



Open Enrollment

To make your benefit choices for 2025

COBRA Participants

2025 Rates Enclosed

**Open Enrollment
for 2025 benefits is
Oct. 21 through 5 p.m. Nov. 1
2024**

Benefits Information by Phone

Call the Shared Services Center - HR Customer Care at 5-2000 from the Ann Arbor campus, (734) 615-2000 locally, or (866) 647-7657 toll free, Monday through Friday from 8 a.m. to 1 p.m. and 2 to 5 p.m.

Benefits Information on the Web

hr.umich.edu/benefits-wellness

711 for Telecommunications Relay Service

The Federal Communications Commission adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). Dial 711 and ask the operator to connect you to the SSC - HR Customer Care at (734) 615-2000 or toll-free at (866) 647-7657.

Limitations

The university in its sole discretion may modify, amend, or terminate the benefits provided in this booklet with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Although the university has elected to provide these benefits for the upcoming year, no individual has a vested right to any of the benefits provided. Nothing in these materials gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend, or terminate them.

Open Enrollment Overview

If you elected to continue any University of Michigan benefit under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and if you will still be eligible for COBRA coverage on January 1, 2025, you can make changes to your coverage during Open Enrollment, **October 21-November 1, 2024. Open Enrollment elections take effect January 1, 2025.**

During Open Enrollment you can:

- elect or change coverage options
- add eligible dependents to your coverage
- drop dependents currently enrolled
- cancel a benefit plan you are enrolled in

If you cancel all of the plans in which you are currently enrolled, your COBRA continuation period is terminated, and you will not be allowed to re-enroll.

What's New

Physicians Health Plan (PHP) is Now University of Michigan Health Plan (UM Health Plan)

PHP is the vendor that administers Michigan Care and Michigan Care Advantage health plans. PHP is now University of Michigan Health Plan (UM Health Plan).

This is a name change only; the coverage remains the same.

You'll see University of Michigan Health Plan (formerly PHP) on U-M websites, in U-M booklets and in other resources throughout Open Enrollment.

Michigan Care and Michigan Care Advantage members will receive new cards in late December.

Magellan Rx Rebranding to Prime Therapeutics October 1, 2024

Magellan Rx, the vendor that administers U-M's Prescription Drug Plan, will be renamed Prime Therapeutics on Oct. 1, 2024.

There will be no changes to your current Magellan Rx card; this is a name change only.

Open Enrollment web pages, booklets and other resources will refer to Magellan Rx as “Magellan Rx/ Prime Therapeutics” throughout Open Enrollment. In 2025, all plan materials will refer to Prime Therapeutics.

Legal Plan Enhancements

New legal services for 2025 include: Divorce, Dissolution and Annulment (Contested and Uncontested); Custody Order; and Enforcement or Modification of Support Order.

Vision Plan Enhancements

The allowance for frames and contact lenses has been increased to \$200.

Changes to Health Savings Account (HSA) Limits

The annual HSA contribution for 2025 is \$4,300 individual and \$8,550 family.

Summary of Benefits and Coverage

The health benefits available to you provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC). This summarizes important information about any health coverage option in a standard format to help you compare across options.

The SBC is available at hr.umich.edu/benefits-wellness. A paper copy is also available, free of charge, by calling the SSC - HR Customer Care at (734) 615-2000 or toll-free at (866) 647-7657.

Important Dates

Open Enrollment:

October 21-November 1, 2024

All COBRA benefits elections due:

November 1, 2024, 5 p.m. EST

Initial billing statements mailed:

Late December 2024

Changes are effective:

January 1, 2025

This book contains important information regarding your U-M benefits and 2025 COBRA rates. Consider your health care needs and those of your dependents when selecting a plan for the upcoming year. Detailed information is available at hr.umich.edu/benefits-wellness.

2025 COBRA Benefits Plan Options and Rates

In order to be eligible for medical, dental, or vision coverage as a COBRA participant, you must have been participating in one of these benefits before you elected to participate in COBRA.

Plan

BCBSM Community Blue PPO

Comprehensive Major Medical

**BCBSM Consumer-Directed
Health Plan (CDHP)**

**GradCare
(for GSI, GSSA, GSRAs only)**

U-M Premier Care

Michigan Care

If so, you can change plans, cancel coverage, and/or add or delete eligible dependents during Open Enrollment.

