



# 2027 Open Enrollment

November 2<sup>nd</sup> – November 16<sup>th</sup>

# Enrollment

## Eligibility

### All Benefits

- ❑ Student Associates & PT Employees  $\geq 20$  hrs/week
- ❑ FT Employees & MD / Principals / Partners\*

*\*MDs are not eligible for LSA*

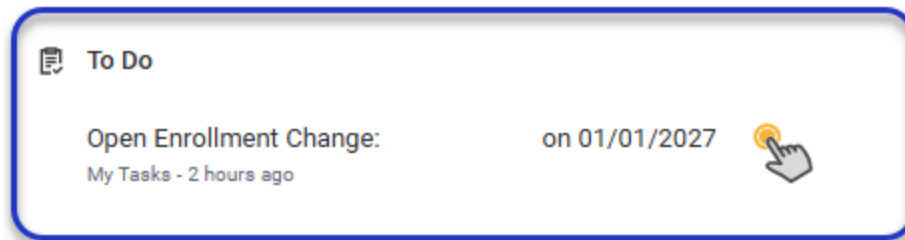
*\*Principals / Partners are not eligible for FSA, LSA, HSA Firm Match, or STD*

### Effective Date – January 1, 2027

**Timeline** – November 2 – 16, 2026

**Process** – Enrollment is in Workday

- Open the "Open Enrollment Change" task in your to-do list and click "Let's Get Started"



- We encourage you to review your elections and make changes if desired. HSA, FSA, & QTE election **will not** roll over to 2027 and must be actively re-elected.



# 2027 Coverage Updates

Effective January 1, 2027

## Vision

- Standard Plan – Increased frame allowance from \$100 to \$130
- Premier Plan –
  - Increased frame allowance from \$175 to \$200
  - **NEW** LightCare benefit
    - \$200 allowance to be used towards ready-made non-prescription sunglasses or blue-light filtering glasses

# 2027 Coverage Updates

Effective January 1, 2027

## Prescription Drug Coverage

Coverage for weight loss medications, including GLP-1s prescribed for weight loss or weight management, will be **discontinued**

- Coverage will continue for approved Type 2 diabetes and metabolic dysfunction-associated steatohepatitis (MASH) conditions

### What options do you have?

- Call Navitus Customer Care (855) 673-6504
  - Navitus offers a Personalized Member Transition (PMT) program to assist with medicine changes
- Manufacturer savings programs, rebates, or patient assistance programs may be available directly through the medication manufacturer
- Direct-to-consumer (DTC) programs, which often offer significantly reduced pricing compared to traditional retail pharmacy costs.

# Medical Premiums

United Healthcare



| 2027 High-Deductible Monthly Premiums |                 |                |                  |
|---------------------------------------|-----------------|----------------|------------------|
|                                       | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                         | \$708           | \$555          | \$153            |
| Employee & Spouse                     | \$1,547         | \$1,212        | \$335            |
| Employee & Child(ren)                 | \$1,327         | \$1,040        | \$287            |
| Employee & Family                     | \$2,210         | \$1,732        | \$478            |

| 2027 Choice Plus Monthly Premiums |                 |                |                  |
|-----------------------------------|-----------------|----------------|------------------|
|                                   | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                     | \$951           | \$656          | \$295            |
| Employee & Spouse                 | \$2,079         | \$1,433        | \$646            |
| Employee & Child(ren)             | \$1,784         | \$1,212        | \$572            |
| Employee & Family                 | \$2,972         | \$2,109        | \$863            |

# Medical Insurance

United Healthcare



|                                            | High-Deductible      | Choice Plus                           |
|--------------------------------------------|----------------------|---------------------------------------|
| Deductible<br>Individual / Family          | \$1,800 / \$3,600    | \$800 (embedded) / \$1,600            |
| Out-of-Pocket Limit<br>Individual / Family | \$5,000 / \$10,000   | \$4,000 (embedded) / \$8,000          |
| Office Services                            |                      |                                       |
| Office Visit/Exam                          | 20% After Deductible | \$20 Copay                            |
| Specialist Visit                           | 20% After Deductible | \$40 Copay                            |
| Urgent Care                                | 20% After Deductible | \$40 Copay                            |
| <a href="#">Preventive Services</a>        | 100% Covered         | 100% Covered                          |
| Hospital Services                          |                      |                                       |
| Inpatient Hospital                         | 20% After Deductible | 20% After Deductible                  |
| Outpatient Surgery                         | 20% After Deductible | 20% After Deductible                  |
| Emergency Room                             | 20% After Deductible | \$300 Copay +<br>20% After Deductible |
| Emergency Medical Transportation           | 20% After Deductible | 20% After Deductible                  |



