Open Enrollment

To make your benefit choices for 2025

Retired U-M Faculty & Staff
Surviving Spouses
Surviving Other Qualified Adults

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

Open Enrollment

Benefits Information by Phone

Call the Shared Services Center - HR Customer Care Contact Center 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 Shared Services Center - 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 book 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.

The health plan section of this book has been color-coded. The pages with NO BANDING apply to everyone. You will want to review the appropriate section based on your individual situation. The health plan sections are color coded:

Medicare Enrolled – If everyone you are covering on your university health plan is enrolled in Medicare, review the section with YELLOW banding.

Pre-Medicare – If no one covered under your university health policy is enrolled in Medicare, review the section with LIGHT BLUE banding.

Medicare Enrolled and Pre-Medicare – If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare, review the section with BLUE and YELLOW banding.

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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. Michigan Medicine has a majority ownership in PHP. 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

You will notice a change to messages, the member portal and materials. This includes a new logo and updated visuals. You can continue to use the current website to access online services and the current customer service phone number on the back of your member card. ID cards issued after Oct. 1 will include the Prime Therapeutics name and new logo.

The customer service phone number and pharmacy processing information will remain the same. You do not need to notify your pharmacy of this change.

Find more information on page 47.

Changes to Health Savings Account (HSA) Limits

Pre-Medicare retirees enrolled in the Consumer-Directed Health Plan, please note:

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

Find more information on page 17.

Legal Plan Enhancements

New legal services for 2025 include:

- Divorce, Dissolution and Annulment (Contested and Uncontested)
- Custody Order
- Enforcement or Modification of Support Order

Find more information on page 58.

Vision Plan Enhancements

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

Find more information on page 56.

Important Dates and Deadlines

Open Enrollment Deadlines

Open Enrollment is:

October 21–November 1, 2024

All elections must be submitted by:

November 1, 2024 at 5 p.m. (Eastern Time)

Changes are effective on:

January 1, 2025

Benefits Information

The following resources are available to help you learn more about your benefits:

- **University Human Resources website.** Browse the website for information regarding Open Enrollment updates, detailed plan information, links to medical plan websites and more at: hr.umich.edu/benefits-wellness
- **Shared Services Center - HR Customer Care.** Call the SSC - HR Customer Care at (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.
- **UHR News.** Receive news from University Human Resources about benefits, programs, policies and more. To subscribe, visit hr.umich.edu/about-uhr/uhr-news.

University of Michigan Retirees Association

The University of Michigan Retirees Association (UMRA) helps retired U-M faculty and staff remain connected to the university and with one another.

Monthly programs are held from September to May. Each meeting features a Learn and Grow presentation with information useful to retirees, followed by a second speaker who covers a wide range of topics of current interest. All meetings are live streamed and posted on the UMRA website for those who can't attend in person. UMRA also sponsors social activities, shared interest groups, local travel outings, an annual Health Day in April and volunteer opportunities.

Find more information by visiting umra.hr.umich.edu. If you have questions, email umra@umich.edu.

Mail Order Prescription Drug Program

The University of Michigan's mail order prescription drug program offers convenience with free delivery of 90-day supplies of eligible prescriptions right to your door. If you or someone in your family is currently taking one or more maintenance medications, consider signing up for mail order delivery. Call 877-269-1160 or visit hr.umich.edu/mailorder.

Your Covered Dependents' Information

If you have dependents covered under your benefits, it's important to verify that their information on record with the university is accurate. Having the correct information may help avoid delay in receiving health care services and speed claims processing. To view your dependent information:

1. Go to Wolverine Access: wolverineaccess.umich.edu
2. Select the Employee Self Service tile.
3. Log in with your uniqname and UMICH password.
4. Select the Benefits tile.
5. Select the Dependent/Beneficiary tile.

Check that names are spelled correctly, birth dates and social security numbers are correct and verify the relationship. If the information is correct, no action is required. If the information is incorrect, complete the Dependent Information Form available at hr.umich.edu/update-dependentinformation, and submit it to Shared Services Center - HR Customer Care Benefits Transactions as indicated on the form. Submitting this form only corrects the information currently on record with the university and does not change benefits enrollment.

ID Cards

Health Plan 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.

Prescription Drug ID Cards

Prescription drug ID cards are the same across all health plans. If you need additional cards for dependents, or a replacement for a lost card, please call Magellan Rx/Prime Therapeutics.

How to Enroll in Benefits

This book contains important information regarding your U-M benefits. You are encouraged to read this book in its entirety. The “What’s New” section, in particular, is vital information for your 2025 benefits.

> If you are content with your benefits as they are, you don’t have to take any action during Open Enrollment 2025. Your benefits will remain the same as of Jan. 1, 2025.

How to Enroll or Make Changes to Your Benefits

If you want to enroll or make changes to your benefits, you have two options:

1. Elect your benefits choices online using Wolverine Access self-service, or;
2. Complete and return the benefits enrollment form included in the back of this book.

You do not need to do both. If you submit a paper form and enroll online, your online enrollment will be used for your 2025 benefits.

Option 1: Enroll Online through Wolverine Access

If you choose to make your benefits choices electronically, you will use Wolverine Access. Supported browsers are Chrome, Edge, Firefox and Safari. If you need help logging in, call the Information and Technology Services (ITS) Service Center at 734-764-HELP (734-764-4357), Monday through Friday from 7 a.m. to 6 p.m. Eastern Time or email 4HELP@umich.edu. Please be sure to have your eight-digit UMID number available when you call.

To elect your benefits choices:

1. Go to wolverineaccess.umich.edu.
2. Click the Employee Self Service tile or enter Employee Self Service in the search bar and then click the Employee Self Service tile.
3. Enter your Login ID (uniqname) and Password and click Log In.
4. Click the **Open Enrollment** tile.
5. Follow the online instructions to view your benefits and rates and make your elections.
6. When you have successfully submitted your elections, you may view or print a Confirmation Statement summarizing your choices.

Your online elections must be submitted by 5 p.m. Eastern Time on Friday, November 1, 2024.

Option 2: Enroll Using a Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2025 Benefits at the back of this book and return it by November 1, 2024. Please make sure you sign and date your form before returning it to Shared Services Center - Benefits Transactions. There are several ways to return the form:

- **Fax your form to Shared Services Center - Benefits Transactions at:**
  734-763-0363. Check the transmission confirmation report to verify that all of your pages went through, and keep it with the form for your records.

—OR—

- **Mail your form to Shared Services Center - Benefits Transactions.**
  Keep a copy for your records. You may use the postage-paid envelope included inside this book. If you send in your form without using the postage-paid envelope, mail to:

  Shared Services Center - Benefits Transactions
  Wolverine Tower
  3003 South State Street
  Ann Arbor, MI 48109-1276

Return your form by fax or mail only. Wolverine Tower is closed to the general public. No walk-in service is available.

In the event that your form is not received, the university will honor your elections if you have a copy of the form and can prove that it was sent by the November 1 deadline. A confirmation statement will be mailed to your current address the second week of November. Carefully review your confirmation statement and verify that the benefits listed are the plans you selected.

Retirees whose date of retirement was on or after January 1, 1987 will pay at least part of the premium cost for most health plan coverage. All retirees choosing Dental Plan Option 2 or Option 3 will pay at least a portion of their dental coverage premium and retirees enrolled in the Vision Plan and/or Legal Services Plan pay the full cost. There are two ways for you to pay your share of the premium: by electronic funds transfer or by personal check or money order.

Electronic Funds Transfer

You can have your monthly retiree benefits premiums automatically deducted from your checking or savings account each month by setting up electronic funds transfer (EFT). The withdrawal will occur on the 20th of each month to pay for coverage for the following month. The withdrawal will be indicated on your bank statement and labeled as "UM Benefit Premium." There is no charge for this service; however, your financial institution may impose a fee if there are insufficient funds in your account when the withdrawal is made.

To initiate. Complete the "Agreement for Preauthorized Benefit Premium Payments" form at the back of this booklet. If the funds are to be taken from a checking account, attach a blank check with "void" written across it. Return the form with your Open Enrollment Form in the postage-paid envelope provided. If you are not making benefits changes, you may send the premium payment authorization form directly to the Payroll Office as instructed on the form. If you have questions about how to complete this form, call the Shared Services Center - HR Customer Care at (734) 615-2000 or (866) 647-7657 toll free.

If you have already initiated an electronic fund transfer you do not need to resubmit the form.

Deadlines. The form must be received no later than the 10th day of the month for the withdrawal to take effect that same month (to pay for coverage for the following month). For example, the Payroll Office must receive the form no later than December 10 for the withdrawal on December 20 to pay for the January premium. You should mail your payment by check or money order by the 10th of the month if you will not be able to meet the 10th of the month deadline for EFT enrollment.

To cancel/change account. If you wish to cancel the Electronic Funds Transfer service, or to change the account or financial institution from which the withdrawal is taken, you must complete another Agreement and return it to the Payroll Office by the 10th day of the month for the change to take effect in that calendar month.

Personal Check or Money Order

You will receive a monthly billing statement if you have a co-premium to contribute and you do not arrange for Electronic Funds Transfer.

You must pay the premium by personal check or money order. Cash payments cannot be accepted.

The procedure is:

1. You will receive a billing statement and a remittance envelope in the mail at the end of the month to pay for the next month's coverage. For example, your January billing statement should arrive at the end of December.
2. The payment is due by the 1st of the month to pay for coverage for that month, and is accepted through the 30th of the month.
3. Make the check or money order payable to "University of Michigan."
4. Please write your 8-digit UMID number in the memo line on your check preceded by "UMID" (example: write "UMID XXXXXXXX" where "XXXXXXXX" is your 8-digit UMID number).
5. 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
6. If you do not receive your first billing statement by January, call the Shared Services Center - HR Customer Care on the next business day at: 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States).

PLEASE NOTE: The University of Michigan will attempt to notify you when a premium payment is overdue.

If a payment is not received after multiple attempts to notify you, then the coverage will be canceled.

How to Pay

Your Monthly Premiums

Naming a Designee for Premium Payment

Retirees can designate someone other than themselves to handle their premium payments and receive payment information. Other benefits correspondence, including Open Enrollment information, will continue to be sent to the retiree. A designee may be named on the Open Enrollment Form in the back of this booklet.

You may also submit in writing the designee's name, address, and phone number along with your name, UMID number, and a request to name them as a premium payment designee to:

Shared Services Center - Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276
fax: 734-763-0363

Tax Information for Coverage of Other Qualified Adults

You'll pay the same amount for other qualified adult (OQA) coverage that you would pay for other eligible adult dependents. The contribution amount is determined according to the coverage selected. However, the Internal Revenue Service requires employers to report the value of any medical and dental coverage for other qualified adults and their children who do not satisfy the definition of a dependent under the Internal Revenue Code. As a result of this law, U-M must add to your compensation reported to the Internal Revenue Service the amount representing the fair market value of providing the medical and/or dental coverage for your other qualified adult less your after-tax contribution. You will pay tax on this imputed income. This amount is also subject to applicable income taxes as well as FICA/FUTA.

If you marry your OQA, you will need to complete and submit a Dependent Information Form within 30 days of your marriage to report your change in relationship. Call the Shared Services Center - HR Customer Care at 734-615-2000 locally, or toll free at 866-647-7657, Monday - Friday from 8 a.m. to 1 p.m. and 2 to 5 p.m. EST or email sharedservices@umich.edu to obtain the Dependent Information Form. Because benefits provided to your legal spouse are not considered a taxable fringe benefit, you will no longer be subject to tax witholding for OQA coverage as of the date of your marriage.

About Medicare

Medicare is a federal health insurance program for people who are age 65 or older, who have been entitled to Social Security disability benefits for 24 months, or who have end-stage renal disease (permanent kidney failure). Medicare is directed by the federal Centers for Medicare and Medicaid Services. Local Social Security Administration offices take applications for Medicare and provide information about the program.

Medicare Basics:

- **Part A, hospital insurance—**Can help pay for inpatient hospital care, care in a skilled nursing facility, home health care, and hospice care.
- **Part B, medical insurance—**Can help pay for medically necessary doctors' services, outpatient hospital services, home health services, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.

Medicare Advantage

Comprehensive Medicare Advantage plans for Medicare-enrolled retirees and survivors replaced Medicare supplemental plans in 2024.

- Medicare Advantage plans are health plans approved by Medicare and administered by private insurance companies.
- Medicare Advantage plans cover your original Medicare Part A (hospital) and Part B (medical) benefits, as well as additional benefits that are not available under original Medicare.
- Enrollment in a Medicare Advantage plan requires enrollment in Medicare Parts A and B, which includes a monthly premium for Part B that is deducted from your Social Security check. In addition, you will be responsible for paying monthly premiums to U-M for the Medicare Advantage plan.

The University of Michigan's policy is that individuals enrolled in a University sponsored retiree medical plan must enroll in both Medicare Part A and Part B when first eligible.

Failure to enroll in Medicare Part A and Part B will result in disenrollment from your University of Michigan retiree health plan. In addition, there could be a penalty added to your Medicare premium.

To re-enroll in the health plan and make other enrollment election changes, complete the form on page 73.

You may have seen information about Medicare Advantage plans that are offered to the general public. **The only Medicare Advantage plans sponsored by the University are mentioned in this booklet.** Before enrolling in another Medicare Advantage plan, it is recommended that you thoroughly compare the benefits and out-of-pocket costs with the university's Medicare Advantage plan to ensure they are equivalent.

The Centers for Medicare & Medicaid Services (CMS) will only allow enrollment in one Medicare Advantage Plan.

If you disenroll from the university Medicare Advantage plan you will be allowed to re-enroll only during Open Enrollment. View the re-enrollment form on page 73 to provide the required documentation to re-enroll.

Part D, Prescription Drug Coverage

When you are eligible for Medicare, you are also eligible for Part D, prescription drug coverage. However, Part D was primarily designed for individuals who do not already have prescription drug coverage through an employer.

The university provides prescription drug coverage that is comparable to a Part D plan. There is no need to enroll in a separate Part D plan. If you enroll in a separate Part D plan, you will automatically be disenrolled from the university's Medicare Advantage plan.

If the Social Security Administration (SSA) determines that you qualify for a federal low-income prescription drug assistance plan, also referred to as Extra Help, please contact the Shared Services Center - HR Customer Care.

Re-Employment

If you return to active employment in a benefits-eligible position (are receiving salary and meet effort percentage requirements) with the University of Michigan, U-M will again provide active coverage for you, your spouse, and other enrolled dependents during your period of active employment. Call the Shared Services Center - HR Customer Care and request an ESR evaluation.

Medicare

For More Information About Medicare:

Call Medicare at: 800-MEDICARE (800-633-4227; toll-free within the United States)

Access Medicare TTY/TDD for speech and hearing-impaired individuals by calling: 877-486-2048 (toll-free within the United States)

Visit the Medicare Website at: medicare.gov

Call the Social Security Administration at: 800-772-1213 (toll-free within the United States)

Access Social Security TTY/TDD for speech- and hearing-impaired individuals by calling: 800-325-0778 (toll-free within the United States)

Visit the Social Security Website at: ssa.gov

Retiree/Survivor Health Plans

For benefit-eligible retirees and survivors, the health plan options available are determined on the eligibility and enrollment in Medicare for everyone enrolled in your university health plan.

You will want to review the appropriate section based on your individual situation.

- **Medicare Enrolled -** If everyone you are covering on your university health plan is enrolled in Medicare. See page 8.
- **Pre-Medicare -** If no one covered under your university health policy is enrolled in Medicare. See page 13.
- **Medicare Enrolled and Pre-Medicare -** If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare. See page 28.

Moving Out of a Managed Care Health Plan Service Area

If you are covered by a managed care health plan and move outside the service area for more than 60 days, you must change your health plan by completing a Moving Out of a Managed Care Service Area form available at: hr.umich.edu.

Complete and mail the form to the Shared Services Center - Benefits Transactions as instructed on the form. You need to do this within 30 days after the date you move. Your new coverage will become effective the first of the month following the date your application is received, or the first of the month after the date of your move, whichever is later. Remember to update your address with the university.

For More Detailed Information

Other booklets, plan documents and certificates provide more detailed information.

- To view additional information or a list of participating providers, contact the health plan directly or engage the resources on U-M's Open Enrollment web page (hr.umich.edu/benefits/open-enrollment).
- To see more details about a plan, visit hr.umich.edu/health-plans or call the Shared Services Center - HR Customer Care at: 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States). Please give the name or description of the material you want and your name, address, and daytime telephone number.

Prescription Drug Coverage

Prescription drugs are covered through Magellan Rx/Prime Therapeutics for everyone enrolled in U-M health plan coverage. For more information, see the Prescription Drug Plan section on page 47.

Physician and Hospital Plan Participation

Participating physicians and participating hospitals are always subject to change. Contract renewal dates between medical plans and their doctors and hospitals vary, and renewal is optional for either party.

In the event your Primary Care Physician's (PCP's) affiliation with Michigan Care or U-M Premier Care plan ends midway through the calendar year, you will need to select another PCP within your plan's service area. The PPO plan does not require you to designate a PCP. You will not be able to change plans midyear due to a physician's or hospital's disaffiliation with your health plan. Before enrolling in a new medical plan, check the provider directory to make sure it includes a doctor and hospital of your choice. You can find provider information on the plan's website, or call the plan's customer service number for provider information.

