



Open Enrollment

To make your benefit choices for 2026

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

**Open Enrollment is
Oct. 13 through 5 p.m. Oct. 24, 2025
for 2026 benefits**

Benefits Information by Phone

Call the Shared Services Center - 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.

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. When reviewing the health plan section, 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, 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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Michigan Care and Michigan Care Advantage Health Plans Discontinued

- **What is changing?** The Michigan Care health plans will be discontinued as of Dec. 31, 2025.
- **What should you do?** Review your health plan options during Open Enrollment to make the best choice for you and your family.
- **What if you don't do anything?** If you are currently enrolled in the Michigan Care or Michigan Care Advantage plan and do not choose a new health plan, you will automatically be moved to the respective U-M Premier Care or U-M Premier Care Advantage plan.

New! Chiropractic Coverage to U-M Premier Care

- **What is changing?** Starting Jan. 1, 2026, U-M Premier Care will include coverage for chiropractic services.
- **What does this mean?**
 - » You can use this benefit for up to 24 visits per year.
 - » You will pay an office visit copay for chiropractic appointments.

Consumer-Directed Health Plan (CDHP) and Health Savings Account (HSA) Changes

If you are enrolled in or plan to enroll in the Consumer-Directed Health Plan, the following limits will apply for 2026:

- CDHP - Deductible (in-network):
 - » Individual deductible will be \$1,700
 - » Family deductible will be \$3,400
- CHDP - Out-of-Pocket Maximum (in-network)
 - » Individual will be \$5,500
 - » Family will be \$10,600
- HSA - University's Maximum Contribution
 - » Individual will be \$850
 - » Family will be \$1,700
- HSA - Maximum Contribution (Employee + University)
 - » Individual will be \$4,400
 - » Family will be \$8,750

View more information on page 16.

Dental Plan Annual Benefit Maximum Increased

- **What is changing?** The Dental Plan annual maximum benefit will increase to \$1,500.
- **What does this mean?** Beginning Jan. 1, 2026, individuals enrolled in Option 2 and Option 3 may have more coverage for dental services requiring more extensive treatment.

Review the Dental Plan Comparison Chart on pages 52-53.

Open Enrollment Deadlines

Open Enrollment is:
October 13–24, 2025

All elections must be submitted by:
**October 24, 2025 at 5 p.m.
(Eastern Time)**

Changes are effective on:
January 1, 2026

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) is a dynamic community rooted in shared experiences, intellectual curiosity, and a deep connection to the University of Michigan. Whether you're exploring new hobbies, deepening friendships, staying intellectually engaged, or giving back to the community, UMRA offers endless ways to enrich your retirement.

Enjoy educational programs, workshops, and special interest groups—many meeting virtually so you can stay connected wherever you are. At its heart, UMRA is about connection, fostering bonds over shared passions while advocating for retirees' voices within U-M leadership. Add your voice to a collective that shapes the U-M retiree community. Use promo code RETIREINSPIRED to join for free!

View more information at umra.hr.umich.edu. If you have questions, email umra@umich.edu.

Your Covered Dependents' Information

If you have dependents covered under your benefits, please make sure their information on file with the university is correct. Accurate information helps prevent delays in health care services and claims.

To view your dependent information:

1. Go to Wolverine Access: wolverineaccess.umich.edu
2. Search for Benefits Self Service and select the tile.
3. Select the Dependent/Beneficiary tile.

Make sure names, birth dates, Social Security numbers, and relationships are correct. If everything is accurate, no action is needed. If you find errors, complete the Dependent Information Form at myumi.ch/uhr-dep-info-form and submit it to the Shared Services Center – Benefits Transactions.

Please note: Submitting this form updates your dependent information with the university, but does not change your benefits enrollment.

ID Cards

Health Plan ID Cards

If your health plan changes for 2026, new ID cards will be mailed to you directly from the new health plan.