# Dental Premiums

Delta Dental of Missouri



| 2027 Standard Dental Monthly Premiums |                 |                |                  |
|---------------------------------------|-----------------|----------------|------------------|
|                                       | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                         | \$34            | \$16           | \$18             |
| Employee & Spouse                     | \$67            | \$33           | \$34             |
| Employee & Child(ren)                 | \$64            | \$32           | \$32             |
| Employee & Family                     | \$104           | \$52           | \$52             |

| 2027 Premier Dental Monthly Premiums |                 |                |                  |
|--------------------------------------|-----------------|----------------|------------------|
|                                      | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                        | \$48            | \$19           | \$29             |
| Employee & Spouse                    | \$97            | \$39           | \$58             |
| Employee & Child(ren)                | \$130           | \$51           | \$79             |
| Employee & Family                    | \$191           | \$76           | \$115            |

# Dental Insurance

Delta Dental of Missouri



|                                             | Standard                                                    | Premier                                                     |
|---------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| Deductible<br>Individual / Family           | \$50 / \$150                                                | \$50 / \$150                                                |
| Calendar Year Maximum                       | \$1,000                                                     | \$2,000                                                     |
| Services                                    |                                                             |                                                             |
| Preventive Services                         | 100% Covered                                                | 100% Covered                                                |
| Basic Services                              | 20% After Deductible                                        | 20% After Deductible<br>Includes Endodontics & Periodontics |
| Major Services<br>Includes Crowns & Bridges | 50% After Deductible<br>Includes Endodontics & Periodontics | 50% After Deductible                                        |
| Orthodontia                                 | No Coverage                                                 | 50% coverage up to a lifetime maximum of \$2,000 (all ages) |



2027 Exam Only (Base) – 100% Firm Paid

| 2027 Standard Vision Monthly Premiums |                 |                |                  |
|---------------------------------------|-----------------|----------------|------------------|
|                                       | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                         | \$6.14          | \$0            | \$6.14           |
| Employee & Spouse                     | \$12.28         | \$0            | \$12.28          |
| Employee & Child(ren)                 | \$13.16         | \$0            | \$13.16          |
| Employee & Family                     | \$21.02         | \$0            | \$21.02          |

| 2027 Premier Vision Monthly Premiums |                 |                |                  |
|--------------------------------------|-----------------|----------------|------------------|
|                                      | Monthly Premium | Firm's Portion | Employee Portion |
| Employee Only                        | \$15.56         | \$0            | \$15.56          |
| Employee & Spouse                    | \$21.51         | \$0            | \$21.51          |
| Employee & Child(ren)                | \$24.80         | \$0            | \$24.80          |
| Employee & Family                    | \$39.48         | \$0            | \$39.48          |

# Vision Insurance

VSP



|                                                         | Exam Only   | Standard                                      | Premier                            |
|---------------------------------------------------------|-------------|-----------------------------------------------|------------------------------------|
| Well Vision Exam                                        | \$10 Copay  |                                               |                                    |
| Materials (Lenses, Frames, & Necessary Contact Lenses)  | Not Covered | \$15 Copay                                    |                                    |
| Elective Contact Lens Fitting & Evaluation              | Not Covered | Up to \$60 Copay                              |                                    |
| Retail Frame Allowance                                  | Not Covered | \$130<br>+ 20% off additional cost            | \$200<br>+ 20% off additional cost |
| Featured Frame Brand Allowance (Altair or Marchon only) | Not Covered | \$150<br>+ 20% off additional cost            | \$220<br>+ 20% off additional cost |
| Single vision, lined bifocal, and lined trifocal lenses | Not Covered | Included in Copay                             |                                    |
| Polycarbonate lenses                                    | Not Covered | Included in Copay for Dependent Children Only |                                    |
| Standard progressive lenses                             | Not Covered | Included in Copay                             |                                    |
| Antireflective Coating                                  | Not Covered | Not Covered                                   | \$40 Additional Cost               |
| Elective Contacts                                       | Not Covered | \$100 allowance                               | \$175 allowance                    |
| LightCare                                               | Not Covered | Not Covered                                   | \$200 allowance                    |