Medicare Enrolled

Medicare Advantage Plans

For benefit-eligible retirees and survivors, the health plan options available are determined by the eligibility and enrollment in Medicare for everyone enrolled in your university health plan.

Services are provided by:

- Physicians Health Plan/UM Health Plan - Michigan Care Advantage
- Blue Care Network (BCN) - U-M Premier Care Advantage
- Blue Cross Blue Shield of Michigan (BCBSM) - Medicare Advantage PPO

Enrollment is based on your residential state/county. Members living in Michigan have the option to choose U-M Premier Care Advantage, Michigan Care Advantage (if you live within the service area) or Medicare Advantage PPO. U-M's health plans provide coverage for urgent and emergent care for members traveling domestically and internationally. If you travel more than three months during the year or plan to receive medical services outside of Michigan, carefully examine U-M's health plans to determine which fits your travel needs.

In addition, Medicare members must provide a residential address, not a P.O. box.

Members can be enrolled in only one Medicare Advantage plan. This includes plans from your spouse, previous employer, or individually purchased. Please take the time to consider which plan best fits your health and medical needs.

Failure to enroll in Medicare Part A and Part B will result in disenrollment from your University of Michigan retiree health plan. In addition, there could be a penalty added to your Medicare premium.

Visit hr.umich.edu/medicare-advantage for additional information.

Important: Your Address MUST be Current

Your address must be current to ensure you do not encounter delays in services or billing. The Centers for Medicare and Medicaid Services (CMS) requires that we submit your residency address. If your Current Local address on file with the university is a P.O. Box, you must also provide a Permanent Address. You may add/update your address by logging into Wolverine Access (steps are below) or Contact the Shared Services Center - HR Customer Care to update your "Current Local address" or provide a "Permanent Address".

Follow these steps to view or update your address:

1. Visit wolverineaccess.umich.edu
2. Select the 'Employee Self Service' tile or enter 'Employee Self-Service' in the search bar
3. Click 'Campus Personal Information'
4. Click 'Addresses'
5. Click 'Current Local'
6. Review 'Current Local' address and edit if needed
7. To add a "Permanent Address" click "Add a new address"
8. Enter your "Permanent Address" (Non - P.O. Box) and Click "OK"
9. Select "Permanent" as the address type
10. Click "Save"

The plan offerings available to you are dependent upon residency and Medicare enrollment of the individuals covered on your plan.

2025 Medicare Enrolled Health Plan Profiles

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care Advantage**	**U-M Premier Care Advantage**	**Medicare Advantage PPO**
Plan Administrator	U-M Health Plan - formerly Physicians Health Plan	Blue Care Network	Blue Cross Blue Shield Michigan
Service Area	INCLUDES the counties of Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawassee, Tuscola, and Washtenaw	Includes all counties in Michigan EXCEPT (limited access in) Cass, Gogebic, Ontonagon, Houghton, Keweenaw, Baraga, Iron, Dickinson, Marquette, Menominee, Delta, Alger, Chippewa	Throughout the U.S.
Residency Requirement	Must live within the service area	Must live within the service area	Must live within the service area
Coverage when Traveling Outside of the Service Area	Limited to urgent and emergency care outside of the service area (including global travel). Copay may apply.	Limited to urgent and emergency care outside of the service area (including global travel). Copay may apply.	Limited to urgent and emergency care outside of the service area (including global travel). Copay may apply.
PCP selection required	Yes	Yes	No
Phone Number for Customer Service and Provider Directory	844-529-3757	800-658-8878	855-669-8040
Website	michigancareadvantage.com	bcbsm.com/UMichMAplans	bcbsm.com/UMichMAplans
Address	1301 N Hagadorn Rd Ste 1E East Lansing MI 48823	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226

2025 Medicare Enrolled Health Plan Coverage Comparison Chart

This chart is not intended to be a full description of coverage. The complete plan description is contained in the appropriate certificate of coverage or plan document issued by each plan. Every effort has been made to ensure the accuracy of this chart. If statements in this chart differ from applicable plan documents, then the terms and conditions of those documents prevail. This chart assumes all services are provided by a participating medical care provider when required. All benefits are subject to change. Contact the health plan for more detailed information about benefit coverage and medical necessity requirements.

Plan Type	**Managed Care Plans**		**Preferred Provider Organization (PPO)**
Plan Name	**Michigan Care Advantage (PHP/UM Health Plan)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Deductible	$0	$0	$0
Annual Out-of-pocket maximum	$3,000 for each individual member	$3,000 for each individual member	$3,000 for each individual member
Important Information About the Terms Used in This Chart	Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means a set dollar amount you pay for a covered service.	Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means a set dollar amount you pay for a covered service.	Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means a set dollar amount you pay for a covered service.
Preauthorization Required	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Preventive Services			
Annual Wellness Visit	Covered	Covered	Covered
Routine Physical Exams	Covered	Covered	Covered
Breast Cancer Screening	Covered	Covered	Covered
Colorectal Cancer Screening	Covered	Covered	Covered
Lung Cancer Screening	Covered	Covered	Covered
Prostate Cancer Screening	Covered	Covered	Covered
Immunizations - Provider/ Pharmacy Administered	Hepatitis B, Influenza, Pneumonia, Covid-19	Hepatitis B, Influenza, Pneumonia, Covid-19	Hepatitis B, Influenza, Pneumonia, Covid-19
Immunizations - Pharmacy Administered Only	Shingles, RSV, Tdap, travel, and other CDC recommended vaccines	Shingles, RSV, Tdap, travel, and other CDC recommended vaccines	Shingles, RSV, Tdap, travel, and other CDC recommended vaccines
Emergency Care			
In Area	$65 copay for emergency room visits (copay waived if admitted as inpatient)	$65 copay for emergency room visits (copay waived if admitted as inpatient)	$65 copay for emergency room visits (copay waived if admitted as inpatient)
Out of Area	$65 copay for emergency room visits (copay waived if admitted as inpatient)	$65 copay for emergency room visits (copay waived if admitted as inpatient)	$65 copay for emergency room visits (copay waived if admitted as inpatient)
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care Advantage (PHP/UM Health Plan)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Inpatient Care			
Inpatient Hospital Services	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.
Inpatient Rehabilitation for PT/ST/OT	Covered	Covered	Covered
Skilled Nursing Facility	Covered up to 120 days per calendar year when arranged and authorized by health plan	Covered up to 120 days per calendar year when arranged and authorized by health plan	Covered up to 120 days per calendar year
Outpatient Services			
Office Visits	$10 copay per office visit with a PCP $10 copay per office visit with a specialist	$10 copay per office visit with a PCP $10 copay per office visit with a specialist	$10 copay per office visit with a PCP $10 copay per office visit with a specialist
Telehealth, Virtual Care, Online Visits	$10 copay	$10 copay	$10 copay
Outpatient Physical, Occupational, and Speech Therapy	$10 copay	$10 copay	$10 copay
Observation Stay	$65 ER copay. All services provided while in observation are covered at the outpatient benefit level	$65 ER copay. All services provided while in observation are covered at the outpatient benefit level	$65 ER copay. All services provided while in observation are covered at the outpatient benefit level
Therapeutic Radiology	Covered	Covered	Covered
Diagnostic Lab, X-Ray, EKGs	Covered	Covered	Covered
Dialysis	Covered	Covered	Covered
Outpatient Surgery	Covered	Covered	Covered
Allergy Testing	$10 copay	$10 copay	$10 copay
Weight Loss Surgery	Covered when authorized by health plan	Covered when authorized by health plan	Covered when medically necessary
Acupuncture for Chronic Low Back Pain	$10 copay, up to 20 annual visits	$10 copay, up to 20 annual visits	$10 copay, up to 20 annual visits
Medical Nutrition Therapy Services	Covered	Covered	Covered
Chiropractic	$10 copay	$10 copay	$10 copay
Gender Affirming Services	$10 copay	$10 copay	$10 copay
Mental Health Care			
Inpatient Days of Care	Covered	Covered	Covered
Outpatient Individual Therapy	$10 copay	$10 copay	$10 copay
Group Therapy	$10 copay	$10 copay	$10 copay
Psychological Testing	$10 copay	$10 copay	$10 copay

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care Advantage (PHP/UM Health Plan)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Substance Use Care			
Inpatient Days of Care	Covered	Covered	Covered
Outpatient Individual Therapy	$10 copay	$10 copay	$10 copay
Group Therapy	$10 copay	$10 copay	$10 copay
Hearing Care			
Examinations	$10 copay. Covers one audiometric exam every 36 months	$10 copay. Covers one audiometric exam every 36 months	$10 copay. Covers one audiometric exam every 36 months
Tests	$10 copay. Covers one hearing aid evaluation and confirmity test every 36 months	$10 copay. Covers one hearing aid evaluation and confirmity test every 36 months	$10 copay. Covers one hearing aid evaluation and confirmity test every 36 months
Hearing Aids	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount
Vision Care			
Eye Examinations	Covered at in-network providers; one exam per year; out-of-network providers covered up to $40; dilation not covered	Covered at in-network providers; one exam per year; out-of-network providers covered up to $40; dilation not covered	Covered at in-network providers; one exam per year; out-of-network providers covered up to $40; dilation not covered
Eyeglasses	Not covered	Not covered	Not covered
Home Health Care			
Visiting Nurse Home Care	Covered	Covered	Covered
Private Duty Nursing	Not covered	Not covered	Covered at 70% when medically necessary and approved by the plan
Home Health Aides	Covered	Covered	Covered
Other Services			
Human Organ Transplant	Covered	Covered	Covered
Hospice Care	Covered	Covered	Covered
5th Level Hospice	Covered up to 45 days	Covered up to 45 days	Covered up to 45 days
Durable Medical Equipment, Orthotics, Prosthetic Appliance	Covered	Covered	Covered
Adult Incontinence Products	Covered	Covered	Covered
Wigs (due to chemotherapy or alopecia)	Covered	Covered	Covered
Silver Sneakers Gym Membership	Covered	Covered	Covered

Pre-Medicare

Retirees, survivors and their covered dependents who are not enrolled in Medicare have the same plan options as active employees. However, they must enroll in Medicare when first eligible.

Services will be provided by:

- Michigan Care - Physicians Health Plan (PHP/UM Health Plan)
- U-M Premier Care - Blue Care Network (BCN)
- Consumer-Directed Health Plan (CDHP), Community Blue PPO, Comprehensive Major Medical - Blue Cross Blue Shield of Michigan (BCBSM)

Michigan Care

Michigan Care provides enhanced coordination to improve service, quality and clinical outcomes for plan members. Members have access to Michigan Medicine health care providers as well as other high-quality network providers in southeast Michigan, including providers from Integrated Health Associates (IHA) and Huron Valley Physicians Associates (HVPA), facilities that are part of the St. Joseph Mercy system (St. Joseph in Ann Arbor, Chelsea, Livingston and Oakland, and St. Mary Mercy in Livonia), and University Health Service. Due to the localized network of providers, access to the plan is limited to faculty, staff and retirees who live in a specific geographic area of southeast Michigan. Check your eligibility at hr.umich.edu/michigan-care-eligibility.

Consider Michigan Care if you:

- Live in the plan's service area
- Understand that you need a referral from your Primary Care Physician (PCP) if you need to see a specialist
- Agree to consult with your PCP for all services
- Agree to choose a physician from a list of network providers, including Michigan Medicine providers
- Would like chiropractic coverage
- Would like a plan that offers cost savings of a managed care plan
- Would like a plan that lowers overall medical costs for non-Medicare members

The plan is administered by UM Health Plan, formerly Physicians Health Plan, based in Lansing, MI. Michigan Medicine has a majority ownership as part of an affiliation agreement with Sparrow Health System reached in 2023.

U-M Premier Care

U-M Premier Care is administered by Blue Care Network (BCN) and offered only to the University of Michigan community. U-M Premier Care has a two tier provider network.

U-M Premier Care network 1 providers are centrally located around Ann Arbor and neighboring areas. Network 1 is the preferred network of providers, facilities, and other health care entities where you will receive the highest level of benefit. There is no annual deductible for using network 1 providers. You must select a primary care physician (PCP) located in Michigan from network 1.

U-M Premier Care provider network 2 is the BCN statewide participating provider network made up of providers, facilities, and other health care entities that are not part of network 1. There is an annual deductible when utilizing network 2 providers. A referral is necessary from your PCP to access a covered service from a provider in network 2. Services received outside of network 1 or network 2 are not covered, except in the event of an emergency (refer to plan documents for details).

Consider the U-M Premier Care Plan if you:

- Would like a plan that lowers your overall medical costs
- Agree to choose from a list of approved physicians that includes Michigan Medicine providers
- Understand that you need a referral from your Primary Care Physician (PCP) if you need to see a specialist
- Agree to consult with your PCP for all services
- Live in the state of Michigan, or within Fulton, Lucas, Williams or Wood counties in Ohio
- Plan to receive medical services within the state of Michigan

Important information for those living in or near Ohio: Please note that this plan is a Michigan-based health plan. All providers, facilities and services are rendered in Michigan. You may not be able to receive services in your home, or durable medical equipment deliveries, if you live outside Michigan. If you plan to use providers and hospitals outside of Michigan you must select one of the BCBSM health plans.

Michigan Care and U-M Premier Care Out-of-Area Dependent Coverage

Michigan Care and U-M Premier Care provide coverage for members' dependents who reside outside the network service area and who qualify under existing eligibility guidelines.

Pre-certification is required for certain services. The member must register with Michigan Care or U-M Premier Care to obtain approval for out-of-area dependent coverage.

BCBSM Community PPO

The Community Blue PPO plan offers members the flexibility to see any provider throughout the U.S. without a referral, with lower out-of-pocket costs when you use in-network providers. The plan is administered by Blue Cross Blue Shield of Michigan (BCBSM). Members are covered at the in-network benefit level when receiving care for approved services while outside the U.S., where no network is available. The PPO is the only plan that offers this enhanced level of coverage.

Consider a PPO if you:

- Would like a health plan that allows you to visit any in-network doctor or hospital without a referral
- Want the flexibility to use non-network providers, with higher out-of-pocket costs
- Agree to choose providers from a national network of providers for the greatest out-of-pocket savings
- Understand that in-network preventive services are covered, but out-of-network preventive services are not
- Live or travel outside Michigan
- Would like coverage within the U.S. and globally

Comprehensive Major Medical

The Comprehensive Major Medical plan (CMM), administered by Blue Cross Blue Shield of Michigan (BCBSM), offers comprehensive benefits with a wide selection of providers and lower monthly contributions, but requires more out-of-pocket expense at the time of care. As a member you are free to use any provider you choose, including specialists, though you will pay less out-of-pocket if you use a participating BCBSM provider.

Consider the Comprehensive Major Medical Plan if you:

- Want a plan with a lower rate but has less financial risk than the CDHP
- Want a plan that provides comprehensive coverage at a lower monthly rate, but requires more out-of-pocket costs at the time of service
- Would like to use contracted providers within BCBSM and access to non-contracted providers with additional out-of-pocket costs
- Want coverage within the U.S. and globally
- Would like a plan with flexible provider choices, but don't mind paying an annual deductible and co-insurance for services

Consumer-Directed Health Plan

The university offers a Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA).

The CDHP covers the same medical services as other plans, including no out-of-pocket costs for preventive care and screenings. You have access to a national network of PPO providers and, after the deductible is met, you will pay co-insurance for all medical services.

Retirees/survivors considering the Consumer-Directed Health Plan, please note:

- The university will not contribute to the Health Savings Account (HSA).
- To prevent tax penalties, you should stop contributing to your HSA six months before you file for Medicare.
- Refer to the CDHP Frequently Asked Questions web page (hr.umich.edu/cdhp) for more information.

If you are generally healthy and don't need to visit your health care provider often, choosing the CDHP can save you money.

- While the CDHP has the lowest premium cost, by selecting the plan, you take on more financial risk – a higher deductible and out-of-pocket limit.
- If you get sick or injured and need significant medical care, you'll likely pay more out-of-pocket than you would with other U-M health plans.
- Financial hardship created from the costs for the deductible and out-of-pocket maximum is not a qualifying event to change plans.

When paired with a Health Savings Account (HSA), the CDHP provides flexibility in how you spend and save for your health care. With an HSA, you can put away money for future healthcare costs while saving on taxes.

2025

	Individual	Family
Deductible (aggregate)*	$1,650	$3,300
In-Network Out-of-Pocket Max	$5,500	$9,200
Out-of-Network Out-of-Pocket Max	$11,000	$18,400
Health Savings Account Maximum Contribution	$4,300	$8,550
HSA over 55 Catch-up Maximum Contribution	$1,000	$1,000

* The entire family deductible must be satisfied, by one or any combination of the family members, before the plan begins to pay.

Consider the Consumer-Directed Health Plan if you:

- Expect to pay higher out-of-pocket costs in exchange for lower monthly premiums
- Can afford to cover the deductible and out-of-pocket maximum if an unexpected medical expense arises
- Want flexibility in how you spend and save for your health care
- Are generally healthy and do not have significant ongoing medical needs or costs
- Want pre-tax savings to pay for eligible medical expenses with an HSA
- Want a healthcare emergency safety net

Eligibility Requirements

Due to the unique tax advantages of health savings accounts (HSAs), which are governed by the Internal Revenue Service (IRS), certain circumstances prevent you from enrolling.