If you change plans but do not receive new cards by January 2026, call the health plan company to request a card and inquire about how to obtain services before your new card arrives. Phone numbers can be found at hr.umich.edu/benefits-wellness or by calling the Shared Services Center - HR Customer Care at (734) 615-2000 locally or (866) 647-7657 toll-free.

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 Prime Therapeutics at (888) 272-1346.

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 2026 benefits.

If you are content with your benefits as they are, you don’t have to take any action during Open Enrollment.

Your benefits will remain the same as of Jan. 1, 2026. **Except for individuals enrolled** in Michigan Care or Michigan Care Advantage. If you take no action, you will be enrolled in the corresponding Blue Care Network U-M Premier Care/U-M Premier Care Advantage plan.

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 2026 benefits.

Note: If you are currently not participating in a University health plan, to re-enroll in the health plan and make other benefit election changes, complete the form on page 73.

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. Enter **Benefits** in the search bar and click Search.
3. Click the Benefits Self-Service tile.
4. Enter your unqname and UMICH password; two-factor authentication for Weblogin is required.
5. Click the **Open Enrollment** tile.
6. Follow the online instructions to view your benefits and rates and make your elections.
7. 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, Oct. 24, 2025.

Option 2: Enroll Using a Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2026 Benefits on page 67 and return it by Oct. 24, 2025. Please make sure you sign and date your form before returning it to the 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 S State St
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 Oct. 24 deadline. A confirmation statement will be mailed to your current address the first week of November. Carefully review your confirmation statement and verify that the benefits listed are the plans you selected.

Are You and Your Spouse/Other Qualified Adult Both Eligible for Benefits at U-M?

Choose the medical insurance coverage that best meets the needs of you and your dependents at the lowest cost. Two adults who are benefit-eligible at U-M and have no dependent children could minimize the amount of their employee premium contribution if each person chooses “You Only” coverage.

When there are two adults and one child or more, the lowest medical premium contribution is achieved when one person chooses “You Only” coverage and the other chooses coverage for “You + Child” or “You + Children.”

Both individuals should review their rates by going to Wolverine Access, searching for Benefits Self-Service and selecting the tile, then selecting the Display Benefit Plan Rate tile or review the appropriate Retiree Health Plan rate chart later in this book.

How to Pay

Your Monthly Premiums

Retirees whose date of retirement was on or after Jan. 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 “U-M 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. 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 Dec. 10 for the withdrawal on Dec. 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 accounts. 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 form and return it to the Payroll Office by the 10th day of the month for the change to take effect in that calendar month.

Your Monthly Premiums

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.

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 S State St
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 withholding 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

- 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 and maintain enrollment in Medicare Part A and Part B.

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.

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 a non-university 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 allow enrollment in one Medicare Advantage Plan only.

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.

For More Information About Medicare:

Call Medicare at (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](https://www.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](https://www.ssa.gov)

Retiree/Survivor Health Plans

For benefit-eligible retirees and survivors, the available health plan options are based on whether anyone covered by your university health plan is enrolled in Medicare.

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 10.
- **Pre-Medicare** - If no one covered under your university health policy is enrolled in Medicare. See page 15.
- **Medicare Enrolled and Pre-Medicare** - If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare. See page 30.

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/benefits/moving-out-managed-care-area.

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).

Prescription Drug Coverage

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

Provider and Hospital Plan Participation

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

In the event your Primary Care Provider's (PCP's) affiliation with the 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 BCBSM plans do not require you to designate a PCP. You will not be able to change plans midyear due to a provider'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 provider 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

The available health plan options for benefit-eligible retirees and survivors, where everyone covered by your university health plan is enrolled in Medicare.

Services are provided by:

- 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 the state of Michigan have the option to choose U-M Premier Care Advantage or Medicare Advantage PPO.

Members living outside the state of Michigan must select the 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 the state of Michigan, it is recommended you enroll in the BCBSM Medicare Advantage PPO plan.