Coverage Level	COBRA Monthly Rates
You Only	\$ 1,086.30
You + Adult	\$ 2,172.60
You + Adult + Child(ren)	\$ 2,997.78
You + Child	\$ 1,911.48
You + Children	\$ 1,911.48
You Only	\$ 868.02
You + Adult	\$ 1,736.04
You + Adult + Child(ren)	\$ 2,395.98
You + Child	\$ 1,527.96
You + Children	\$ 1,527.96
You Only	\$ 852.72
You + Adult	\$ 1,705.44
You + Adult + Child(ren)	\$ 2,353.14
You + Child	\$ 1,500.42
You + Children	\$ 1,500.42
You Only	\$ 410.04
You + Adult	\$ 820.08
You + Adult + Child(ren)	\$ 1,132.20
You + Child	\$ 722.16
You + Children	\$ 722.16
You Only	\$ 940.44
You + Adult	\$ 1,880.88
You + Adult + Child(ren)	\$ 2,595.90
You + Child	\$ 1,655.46
You + Children	\$ 1,655.46
You Only	\$ 922.08
You + Adult	\$ 1,844.16
You + Adult + Child(ren)	\$ 2,544.90
You + Child	\$ 1,622.82
You + Children	\$ 1,622.82

Plan

Dental Plan Option 1

Dental Plan Option 2

Dental Plan Option 3

Davis Vision by MetLife

Coverage Level	COBRA Monthly Rates	
You Only	\$	27.54
You + Adult	\$	55.08
You + Adult + Child(ren)	\$	87.86
You + Child	\$	55.08
You + Children	\$	87.86
You Only	\$	45.90
You + Adult	\$	91.80
You + Adult + Child(ren)	\$	142.76
You + Child	\$	91.80
You + Children	\$	142.76
You Only	\$	53.43
You + Adult	\$	106.86
You + Adult + Child(ren)	\$	166.18
You + Child	\$	106.86
You + Children	\$	166.18
You Only	\$	7.08
You + Adult	\$	11.06
You + Adult + Child(ren)	\$	18.44
You + Child	\$	11.06
You + Children	\$	18.44

Changes Take Effect on January 1

Benefit plan changes and new rates take effect on January 1, 2025.

ID Cards

If you enroll in a different health plan, your ID card will be mailed to you directly from your health plan company in a non-descript white envelope.

If you have changed health plans and have not received a new card by Jan. 1, contact the health plan to order a card and find out how to receive services until your new card arrives.

Paying for Your Benefits

COBRA participants pay 102% of the full cost of medical, dental, and vision coverage (COBRA participants whose coverage has been extended from 18 to 29 months due to a disability are responsible for paying 150% of the total premium for the last 11 months of COBRA continuation coverage). Your cost for these plans may change for 2025 even if you do not change your plan choices. For specific rate information, see the 2025 COBRA Benefits Plan Options and Rates chart on pages 4-7 of this booklet.

Your Billing Statement

In late December, the first 2025 billing statement will be mailed to you. Please do the following:

1. Carefully review your billing statement to make sure it correctly lists the choices you made during the Open Enrollment period. Check the benefit plan(s), option (if any), and coverage level (number of persons covered).
2. If your billing statement does not accurately reflect the changes you requested during Open Enrollment, use **black ink** to circle the incorrect information and print the correct information next to it.

3. Return the corrected billing statement by the deadline printed on the billing statement.

If you do not receive your first 2025 billing statement by **January 2025**, call the SSC - HR Customer Care on the next business day at: (734) 615-2000, or (866) 647-7657.

Payment Procedure

1. You should receive a billing statement and a remittance envelope in the mail at the end of the month to pay for the following month's coverage. For example, your January billing statement should arrive at the end of December.
2. Your payment is due by the 1st of the month to pay for coverage for that month, and is accepted through the 30th of that month.
3. Make the check or money order payable to: "University of Michigan."
4. Clip the coupon from the bottom of your billing statement and mail it with your check or money order in the envelope provided to:

University of Michigan—Payroll
Box 223081
Pittsburgh, PA 15251-2081

PLEASE NOTE: Billing statements are provided as a convenience to you. It is your responsibility to remit your COBRA payments on a timely basis even if you have not received a billing statement. If full payment is not received or postmarked by the 30th of each month, your coverage will be canceled and will not be reinstated.

Other COBRA Information

Changes in Family Status

You must submit a Benefits Enrollment/Change form to make changes to your coverage within 30 days of a change in family status, such as marriage, divorce, or the birth or adoption of a child. A Benefits Enrollment/ Change Form is available on the University Human Resources website or by calling the SSC - HR Customer Care. If you fail to request the addition of a dependent to your coverage within 30 days of the status change, you must wait until the next Open Enrollment period the following year to add the dependent to your benefits. If your dependent loses eligibility under your U-M benefit plan coverage due to an event occurring midway through the year, you must act within 30 days of the event to remove your dependent from your coverage. Certain events may entitle your dependent to an additional 18 months of COBRA coverage. See below for details.