You must meet the following eligibility requirements:

- Are enrolled in the Consumer-Directed Health Plan (CDHP)
- Must have a Social Security number
- Must have a home address on file, not a P.O. Box
- Cannot be claimed as a dependent on someone else's tax return
- Are NOT covered under any other non-HDHP health coverage, including:
  - Medicare A and/or B
  - Coverage under a spouse's or parent's health insurance coverage
  - Access to a Health Care Flexible Spending Account (FSA), which covers pre-deductible medical expenses
  - Access to a Health Reimbursement Arrangement (HRA), which covers pre-deductible medical expenses
  - TRICARE coverage
- Have not received any medical benefits (excluding dental, vision or preventive) during the previous three months from:
  - The Indian Health Service (IHS)
  - The U.S. Department of Veterans Affairs (VA), except for treatment for a service-connected disability

The HSA is managed by HealthEquity, a health savings company.

hr.umich.edu/health-plans

2025 Pre-Medicare Health Plan Profiles

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**	**BCBSM Community Blue PPO**
Service Area	Most of Washtenaw and Livingston counties, and portions of Jackson, Lenawee, Monroe, Oakland and Wayne counties	Michigan	Nationwide/Worldwide
Residency Requirement	Participants must reside in the service area	Must reside in Michigan or within Fulton, Lucas, Williams or Wood counties in Ohio	Not applicable
PCP selection required	Yes	Yes	No
Health Savings Account compatibility	Not compatible	Not compatible	Not compatible
Phone Number for Customer Service and Provider Directory	800-832-9186	800-658-8878	855-669-8040
Number of U-M Members	8,547	68,926	27,628
Number of PCPs	805	Network 1 3,100	National network
Number of Specialists	7,323	22,145	National network
Number of Hospitals	10	41	National network
Percentage of Board Certified PCPs	90%	92%	National network
Percentage of Board Certified Specialists	85%	86%	National network
Website	michigancare.com	bcbsm.com	bcbsm.com
Address	1400 E. Michigan Ave Lansing MI 48912	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226
Group Number	L0002184	001243160001	7005187

Traditional Plan	Consumer-Directed with Health Savings Account
Comprehensive Major Medical	**BCBSM Consumer-Directed Health Plan**
Nationwide/Worldwide	Nationwide/Worldwide
Not applicable	Not applicable
No	No
Not compatible	Compatible (no University contribution)
855-669-8040	855-669-8040
7,190	New Plan for 2025
National network	National network
National network	National network
National network	National network
National network	National network
National network	National network
bcbsm.com	bcbsm.com
600 Lafayette East Detroit, MI 48226	600 Lafayette East Detroit, MI 48226
7005187	7005187

2025 Pre-Medicare Health Plan Coverage Comparison Chart

This chart is not intended to be a full description of coverage. The complete plan description is contained in the appropriate certificate of coverage or plan document issued by each plan. Every effort has been made to ensure the accuracy of this chart. If statements in this chart differ from applicable plan documents then the terms and conditions of those documents prevail. This chart assumes all services are provided by a participating medical care provider when required. All benefits are subject to change. Contact the health plan for detailed information about benefit coverage and medical necessity requirements.

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
General Information		
Deductible	$0	$0 for Network 1
Annual Out-of-Pocket Maximum	$3,000 individual $6,000 family[4]	$3,000 individual $6,000 family[4]
Lifetime Maximum Benefit	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).
Important Information About the Terms Used in This Chart	Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means a set dollar amount you pay for a covered service.[5]	Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means a set dollar amount you pay for a covered service.[2,5]
Preauthorization Required	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Preventive Services[6,7]		
Routine Physical Exams	Covered	Covered
Routine Pediatric Exams	Covered	Covered
Routine Immunizations	Covered	Covered
Cervical Cancer Screen	Covered	Covered
Breast Cancer Screen	Covered	Covered
Prostate Cancer Screen	Covered	Covered

2 Coverage described applies to the U-M Premier Care Provider Network 1. Network 2 providers (BCN statewide network) are covered with a $2,000/individual $4,000/family annual deductible. A Network 1 PCP referral is required to access Network 2 providers.
3 Deductible and out-of-pocket is medical and pharmacy combined.
4 The out-of-pocket maximum does not include non-covered charges, and costs that exceed the plan's allowed amount for a particular service for all plans.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
$0		$500 individual $1,000 family	$1,650 individual $3,300 family[3]
$3,000 individual $6,000 family (in-network)[4]	$5,000 individual $10,000 family (out-of-network)[4]	$3,000 individual $6,000 family[4]	$5,500 individual $9,200 family[3,4]
$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).		$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).
Covered means the plan payment amount for covered charges is 100% unless stated otherwise. Copay means the set dollar amount you pay for a covered service.[5]	Covered at a percentage of BCBSM allowed amount. Member is responsible for 100% of charges in excess of BCBSM reimbursement.	Partially covered means you pay a $500/$1,000 deductible, then 20% coinsurance up to the annual out-of-pocket maximums. Coinsurance means a percentage of the BCBSM allowed amount you pay for a covered service.	Partially covered means you pay a $1,650/$3,300[3] deductible then 10% coinsurance up to the annual out-of-pocket maximums. Coinsurance means a percentage of the BCBSM allowed amount you pay for a covered service.
Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.		Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Covered	Not covered	Covered	Covered
Covered	Not covered	Covered	Covered
Covered	Not covered	Covered	Covered
Covered	Not covered	Covered	Covered
Covered	Not covered	Covered	Covered
Covered	Not covered	Covered	Covered

5 Copays may differ for bargained-for groups.
6 Preventive Services as recommended under the Affordable Care Act
7 Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills the plan for the preventive services separately from the office visit.

2025 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**[2]
Hospital Services—Inpatient		
Hospital Admissions	Covered	Covered
Days of Care	Unlimited days	Unlimited days
Room Type	Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary
Hospital Physician Service	Covered	Covered
Consultation Between Physicians	Covered	Covered
Surgery	Covered	Covered
Outpatient Services		
Office Visits	$25 copay for PCP $30 copay for specialist	$25 copay for PCP $30 copay for specialist
Outpatient Physical, Occupational and Speech Therapy[8]	$25 copay per visit; limited to a combined 60 visits per condition per year	$25 copay per visit; limited to a combined 60 visits per condition per year
Therapeutic Radiology	Covered	Covered
Diagnostic Lab, X-Ray, EKGs	Covered	Covered
Outpatient Surgery	Covered	Covered
Allergy Testing	$30 copay	$30 copay
Injections[9]	Covered	Covered

2 Coverage described applies to the U-M Premier Care Provider Network 1.
Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.
8 Physical, occupational, and speech therapies are covered for acute conditions and may be subject to plan prior authorization/medical necessity. Administrative guidelines and interpretations may vary among plans. Contact plan for specific coverage provisions before commencing treatment.
9 Provider may charge office visit when receiving an injection

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Unlimited days		Unlimited days	Unlimited days
Semi-private room; private room if medically necessary		Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay for PCP $30 copay for specialist	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay per visit; limited to a combined 60 visits per year	Covered at 50% ; limited to a combined 60 visits per year	20% coinsurance after deductible; unlimited visits	10% coinsurance after deductible; limited to a combined 60 visits per year
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$30 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible

2025 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**[2]
Emergency Care		
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary
Emergency Department	$100 copay Copay waived if admitted.	$100 copay Copay waived if admitted.
Observation Stay	$100 ER copay. All services provided while in observation are covered at the outpatient benefit level.	$100 ER copay. All services provided while in observation are covered at the outpatient benefit level.
Mental Health Care		
Inpatient Days of Care	Covered	Covered
Outpatient Individual Therapy	$25 copay	$25 copay
Group Therapy	$25 copay	$25 copay
Psychological Testing	$25 copay	$25 copay
Substance Use Care		
Inpatient Days of Care	Covered	Covered
Outpatient Individual Therapy	$25 copay	$25 copay
Group Therapy	$25 copay	$25 copay

2 Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered for emergencies when medically necessary		20% coinsurance after deductible when medically necessary.	10% coinsurance after deductible when medically necessary.
$100 copay. Copay waived if admitted.		20% coinsurance after deductible	10% coinsurance after deductible
$100 ER copay. All services provided while in observation are covered at the outpatient benefit level.		20% coinsurance after deductible. All services provided while in observation are covered at the outpatient benefit level.	10% coinsurance after deductible. All services provided while in observation are covered at the outpatient benefit level.
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible

2025 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
Maternity Care		
Parental Care, Delivery, Postnatal Care	Covered	Covered
Skilled Nursing Facility		
Non-Custodial Care	Covered up to 120 days per calendar year	Covered up to 120 days per calendar year
Hearing Services[10]		
Examinations	$30 copay; once every 36 months	$30 copay; once every 36 months
Tests	$30 copay; once every 36 months	$30 copay; once every 36 months
Hearing Aids[11]	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.
Vision Care		
Eye Examinations	Covered. One exam per year. Out-of-network providers covered up to $40. Dilation not covered	Covered. One exam per year. Out-of-network providers covered up to $40. Dilation not covered
Eyeglasses	Not covered	Not covered

2 Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 individual,$4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.
10 Hearing aid administration guidelines may differ by plan. Contact plan for specific provisions before commencing treatment.
11 Includes ordering and fitting of hearing aids.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Covered up to 120 days per calendar year		20% coinsurance after deductible. Up to 120 days per calendar year	10% coinsurance after deductible. Up to 120 days per calendar year
Covered; once every 36 months	Not covered	20% coinsurance after deductible; once every 36 months	10% coinsurance after deductible; once every 36 months
Covered; once every 36 months	Not covered	20% coinsurance after deductible; once every 36 months	10% coinsurance after deductible; once every 36 months
Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.	Not covered	20% coinsurance after deductible. Monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.	10% coinsurance after deductible. Monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.
Covered; one exam per year. Dilation not covered	Covered up to $40; one exam per year. Dilation not covered.	20% coinsurance after deductible; one exam per year. Dilation not covered	10% coinsurance after deductible; one exam per year. Dilation not covered
Not Covered		Not covered	Not covered

Pre-Medicare

2025 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**[2]
Home Health Services		
Home Health Care	Covered	Covered
Private Duty Nursing	Not covered	Not covered
Other Services		
Hospice Care	Covered	Covered
Durable Medical Equipment, Orthotics, Prosthetic Appliance	Covered when authorized by the plan	Covered when authorized by the plan
Voluntary Sterilization	Covered	Covered
Chiropractic Spinal Manipulation	$25 copay; limited to 24 visits per year	Not covered
Gender Affirming Services	$30 copay	$30 copay
Infertility Treatment	In vitro fertilization and fertility preservation services received at Michigan Medicine may be covered if criteria are met with a 20% coinsurance and a lifetime maximum payment of $20,000 across all U-M health plans. Contact plan for details	In vitro fertilization and fertility preservation services received at Michigan Medicine may be covered if criteria are met with a 20% coinsurance and a lifetime maximum payment of $20,000 across all U-M health plans. Contact plan for details

2 Coverage described applies to the U-M Premier Care Provider Network. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 annual deductible for individual, $4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.

12 Covered at a percentage of BCBSM allowed amount. Member is responsible for 100% of charges in excess of BCBSM reimbursement.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered	Covered	20% coinsurance after deductible	10% coinsurance after deductible
30% coinsurance[12]	Covered at 50%	30% coinsurance[12]	30% coinsurance[12]
Covered	Covered	Covered	10% coinsurance after deductible
Covered when medically necessary	Not covered	20% coinsurance after deductible	10% coinsurance after deductible
Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
$25 copay limited to 24 visits per year	Covered at 50%; limited to 24 visits per year	20% coinsurance after deductible, limited to 38 visits per calendar year	10% coinsurance after deductible, limited to 24 visits per year
$30 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
In vitro fertilization and fertility preservation services received at Michigan Medicine may be covered if criteria are met with a 20% coinsurance and a lifetime maximum payment of $20,000 across all U-M health plans. Contact plan for details		In vitro fertilization and fertility preservation services received at Michigan Medicine may be covered if criteria are met with a 20% coinsurance and a lifetime maximum payment of $20,000 across all U-M health plans. Contact plan for details	In vitro fertilization and fertility preservation services received at Michigan Medicine may be covered if criteria are met with a 20% coinsurance and a lifetime maximum payment of $20,000 across all U-M health plans. Contact plan for details

Medicare and Pre-Medicare

For retirees and covered dependents who have a mixture of individuals that are enrolled in Medicare and not enrolled in Medicare, the retiree will make the plan election for the member(s) that are not enrolled in Medicare. The Medicare member will then be enrolled in the Medicare Advantage plan associated with the vendor for the plan that is selected.

A primary factor in the selection of the health plan will depend on your eligibility based on your current residency.

In determining the best plan for you and your covered dependents, review the plan details in both the 'Medicare Enrolled' and 'Pre-Medicare' sections.

Michigan Care and Michigan Care Advantage - Physicians Health Plan/ UM Health Plan

You must live in the plan's service area to enroll in Michigan Care and Michigan Care Advantage. Note that there are slight variations between the Michigan Care and Michigan Care Advantage service areas. For more information, see the 'Pre Medicare' section or use the Michigan Care Eligibility tool: hr.umich.edu/michigan-care-eligibility.

- Medicare Enrolled Members will be in the Michigan Care Advantage plan
- Pre-Medicare Members will be in the Michigan Care plan

U-M Premier Care and U-M Premier Care Advantage - Blue Care Network

The U-M Premier Care Advantage plan is a State of Michigan based plan, therefore you must reside in the state of Michigan to enroll.

- Medicare Enrolled Members will be in the U-M Premier Care Advantage plan
- Pre-Medicare Members will be in the U-M Premier Care plan

Medicare Advantage PPO and Community Blue PPO; Comprehensive Major Medical; Consumer-Directed Health Plan - Blue Cross Blue Shield of Michigan

The Blue Cross Blue Shield of Michigan plans do not have residency restrictions within the United States.

- Medicare enrolled members will be in the Medicare Advantage PPO plan
- Pre-Medicare members can be in either the:
    - Community Blue PPO
    - Comprehensive Major Medical Plan
    - Consumer-Directed Health Plan

hr.umich.edu/health-plans

2025 Monthly Costs for Health Plans

Chart A:

Use this chart if you retired before January 1, 1987.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 451	$ 451	$ 451
2 People with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 902	$ 902	$ 902
3 or More People with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,254	$ 1,254	$ 1,254

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,065	$ 851	$ 836	$ 904	$ 922
You + Adult					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 2,130	$ 1,702	$ 1,672	$ 1,808	$ 1,844
You + Adult + Child(ren)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 2,939	$ 2,349	$ 2,307	$ 2,495	$ 2,545
You + Child(ren)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,874	$ 1,498	$ 1,471	$ 1,591	$ 1,623

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,516	$ 1,302	$ 1,287	$ 1,355	$ 1,373
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 2,097	$ 1,802	$ 1,781	$ 1,875	$ 1,900

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart B:

Use this chart if you are retired and your date of service is on or after July 1, 1988, and you are under age 62. Retirees with a service date on or after July 1, 1988 pay the full cost of benefits up to the first of the month following the month they turn age 62.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 451**	**$ 451**	**$ 451**
University Cost	$ 0	$ 0	$ 0
2 People with Medicare			
Your Cost	**$ 902**	**$ 902**	**$ 902**
University Cost	$ 0	$ 0	$ 0
3 or More People with Medicare			
Your Cost	**$ 1,254**	**$ 1,254**	**$ 1,254**
University Cost	$ 0	$ 0	$ 0

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 1,065**	**$ 851**	**$ 836**	**$ 904**	**$ 922**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Adult					
Your Cost	**$ 2,130**	**$ 1,702**	**$ 1,672**	**$ 1,808**	**$ 1,844**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Adult + Child(ren)					
Your Cost	**$ 2,939**	**$ 2,349**	**$ 2,307**	**$ 2,495**	**$ 2,545**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Child(ren)					
Your Cost	**$ 1,874**	**$ 1,498**	**$ 1,471**	**$ 1,591**	**$ 1,623**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,516**	**$ 1,302**	**$ 1,287**	**$ 1,355**	**$ 1,373**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 2,097**	**$ 1,802**	**$ 1,781**	**$ 1,875**	**$ 1,900**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Medicare Enrolled

Pre-Medicare

Medicare Enrolled and Pre-Medicare

Chart C:

Use this chart if you retired on or after January 1, 1987 and before January 1, 2000 and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type		Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare	Your Cost	**$ 29**	**$ 29**	**$ 29**
	University Cost	$ 422	$ 422	$ 422
2 People with Medicare	Your Cost	**$ 153**	**$ 153**	**$ 153**
	University Cost	$ 749	$ 749	$ 749
3 or More People with Medicare	Your Cost	**$ 249**	**$ 249**	**$ 249**
	University Cost	$ 1,005	$ 1,005	$ 1,005