In addition, all Medicare Advantage plan members must provide and maintain 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.

Waiving Your Medicare Advantage Coverage

Individuals enrolled in a U-M Medicare Advantage plan may choose to waive coverage to enroll in other comparable coverage outside of the university. When you waive your U-M medical coverage, your U-M prescription drug coverage will also be discontinued.

Individuals who choose to waive coverage are eligible for re-enrollment in a U-M Medicare Advantage plan, provided the retiree maintains continuous comparable medical and prescription drug coverage through another source. Re-enrollment may be requested during the U-M annual open enrollment period with coverage beginning Jan. 1. Certification that comparable coverage has been maintained will be required.

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

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. Enter **Campus Personal Information** in the search bar and click Search
3. Click the "Campus Personal Information" tile
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"

2026 Medicare Enrolled Health Plan Profiles

Plan Type	Managed Care (HMO)	Preferred Provider Organization (PPO)
Plan Name	U-M Premier Care Advantage	Medicare Advantage PPO
Plan Administrator	Blue Care Network	Blue Cross Blue Shield Michigan
Service Area	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
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.
PCP Selection Required	Yes	No
Phone Number for Customer Service and Provider Directory	(800) 658-8878	(855) 669-8040
Website	bcbsm.com/UMichMAplans	bcbsm.com/UMichMAplans
Address	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226

2026 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	Preferred Provider Organization (PPO)
Plan Name	U-M Premier Care Advantage (BCN)	Medicare Advantage PPO (BCBSM)
Deductible	\$0	\$0
Annual Out-of-Pocket Maximum	\$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.
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		
Annual Wellness Visit ^{2,4}	Covered	Covered
Routine Physical Exams ^{3,4}	Covered	Covered
Breast Cancer Screening	Covered	Covered
Colorectal Cancer Screening	Covered	Covered
Lung Cancer Screening	Covered	Covered
Prostate Cancer Screening	Covered	Covered
Immunizations - Covered at Provider or Pharmacy ⁵	Hepatitis B, Influenza, Pneumonia, Covid-19	Hepatitis B, Influenza, Pneumonia, Covid-19
Immunizations - <u>Covered ONLY</u> at Pharmacy ⁵	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)
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)
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary

² Annual Wellness Visit or Welcome to Medicare. A visit with your health care provider to develop or update a personalized prevention plan, based on your specific health and risk factors. This is not a physical exam.
³ This is a physical exam that can include checking vital signs, performing screenings, providing immunizations, and ordering tests.
⁴ A copay may apply if service is outside the scope of the preventive visit.
⁵ Medicare Advantage health plans cover COVID-19, pneumonia, flu, and hepatitis B vaccinations at your provider's office. All other vaccinations administered at your provider's office are not covered.

Plan Type	Managed Care	Preferred Provider Organization (PPO)
Plan Name	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 Rehabilitation for PT/ST/OT	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
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
Telehealth, Virtual Care, Online Visits	\$10 copay	\$10 copay
Outpatient Physical, Occupational, and Speech Therapy	\$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
Therapeutic Radiology	Covered	Covered
Diagnostic Lab, X-Ray, EKGs	Covered	Covered
Dialysis	Covered	Covered
Outpatient Surgery	Covered	Covered
Allergy Testing	\$10 copay	\$10 copay
Weight Loss Surgery	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
Medical Nutrition Therapy Services	Covered	Covered
Chiropractic	\$10 copay	\$10 copay
Gender Affirming Services	\$10 copay	\$10 copay
Mental Health Care		
Inpatient Days of Care	Covered	Covered
Outpatient Individual Therapy	\$10 copay	\$10 copay
Group Therapy	\$10 copay	\$10 copay
Psychological Testing	\$10 copay	\$10 copay

