HENNIGES AUTOMOTIVE

2027 OPEN ENROLLMENT
November 2, 2026 - November 13, 2026

Welcome to 2027 Open Enrollment!

At Henniges Automotive, we believe our employees are our greatest asset. That's why we continue to offer a comprehensive and competitive benefits package designed to support you and your family at every stage of your well-being journey. Open Enrollment is your opportunity to review your current coverage, learn about any benefit updates, and make the choices that best fit your needs for 2027.

Scan the QR code at the end of this notice to visit the **Virtual Benefits Showcase**, where you'll find your Benefits Guide, plan summaries, annual notices, and other helpful resources.

Open Enrollment Dates: November 2 – November 13 - During this time, you can add, remove, or change benefits and/or dependents through **BenXpress**.

Important Reminder: Most of your current benefit elections will automatically roll over into 2027. However, **Flexible Spending Account (FSA)** and **Health Savings Account (HSA)** elections do not roll over and must be made each year. If you wish to contribute to an FSA or HSA in 2027, be sure to log in to **BenXpress** and enter your 2027 contribution amount during Open Enrollment.

http://www.benxpress.com/henniges
Username: firstname.lastname
Password: Last 6 digits of SSN

WHAT'S CHANGING FOR 2027?

Medical coverage will remain with Blue Cross Blue Shield of Michigan. The following changes were negotiated as part of the Collective Bargaining Agreement (CBA).

PPO Plan

Plan deductible change:

Single	Family
$700	$1,400

Out-of-pocket maximum change:

Single	Family
$2,900	$5,800

Emergency room copay **changed to $175**.

Urgent care copay **changed to $35**.

Choice PPO HSA Plan

Plan deductible change (IRS):

Single	Family
$1,750	$3,500

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Medical

	BCBSM PPO Member's Responsibility	BCBSM Choice PPO HDHP HSA Member's Responsibility	BCBSM Basic PPO HDHP HSA Member's Responsibility
Deductible (individual/family)	$700/$1400	$1750/$3500	$3000/$6000

2027 Medical Rates

EMPLOYEE WEEKLY CONTRIBUTIONS			
Employee Only	$24.60	$ 7.63	$ 8.90
Employee + One	$47.27	$15.25	$19.37
Family	$74.87	$22.89	$30.15

Dental

BENEFITS	Delta Dental Core Plan Member's Responsibility	Delta Dental Premium Plan Member's Responsibility

2027 Dental Rates

EMPLOYEE WEEKLY CONTRIBUTIONS		
Single	$1.15	$3.17
Two Person	$2.30	$6.35
Family	$3.44	$9.08

Vision

BENEFITS	VSP Standard Member's Responsibility	VSP Premium Member's Responsibility

2027 Vision Rates

EMPLOYEE WEEKLY CONTRIBUTIONS		
Single	$1.50	$2.93
Two Person	$2.49	$4.86
Family	$4.24	$8.52

Don't forget to enroll by November 13th!

Attend an in-person Open Enrollment meeting at your location

Scan these QR codes to learn more about your benefits.

Virtual Benefits Showcase

Presentation

Iowa Union