Pre-Medicare

Coverage Type		Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only	Your Cost	**$ 215**	**$ 1**	**$ 0**	**$ 54**	**$ 72**
	University Cost	$ 850	$ 850	$ 836	$ 850	$ 850
You + Adult	Your Cost	**$ 671**	**$ 243**	**$ 213**	**$ 349**	**$ 385**
	University Cost	$ 1,459	$ 1,459	$ 1,459	$ 1,459	$ 1,459
You + Adult + Child(ren)	Your Cost	**$ 956**	**$ 366**	**$ 324**	**$ 512**	**$ 562**
	University Cost	$ 1,983	$ 1,983	$ 1,983	$ 1,983	$ 1,983
You + Child(ren)	Your Cost	**$ 499**	**$ 123**	**$ 96**	**$ 216**	**$ 248**
	University Cost	$ 1,375	$ 1,375	$ 1,375	$ 1,375	$ 1,375

Medicare Enrolled and Pre-Medicare

		Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type		Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost	**$ 412**	**$ 198**	**$ 183**	**$ 251**	**$ 269**
	University Cost	$ 1,104	$ 1,104	$ 1,104	$ 1,104	$ 1,104
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost	**$ 603**	**$ 308**	**$ 287**	**$ 381**	**$ 406**
	University Cost	$ 1,494	$ 1,494	$ 1,494	$ 1,494	$ 1,494

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Medicare Enrolled

Pre-Medicare

Medicare Enrolled and Pre-Medicare

2025 Monthly Costs for Health Plans

Chart D:

Use this chart if you retired on or after January 1, 2000 and before January 1, 2013 and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 41**	**$ 41**	**$ 41**
University Cost	$ 410	$ 410	$ 410
2 People with Medicare			
Your Cost	**$ 165**	**$ 165**	**$ 165**
University Cost	$ 737	$ 737	$ 737
3 or More People with Medicare			
Your Cost	**$ 261**	**$ 261**	**$ 261**
University Cost	$ 993	$ 993	$ 993

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 241**	**$ 27**	**$ 12**	**$ 80**	**$ 98**
University Cost	$ 824	$ 824	$ 824	$ 824	$ 824
You + Adult					
Your Cost	**$ 661**	**$ 233**	**$ 203**	**$ 339**	**$ 375**
University Cost	$ 1,469	$ 1,469	$ 1,469	$ 1,469	$ 1,469
You + Adult + Child(ren)					
Your Cost	**$ 980**	**$ 390**	**$ 348**	**$ 536**	**$ 586**
University Cost	$ 1,959	$ 1,959	$ 1,959	$ 1,959	$ 1,959
You + Child(ren)					
Your Cost	**$ 559**	**$ 183**	**$ 156**	**$ 276**	**$ 308**
University Cost	$ 1,315	$ 1,315	$ 1,315	$ 1,315	$ 1,315

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 413**	**$ 199**	**$ 184**	**$ 252**	**$ 270**
University Cost	$ 1,103	$ 1,103	$ 1,103	$ 1,103	$ 1,103
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 621**	**$ 326**	**$ 305**	**$ 399**	**$ 424**
University Cost	$ 1,476	$ 1,476	$ 1,476	$ 1,476	$ 1,476

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Medicare Enrolled

Pre-Medicare

Medicare Enrolled and Pre-Medicare

Chart E:

Use this chart if you retired on or after January 1, 2013 and before January 1, 2015, and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 52**	**$ 52**	**$ 52**
University Cost	$ 399	$ 399	$ 399
2 People with Medicare			
Your Cost	**$ 197**	**$ 197**	**$ 197**
University Cost	$ 705	$ 705	$ 705
3 or More People with Medicare			
Your Cost	**$ 308**	**$ 308**	**$ 308**
University Cost	$ 946	$ 946	$ 946

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 264**	**$ 50**	**$ 35**	**$ 103**	**$ 121**
University Cost	$ 801	$ 801	$ 801	$ 801	$ 801
You + Adult					
Your Cost	**$ 729**	**$ 301**	**$ 271**	**$ 407**	**$ 443**
University Cost	$ 1,401	$ 1,401	$ 1,401	$ 1,401	$ 1,401
You + Adult + Child(ren)					
Your Cost	**$ 1,082**	**$ 492**	**$ 450**	**$ 638**	**$ 688**
University Cost	$ 1,857	$ 1,857	$ 1,857	$ 1,857	$ 1,857
You + Child(ren)					
Your Cost	**$ 616**	**$ 240**	**$ 213**	**$ 333**	**$ 365**
University Cost	$ 1,258	$ 1,258	$ 1,258	$ 1,258	$ 1,258

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 463**	**$ 249**	**$ 234**	**$ 302**	**$ 320**
University Cost	$ 1,053	$ 1,053	$ 1,053	$ 1,053	$ 1,053
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 695**	**$ 400**	**$ 379**	**$ 473**	**$ 498**
University Cost	$ 1,402	$ 1,402	$ 1,402	$ 1,402	$ 1,402

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Medicare Enrolled

Pre-Medicare

Medicare Enrolled and Pre-Medicare

2025 Monthly Costs for Health Plans

Chart F:

Use this chart if you retired on or after January 1, 2015 and before January 1, 2017, and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 62**	**$ 62**	**$ 62**
University Cost	$ 389	$ 389	$ 389
2 People with Medicare			
Your Cost	**$ 228**	**$ 228**	**$ 228**
University Cost	$ 674	$ 674	$ 674
3 or More People with Medicare			
Your Cost	**$ 355**	**$ 355**	**$ 355**
University Cost	$ 899	$ 899	$ 899

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 286**	**$ 72**	**$ 57**	**$ 125**	**$ 143**
University Cost	$ 779	$ 779	$ 779	$ 779	$ 779
You + Adult					
Your Cost	**$ 796**	**$ 368**	**$ 338**	**$ 474**	**$ 510**
University Cost	$ 1,334	$ 1,334	$ 1,334	$ 1,334	$ 1,334
You + Adult + Child(ren)					
Your Cost	**$ 1,182**	**$ 592**	**$ 550**	**$ 738**	**$ 788**
University Cost	$ 1,757	$ 1,757	$ 1,757	$ 1,757	$ 1,757
You + Child(ren)					
Your Cost	**$ 672**	**$ 296**	**$ 269**	**$ 389**	**$ 421**
University Cost	$ 1,202	$ 1,202	$ 1,202	$ 1,202	$ 1,202

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 512**	**$ 298**	**$ 283**	**$ 351**	**$ 369**
University Cost	$ 1,004	$ 1,004	$ 1,004	$ 1,004	$ 1,004
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 769**	**$ 474**	**$ 453**	**$ 547**	**$ 572**
University Cost	$ 1,328	$ 1,328	$ 1,328	$ 1,328	$ 1,328

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Chart G:

Use this chart if you retired on or after January 1, 2017 and before January 1, 2019 and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 72**	**$ 72**	**$ 72**
University Cost	$ 379	$ 379	$ 379
2 People with Medicare			
Your Cost	**$ 258**	**$ 258**	**$ 258**
University Cost	$ 644	$ 644	$ 644
3 or More People with Medicare			
Your Cost	**$ 401**	**$ 401**	**$ 401**
University Cost	$ 853	$ 853	$ 853

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 309**	**$ 95**	**$ 80**	**$ 148**	**$ 166**
University Cost	$ 756	$ 756	$ 756	$ 756	$ 756
You + Adult					
Your Cost	**$ 864**	**$ 436**	**$ 406**	**$ 542**	**$ 578**
University Cost	$ 1,266	$ 1,266	$ 1,266	$ 1,266	$ 1,266
You + Adult + Child(ren)					
Your Cost	**$ 1,284**	**$ 694**	**$ 652**	**$ 840**	**$ 890**
University Cost	$ 1,655	$ 1,655	$ 1,655	$ 1,655	$ 1,655
You + Child(ren)					
Your Cost	**$ 729**	**$ 353**	**$ 326**	**$ 446**	**$ 478**
University Cost	$ 1,145	$ 1,145	$ 1,145	$ 1,145	$ 1,145

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 561**	**$ 347**	**$ 332**	**$ 400**	**$ 418**
University Cost	$ 955	$ 955	$ 955	$ 955	$ 955
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 843**	**$ 548**	**$ 527**	**$ 621**	**$ 646**
University Cost	$ 1,254	$ 1,254	$ 1,254	$ 1,254	$ 1,254

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart H:

Use this chart if you retired on or after January 1, 2019 and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 83**	**$ 83**	**$ 83**
University Cost	$ 368	$ 368	$ 368
2 People with Medicare			
Your Cost	**$ 290**	**$ 290**	**$ 290**
University Cost	$ 612	$ 612	$ 612
3 or More People with Medicare			
Your Cost	**$ 449**	**$ 449**	**$ 449**
University Cost	$ 805	$ 805	$ 805

Pre-Medicare

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 331**	**$ 117**	**$ 102**	**$ 170**	**$ 188**
University Cost	$ 734	$ 734	$ 734	$ 734	$ 734
You + Adult					
Your Cost	**$ 930**	**$ 502**	**$ 472**	**$ 608**	**$ 644**
University Cost	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
You + Adult + Child(ren)					
Your Cost	**$ 1,385**	**$ 795**	**$ 753**	**$ 941**	**$ 991**
University Cost	$ 1,554	$ 1,554	$ 1,554	$ 1,554	$ 1,554
You + Child(ren)					
Your Cost	**$ 785**	**$ 409**	**$ 382**	**$ 502**	**$ 534**
University Cost	$ 1,089	$ 1,089	$ 1,089	$ 1,089	$ 1,089

Medicare Enrolled and Pre-Medicare

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 610**	**$ 396**	**$ 381**	**$ 449**	**$ 467**
University Cost	$ 906	$ 906	$ 906	$ 906	$ 906
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 917**	**$ 622**	**$ 601**	**$ 695**	**$ 720**
University Cost	$ 1,180	$ 1,180	$ 1,180	$ 1,180	$ 1,180

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Chart I:

Use this chart if you retired on or after January 1, 2021 with more than 10 years of service but less than 12 years of service and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 256**	**$ 256**	**$ 256**
University Cost	$ 195	$ 195	$ 195
2 People with Medicare			
Your Cost	**$ 574**	**$ 574**	**$ 574**
University Cost	$ 328	$ 328	$ 328
3 or More People with Medicare			
Your Cost	**$ 818**	**$ 818**	**$ 818**
University Cost	$ 436	$ 436	$ 436

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 698**	**$ 484**	**$ 469**	**$ 537**	**$ 555**
University Cost	$ 367	$ 367	$ 367	$ 367	$ 367
You + Adult					
Your Cost	**$ 1,530**	**$ 1,102**	**$ 1,072**	**$ 1,208**	**$ 1,244**
University Cost	$ 600	$ 600	$ 600	$ 600	$ 600
You + Adult + Child(ren)					
Your Cost	**$ 2,162**	**$ 1,572**	**$ 1,530**	**$ 1,718**	**$ 1,768**
University Cost	$ 777	$ 777	$ 777	$ 777	$ 777
You + Child(ren)					
Your Cost	**$ 1,329**	**$ 953**	**$ 926**	**$ 1,046**	**$ 1,078**
University Cost	$ 545	$ 545	$ 545	$ 545	$ 545

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,052**	**$ 838**	**$ 823**	**$ 891**	**$ 909**
University Cost	$ 464	$ 464	$ 464	$ 464	$ 464
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,490**	**$ 1,195**	**$ 1,174**	**$ 1,268**	**$ 1,293**
University Cost	$ 607	$ 607	$ 607	$ 607	$ 607

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart J:

Use this chart if you retired on or after January 1, 2021 with more than 12 years of service but less than 14 years of service and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 221**	**$ 221**	**$ 221**
University Cost	$ 230	$ 230	$ 230
2 People with Medicare			
Your Cost	**$ 517**	**$ 517**	**$ 517**
University Cost	$ 385	$ 385	$ 385
3 or More People with Medicare			
Your Cost	**$ 745**	**$ 745**	**$ 745**
University Cost	$ 509	$ 509	$ 509

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 625**	**$ 411**	**$ 396**	**$ 464**	**$ 482**
University Cost	$ 440	$ 440	$ 440	$ 440	$ 440
You + Adult					
Your Cost	**$ 1,410**	**$ 982**	**$ 952**	**$ 1,088**	**$ 1,124**
University Cost	$ 720	$ 720	$ 720	$ 720	$ 720
You + Adult + Child(ren)					
Your Cost	**$ 2,007**	**$ 1,417**	**$ 1,375**	**$ 1,563**	**$ 1,613**
University Cost	$ 932	$ 932	$ 932	$ 932	$ 932
You + Child(ren)					
Your Cost	**$ 1,221**	**$ 845**	**$ 818**	**$ 938**	**$ 970**
University Cost	$ 653	$ 653	$ 653	$ 653	$ 653

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 964**	**$ 750**	**$ 735**	**$ 803**	**$ 821**
University Cost	$ 552	$ 552	$ 552	$ 552	$ 552
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,376**	**$ 1,081**	**$ 1,060**	**$ 1,154**	**$ 1,179**
University Cost	$ 721	$ 721	$ 721	$ 721	$ 721

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Chart K:

Use this chart if you retired on or after January 1, 2021 with more than 14 years of service but less than 16 years of service and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and before January 1, 2013, and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 187**	**$ 187**	**$ 187**
University Cost	$ 264	$ 264	$ 264
2 People with Medicare			
Your Cost	**$ 460**	**$ 460**	**$ 460**
University Cost	$ 442	$ 442	$ 442
3 or More People with Medicare			
Your Cost	**$ 671**	**$ 671**	**$ 671**
University Cost	$ 583	$ 583	$ 583

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 551**	**$ 337**	**$ 322**	**$ 390**	**$ 408**
University Cost	$ 514	$ 514	$ 514	$ 514	$ 514
You + Adult					
Your Cost	**$ 1,290**	**$ 862**	**$ 832**	**$ 968**	**$ 1,004**
University Cost	$ 840	$ 840	$ 840	$ 840	$ 840
You + Adult + Child(ren)					
Your Cost	**$ 1,851**	**$ 1,261**	**$ 1,219**	**$ 1,407**	**$ 1,457**
University Cost	$ 1,088	$ 1,088	$ 1,088	$ 1,088	$ 1,088
You + Child(ren)					
Your Cost	**$ 1,112**	**$ 736**	**$ 709**	**$ 829**	**$ 861**
University Cost	$ 762	$ 762	$ 762	$ 762	$ 762

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 875**	**$ 661**	**$ 646**	**$ 714**	**$ 732**
University Cost	$ 641	$ 641	$ 641	$ 641	$ 641
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,261**	**$ 966**	**$ 945**	**$ 1,039**	**$ 1,064**
University Cost	$ 836	$ 836	$ 836	$ 836	$ 836

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart L:

Use this chart if you retired on or after January 1, 2021 with more than 16 years of service but less than 18 years of service and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 152**	**$ 152**	**$ 152**
University Cost	$ 299	$ 299	$ 299
2 People with Medicare			
Your Cost	**$ 404**	**$ 404**	**$ 404**
University Cost	$ 498	$ 498	$ 498
3 or More People with Medicare			
Your Cost	**$ 597**	**$ 597**	**$ 597**
University Cost	$ 657	$ 657	$ 657

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 478**	**$ 264**	**$ 249**	**$ 317**	**$ 335**
University Cost	$ 587	$ 587	$ 587	$ 587	$ 587
You + Adult					
Your Cost	**$ 1,170**	**$ 742**	**$ 712**	**$ 848**	**$ 884**
University Cost	$ 960	$ 960	$ 960	$ 960	$ 960
You + Adult + Child(ren)					
Your Cost	**$ 1,696**	**$ 1,106**	**$ 1,064**	**$ 1,252**	**$ 1,302**
University Cost	$ 1,243	$ 1,243	$ 1,243	$ 1,243	$ 1,243
You + Child(ren)					
Your Cost	**$ 1,003**	**$ 627**	**$ 600**	**$ 720**	**$ 752**
University Cost	$ 871	$ 871	$ 871	$ 871	$ 871

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 787**	**$ 573**	**$ 558**	**$ 626**	**$ 644**
University Cost	$ 729	$ 729	$ 729	$ 729	$ 729
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,146**	**$ 851**	**$ 830**	**$ 924**	**$ 949**
University Cost	$ 951	$ 951	$ 951	$ 951	$ 951

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Chart M:

Use this chart if you retired on or after January 1, 2021 with more than 18 years of service but less than 20 years of service and either:

a. Your date of service is before July 1, 1988 and you are any age, or
b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 118**	**$ 118**	**$ 118**
University Cost	$ 333	$ 333	$ 333
2 People with Medicare			
Your Cost	**$ 347**	**$ 347**	**$ 347**
University Cost	$ 555	$ 555	$ 555
3 or More People with Medicare			
Your Cost	**$ 523**	**$ 523**	**$ 523**
University Cost	$ 731	$ 731	$ 731

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 404**	**$ 190**	**$ 175**	**$ 243**	**$ 261**
University Cost	$ 661	$ 661	$ 661	$ 661	$ 661
You + Adult					
Your Cost	**$ 1,050**	**$ 622**	**$ 592**	**$ 728**	**$ 764**
University Cost	$ 1,080	$ 1,080	$ 1,080	$ 1,080	$ 1,080
You + Adult + Child(ren)					
Your Cost	**$ 1,540**	**$ 950**	**$ 908**	**$ 1,096**	**$ 1,146**
University Cost	$ 1,399	$ 1,399	$ 1,399	$ 1,399	$ 1,399
You + Child(ren)					
Your Cost	**$ 894**	**$ 518**	**$ 491**	**$ 611**	**$ 643**
University Cost	$ 980	$ 980	$ 980	$ 980	$ 980

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 698**	**$ 484**	**$ 469**	**$ 537**	**$ 555**
University Cost	$ 818	$ 818	$ 818	$ 818	$ 818
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,032**	**$ 737**	**$ 716**	**$ 810**	**$ 835**
University Cost	$ 1,065	$ 1,065	$ 1,065	$ 1,065	$ 1,065

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart N:

Use this chart if you retired on or after January 1, 2021 with 20 years of service or more and either:

a. Your date of service is before July 1, 1988 and you are any age, or

b. Your date of service is on or after July 1, 1988 and you are age 62 or older.