Plan Type	Managed Care	Preferred Provider Organization (PPO)
Plan Name	U-M Premier Care Advantage (BCN)	Medicare Advantage PPO (BCBSM)
Substance Use Care		
Inpatient Days of Care	Covered	Covered
Outpatient Individual Therapy	\$10 copay	\$10 copay
Group Therapy	\$10 copay	\$10 copay
Hearing Care^{6,7}		
Examinations	\$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
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
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
Eyeglasses	Not covered	Not covered
Home Health Care		
Visiting Nurse Home Care	Covered	Covered
Private Duty Nursing	Not covered	Covered at 70% when medically necessary and approved by the plan ⁸
Home Health Aides	Covered	Covered
Other Services		
Human Organ Transplant	Covered	Covered
Hospice Care	Covered	Covered
5th Level Hospice	Covered up to 45 days	Covered up to 45 days
Durable Medical Equipment, Orthotics, Prosthetic Appliance	Covered	Covered
Adult Incontinence Products	Covered	Covered
Wigs (due to chemotherapy or alopecia)	Covered	Covered
Silver Sneakers Gym Membership	Covered	Covered

6 Specialist office visit may apply.

7 Covered every 36 months, unless significant change in hearing loss (documentation required)

8 Does not apply to the out-of-pocket maximum.

What's New

Starting Jan. 1, 2026, U-M Premier Care will include coverage for chiropractic services. You can use this benefit for up to 24 visits per year. You will pay an office visit copay for chiropractic appointments.

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:

- 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)

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 provider (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 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.

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

U-M Premier Care provides 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 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

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 (myumi.ch/uhr-CDHP-FSA-FAQ) 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 health care costs while saving on taxes.

	2026	
	Individual	Family
In-Network Deductible (aggregate*)	\$1,700	\$3,400
Out-of-Network Deductible (aggregate*)	\$1,700	\$3,400
In-Network Out-of-Pocket Max	\$5,500	\$10,600
Out-of-Network Out-of-Pocket Max	\$11,000	\$21,200
Health Savings Account Maximum Contribution	\$4,400	\$8,750
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.

In-network and out-of-network services accumulate separately toward the associated deductible and out-of-pocket maximum.

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
- Are Pre-Medicare
- Want a health care 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-HSA qualified CDHP (or High Deductible Health Plan) health coverage, including:
 - » Medicare Plan A and/or Plan 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.

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, provided 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. See page 60 for comparable coverage details.

Important Facts 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 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).

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

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 Benefits Transactions within 30 days of the date you request a 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.

2026 Pre-Medicare Health Plan Profiles

Plan Type	Managed Care	Preferred Provider Organization (PPO)	Traditional Plan	Consumer-Directed with Health Savings Account
Plan Name	U-M Premier Care Provider Network 1	BCBSM Community Blue PPO	Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
Plan Administrator	Blue Care Network	Blue Cross Blue Shield Michigan	Blue Cross Blue Shield Michigan	Blue Cross Blue Shield Michigan
Service Area	Genesee, Livingston, Macomb, Oakland, Washtenaw and Wayne counties; and portions of Ingham, Jackson, Lapeer, Monroe, and St. Clair counties	Nationwide/Worldwide	Nationwide/Worldwide	Nationwide/Worldwide
Residency Requirement	Must reside in Michigan or within Fulton, Lucas, Williams or Wood counties in Ohio	Within the U.S.	Within the U.S.	Within the U.S.
Coverage when Traveling Outside of the Service Area	Genesee, Livingston, Macomb, Oakland, Washtenaw and Wayne counties; and portions of Ingham, Jackson, Lapeer, Monroe, and St. Clair counties	Covers non urgent and non emergency care outside of the service area (including global travel when pre-approved). Copay may apply.	Covers non urgent and non emergency care outside of the service area (including global travel when pre-approved). Copay may apply.	Covers non urgent and non emergency care outside of the service area (including global travel when pre-approved). Copay may apply.
PCP Selection Required	Yes	No	No	No
Health Care Flexible Savings Account (FSA) Compatibility	Compatible	Compatible	Compatible	Limited Purpose FSA only
Health Savings Account (HSA) Compatibility	Not compatible	Not compatible	Not compatible	Compatible ¹
Customer Service and Provider Directory	800-658-8878	855-669-8040	855-669-8040	855-669-8040
Number of U-M Members Enrolled in Each Plan	62,214	18,004	7,278	2,905
Number of PCPs in the Network	3,280	National network	National network	National network
Number of Specialists	30,831	National network	National network	National network
Number of Hospitals	40	National network	National network	National network
Percentage of Board Certified PCPs	98%	National network	National network	National network
Percentage of Board Certified Specialists	97%	National network	National network	National network
Website	bcbsm.com	bcbsm.com	bcbsm.com	bcbsm.com
Address	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226	600 Lafayette East Detroit, MI 48226	600 Lafayette East Detroit, MI 48226
Group Number	001243160001	007005187	007005187	007005187