# Health Savings Account

Optum Bank



| Medical Coverage Tier | Firm HSA Match | 2027 IRS Contribution Limit<br>Includes Firm Match |
|-----------------------|----------------|----------------------------------------------------|
| Employee Only         | \$500          | \$4,500*                                           |
| Employee + Dependents | \$1,000        | \$9,000*                                           |

\*Plus \$1,000 if you're age 55 or older by 12/31/2027

**Tax Advantages:** Every dollar you put into your account is considered pre-tax, which lowers your taxable income. Funds in your account can earn interest over time, tax-free. Funds used for eligible expenses remain tax-free.

**Company Contributions:** The firm offers a matching contribution each year (detailed above).

**Save for the Unexpected:** Save unused HSA funds from year to year — you can use this money to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

Re-enrollment is required to continue contributions in 2027



# Flexible Spending Accounts

Benepass



|                    | Health Care FSA                                | Limited Purpose FSA                              | Dependent Care FSA                                                    |
|--------------------|------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------|
| Medical Plan       | Choice Plus or no plan                         | High-Deductible Health Plan                      | Any plan or no plan                                                   |
| Contribution Limit | \$3,500*                                       | \$3,500*                                         | \$7,500 per family                                                    |
| Covered Expenses   | Qualified medical, dental, and vision expenses | Qualified dental and vision expenses <b>only</b> | Eligible dependent care expenses<br>(dependent children up to age 13) |
| Rollover Provision | Up to \$700*                                   | Up to \$700*                                     | None                                                                  |

\*These 2027 amounts are projected but not yet confirmed by the IRS

Budget wisely to avoid forfeiting unused funds!

Re-enrollment is required to continue contributions in 2027

# Qualified Transportation Expenses



Benepass

Qualified Transportation Expenses (QTE) are tax-free benefits that may be used for reimbursement of qualified parking or transportation expenses.

- By using pre-tax dollars, you could save an average of 25% – 40% on these expenses.
- You also can contribute post-tax dollars to your account if your monthly transportation expenses exceed the current IRS maximum monthly contributions.

**Parking** - These expenses are typically incurred when the employee makes their own parking arrangements with a parking lot or garage if not already paid for by the firm.

**Mass Transit / Commuter** - Mass transit, such as subways or rails, transit passes, tokens, fair cards are examples of expenses allowed under the Commuter QTE benefit. Commuter vehicles may also be covered if they seat at least six individuals and 80% of the mileage must be used for transporting individuals to and from work.

| Maximum Monthly Contribution |        |
|------------------------------|--------|
| Parking                      | \$350* |
| Mass Transit/Commuter        | \$350* |

\*These 2027 amounts are projected but not yet confirmed by the IRS

Re-enrollment is required to continue contributions in 2027



# 2027 Benefit Providers – No Changes

| Benefit(s)                                                                                                     | Provider                                  |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Medical                                                                                                        | <a href="#"><u>United Healthcare</u></a>  |
| Prescription Drugs                                                                                             | <a href="#"><u>Navitus</u></a>            |
| Dental                                                                                                         | <a href="#"><u>Delta Dental of MO</u></a> |
| Vision                                                                                                         | <a href="#"><u>VSP</u></a>                |
| Health Savings Account (HSA)                                                                                   | <a href="#"><u>Optum Bank</u></a>         |
| Flexible Spending Account (FSA)<br>Lifestyle Spending Account (LSA)<br>Qualified Transportation Expenses (QTE) | <a href="#"><u>Benepass</u></a>           |
| Disability<br>Accident, Critical Illness, Hospital Indemnity                                                   | <a href="#"><u>MetLife</u></a>            |
| Life and AD&D                                                                                                  | <a href="#"><u>Unum</u></a>               |
| Employee Assistance Program (EAP)                                                                              | <a href="#"><u>LifeMatters</u></a>        |
| Identity Theft Protection                                                                                      | <a href="#"><u>Allstate</u></a>           |
| Medicare Support                                                                                               | <a href="#"><u>SmartConnect</u></a>       |

# Dependent Eligibility Review

## Review

During Open Enrollment, please take a moment to review your dependent information carefully and make any necessary updates.