If your date of service is on or after July 1, 1988 and you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 83**	**$ 83**	**$ 83**
University Cost	$ 368	$ 368	$ 368
2 People with Medicare			
Your Cost	**$ 290**	**$ 290**	**$ 290**
University Cost	$ 612	$ 612	$ 612
3 or More People with Medicare			
Your Cost	**$ 449**	**$ 449**	**$ 449**
University Cost	$ 805	$ 805	$ 805

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 331**	**$ 117**	**$ 102**	**$ 170**	**$ 188**
University Cost	$ 734	$ 734	$ 734	$ 734	$ 734
You + Adult					
Your Cost	**$ 930**	**$ 502**	**$ 472**	**$ 608**	**$ 644**
University Cost	$ 1,200	$ 1,200	$ 1,200	$ 1,200	$ 1,200
You + Adult + Child(ren)					
Your Cost	**$ 1,385**	**$ 795**	**$ 753**	**$ 941**	**$ 991**
University Cost	$ 1,554	$ 1,554	$ 1,554	$ 1,554	$ 1,554
You + Child(ren)					
Your Cost	**$ 785**	**$ 409**	**$ 382**	**$ 502**	**$ 534**
University Cost	$ 1,089	$ 1,089	$ 1,089	$ 1,089	$ 1,089

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 610**	**$ 396**	**$ 381**	**$ 449**	**$ 467**
University Cost	$ 906	$ 906	$ 906	$ 906	$ 906
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 917**	**$ 622**	**$ 601**	**$ 695**	**$ 720**
University Cost	$ 1,180	$ 1,180	$ 1,180	$ 1,180	$ 1,180

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Chart O:

Use this chart if you retired on or after January 1, 2023 with more than 10 years of service but less than 12 years of service and your date of service is on or after January 1, 2013 and you are age 62 or older.

If you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 280**	**$ 280**	**$ 280**
University Cost	$ 171	$ 171	$ 171
2 People with Medicare			
Your Cost	**$ 648**	**$ 648**	**$ 648**
University Cost	$ 254	$ 254	$ 254
3 or More People with Medicare			
Your Cost	**$ 931**	**$ 931**	**$ 931**
University Cost	$ 323	$ 323	$ 323

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 751**	**$ 537**	**$ 522**	**$ 590**	**$ 608**
University Cost	$ 314	$ 314	$ 314	$ 314	$ 314
You + Adult					
Your Cost	**$ 1,691**	**$ 1,263**	**$ 1,233**	**$ 1,369**	**$ 1,405**
University Cost	$ 439	$ 439	$ 439	$ 439	$ 439
You + Adult + Child(ren)					
Your Cost	**$ 2,404**	**$ 1,814**	**$ 1,772**	**$ 1,960**	**$ 2,010**
University Cost	$ 535	$ 535	$ 535	$ 535	$ 535
You + Child(ren)					
Your Cost	**$ 1,465**	**$ 1,089**	**$ 1,062**	**$ 1,182**	**$ 1,214**
University Cost	$ 409	$ 409	$ 409	$ 409	$ 409

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,169**	**$ 955**	**$ 940**	**$ 1,008**	**$ 1,026**
University Cost	$ 347	$ 347	$ 347	$ 347	$ 347
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,668**	**$ 1,373**	**$ 1,352**	**$ 1,446**	**$ 1,471**
University Cost	$ 429	$ 429	$ 429	$ 429	$ 429

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

2025 Monthly Costs for Health Plans

Chart P:

Use this chart if you retired on or after January 1, 2023 with **more than 12 years of service but less than 14 years of service**:

If you are under age 62, refer to Chart B for your monthly health plan rates.

Chart Terms

"With Medicare" refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B.

"You Only, You, Adult, Child(ren), and Without Medicare" refers to retirees or their covered dependents who are not eligible for Medicare.

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 251**	**$ 251**	**$ 251**
University Cost	$ 200	$ 200	$ 200
2 People with Medicare			
Your Cost	**$ 606**	**$ 606**	**$ 606**
University Cost	$ 296	$ 296	$ 296
3 or More People with Medicare			
Your Cost	**$ 880**	**$ 880**	**$ 880**
University Cost	$ 374	$ 374	$ 374

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 689**	**$ 475**	**$ 460**	**$ 528**	**$ 546**
University Cost	$ 376	$ 376	$ 376	$ 376	$ 376
You + Adult					
Your Cost	**$ 1,603**	**$ 1,175**	**$ 1,145**	**$ 1,281**	**$ 1,317**
University Cost	$ 527	$ 527	$ 527	$ 527	$ 527
You + Adult + Child(ren)					
Your Cost	**$ 2,298**	**$ 1,708**	**$ 1,666**	**$ 1,854**	**$ 1,904**
University Cost	$ 641	$ 641	$ 641	$ 641	$ 641
You + Child(ren)					
Your Cost	**$ 1,383**	**$ 1,007**	**$ 980**	**$ 1,100**	**$ 1,132**
University Cost	$ 491	$ 491	$ 491	$ 491	$ 491

Medicare Enrolled and Pre-Medicare

	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,105**	**$ 891**	**$ 876**	**$ 944**	**$ 962**
University Cost	$ 411	$ 411	$ 411	$ 411	$ 411
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,589**	**$ 1,294**	**$ 1,273**	**$ 1,367**	**$ 1,392**
University Cost	$ 508	$ 508	$ 508	$ 508	$ 508

Note: If you select the Comprehensive Major Medical or Consumer Directed Health plan, the member eligible for Medicare will be enrolled in Medicare Advantage PPO

Medicare Enrolled

Pre-Medicare

Medicare Enrolled and Pre-Medicare

Magellan Rx Rebranding to Prime Therapeutics October 1, 2024

On Oct. 1, Magellan Rx will become Prime Therapeutics. You will notice a change to messages, the member portal and materials. This includes a new logo and updated visuals. You can continue to use the current website to access online services and the current customer service phone number on the back of your member card. ID cards issued after Oct. 1 will include the Prime Therapeutics name and new logo. The customer service phone number and pharmacy processing information will remain the same.

You do not need to notify your pharmacy of this change.

The university provides a Prescription Drug Plan for everyone enrolled in a U-M health plan, administered by Magellan Rx/Prime Therapeutics. The prescription drug copay varies based on several factors: whether the drug is a generic, a preferred brand, or a non-preferred brand; and whether it is dispensed by a retail pharmacy or the mail-order pharmacy.

For more information on the U-M Prescription Drug Plan and the mail-order pharmacy service, see hr.umich.edu/prescription-drug-plan.

Eligibility and Enrollment

- When you enroll in a university health plan, you will be concurrently enrolled in the U-M Prescription Drug Plan.
- In both your health and prescription drug plans, your coverage will be at the same level (You Only, You + Adult, etc.) and for the same named dependents.
- You cannot elect the U-M Prescription Drug Plan without enrolling in a U-M health plan.

Plan Features

The U-M Prescription Drug Plan provides a consistent benefit and scope of coverage for all members, including:

- **Access to local and national chain pharmacies.** Up to 90-day supplies are available for many medications. Participants can fill prescriptions for one- to 34-day supplies for one copay, 35- to 60-day supplies for two copays, or 61- to 90-day supplies for three copays.
- **Mail-order pharmacy** is an alternative to retail pharmacies. Use of the mail-order service may result in savings to you. Orders are mailed to your home in secure packaging. This is particularly convenient for participants who take certain medications on an ongoing basis.
- **Diabetic insulin, needles, and syringes** are available to all participants in the University of Michigan Prescription Drug Plan. Select insulin products (see the formulary at hr.umich.edu/formulary), needles and syringes are covered at $0 copay for all members.
- **Coverage of diabetic supplies** (injection devices, alcohol swabs, testing strips, lancets, and blood glucose testing monitors) is determined by your health plan. See page 67 for health plan contact information.

Terms You Need to Know

Formulary—A formulary is a list of available prescription drugs offered by the plan to serve the pharmaceutical needs of patients requiring self-administered drug therapy on an outpatient basis. In addition, there may be drugs covered but not listed on the formulary. Inclusions (or exclusions) of drugs on the formulary are determined by the clinical judgment of a committee of Michigan Medicine physicians and pharmacists based on published medical evidence regarding diagnosis and treatment of disease. Drug lists are subject to change. The U-M formulary can be found at hr.umich.edu/formulary.

Generic Drugs/Tier 1—The Generic Drug copay level offers the opportunity to take advantage of generic drug savings. Generics cost significantly less on average than their counterpart brand-name drugs. Generic drugs are approved by the United States Food and Drug Administration (FDA), contain the same active ingredients as their brand-name equivalents, and must meet the same safety, production, and performance standards. Therefore, generic drugs often offer an effective and safe alternative to help reduce prescription drug costs for both you and the University of Michigan. Approximately 90% of all prescriptions under the U-M Prescription Drug Plan are dispensed as generic drugs. For copay amounts for generic drugs, see the U-M Prescription Drug Plan Copays chart on page 48.

Brand-Name Drugs/Tier 2 and Tier 3—Brand-name drugs are patent-protected and product-trademarked. After the patent ends, a generic equivalent can be manufactured and made available as a lower-cost alternative. For each drug class (e.g., cardiovascular, depression), there may be several drugs produced by different manufacturers with different prices that are equivalent in therapeutic value.

Generics are always preferred and are your lowest cost option. Preferred brand-name drugs are selected on the basis of therapeutic effectiveness, safety, and cost relative to other brand-name drugs used to treat the same conditions. Physicians are encouraged, but not required, to prescribe preferred drugs when appropriate for the patient's condition. Approximately 84% of all prescriptions dispensed are at Tier 1 or Tier 2. Approximately 13% of all prescriptions filled under the U-M Prescription Drug Plan are dispensed with $0 copay. For copay amounts for preferred brand-name drugs, see the U-M Prescription Drug Plan Copays chart below.

Non-Preferred Drugs (Brand-Name)/Tier 3—Drugs on the third copay tier are FDA-approved drugs that a committee of university physicians and pharmacists have not designated as "preferred" and are subject to a higher copay and may have a product selection penalty. These products often are in drug classes that include several similar alternative brand-name or generic options. Brand-name products with generic equivalents will automatically be placed in Tier 3. Approximately 3% of all medications are dispensed as non-preferred drugs. For copay amounts for non-preferred brand-name drugs, see the U-M Prescription Drug Plan Copays chart below.

Select medications for participants as defined by the Affordable Care Act with a prescription from your doctor are covered at zero ($0) copay when you use your prescription drug benefit at a network retail pharmacy or mail-order pharmacy.

Specialty Drugs are processed by the Michigan Medicine Specialty pharmacy. A "specialty drug" is a prescription drug that is either a self-administered injectable medication; a medication that requires special handling, special administration, or monitoring; or is a high-cost oral medication. Most specialty drugs are limited to a one-month supply per fill. Prescriptions for antiretroviral (HIV) medications are covered up to a 90-day supply. More information is available at hr.umich.edu/specialty-drugs or call the Michigan Medicine specialty pharmacy's toll free number 855-276-3002.

This section is not intended to be a full description of the Prescription Drug Plan coverage. The complete plan description is available online at hr.umich.edu/prescription-drug-plan. Every effort has been made to ensure the accuracy of this information. If statements in this section differ from the website, the terms and conditions of the website prevail. All benefits are subject to change.

2025 Prescription Drug Plan Copays

Drug Type	Retail Pharmacy Copay [1, 2, 3]			Mail Order Copay [1, 2, 3]
	1- to 34-day supply	35- to 60-day supply	61- to 90-day supply	Up to 90-day supply (Compare to 61- to 90-day supply at Retail Pharmacy)
Generic Drugs/Tier 1	$10	$20	$30	$20
Preferred Brand-Name Drugs/Tier 2	$20	$40	$60	$40
Non-Preferred Brand-Name Drugs/Tier 3	$75	$150	$225	$150

1 If the retail price of a covered medication is less than the tier copay, you pay only the cost of the medication. If the cost of the covered medication is more than the copay, you pay only the copay. The member always pays the full cost for prescriptions that are not covered by the plan.
2 Catastrophic coverage for prescription drugs goes into effect after the out-of-pocket maximum of $2,500 per individual coverage or $5,000 per family per year is met. Catastrophic coverage applies only to covered prescription drugs and does not include product selection penalties or health plan expenses such as physician office visits.
3 Member cost may be higher than the copay if a brand-name drug is selected when a generic equivalent is available.

hr.umich.edu/prescription-drug-plan

Delta Dental of Michigan administers this plan

What is Delta Dental PPO (Point-of-Service)?

Delta Dental of Michigan provides dental coverage for eligible University of Michigan faculty, staff, retirees, and graduate students. Delta Dental (Point-of-Service) is a national program that gives members access to two of the largest networks of participating dentists in the country: the Delta Dental PPO network and the Delta Dental Premier network. Members can visit any licensed dentist, but they can save money by choosing a Delta Dental PPO dentist.

Three Dental Plan Options Available

You can choose from three dental plan options. All three options provide coverage for preventive care and orthodontic services. Option 1 does not cover restorative or major services; however, members will pay a discounted rate for these services when they use a Delta PPO or Delta Premier participating dentist.

If you enroll in Options 2 or 3, Delta will pay toward restorative and major services. Even greater savings are reached by using a Delta PPO or Delta Premier participating dentist. Please refer to the benefit comparison chart on pages 52-53 for information on benefit levels and covered services. For full details on coverage and limitations of the plan, see the Delta Dental certificate of coverage that is available at hr.umich.edu/dental-plan.

If you select Option 1, there is no monthly dental contribution for coverage for you and your enrolled eligible dependents. The university pays the full cost. You may elect Option 2 or Option 3 for yourself and your dependents; however you pay the cost difference between the university contribution for Option 1 and the costs for the other plans.

How Does the Delta Dental PPO Point-of-Service Work?

The Delta Dental PPO Point-of-Service plan offers two provider networks: Delta Dental PPO and Delta Dental Premier. Your out-of-pocket costs are likely to be lower if you go to a Delta Dental PPO participating dentist. PPO dentists have agreed to accept payment according to a schedule established by Delta Dental, and, in most cases, this results in a reduction of their fees. Delta Dental also pays a higher percentage for most covered services if you go to a PPO dentist.

If your dentist is not a PPO dentist, you will have back-up coverage through Delta Dental Premier. Again, your out-of-pocket expenses will vary depending on the participating status of the dentist. Your coverage levels will be slightly lower in most cases, but you can still save money.

What are the Advantages of Choosing a Delta Dental PPO Dentist?

- Delta Dental will pay the PPO dentist directly for covered services based on his or her submitted fee or the amount in the local Delta Dental's PPO dentist schedule, whichever is less.
- If the PPO dentist schedule amount is lower than the dentist's submitted fee, the dentist cannot charge you the difference. This means you will be responsible only for your copayments and deductible, if any, when you go to a PPO dentist for covered services (see the coverage comparison chart on pages 52-53).
- PPO dentists will also fill out and file your claim forms.

What are the Advantages of Choosing a Delta Dental Premier Dentist?

- Delta Dental will pay the Premier dentist directly for covered services based on his or her submitted fee or the local Delta Dental maximum approved fee, whichever is less.
- If the maximum approved fee is lower than the dentist's submitted fee, the dentist cannot charge you the difference. As with PPO dentists, this means you will be responsible only for your copayments and deductible, if any, when you go to a Premier dentist for covered services (see the coverage comparison chart on pages 52-53).
- Like PPO dentists, Premier dentists will fill out and file your claim forms for you.

What if I go to a Nonparticipating Dentist?

- If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you will still be covered (see the coverage comparison chart on pages 52-53). However, you could save more of your out-of-pocket expenses if you go to a dentist that participates with Delta Dental.
- Delta Dental will pay you directly for covered services based on the dentist's submitted fee or the local Delta Dental's nonparticipating dentist fee, whichever is less. You will be responsible for paying the dentist whatever they charge.

How Can I Find a Participating Dentist?

- To find the names of participating dentists near you, view a Delta Dental dentist directory by viewing Delta Dental's website at: deltadentalmi.com.
- You can call Delta Dental's Customer Service department toll-free at: 800-524-0149.
- Delta's DASI (Delta's Automated Service Inquiry) system is available 24-hours-a-day, seven-days-a-week, and can provide you with a list of participating dentists.
- You can also speak to a Customer Service representative at any time during normal business hours (Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time).

