

How to Enroll in Your 2026 Health Benefits

Benefits Resources Page

Health Benefit Center

Benefits Solver Login

Please enter your enterprise ID and password

Enterprise ID

Password

Login

► LOG IN

If you are logged into the Network, visit www.88Sears.com and click on the **Health Benefit Center** button under **Quick Links** to access the Transformco Health Benefits Center.

► EXPLORE YOUR OPTIONS

Explore the site to learn about your 2026 health benefits. You'll find lots of helpful information in the **Reference Center**.

The calendar at the top of the **Home** page lets you know how many days you have to enroll.

► REVIEW YOUR INFORMATION

Click the **Start Here** button to review your personal information and to review or add dependents.

If you are adding a new dependent, you will need to provide their legal name, Social Security Number, and birth date to add them to your coverage.*

Sofia, your personal benefits assistant, can answer questions and guide you as you enroll.

*You may be required to provide documentation to prove your relationship to each dependent.

Annual Enrollment is Here!

Annual Enrollment Ends Nov. 19, 2025

7 Days Left

Start Here >

Hi, I'm Sofia, your trusted benefits advisor!

Consider me your trusted benefits guide as you make your way through your benefits elections. If at any point you have a question, simply click on the **"Ask Sofia"** link in the upper right hand corner of the page.

As an automated answer your questions and get you connected. Let's get started!

About You

Your Information

First Name:

Middle Initial:

Last Name:

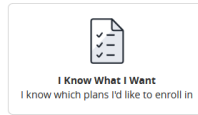
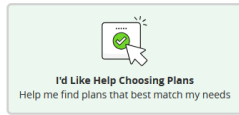
Social Security Number:

Your Family

Do you have any dependents?

☐ Yes ☐ No

How would you like to enroll?



Choose this option to take a short questionnaire and receive best match benefits based on your answers.

Best Match Results

Based on the information you provided in the questionnaire, we have matched you to the following coverages to best meet your needs.

My Health
Benefits that help pay the cost of medical care or support other costs due to a medical event.

Medical ☐ No Thanks ☒ Selected
BCBS Basic Plan \$50.97
Covered Members: Blue Cross Blue Shield Logo
[Plan Details](#)
[View Other Available Options](#)

Dental ☐ No Thanks ☒ Selected
Basic Dental Plan \$13.42
per month

Review Enrollment

You're almost done! Please review your enrollment below.
You must click the **Approve** button before you will be enrolled in any plans.

[About You](#)
[Dependents](#)
[Beneficiary Information](#)

Your Elections

My Health

Your Employer's Cost
\$375.33 Monthly
This is the total amount your employer will be paying for these benefits to lower your overall cost.

Your Cost

	Monthly
Total Premium	\$365.12
Total cost of all plan premiums	
Total Savings Contributions	\$222.22
Total amount contributed to savings plans	
Total Cost	\$587.34
	Monthly

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

The information submitted may be subject to further review and/or approval. The deduction amounts are based on rates and calculations stored in the Benefitsolver system at the time of elections. To verify actual elections and/or deduction amounts, please contact your benefits administrator.

Employer remains responsible for any and all loss or damages, and in no event shall Benefitsolver be liable for any amount, including, but not limited to, insurance premiums, stop-loss deductibles, reinsurance fees, health plan or other claims, cancellation or reinstatement fees, or penalties, for a failure to pay a carrier/vendor or for failure to provide appropriate billing information in a timely manner, unless such delay is caused by the negligent acts of Benefitsolver.

Every effort has been made to report information accurately, but the possibility of error exists. In case of any conflict between your benefits election confirmation and an official plan document, the plan document will be the final authority. Please note, some insurance coverage elections only become effective upon approval of your evidence of insurability (EOI) by the carrier.

[Back](#) [Approve](#)

Confirmation

Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner.

If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.

*Total employee cost represents the total approved cost of benefits included on the summary. Other benefits not displayed are not included.