Special COBRA Rights for New Dependent Children

If during the COBRA coverage period you have a new dependent child due to birth or adoption, and you wish to provide coverage for him/her under COBRA, you must submit a completed copy of the Benefits Enrollment/Change Form within 30 days of the birth/adoption for the new child to be added to your coverage. The Benefits Enrollment/Change Form is available on hr.umich.edu/benefits-wellness or by calling the SSC - HR Customer Care. The newborn or adopted child will have the same rights and benefits under COBRA as those offered to any other beneficiary.

COBRA Rights for Ineligible Dependents

A second period of COBRA coverage may be available to spouses and dependents who are receiving COBRA coverage if a second qualifying event occurs during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours. The maximum amount of COBRA coverage available is 36 months when a second qualifying event occurs. Such

second qualifying events may include the death of a covered employee, divorce, or a dependent ceasing to be eligible for coverage as a dependent under the Plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the Plan if the first qualifying event had not occurred. (This extension is not available under the Plan when a covered employee becomes entitled to Medicare.)

In all of these cases, you must make sure that the Benefits Office is notified within 60 days after the latest of (1) the date of the second qualifying event; or (2) the date on which the qualified beneficiary would lose coverage under the terms of the Plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the Plan). Oral notice, including notice by telephone, is not acceptable.

No extension will be available unless you follow the Plan's notice procedures and meet the notice deadline. In providing this notice, you must use the Plan's form entitled "Notice of COBRA Second Qualifying Event," and you must follow the procedures specified on the form. If these procedures are not followed or if the notice is not provided in writing to the university during the 60-day notice period, then there will be no extension of COBRA coverage due to a second qualifying event. You may obtain a copy of the Notice of COBRA Second Qualifying Event Form from the University Human Resources website at hr.umich.edu or by calling the SSC - HR Customer Care.

Mail or fax your notice to:

SSC Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276
FAX: (734) 763-0363

If mailed, your notice must be postmarked no later than the last day of the required notice period.

Disability Extension of COBRA Coverage

If you or anyone in your family covered under COBRA is determined by the Social Security Administration to be disabled and you notify the University of Michigan in a timely fashion (as described below), you and all of the qualified beneficiaries in your family may be entitled to receive up to an additional 11 months of COBRA coverage, for a total maximum of 29 months. This extension is available only for participants who are receiving COBRA coverage because of a qualifying event that was the reason for the covered employee's termination of employment or reduction of hours.

The disability must have started at some time before the 61st day after the covered employee's termination of employment or reduction of hours and must last at least until the end of the period of COBRA coverage that would be available without the disability extension.

The disability extension is available only if you notify the university in writing of the Social Security Administration's determination of disability within 60 days after the latest of:

- the date of the Social Security Administration's disability determination;
- the date of the covered employee's termination of employment or reduction of hours; and
- the date on which the qualified beneficiary loses (or would lose) coverage under the terms of the Plan as a result of the covered employee's termination of employment or reduction of hours.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours in order to be entitled to a disability extension. No disability extension will be available unless you follow the Plan's notice procedures and meet the notice deadline.

In providing this notice, you must use the Plan's form entitled "Notice of Disability," and you must follow the procedures specified on the form. If these procedures are not followed or if the notice is not provided in writing to the university during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, then there will be no disability extension of COBRA coverage. You may obtain a copy of the Notice of Disability form from the University Human Resources website at hr.umich.edu or by calling the SSC - HR Customer Care.

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Wolverine Tower
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If mailed, your notice must be postmarked no later than the last day of the required notice period.

Conversion Rights

After your COBRA coverage under the university medical plan ceases, you may be eligible to enroll in a non-group medical plan. SSC Benefits Transactions will notify you of this right approximately three months prior to the date your COBRA coverage ends. Please call the medical plan directly for an application and plan details.

Change of Address

In order to protect your family's rights, it is your responsibility to keep the university informed of any changes in your residence or in the residences of your covered family members by submitting an Address/Personal Data Form available from the University Human Resources website at hr.umich.edu or by calling the SSC - HR Customer Care. Please identify yourself as a COBRA participant and give your UMID number.

Prepared by

Benefits Office

University of Michigan
Wolverine Tower—Low Rise G405
3003 South State Street
Ann Arbor, MI 48109-1278

Phone (734) 615-2000 or (866) 647-7657
(toll free for off-campus
long-distance calling)

Fax (734) 763-0363

Web hr.umich.edu/benefits-wellness

SSC - HR Customer Care

Call the SSC - HR Customer Care at (734) 615-2000 locally or toll-free at (866) 647-7657; or email sharedservices@umich.edu, Monday through Friday from 8 a.m. to 1 p.m. and 2 to 5 p.m.



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**The Benefits Office is a unit of
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For other University of Michigan information, call (734) 764-1817.

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