Does the University of Michigan School of Dentistry Participate with Delta Dental?

The University of Michigan School of Dentistry and Community Dental Center provide dental service to the general public and participate with Delta Dental for insurance coverage. To confirm the Delta network participation level, contact the Dental School Patient Business Office at: 734-647-8383.

ID Card

Delta Dental does not require ID cards. When visiting a Delta Dental dentist, simply provide your eight-digit UMID or your Social Security number. The dental office can use that information to verify your eligibility and benefits through Delta Dental's website or toll-free number. If you still would like an ID card, you can print a customized ID card on demand using Delta Dental's Consumer Toolkit online.

How does Delta Dental Coordinate Coverage with Another Plan When Delta is the Secondary Payer?

Delta Dental bases payment on the amount they approve using the maximum approved fee or PPO dentist schedule according to the dentist's participating status. Delta will pay the balance of that amount after the primary payment or the amount they would pay as primary, whichever is less. The two programs together will not pay more than 100% of covered expenses. A Delta participating dentist cannot balance bill the patient for any difference between the amount charged and the amount Delta approves.

Preauthorization

Whenever you have a question about whether a dental procedure will be covered, you and/or your dentist should contact your dental plan before you begin treatment. Your dentist should contact Delta Dental and request a preauthorization of covered benefits anytime your dental work is expected to exceed $200.

Where Can I Find Additional Information Regarding the Dental Plan?

Several resources are available to find out what your dental plan covers:

- Refer to the Dental Plan booklet that is available for viewing and downloading at: hr.umich.edu/dental-plan.
- Call Delta Dental's Customer Service department at: 800-524-0149.
- Please keep reading for information in the yellow box about how to register for and log into Delta Dental's Member Portal and Office Toolkit.

Manage Your Dental Plan Online With Member Portal

Member Portal gives you easy, secure online access to your benefits information 24/7. Use this free service if you have Delta Dental dental benefits for:

- **Eligibility.** Review your specific benefits, including eligibility for dependents.
- **Up-to-date benefit information.** Find current information about your benefits, such as how much of your annual maximum has been used to date, how much is still available to use, and levels of coverage for specific dental services.
- **Claims information.** Review specific claims transactions, reimbursements, payments and pre-treatment estimates. You can also print a copy of your Explanation of Benefits (EOB) statements.
- **ID Cards.** Print a copy of your ID card to give to your dentist. Please note that ID cards are not required and do not verify eligibility, although many dental offices like to keep a copy on file.
- **Paperless EOBs.** Sign up for paperless delivery of your EOB statements.
- **Dentist search.** Search for participating dentists near you.

The site also allows you to find participating providers and print claim forms and your own personalized member ID card.

Log in to Member Portal at:
www.memberportal.com/mp/delta/

Summary of Dental Plan Benefits

Delta Dental PPO (Point-of-Service) Program									
University of Michigan Group No. 5970	**Option 1**			**Option 2**			**Option 3**		
Sub Group Numbers: Active Employees	1001			2001			3001		
Sub Group Numbers: LTD, COBRA, Retirees & Survivors	1099			2099			3099		
Delta Dental Network Participation Level	PPO	Premier	NonPar	PPO	Premier	NonPar	PPO	Premier	NonPar
Class I									
Diagnostic and Preventive Services—Used to diagnose and/or prevent dental abnormalities or disease. Includes prophylaxes, including periodontal prophylaxes, and routine oral examinations/evaluations payable twice in a calendar year. (People with certain high-risk medical conditions or with a documented history of periodontal disease may be eligible for two additional prophylaxes.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Radiographs—Including one set of bitewing x-rays in a calendar year and either a panoramic film or one set of full mouth x-rays once in any five-year period.	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sealants—Sealants are payable on permanent bicuspids and molars once per tooth up to age 16.	100%	100%	100%	100%	100%	100%	100%	100%	100%
Fluoride Treatment—Preventive fluoride treatments are payable twice in a calendar year for people up to age 19. (People over age 19 with certain high-risk medical conditions may be eligible for additional prophylaxes or fluoride treatment.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers—Space maintainers are payable for people up to age 19.	100%	100%	100%	100%	100%	100%	100%	100%	100%
Class II									
***Emergency Palliative Treatment**—Used to temporarily relieve pain.	100%	100%	100%	100%	100%	100%	100%	100%	100%
***Occlusal Guards**—Payable once in a five-year period.	100%	100%	100%	100%	100%	100%	100%	100%	100%
***Periodontal Scaling & Root Planing**	100%	100%	100%	100%	100%	100%	100%	100%	100%
***Periodontal Maintenance**—Two additional prophylaxes or periodontal maintenance procedures will be covered for individuals with a documented history of periodontal disease. (No more than four prophylaxes [cleanings] and/or periodontal prophylaxes or maintenance procedures will be payable in a calendar year.)	100%	100%	100%	100%	100%	100%	100%	100%	100%
All Other Periodontics—Used to treat diseases of the gums and supporting structures of the teeth.	0%	0%	0%	100%	60%	60%	100%	100%	100%
Oral Surgery—Extractions and dental surgery, including preoperative and postoperative care.	0%	0%	0%	100%	60%	60%	100%	100%	100%
Minor Restorative Services—Used to repair teeth damaged by disease or injury (for example, fillings).	0%	0%	0%	100%	60%	60%	100%	100%	100%
Endodontics—Used to treat teeth with diseased or damaged nerves (for example, root canals).	0%	0%	0%	100%	60%	60%	100%	100%	100%

* Emergency Palliative, Periodontal Maintenance, Scaling & Root Planing, and Occlusal Guard benefits are exempt from the Class II and III calendar year deductible and $1,250 calendar year maximum.

IMPORTANT
This chart is intended to provide basic information about services covered by the University of Michigan Dental Plan. It is not intended to be a full description of the plans offered by the University of Michigan. If you choose a dentist who does not participate in either the PPO or Premier program, you will be responsible for any difference between Delta Dental's allowed fee and the Dentist's submitted fee, in addition to any applicable copayment or deductible. Other limitations and exclusions apply. For additional details on how claims are paid, exclusions, and limitations for the dental program, visit hr.umich.edu/dental-plan.

Delta Dental PPO (Point-of-Service) Program

University of Michigan Group No. 5970	Option 1			Option 2			Option 3		
Sub Group Numbers: Active Employees	1001			2001			3001		
Sub Group Numbers: LTD, COBRA, Retirees & Survivors	1099			2099			3099		
Delta Dental Network Participation Level	PPO	Premier	NonPar	PPO	Premier	NonPar	PPO	Premier	NonPar
Class III									
Major Restorative Services—Used when teeth can't be restored with another filling material (for example, crowns).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Prosthodontics Services—Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Relines—Relines and rebase to dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
Prosthodontic Repairs—Repairs to bridges and dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
TMD Treatment—Used by dentists to relieve oral symptoms associated with malfunctioning of the temporomandibular joint (for example, an occlusal orthotic TMD device).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Class IV									
Orthodontic Services (to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%

Deductibles and Plan

	Option 1	Options 2 and 3
Calendar Year and Lifetime Maximum Payable Benefits	• There is no calendar year maximum dollar amount applied to covered Class I and II services under Option 1. • A $1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year.	• $1,250 per person total per calendar year for covered Class II and Class III Benefits, except as noted below.* The calendar year maximum does not apply to Class I or Class IV Benefits. • A $1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year. • A $1,000 per person total lifetime maximum applies to covered TMD Benefits. This is a combined maximum under Option 2 and 3, even if you change dental plan options from year to year.
Calendar Year Deductible	None	$50 per person per calendar year limited to a maximum deductible of $150 per family. Applies to Class II and Class III Benefits, except as noted below.* The deductible does not apply to Class I or Class IV Benefits.

* Emergency Palliative, Periodontal Maintenance, Scaling & Root Planing, and Occlusal Guard benefits are exempt from the Class II and III calendar year deductible and $1,250 calendar year maximum.

IMPORTANT
This chart is intended to provide basic information about services covered by the University of Michigan Dental Plan. It is not intended to be a full description of the plans offered by the University of Michigan. If you choose a dentist who does not participate in either the PPO or Premier program, you will be responsible for any difference between Delta Dental's allowed fee and the Dentist's submitted fee, in addition to any applicable copayment or deductible. Other limitations and exclusions apply. For additional details on how claims are paid, exclusions, and limitations for the dental program, visit hr.umich.edu/dental-plan.

hr.umich.edu/dental-plan

Chart A:

Use this chart if you:

Retired before January 1, 1987, or
Have a service date before July 1, 1988 and are any age, or
Have a service date on or after July 1, 1988 and are age 62 and older

Your 2025 Monthly Dental Plan Rates		
Dental Plan Option	**Your 2025 Monthly Contribution**	**University 2025 Monthly Contribution**
Option 1		
You Only	$ 0	$ 27.00
You + Child	$ 0	$ 54.00
You + Adult	$ 0	$ 54.00
You + Adult + Child(ren)	$ 0	$ 86.14
You + Children	$ 0	$ 86.14
Option 2		
You Only	$ 18.00	$ 27.00
You + Child	$ 36.00	$ 54.00
You + Adult	$ 36.00	$ 54.00
You + Adult + Child(ren)	$ 53.82	$ 86.14
You + Children	$ 53.82	$ 86.14
Option 3		
You Only	$ 25.38	$ 27.00
You + Child	$ 50.76	$ 54.00
You + Adult	$ 50.76	$ 54.00
You + Adult + Child(ren)	$ 76.78	$ 86.14
You + Children	$ 76.78	$ 86.14

Chart B:

Use this chart if you are retired and your service date is on or after July 1, 1988, and you are under age 62.

Your 2025 Monthly Dental Plan Rates		
Dental Plan Option	**Your 2025 Monthly Contribution**	**University 2025 Monthly Contribution**
Option 1		
You Only	$ 27.00	$ 0
You + Child	$ 54.00	$ 0
You + Adult	$ 54.00	$ 0
You + Adult + Child(ren)	$ 86.14	$ 0
You + Children	$ 86.14	$ 0
Option 2		
You Only	$ 45.00	$ 0
You + Child	$ 90.00	$ 0
You + Adult	$ 90.00	$ 0
You + Adult + Child(ren)	$139.96	$ 0
You + Children	$139.96	$ 0
Option 3		
You Only	$ 52.38	$ 0
You + Child	$104.76	$ 0
You + Adult	$104.76	$ 0
You + Adult + Child(ren)	$ 162.92	$ 0
You + Children	$ 162.92	$ 0

Dental Care Outside the United States

When you enroll in the U-M Delta Dental plan, you can receive dental care outside of the United States through Delta's Passport Dental program.

With Passport Dental, Delta Dental enrollees can receive expert dental care when they are outside of the United States through the AXA Assistance worldwide network of dentists and dental clinics.

How to Find a Dentist

When outside of the United States, call AXA Assistance collect at: (312) 356-5971 to receive a referral through an English-speaking operator. The operators are available 24/7. Enrollees must identify themselves as Delta Dental enrollees when they call. When inside the United States, call Delta Dental at: (800) 524-0149.

What Dental Services are Covered

Your Delta Dental coverage outside the U.S. is the same as your coverage within the U.S. Please note that AXA Assistance dentists are not Delta Dental participating dentists. If you are enrolled in a dental option that limits your coverage when you see a nonparticipating dentist, you will have limited coverage when you see an AXA Assistance dentist.

Filing Claims

When you receive dental care outside the U.S., you pay the dentist and file a claim for reimbursement with Delta Dental when you return from your trip. Be sure to get an itemized receipt for all dental services you receive. The receipt should include the dentist's name and address, the services performed, and an indication of which tooth or teeth received treatment. It should also note if the dentist's charges were billed in U.S. dollars or the local currency. Claim forms are available from hr.umich.edu/dental-plan. Make a copy of your receipt and completed claim form, and send the originals to Delta Dental as instructed on the form. Delta Dental will reimburse you subject to the terms and conditions of your existing Delta Dental coverage. The reimbursement may not cover your entire cost.

deltadentalmi.com

Vision Plan

Metlife administers this plan

What's New

In 2025, covered allowances for eyeglass frames and contact lenses will increase from $130 to $200.

Monthly plan premiums also will decrease by about 10%.

How the Vision Plan Works

Vision Plan Basics

MetLife provides benefits under the Vision Plan. You should elect to use in-network services to receive the highest benefit from this plan. In-network means you use a provider who is in the Davis Vision by MetLife provider directory.

Find a participating eye care professional by using the 'Find a Vision Provider' tool:

1. Go to metlife.com/mybenefits
2. In the section Access MyBenefits, type University of Michigan and hit the Next button
3. In the Vision box, enter a zip code and select the Find button

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for partial reimbursement.

To use Davis Vision by MetLife, make an appointment with a participating provider when you need vision care services. The provider's office will verify your eligibility for services, and no claim forms or ID cards are required. You will pay a copay (if it applies) when you receive services, and the balance will be paid through the plan.

You may "split" your benefit by receiving your eye examination, frame and spectacle lenses or contact lenses at different time periods or provider locations, if desired. To maintain continuity of care, Davis Vision by MetLife recommends that all available services be obtained at one time from either a network or an out-of-network provider.

Davis Vision by MetLife provides a comprehensive eye exam, including a review of your case history, health status of the visual system, refractive status evaluation, binocular function, diagnosis, treatment, and dilation as professionally indicated. Additional fees attributed to measurements for contact lens fittings are not covered.

Cost of Enhancements

If your prescription requires additional enhancement, a copay will be added; however, the costs are generally at wholesale prices when ordered through a Davis Vision by MetLife provider. The copays are listed in the Davis Vision by MetLife Plan brochure and at hr.umich.edu/vision-plan.

Laser Vision Correction Services

Davis Vision by MetLife provides you and your eligible dependents the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers' normal charge or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Call the participating provider for inquiries on the available discount. For more information, please visit metlife.com/mybenefits or call 833-393-5433.

Buy a Voucher Program

You can purchase additional pairs of eyeglasses or contact lenses directly from Davis Vision by MetLife. Call Davis Vision by Met Life at 833-393-5433 to speak to a representative.

Eye Exams

Your health plan may cover your eye exam. Review the Vision Care chart in this book and/or contact your health plan company directly to ask if your plan covers eye exams.

ID Card

No ID Card is issued or needed for the Vision Plan.

Warranty

There is a one-year warranty against breakage on all eyeglasses completely supplied by Davis Vision by MetLife.

Summary of Benefits

The Vision Care Plan Benefit Description is available at: hr.umich.edu/vision-plan.

Questions?

If you have questions about the Vision Plan, or need a provider directory, call: 833-393-5433.

Your 2025 Monthly Vision Plan Rates

	Your 2025 Monthly Contribution	University 2025 Monthly Contribution
You Only	$ 6.94	$ 0
You + Child	$ 10.84	$ 0
You + Adult	$ 10.84	$ 0
You + Adult + Child(ren)	$ 18.08	$ 0
You + Children	$ 18.08	$ 0

metlife.com/mybenefits

Legal Services Plan

MetLife Legal Plan administers this plan

What's New

Divorce, Dissolution and Annulment (Contested and Uncontested)

This service is available to the plan member only, NOT to a spouse or dependents. This service includes preparing and filling all necessary pleadings, motions and affidavits, drafting settlement or separation agreements, and representation at the hearing or trial, whether the plan member is a plaintiff or defendant. This service DOES NOT include disputes that arise after a decree is issued.

Custody Order

This service is available to the plan member and spouse and covers preparation of petitions, consent forms and waivers, and representation at any court hearings to modify or enforce a child custody order.

Enforcement or Modification of Support Order

This service is available to the plan member and spouse and covers representation after a judgment has been entered to enforce or modify a court's award of support or alimony, whether the plan member or spouse is a plaintiff or a defendant. This service DOES NOT cover transfer of a divorce decree from one state to another, the division of property, or collection activities after a judgment.

Legal Services Plan Basics

For the cost of your monthly premium, you can receive professional legal assistance with matters such as:

- Wills and estate planning, including living wills, powers of attorney, trusts, and codicils (updates to wills).
- Real estate matters, including eviction defense; problems with your landlord; and buying, selling or refinancing your home.
- Family law matters, including name change, uncontested adoption, and guardianship. (Note that the plan covers advice about divorce but does not cover representation in a divorce case.)
- Debt defense (problems with creditors).
- Defense of civil lawsuits.
- Document preparation, including deeds, demand letters, promissory notes, and mortgages.
- Identify theft defense.
- Custody Order
- Enforcement or Modification of Support Order

MetLife Legal Plans identity protection and identity management services, credit monitoring and non-credit monitoring services provides assistance for emerging identity threats including phishing scams, mobile device attacks, cyberbullying, lost and destroyed documents, and many more identity theft issues. This service also includes identity theft defense that provides attorney consultations, services, and representation in defense of identity theft.

Identity Management Services

Services include proactive services when you believe your personal data has been compromised and resolution services to assist you in recovering from account takeover or identity theft with unlimited assistance to fix issues, handle notifications, and provide victims with credit and fraud monitoring.

Identity Theft Defense

Provides attorney services for consultations, defense services and representation in defense of identity theft such as foreclosures, repossession or garnishment up to and including trial if necessary.