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[Disagree](#) **Total Employee Cost: \$587.34 Monthly** [Agree](#)

Thank You!

Transaction Complete [Print Benefits Summary](#)

Your information has been submitted. Select Home to return to your benefits home page or Log Out to end this session.

Thank You.

Confirmation Number:

You Completed Your Enrollment!

Now manage your benefits year-round by downloading the MyChoice Mobile App to your mobile device. [Apple](#) | [Android](#)

Once you have downloaded the App, activate your access code below to get access!

MyChoice Mobile App

- Quick access to benefits details
- Store your ID Cards

[Get Access Code](#)

[Home](#) [Logout](#)

To Do

New Hire Enrollment - Pending Dependent Verification

[Upload Documents](#)

Benefit Summary

2 WAYS TO ENROLL IN COVERAGE

Decision Support Tool

Answer a few simple questions to receive a personalized benefits recommendation. Your answers are never shared with Transformco.

Explore on your own

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or decline coverage for each option and select which family members you want to cover.

REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your elections.

To finish, click **Approve** and **I Agree**. When your enrollment is complete, you will receive a confirmation number and can print your Benefit Summary for your records.

AFTER YOU ENROLL

To Do: Check for additional tasks needed to complete your enrollment.

Benefit Summary: View or print your current elections at any time.

Visit this site anytime you want to learn more about your benefits or make a change to your coverage (if you experience a Qualifying Change in Status).

How to Change Your Coverage



Change My Benefits

Marriage X

What date was the marriage?

03/28/2020

MM/DD/YYYY

Based on the date entered

- Any add or change in coverage will be effective on: 03/28/2020
- Any coverage dropped or no longer continued will be terminated on: 03/27/2020

Show Plan Exceptions

Cancel Continue

LIFE EVENT

Examples:
Marriage/Divorce
Birth/Death

Dependent Information X

Dependent Acknowledgement

Only qualified dependent(s) are eligible for coverage under our benefit plans. Enrolling someone who is not qualified as a dependent is considered insurance fraud. Eligible dependents are defined as:

- My spouse or domestic partner
- My children (biological, stepchildren, legally adopted children, children placed for adoption, children of enrolled domestic partners and children who you are legally appointed as guardian, regardless of their marital or student status) up until the end of the month in which they turn age 26

Who is NOT a qualified dependent?

- Parents
- Grandparents/relatives (aunts, uncles, or cousins)
- Brothers or sisters

Relationship *

Please Select One

First Name *

Suffix

Jr., Sr., III, etc.

Middle Initial

▶ WHEN CAN I MAKE CHANGES?

In 2026, you can make changes to certain benefits within **31 days** of a Qualifying Change in Status, such as a birth or marriage. Find detailed information in the **Reference Center**.

▶ MAKE BENEFIT CHANGES

Log in using your username and password.

Click the **Change My Benefits** button and choose the life event type that matches your situation.

Then, make the coverage change for that life event and approve your elections. If you are adding dependents to your coverage, you will need to provide each dependent's legal name, Social Security Number, and birth date.*

*You may be required to provide documentation to prove your relationship to each dependent.



Change My Benefits

Beneficiary Information X

Beneficiary Error Text

Please enter or update the following information.

Beneficiary Type

☒ Person ☐ Non-Person (Trust)

Relationship *

Please Select One

First Name *

Middle Name:

Last Name *

Social Security Number:

123-45-6789

Date of Birth:

MM/DD/YYYY

Address 1:

Address 2:

City:

State:

Please Select One

ZIP:

Home Phone:

BASIC INFO

Examples:
Change of Address
Change of Beneficiary

Basic Life

Basic Life Beneficiaries

Please select the beneficiaries for the plans below. Click 'Add' to apply. Please make sure both primary and contingent beneficiaries equal 100%.