2026 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	Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
Plan Name	U-M Premier Care Provider Network 1 ²	BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
		In-Network	Out-of-Network		
General Information					
Deductible	\$0 for Network 1		\$0	\$500 individual \$1,000 family	\$1,700 individual \$3,400 family ³
Annual Out-of-Pocket Maximum	\$3,000 individual \$6,000 family ⁴	\$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 \$10,600 family ^{3,4}
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).	Not covered	\$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. ^{2,5}	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 \$1,700/\$3,400 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 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.	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	Not covered	Covered	Covered
Routine Pediatric Exams	Covered	Covered	Not covered	Covered	Covered
Routine Immunizations	Covered	Covered	Not covered	Covered	Covered
Cervical Cancer Screen	Covered	Covered	Not covered	Covered	Covered
Breast Cancer Screen	Covered	Covered	Not covered	Covered	Covered
Prostate Cancer Screen	Covered	Covered	Not covered	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.

⁵ Copays may differ for individuals represented by a union.

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.

2026 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Manage Care	Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
	U-M Premier Care Provider Network 1 ²	BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
		In-Network	Out-of-Network		
Hospital Services—Inpatient					
Hospital Admissions	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Days of Care	Unlimited days	Unlimited days		Unlimited days	Unlimited days
Room Type	Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary		Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary
Hospital Physician Service	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Consultation Between Physicians	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Surgery	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Outpatient Services					
Office Visits	\$25 copay for PCP \$30 copay for specialist	\$25 copay for PCP \$30 copay for specialist	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
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 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
Applied Behavioral Analysis for ASD	\$25 copay per visit	\$25 copay per visit;	Covered at 50%	20% coinsurance after deductible	
Therapeutic Radiology	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Diagnostic Lab, X-Ray, EKGs	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Outpatient Surgery	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Allergy Testing	\$30 copay	\$30 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Injections ⁹	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible

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

2026 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care	Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
Plan Name	U-M Premier Care Provider Network 1 ²	BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
		In-Network	Out-of-Network		
Emergency Care					
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary		20% coinsurance after deductible when medically necessary.	10% coinsurance after deductible when medically necessary.
Emergency Department	\$100 copay Copay waived if admitted.	\$100 copay. Copay waived if admitted.		20% coinsurance after deductible	10% coinsurance after deductible
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.		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.
Mental Health Care					
Inpatient Days of Care	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Outpatient Individual Therapy	\$25 copay	\$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Group Therapy	\$25 copay	\$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Psychological Testing	\$25 copay	\$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Substance Use Care					
Inpatient Days of Care	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Outpatient Individual Therapy	\$25 copay	\$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Group Therapy	\$25 copay	\$25 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible

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.

2026 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care	Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
Plan Name	U-M Premier Care Provider Network 1 ²	BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
		In-Network	Out-of-Network		
Maternity Care					
Prenatal Care, Delivery, Postnatal Care	Covered	Covered	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
Skilled Nursing Facility					
Non-Custodial Care	Covered up to 120 days per calendar year	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
Hearing Services¹⁰					
Examinations	\$30 copay; 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
Tests	\$30 copay; 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
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.	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.
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. 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
Eyeglasses	Not covered	Not Covered		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.