Identity & Fraud Protection Services

Provide access to identity restoration services along with proactively preventing fraud before it happens by protecting identity, assets, privacy, finances, connecting devices using a virtual private network along with antivirus protection, and many more included secured tools.

One of the most valuable features of the Legal Services Plan is that it covers telephone advice and office consultations. So, even if you are not sure you need legal representation, or if you need guidance with a legal matter not covered by the plan, your Legal Services Plan may cover the initial consultation at no cost to you.

Benefits In or Out of the Network

It is most economical to use a plan attorney since the plan pays attorney fees for covered services in full—no matter how many times you need assistance. The plan offers benefits, however, even if you choose an attorney outside MetLife's network. In that case, the plan reimburses you up to a preset dollar amount for each covered service.

If you need representation on a matter not covered by the plan, your MetLife Legal Plan attorney will give you a written fee agreement in advance. That means you will know from the start what those services will cost you. To obtain a fee schedule, call MetLife. If you need legal assistance with a family will and estate planning or services where both you and your spouse or other qualified adult are required to sign legal documents (such as in real estate matters), you must enroll at the level of You + Adult or You + Adult + Children in order for these services to be fully paid by the plan.

MetLife Legal Services Plan

You can enroll in the legal plan during Open Enrollment. For additional information on the plan, call MetLife directly at 800-821-6400.

Legal Services Plan Book

View the Legal Services Plan book at: hr.umich.edu/legal-services-plan

Will Preparation

Simple will preparation services through MetLife Legal Plan attorneys are available to U-M retirees enrolled in the U-M Retiree Life Insurance Plan through MetLife.

Enrollment

Once enrolled, the plan requires you to remain enrolled for the entire calendar year for which you initially enrolled.

ID Card

There is no ID card for the Legal Services Plan. Check your Confirmation Statement to verify your enrollment.

Your 2025 Monthly Legal Plan Rates

	Your 2025 Monthly Contribution	University 2025 Monthly Contribution
You Only	$ 8.34	$ 0
You + Child	$ 13.34	$ 0
You + Adult	$ 13.34	$ 0
You + Adult + Child(ren)	$ 13.34	$ 0
You + Children	$ 13.34	$ 0

info.legalplans.com

Eligibility for Coverage

Coverage for Your Dependents

Dependents who were covered by your benefits at the time you retired can continue to be covered, as long as they satisfy the university's eligibility requirements.

Dependent Mid-Year Loss of Eligibility

If your covered 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. It is especially important to delete any ineligible dependents within that time frame to avoid overpaying premiums that will not be refunded. When your family member loses eligibility, coverage will end on the last day of the month in which the family change occurs. Failure to notify Shared Services Center - HR Benefits Transactions within 60 days of a dependents' loss of eligibility will result in forfeiture of that dependent's COBRA continuation rights.

You are responsible to remove dependents from your coverage when they become ineligible.

A few examples of events that would cause your covered dependent to lose eligibility include:

- You and your spouse divorce, or your other qualified adult becomes ineligible
- Expiration of court-appointed Letters of Guardianship for your dependent ward
- Your dependent spouse, child, or other qualified adult dies

Changes that Impact Your Medical Coverage

Your benefits elections for 2025 will remain in effect from January 1 through December 31 as long as you remain eligible and any premiums are paid. Once you have enrolled, you generally may not change your coverage mid-year, unless you experience a qualified change in status.

Waiving Coverage

Retirees Who Have a Service Date on or After July 1, 1988 and Are Under Age 62

Individuals with a service date on or after July 1, 1988 who have to pay the full cost of benefits because they retire under age 62 may choose not to enroll in coverage. Such individuals who choose to waive coverage are eligible for re-enrollment in U-M medical and/or dental coverage at age 62 providing the retiree maintains continuous comparable medical and/or dental coverage through another source and requests re-enrollment by contacting the Shared Services Center - HR Customer Care within 30 days of turning 62 years of age. Certification that comparable coverage has been maintained will be required. Effective the first of the month after reaching age 62, the university will provide its contribution toward the cost of benefits.

Retirees who choose to waive life insurance cannot re-enroll.

Maintaining Comparable Medical and Dental Coverage

Comparable medical coverage is health coverage that is at least as comprehensive as the university's Consumer-Directed Health Plan. The health plan must offer the same scope of benefits as the CDHP, but benefits do not have to be exactly the same. The plan must include basic coverage for:

- Primary and Preventive Care
- Mental Health Services
- Hospitalization
- Office Calls
- Surgical Services
- Comprehensive drug plan
- Emergency Care Services
- Diagnostic Tests (x-ray and lab work)

A plan that places a lifetime limit on the dollar value of the above services does not qualify.

Comparable dental coverage is coverage that is at least as good as the university-sponsored Dental Option 1 plan. Emergency dental treatment under a medical plan does not qualify. The plan must include basic coverage for routine exams and cleaning, x-rays and emergency palliative care.

Loss of Comparable Coverage

Individuals may choose to maintain comparable coverage through another source until they are eligible for re-enrollment in U-M medical and/or dental coverage at age 62. Such individuals may be eligible to request re-enrollment in U-M medical and/or dental coverage at their own cost before age 62 if the other corresponding comparable coverage is involuntarily lost. The following conditions must be met:

1. The retiree and/or dependents were enrolled under U-M medical and/or dental coverage at the time of retirement, or if not enrolled were eligible for enrollment but were covered under another group health and/or dental plan;
2. A completed and signed Request to Waive Retiree Coverage form is submitted to the Shared Services Center - HR Customer Care Benefits Transactions within 30 days of the date you request waiver of your retiree benefits;
3. Comparable coverage has been continuously maintained in another medical and/or dental plan; that is, there has been no lapse in coverage between the time university coverage was waived and later applied for; and,
4. Enrollment must be requested within 30 days after the other medical and/or dental coverage is involuntarily lost and satisfactory evidence is provided as requested by the Benefits Office that all requirements for re-enrollment have been satisfied.

Retirees who are Eligible to Receive a University Contribution for Their Benefits

You may waive (opt out of) enrollment in a retiree U-M medical or dental plan for yourself and/or your eligible spouse or dependent because you have other medical or dental coverage through another employer. If you waive medical and/or dental coverage and you subsequently lose that coverage involuntarily, you may be eligible to enroll yourself and/or your eligible spouse or dependent in a U-M plan provided all of the following conditions are met:

1. You and/or your spouse or dependents were eligible for medical and dental insurance at the time of your retirement from the university;
2. Coverage has been continuously maintained in another group medical or dental plan; that is, there has been no lapse in coverage between the time you waived university coverage and later apply for coverage;
3. A completed and signed Request to Waive Retiree Coverage form is submitted to the Shared Services Center - HR Customer Care Benefits Transactions within 30 days of the date you request waiver of your retiree benefits; and,
4. You must request enrollment within 30 days after the other medical or dental coverage is involuntarily lost and provide satisfactory evidence as requested by the Benefits Office that all requirements for re-enrollment have been satisfied. Coverage will go into effect the day following the termination. Remember to update your address with the university.

Important Facts for All Retirees to Consider Before Waiving Coverage

- When you waive your U-M medical coverage, your U-M prescription drug coverage will also be discontinued.
- You will not be allowed to enroll in a U-M benefit plan due to another employer's decision to change insurance companies; increase in deductibles or copays; or change, reduce or eliminate benefit provisions under their plan in any way.
- You will not be allowed to enroll in a U-M benefit plan due to another employer's decision to replace a traditional group health defined benefit plan (example: Blue Cross coverage) with a group health defined contribution plan (example: Health Reimbursement Arrangement or Retiree Reimbursement Arrangement).

Important Federal Notices

Regarding your health coverage

Women's Health and Cancer Rights

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment of physical complications of the mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under each of the university-sponsored health plans.

Newborns' and Mothers' Health Protection Act

Group health plans and health plan issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the detailed Health Plan Coverage Comparison Chart, a document called a Summary of Benefits and Coverage (SBC), is also available at hr.umich.edu/health-plans.

An SBC is a federally-mandated document intended to help individuals across the nation compare health plans. Each health plan is required to issue an SBC for every group health plan it offers. An SBC details deductibles, coinsurance and out-of-pocket limits for various services in a prescribed format. Please be aware the SBC does not reflect what your actual costs may be if you have other coverage that pays first. The "Patient Pays" amounts in the SBC claims examples do not reflect amounts any other carrier may have already paid first as the primary plan and your true cost may be less than is exhibited in the examples.

A Uniform Glossary of Health Coverage and Medical Terms to accompany the SBC is also available. To view a health plan SBC and/or the Uniform Glossary, you may select the appropriate document from the Summary of Benefits and Coverage page by visiting hr.umich.edu/health-plans.

You may also call the Shared Services Center - HR Customer Care at 734-615-2000 or 866-647-7657 (toll free) to request printed copies of a specific plan's SBC and/or the Uniform Glossary at no charge.

Continuation of Benefits (COBRA)

If you or your dependent has/have a qualifying event in which there is a loss of healthcare coverage, you have the option to continue group health plans you are already enrolled in under the Consolidated Omnibus Budget Reconciliation Act (COBRA) for a limited period of time.

If you need to remove ineligible dependents from your benefits, do not remove them when you make your Open Enrollment elections. If you do, continuation of benefits under the federal COBRA law will not be available to them. Your dependent children who become ineligible due to age limits will be automatically dropped from your group health coverage and will be sent information on coverage under COBRA provisions at that time. If dependents become ineligible for reasons other than age ineligibility, you must complete and return a Notice of Qualifying Event form to the Shared Services Center - HR Customer Care Benefits Transactions within 60 days of the loss of eligibility. The form is available at: hr.umich.edu or may be obtained by calling the Shared Services Center - HR Customer Care at: 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States). Failure to submit the notification during the 60-day time frame will result in forfeiture of your dependent's rights to COBRA continuation coverage.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in- network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

Emergency services - If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost- sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center - When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
  - » Cover emergency services without requiring you to get approval for services in advance (prior authorization).
  - » Cover emergency services by out-of- network providers.
  - » Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
  - » Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact your health plan at the number on the back of your ID card.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

HIPAA Notice of Privacy Practices

For personal health information of group health plans of the Regents of the University of Michigan

The Benefits Office is required by the Health Insurance Portability and Accountability Act and related rules (HIPAA) to provide you this notice related to protections and privileges assured by this federal law. You are not required to take any action as a result of receiving this notice.

The Health Insurance Portability and Accountability Act and related rules (HIPAA) require group health plans to protect the privacy of health information. The Benefits Administration Office ("BAO") of the Regents of the University of Michigan ("University") administers several self-insured group health plans for employees and retirees on behalf of the University. For a complete list of the current administrators of our self-funded plans, visit hr.umich.edu/health-plans.

The Benefits Office sends the notice of privacy practices to all current enrollees for the listed self-insured plans.

Participants in insured group health plans sponsored by the University may also receive a notice of privacy practice from those plans. A complete listing of our current insured group health plans subject to this notification requirement is available at hr.umich.edu/health-plans. However, because all of the group health plans, whether self-funded or insured, are sponsored by the University, they are part of an organized health care arrangement. This means that all the University sponsored group health plans, whether insured or self-funded, may share your protected health information with each other as needed for the purposes of treatment, payment and health care operations as described below.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

This notice gives you information about the duties and practices to protect the privacy of your medical or health information for each group health plan for University employees and retirees administered and self-insured by the University ("Plan"). Each Plan is sponsored by the University ("Plan Sponsor"). Each Plan is required by law to maintain the privacy of protected health information ("PHI") and to provide enrollees with a notice of its legal duties and privacy practices with respect to protected health information including notification to you following a breach of your unsecured PHI. Each Plan provides health benefits to you as described in your plan documents and plan informational materials. Each Plan receives and maintains health information in providing these benefits to you. Each Plan hires business associates to help provide these benefits. These business associates also receive and maintain health information related to you in the course of assisting each Plan.

The effective date of this notice is April 14, 2003, revised on June 7, 2016. Each Plan is required to follow the terms of this notice until it is replaced. Each Plan reserves the right to change the terms of this notice at any time. If a Plan amends this notice, the Plan will send a new notice to all subscribers covered by the Plan. Each Plan reserves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

When a Plan May Use or Disclose Your Medical or Health Information Without Your Consent or Authorization.

The following categories describe when a Plan may use or disclose your medical or health information without your consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

Treatment. For example, a Plan may disclose health information at your doctor's request to facilitate receipt of treatment.

Payment. For example, a Plan may use or disclose your health information to determine eligibility or plan responsibility for
benefits; confirm enrollment and coverage; facilitate payment for treatment and covered services received; coordinate benefits with other insurance carriers; and adjudicate benefit claims and appeals.

Health Care Operations. For example, a Plan may use or disclose your health information to conduct quality assessment and improvement activities; underwriting, premium rating, or other activities related to creating an insurance contract; data aggregation services; care coordination, case management, and customer service; auditing, legal, and medical reviews of the Plan; and to manage, plan, or develop a Plan's business. The Plans may share information with other units within the University that assist the Plan Sponsor with plan administration and operations. For example, the University of Michigan Health System Faculty Group Practice Quality Management Program (QMP) assists the Plans with quality improvement and quality assessment by reviewing prescribed drugs for quality control and safety concerns. When other University units such as the QMP perform services for the Plans, those units are educated in HIPAA privacy and security requirements, receive only the minimum necessary information to complete their tasks, and must protect your information to the same extent the Plans must protect it. Other examples include

educational programs, resolution of internal grievances, business planning, development and management, general administrative activities, including data and information systems management, and sales or consolidations with other providers.

In addition, we may use or disclose your PHI to contact you to tell you about alternative treatments or health-related benefits and services that may be of interest to you.

Health Services. A Plan or its business associates may use your health information to contact you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

To Business Associates. A Plan may disclose your health information to business associates that assist the Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the continuing confidentiality and security of your health information. As explained above, certain units of the University may provide services to the Plans to act as "internal" business associates. When such services are being performed the University makes sure that those units performing services for the Plans are trained to limit the use of your health information only for permitted purposes and in ways that comply with HIPAA and other applicable privacy laws.

To the Plan Sponsor. The University as the Plan Sponsor may receive your PHI from all group health plans whether self-funded or insured (Group Health Plans) because the University as the Plan Sponsor has agreed to the following:

- We will use PHI as needed to carry out our responsibilities as the Plan Sponsor of the Group Health Plans, provided such uses and disclosures are consistent with the requirements of HIPAA.
- We will not use or further disclose any PHI except as permitted or required to carry out our responsibilities as Plan Sponsor.
- We will require any agents, including subcontractors who assist us in plan administration, and receive PHI, to agree to the same restrictions, conditions and protections that we follow with respect to such information. This includes any agent or subcontractor such as a third party administrator, pharmacy benefit administrator or consultant that receives PHI we may receive from Group Health Plans.
- We will not use or disclose PHI obtained as the Plan Sponsor, for employment related actions and decisions or in connection with any other benefit or employee benefit plan of the University.
- We will report to the Group Health Plans any use or disclosure of PHI that is inconsistent with the uses or disclosures provided for of which we become aware.
- We will make PHI available to you as a Group Health Plan member.
- We will make PHI available to the Group Health Plans for amendment and will incorporate any amendments as required.
- We will make the information available when required for an accounting of disclosures.
- We will make our internal practices, books and records relating to the use and disclosure of PHI received from the Group Health Plans available to the Secretary of Health and Human Services for purposes of assessing compliance by Group Health Plans with HIPAA.
- We will, if feasible, return or destroy all PHI received from the Group Health Plans that we maintain in any form, and we will not retain copies of such information when no longer needed for the purpose for which it was disclosed. If destruction or return is not feasible we will limit any further uses of the information to those purposes that make the return or destruction infeasible.
- We will use PHI to improve the health of the workforce and to promote wellness or other health improvement programs as part of health care operations. For example, we may use your PHI to identify whether you have a particular illness, and contact you to advise you that a disease management program to help you better manage your illness is available to you as a health plan member.

While any employee of the University who has a need to access or use PHI as the University carries out its plan administration responsibilities may receive PHI, PHI will generally only be disclosed to employees in the University Benefits Office Administration and then only the minimum necessary amount will be disclosed. Any University employee accessing or using PHI may do so only in carrying out the plan administration functions that the University performs for the employee plans. This includes those University units and employees who perform services for the Group Health Plans as internal business associates.

If there is any non-compliance with the required commitments to the Group Health Plans, the issue of noncompliance will immediately be brought to the attention of the Benefits Office Administration Director and the University Privacy Director for immediate attention.

As Required by Law. A Plan may use or disclose your personal health information for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government programs.
- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

Each Plan May Also Use and Disclose Your Health Information as Follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to a Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- To consider claims and appeals regarding coverage, exclusion, cost, and privacy issues.
- For research purposes: In certain circumstances, we may use PHI to conduct research. Where permitted under federal law, institutional policy and approved by an insitituional review board on privacy, PHI may be further used or disclosed. In addition, PHI may be used or disclosed for research as limited or de-identified data sets that do not include names, addresses or other direct identities.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.

Other Applicable Laws

The Plan's use and disclosure of your personal health information must comply with applicable Michigan law and other federal laws besides HIPAA. Michigan law and federal regulations place certain additional restrictions on the use and disclosure of personal health information for mental health, substance abuse, HIV/AIDs and certain genetic information. In some instances your specific authorization may be required. Under no circumstance will genetic testing information be used for underwriting purposes.