Name	Designation	Primary Allocation
Jane Doe	Wife	Primary 100 %

Allocation Totals

Each allocation type must sum to 100%

Primary 100%

Add New Beneficiary

Back Next

▶ CHANGE YOUR BENEFICIARY

You can change your beneficiary (or beneficiaries) at any time.

Click the **Change My Benefits** button and choose **Change of Beneficiary** from the Basic Info menu.

▶ OTHER CHANGES

In 2026, you can change a Health Savings Account contribution amount any time, as well as some voluntary benefits coverage's and 401(k) contributions, if applicable.

Get the Mobile App

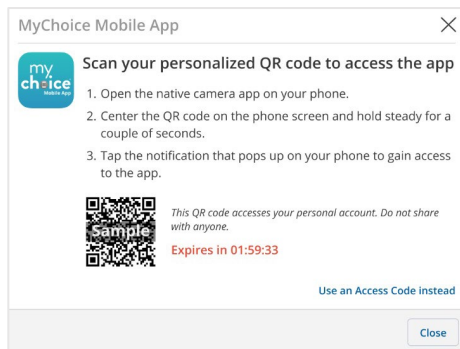
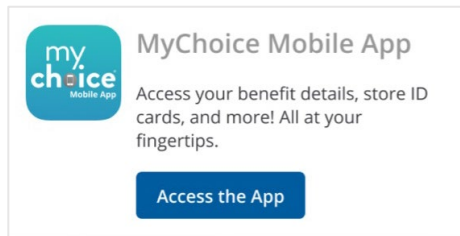
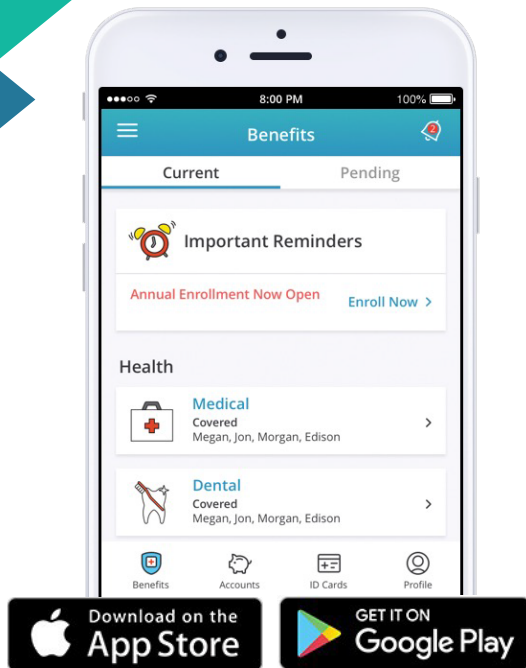
WHAT CAN I DO ON THE BUSINESSOLVER MYCHOICE® MOBILE APP?

- Upload photos of your ID cards
- Check deductibles, co-pays, and access other important plan information
- Enroll or change your benefits and beneficiary (or beneficiaries)
- Chat with Sofia. She's available 24/7 to help answer your questions
- Contact a live member advocate on the phone, email, or live chat
- View your MyChoice® Accounts activity and file claims

INSTALL THE APP

1. Log in to the Transformco Health Benefit Center via www.88Sears.com by clicking on the **Health Benefit Center** button under **Quick Links** and find the **MyChoice Mobile App** box.
2. Click the **Access the App** button. This will bring up a QR code.
3. Scan the QR code to download the app to your device.

If you have registered a username and password, you can also use those to sign into the app.



QUESTIONS ABOUT YOUR 2026 HEALTH BENEFITS?

Ask Sofia, your virtual health benefits assistant, available 24/7 from the Transformco Health Benefit Center and the MyChoice Mobile App. You can also call the Transformco Benefits Center at 888-887-3277, select your language preference, and then select Opt. 1. Benefits Center hours are 7:00 a.m. – 7:00 p.m. Central time, Monday – Friday.

TRANSFORMCO