Dependent Care FSA Qualifications

How can I participate?

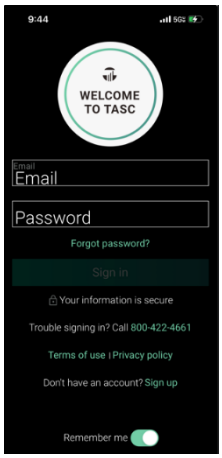
- The first step is deciding how much you wish to contribute. You can contribute up to the 2027 IRS limits of $3,500 (projected for 2027) for the healthcare account or $7,500 for a dependent care account.
- If you have waived the PI dental coverage, PI will provide $200 for a healthcare FSA **in addition** to your election amount.
- Your contributions can ONLY be used for eligible FSA expenses, so consider your contribution election carefully.
- You can only use the funds for the calendar year starting January 1, 2027 PLUS the 2.5 months grace period which ends on March 15, 2028.
- Any unused FSA funds are not refunded but remember that your contributions were pre-tax.
- TASC has many options to assist you – even a link to the over-the-counter store – BeneShop - TASC-Beneshop-Flyer.pdf.

To enroll, you will indicate an amount for your 2027 Flex Spending Election within iSolved Open Enrollment period from November 9, 2026 to November 30, 2026. Separate instructions will be provided for iSolved for Open Enrollment.

If you elect to participate in an FSA, TASC will send you website information and all resources. PI will also provide materials after Open Enrollment via your self-service email.

How do I get my money out of an FSA/HSA?

You can **access your funds** through the TASC card, the TASC website https://www.tasconline.com/ or the TASC mobile app (available at the App Store or Google Play).



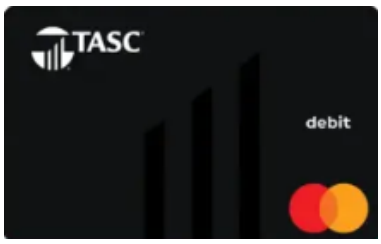
Through the website or the mobile app, you can **submit for reimbursement OR directly pay a provider.** Although the site and the app are user friendly, it may take some effort on your part.

TASC card transactions may require verification by submitting a copy of the explanation of benefits or receipt when requested. You should retain your receipts until you can verify this transaction has been approved.

Healthcare reimbursement or directly paying a provider will require submission of an explanation of benefits or detailed receipt with the date of service, the patient, the payment amount, details relating to the product or service and the name of the provider or clinic. A dependent care reimbursement will require submission of a dependent care contract which reflects payments to your provider.

Do I need a new TASC card every year?

No, the cards are active for 3 years. Please pay special attention to the EXPIRATION DATE. If your card has an expiration date beyond January 1, 2027, it will still work until the expiration date. If your card expires, new cards will be mailed to your home.



Contact Information:

Delta Contact info for Dental or Vision:

www.deltadentalwi.com has a lot to offer. You can use it to obtain coverage information under your plan, check the status of a claim, find a network provider, learn ways to improve and protect your health. You can also call Delta at 18002363712.

Professional Benefit Administrators (PBA) contact info:

With a secure login at their website – https://pbaclaims.com, you can

- View processed claims for your enrolled family members,
- Look at current out of pocket expense accumulators, or
- View Video Tutorials such as "**How to Read Your EOB**." (*An Explanation of Benefits (EOB) details how a claim is processed, your out-of-pocket share, as well as deductible and co-insurance accumulators.)*
- ***After 1/1/2027, you will want to update your login to access your Anthem network claims. Instructions are available on the website.***

You can also contact PBA at (1-800-435-5694) to ask:

- About covered plan expenses, or
- Questions about a processed claim.

TASC Contact Information

You can contact TASC at tasconline.com or by phone at 1 800 422 4661.

Benefit Consultation:

We are here to help. You can set up a BENEFIT CONSULTATION. Choose Ctrl+Click on "Benefit Consultation" above or scan the QR code for scheduling link. Clicking on this link can set up a Teams conference at a time that will work for you from 7am to 10pm before Open Enrollment ends on 11/30/2026. If you prefer to schedule in person, please call x6194 (AnnaMarie) or x6151 (Tanya).

2027 Open Enrollment is available from 11/9/2026 to 11/30/2026 in iSolved