Uses and Disclosures with Your Permission

Each Plan will not use or disclose your health information for other purposes, unless you give a Plan your written authorization. If you give a Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your health information a Plan maintains, unless the Plan has taken action in reliance on your authorization.

Your Rights

You may request in writing that a Plan do the following concerning your health information that the Plan maintains:

- You have the right to ask us in writing that we limit how we use and disclose your PHI for treatment, payment or health care operations. In addition, you may request PHI disclosure restrictions to family members, other relatives, or close friends involved in your care. We are not required to agree to your restriction request, but if we do agree, we will honor our agreement except in cases of an emergency. Any restriction we agree to does not apply to prevent uses or disclosures that we are legally required or allowed to make.
- Communicate with you in confidence about your health information by a different means or at a different location than a Plan currently does. Your request must specify the alternative means or location to communicate with you. A Plan does not have to agree to your request.
- See or receive copies of your health information. A Plan may charge a reasonable fee to cover expenses associated with your request. In limited cases, a Plan does not have to agree to your request.
- Amend your health information. In some cases, a Plan does not have to agree to your request.
- Receive a list of disclosures of your health information from a stated time period during the 6 prior years that the Plan made for certain purposes. This listing will not include disclosures made to you; for treatment, payment, or health care operation purposes; or other exceptions. In some cases, the Plan may charge a nominal, cost-based fee to carry out your request.
- Send you a paper copy of this notice. You may also download a copy of this notice at hr.umich.edu/hipaa.

To exercise any right described in this notice or for a detailed explanation of the fee structure for possible fees for receiving information, please contact the University of Michigan Benefits Office.

Complaints

If you believe your privacy rights have been violated by the Plan, you have the right to complain in writing to the Plan or to the Secretary of the United States Department of Health and Human Services. You may file a written complaint with the Plan at the address listed below. We will not retaliate against you if you choose to file a complaint with the Plan or the Department of Health and Human Services.

Contact Information for Questions

If you have questions about this HIPAA Notice of Privacy Practices, you may contact the Benefits Office by:

- calling the Shared Services Center - HR Customer Care, Monday through Friday, from 8 a.m. to 1 p.m. and 2 to 5 p.m. at (734) 615-2000 or (866) 647-7657,
- visiting hr.umich.edu/hipaa, or
- mailing questions to:

  Benefits Administration Office
  University of Michigan
  G405 Wolverine Tower
  3003 South State Street
  Ann Arbor, MI 48109-1278

Contact Information

Plan Providers	Phone	Web Address
Birdi Rx Mail Order Pharmacy	877-269-1160	umich.birdirx.com
Blue Cross Blue Shield of Michigan Community Blue PPO	855-669-8040	bcbsm.com
Blue Cross Blue Shield of Michigan Consumer Directed Health Plan	855-669-8040	bcbsm.com
Comprehensive Major Medical (provided by BCBS)	855-669-8040	bcbsm.com
Davis Vision by MetLife	833-393-5433	metlife.com/insurance/vision-insurance
Delta Dental Plan Information	800-524-0149	deltadentalmi.com
Health Equity Health Savings Account	877-284-9840	healthequity.com
Magellan Rx/Prime Therapeutics	888-272-1346	umich.magellanrx.com
Medicare	800-633-4227	medicare.gov
Medicare TTY/TDD	877-486-2048	medicare.gov
Medicare Advantage PPO	855-669-8040	bcbsm.com/UMichMAplans
MetLife Legal Plan	800-821-6400	legalplans.com
Michigan Care	800-832-9186	michigancare.com
Michigan Care Advantage	844-529-3757	michigancareadvantage.com
U-M Premier Care	800-658-8878	bcbsm.com
U-M Premier Care Advantage	800-658-8878	bcbsm.com/UMichMAplans
Michigan Medicine Specialty Pharmacy	855-276-3002	uofmhealth.org/conditions-treatments/ specialty-pharmacy-services

Other Helpful Contacts	Phone	Web Address
Shared Services Center - HR Customer Care	734-615-2000 866-647-7657	ssc.umich.edu
University Human Resources, U-M Flint	810-762-3150	umflint.edu/hr
Telecommunications Relay Service	711	
Social Security Administration TTY/TDD	800-772-1213 800-325-0778	ssa.gov

A Final Word

Every effort has been made to ensure the accuracy of this booklet. However, if statements in this booklet differ from applicable contracts, certificates, or riders, then the terms and conditions of those documents prevail. Detailed benefits plan information is available on the University Human Resources website at hr.umich.edu/benefits-wellness. Printed plan descriptions are available upon request. All benefits are subject to change.

OG
University of Michigan

Open Enrollment
Effective Date 01/01/2025

Open Enrollment Form for 2025 Benefits

For Retirees, Surviving Spouses, or Surviving Other Qualified Adults

If you do not wish to make changes to your benefits elections for 2025 you do not need to submit this form. Print all information in **black ink**. Completed and signed forms must be received by Shared Services Center - HR Benefits Transactions or postmarked by the U.S. Postal Service by **Friday, November 1, 2024**. Elections remain in effect through December 31, 2025 as long as you remain eligible.

1. Retiree, Surviving Spouse, or Surviving Other Qualified Adult Information

Name (Last, First, Middle Initial) | UMID (Social Security Number if unknown)

Street Address | City | State | Zip

Daytime Telephone Number | Email | Date of Birth (MM/DD/YY)

2. Benefit Plan Selections "Adult" refers to your spouse or other qualified adult.

A. Health Plan Enrollment in any U-M health plan includes automatic enrollment in the U-M Prescription Drug Plan.

Medicare Enrolled	**Pre-Medicare Enrolled AND Medicare and Pre-Medicare Enrolled**		O Waive Coverage
O Medicare Advantage PPO	O Community Blue PPO	O Comprehensive Major Medical	
O Michigan Care Advantage*	O Michigan Care*	O Consumer Directed Health Plan	
O U-M Premier Care Advantage*	O U-M Premier Care*		

O You only O You + Adult O You + Adult + Child(ren) O You + Child O You + Children

* Enrollment is limited to those who live in the service area. To verify your eligibility, visit hr.umich.edu/health-plans.

B. Dental Plan O Option 1 O Option 2 O Option 3 O Waive Coverage
O You only O You + Adult O You + Adult + Child(ren) O You + Child O You + Children

C. Vision Plan O Waive Coverage
O You only O You + Adult O You + Adult + Child(ren) O You + Child O You + Children

D. Legal Plan O Waive Coverage
O You only O You + Adult O You + Adult + Child(ren) O You + Child O You + Children

3. Persons to Be Enrolled List all eligible persons to be covered using the first line for yourself. You can't add new dependents. Enter "Yes" to enroll in a benefit or "No" to not enroll.

Last Name	First Name	Social Security Number[1]	Relationship Code[2]	Gender (M/F)	Date of Birth MM/DD/YY	Medical (Y/N)	Dental (Y/N)	Vision (Y/N)	Legal (Y/N)

1 The federal Mandatory Insurer Reporting Law requires group health plans to report to Medicare the social security numbers of adults covered under a group health plan. Under the Affordable Care Act, the university is also required to request the social security number of each person enrolled under a U-M health plan. If you do not provide your dependents' social security numbers at this time, you will receive requests from U-M to allow the university to comply with federal legislation.
2 Relationship Codes: SL = Self; SP = Spouse; C = Child; OQA = Other Qualified Adult (OQA); CO = Child of OQA; SC = Stepchild; GC = Grandchild; R = Other Relative (niece or nephew); SB = Sibling. Proof of eligibility may be required. See the University Human Resources website at hr.umich.edu/benefits-eligibility for details.

4. Medicare Are you or any dependents listed eligible for Medicare? If yes, provide the following information. Use an additional sheet if needed.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) Effective Date	Part D (Rx) Effective Date

5. Designee (optional) If someone other than you handles your financial matters, you can designate them to receive your benefits billing statements and make payments.

Designee Name (Last, First) | Relationship | Phone

Street Address | City | State | Zip

6. Certification and Signature Please read the back of this form before signing.

I have read the back of this form and agree to the terms and conditions listed there. The information I provided is correct and to the best of my knowledge.

Signature of Retiree, suriving Spouse, or Surviving Other Qualified Adult | Date

OE Retiree 2025 062824

Open Enrollment Form for 2025 Benefits

For Retirees, Surviving Spouses, or Surviving Other Qualified Adults

By signing the front of this form, you agree to abide by the following:

Authorization

You authorize any doctor, hospital, or other provider who renders service to you or your eligible dependents to furnish to the plan you have selected on this application any information requested concerning medical information, claims, and their insurance payments.

Changing Options or Coverage

You understand that the only conditions under which you can change options are:

- during Open Enrollment; or
- if you are covered by a managed care medical plan and you move outside the plan's service area.

Who Cannot be Covered

You cannot cover under your University of Michigan benefits plans

1. Anyone not already enrolled on your benefits plans prior to you retirement;
2. Anyone who works for the university and has his or her own coverage as an employee of the university;
3. Any eligible dependents who are already covered by another employee of the university;
4. Anyone who is not your legal spouse or eligible dependent;
5. Yourself if you are covered by another University of Michigan employee or retiree in the same plan.

When you sign this form, you state that you understand and agree that claiming such coverage is misconduct, and you agree to reimburse the university for any additional costs incurred as a result of that misconduct.

If you enroll in the CDHP, you understand that your enrollment and health information will be shared with HealthEquity for the purpose of administering and coordinating payments under your Health Savings Account.

Health Plan ID Cards

If you enroll in a new plan, ID cards will arrive within six weeks from the date your enrollment form is processed. If you don't receive your cards, contact the health plan company directly.

How to Return This Form

Mail your completed and signed form to Shared Services Center - HR Benefits Transactions at the address below. Keep a copy for your records.

Or fax your form to: 734-763-0363. Please keep a copy of the fax transmission report for your records.

Return your form by mail or fax. Wolverine Tower is **not open** to the general public. No walk-in service is available.

See the website for important facts to consider before waiving coverage

hr.umich.edu/waive-retirement-benefits

Questions?

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

How to Return Your Signed and Completed Form

Wolverine Tower is not open to the general public.

By Fax

Fax it to 734-763-0363.

Keep a copy of the fax transmission report with your form in your records.

OE Retiree 2025 05242024

By Mail Only

Make a copy for your records and send the original by **U.S. Mail to:**

SSC - HR Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276

Limitations

The University of Michigan in its sole discretion may modify, amend, or terminate the benefits provided with respect to any individual receiving benefits, including active employees, retirees, and their dependents. Although the university has elected to provide these benefits this 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.

Agreement For Preauthorized Benefit Premium Payments BP

Payroll Office - The University of Michigan

To have your benefit premiums automatically withdrawn from your checking or savings account, complete the following information. If withdrawals will be made from your checking account, please **attach a blank, voided check/draft** to this form and mail it to:

Payroll Office
Wolverine Tower—Low Rise G395
3003 South State Street
Ann Arbor, MI 48109-1279

You can also FAX the information to: (734) 647-3983. If you have any questions, please contact the Payroll Customer Service Area at: (734) 615-2000, option 2, prompt 1 or toll free at (866) 647-7657.

Please note that it will be necessary to verify your account information. Therefore, if you are submitting this form after the 10th of the month, you are responsible for the current and next month's premium as well as any previous balance. See Section IV (1) for withdrawal schedule.

Section I Personal Information

Retiree/Surviving Spouse ______________________________

Last First Middle

University of Michigan ID# (UMID) ______________ Daytime Phone (   ) ______________

Section II

○ New Authorization ○ Change Financial Institution/Change Account ○ Cancel

○ I authorize The University of Michigan to take a deduction to bring my account current. For inquiries about your balance, please contact Shared Services Center - HR Customer Care at (734) 615-2000, option 1, prompt 1 or toll free at (866) 647-7657.

Section III Account Data

Financial Institution Name ______________________________

Account Number ______________________________

Type of Account
(Check one)

○ Checking/Share Draft **you must attach a blank, voided check/draft**

or

○ Savings Routing # for Savings Account ______________

(Obtain From Your Financial Institution)

Section IV

I authorize the withdrawal of my benefit premiums on a monthly basis from the account indicated in Section III.
I further agree to the following conditions:

1. Any change to or cancellation of this agreement must be received by the Payroll Office by the 10th of the month for it to take effect in that calendar month.
2. The Payroll Office will withdraw the benefit premiums from the account indicated in Section III on the 20th of each month. If the 20th is not a banking business day, the withdrawal will be made on the banking business day that is immediately following the 20th of the month. This withdrawal will pay the premium for the following month.
3. This agreement is to remain in force until canceled by me via letter or a revised "Agreement For Preauthorized Benefit Premium Payments" form sent to the Payroll Office. I realize that I cannot cancel this agreement by contacting my financial institution. Upon cancellation of this agreement, I will begin to make benefit premium payments by check if I wish to continue benefit coverage.
4. I release the University and its employees from any liability to pay charges for insufficient fund transactions that result from my account balance being less than the benefit premium withdrawal. If I do not have sufficient funds in my account, I realize that my coverage will be canceled.

Signature ______________________________ Date ______________

Attach voided check here

OG
University of Michigan

Retiree Benefits Re-enrollment Form

Print all information in **black ink**. Completed and signed forms must be postmarked by the last day of Open Enrollment.

1. Retiree Information

Name (Last, First, Middle Initial)

Daytime Telephone Number | UMID (Social Security Number if unknown)

2. Benefit Plan Selections "Adult" refers to your spouse or other qualified adult.

A. Health Plan Options

O Michigan Care Advantage* | O U-M Premier Care Advantage* | O Medicare Advantage PPO

O You only | O You + Adult | O You + Adult + Child(ren) | O You + Child | O You + Children

* Enrollment is limited to those who live in the service area. To verify your eligibility, visit hr.umich.edu/health-plans.

B. Dental Plan | O Option 1 | O Option 2 | O Option 3

O You only | O You + Adult | O You + Adult + Child(ren) | O You + Child | O You + Children

C. Vision Plan | O Enroll | O Waive Coverage

O You only | O You + Adult | O You + Adult + Child(ren) | O You + Child | O You + Children

D. Legal Plan | O Enroll | O Waive Coverage

O You only | O You + Adult | O You + Adult + Child(ren) | O You + Child | O You + Children

3. Confirmation of Continuous Coverage

Provide the medical and prescription drug coverage below for you and/or your dependents that demonstrates that you had continuous coverage since the time you waived your U-M coverage. You will only be permitted to add dependents who were eligible for coverage under your U-M plans as of your retirement date. You will not be permitted to enroll any dependent not identified below.

Name (Last, First, Middle Initial)	Rel. Code*	Insurance Company Name	Policy Number	Policy Type (Group or Individual)	Coverage Effective Date

*Relationship Codes: SL = Self, SP = Spouse, C = Child, SA = Other Qualified Adult (OQA), CO = Child of OQA, C = Stepchild, GC = Grandchild, R = Other Relative (niece or nephew), SB = Sibling

4. Medicare If any of the dependents listed above are eligible for Medicare, provide the exact information from the Medicare card.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) Effective Date	Part D (Rx) Effective Date

5. Certification and Signature

I have read and agree to the terms and conditions listed above. The information I have provided is correct and to the best of my knowledge.

Signature of Retiree | Date Signed

Questions?
Visit hr.umich.edu/benefits-wellness, or call SSC - HR Customer Care at (734) 615-2000 or (866) 647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m. EST.

Receipt Confirmation
A confirmation email will be sent to your UMICH email address once the form is processed.

How to Return Your Signed and Completed Form

By Fax
Fax it to 734-763-0363.
Keep a copy of the fax transmission report with your form in your records.

By Mail
Make a copy for your records and send the original by **Campus Mail or U.S. Mail to:**
SSC - HR Benefits Transactions
3003 South State Street
Ann Arbor, MI 48109-1276

Retiree Reenroll 090524

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

Shared Services Center - HR Customer Care

Representatives are available by phone, 8 a.m. to 1 p.m. and 2 to 5 p.m., Monday – Friday, at 734-615-2000 locally, or 866-647-7657 (toll-free for off-campus long-distance calling).

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The Benefits Office is a unit of University Human Resources (UHR).

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Associate Vice President for Human Resources

Brian Vasher
Assistant Vice President for Benefits and Well-being Programs

Kent Seckinger
Director of Operations for Benefits

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A Non-discriminatory, Affirmative Action Employer.

Title IX Notice: Sex discrimination is prohibited by federal law through Title IX of the Education Amendments of 1972. The University of Michigan does not discriminate on the basis of sex in the education programs or activities that it operates, including admissions and employment. Title IX also prohibits retaliation against reporters of sex discrimination, including reports of sex discrimination against administrators and other employees, and the University of Michigan will investigate alleged retaliation for participation in the Title IX process. Inquiries concerning the application of Title IX may be made to the Title IX Coordinator and/or the Assistant Secretary of the United States Department of Education. Reports of sex discrimination, including sexual harassment, may be made to the Title IX Coordinator at (734) 763-0235, TTY (734) 647-1388 or ecrtoffice@umich.edu.

For other University of Michigan information, call (734) 764-1817.

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September 2024 14,685

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