Maintaining accurate dependent information helps ensure:

- Benefits are administered consistently
- Coverage is provided to eligible individuals
- Healthcare resources are managed responsibly

## Dependent eligibility

### Children

Eligible children include biological or adopted children, stepchildren, children placed for adoption, and those covered by legal guardianship or a QMCSO. Children must be under 26 unless documented disability supports continued coverage.

### Spouse / Domestic Partner

Marriages, including common-law marriages, must meet local legal requirements. Domestic partners must meet local recognition requirements and document the required process or registration.

# Your 401(k) Annual Review Checklist



## Access Your Charles Schwab Account

- Log in to your Schwab account [here](#).
- Review your personal contact information: address, personal email, marital status, date of birth, social security number.
  - Login to [Workday](#) and update information or submit a Workday Help case.
- Consider adding a personal email and phone number on your Schwab account.



## Verify Your Contribution Rate

- Check your contribution rate.
  - Contribute up to 80% of eligible earnings up to the annual IRS maximum.
  - Update your election under Manage Account / Change Contribution on your Schwab account.
- Watch for 2027 retirement plan contribution limits.



## Select and/or Update Your Investment Options

- Understand the different investment options offered.
- Confirm your investment elections align with your retirement goals.



## Review Your Schwab Beneficiary Designation

- Beneficiaries designated for other Forvis Mazars benefits do not automatically carry over to the Plan.
- Your spouse is automatically the beneficiary of your Plan.
  - If you're married, but designating someone other than, or in addition to, your spouse as your primary beneficiary(ies), a Spousal Consent\* form must be completed and returned to Schwab Retirement Plan Services.

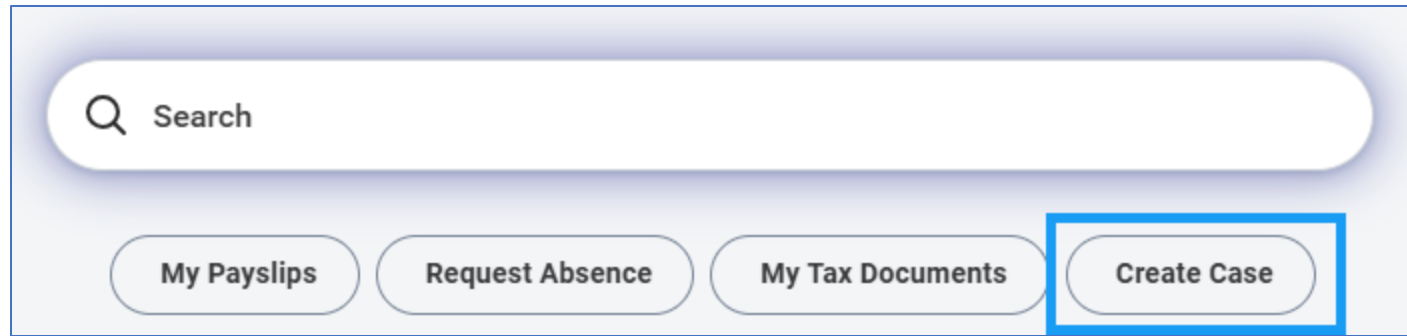
\*Unless there is a Spousal Consent form on file, your surviving spouse will be your account's default beneficiary.

Disclaimer: This information is not intended to be a substitute for specific individualized tax, legal, or investment planning advice. Where specific advice is necessary or appropriate, you should consult with a qualified tax advisor, CPA, financial planner, or investment manager.

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# What's Next?

- ❑ Navigate to the [Benefits Resource Center](#) for all 2027 benefit rates & policies.
- ❑ Submit a [Workday Help Case](#) to the Benefits Team if you have questions



- ❑ Access [Workday](#)
  - Review current coverages & make necessary updates
  - Review dependents & beneficiaries
  - **Re-enroll in HSA / FSA / QTE if desired for 2027**
- ❑ Submit all changes & updates by November 16, 2026

**Thank you!**