2026 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care	Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
Plan Name	U-M Premier Care Provider Network ²	BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
		In-Network	Out-of-Network		
Home Health Services					
Home Health Care	Covered	Covered	Covered	20% coinsurance after deductible	10% coinsurance after deductible
Private Duty Nursing	Not covered	30% coinsurance	Covered at 50%	30% coinsurance	30% coinsurance
Other Services					
Hospice Care	Covered	Covered	Covered	Covered	10% coinsurance after deductible
Durable Medical Equipment, Orthotics, Prosthetic Appliance	Covered when authorized by the plan	Covered when medically necessary	Not covered	20% coinsurance after deductible	10% coinsurance after deductible
Voluntary Sterilization	Covered	Covered	Covered at 50%	Covered	10% coinsurance after deductible
Chiropractic Spinal Manipulation	\$25 copay limited to 24 visits per year	\$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
Gender Affirming Services	\$30 copay	\$30 copay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible
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	Not covered	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.

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.

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 0 University Cost \$ 472	Your Cost \$ 0 University Cost \$ 472
2 People with Medicare	Your Cost \$ 0 University Cost \$ 944	Your Cost \$ 0 University Cost \$ 944
3 or More People with Medicare	Your Cost \$ 0 University Cost \$ 1,312	Your Cost \$ 0 University Cost \$ 1,312

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 0 University Cost \$ 1,130	Your Cost \$ 0 University Cost \$ 894	Your Cost \$ 0 University Cost \$ 879	Your Cost \$ 0 University Cost \$ 973
You + Adult	Your Cost \$ 0 University Cost \$ 2,260	Your Cost \$ 0 University Cost \$ 1,788	Your Cost \$ 0 University Cost \$ 1,758	Your Cost \$ 0 University Cost \$ 1,946
You + Adult + Child(ren)	Your Cost \$ 0 University Cost \$ 3,119	Your Cost \$ 0 University Cost \$ 2,467	Your Cost \$ 0 University Cost \$ 2,426	Your Cost \$ 0 University Cost \$ 2,685
You + Child(ren)	Your Cost \$ 0 University Cost \$ 1,989	Your Cost \$ 0 University Cost \$ 1,573	Your Cost \$ 0 University Cost \$ 1,547	Your Cost \$ 0 University Cost \$ 1,712

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care Advantage with U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 0 University Cost \$ 1,602	Your Cost \$ 0 University Cost \$ 1,366	Your Cost \$ 0 University Cost \$ 1,351	Your Cost \$ 0 University Cost \$ 1,445
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 0 University Cost \$ 2,216	Your Cost \$ 0 University Cost \$ 1,890	Your Cost \$ 0 University Cost \$ 1,870	Your Cost \$ 0 University Cost \$ 1,999

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare Your Cost \$ 472 University Cost \$ 0		\$ 472 \$ 0
2 People with Medicare Your Cost \$ 944 University Cost \$ 0		\$ 944 \$ 0
3 or More People with Medicare Your Cost \$ 1,312 University Cost \$ 0		\$ 1,312 \$ 0

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only Your Cost \$ 1,130 University Cost \$ 0		\$ 894 \$ 0	\$ 879 \$ 0	\$ 973 \$ 0
You + Adult Your Cost \$ 2,260 University Cost \$ 0		\$ 1,788 \$ 0	\$ 1,758 \$ 0	\$ 1,946 \$ 0
You + Adult + Child(ren) Your Cost \$ 3,119 University Cost \$ 0		\$ 2,467 \$ 0	\$ 2,426 \$ 0	\$ 2,685 \$ 0
You + Child(ren) Your Cost \$ 1,989 University Cost \$ 0		\$ 1,573 \$ 0	\$ 1,547 \$ 0	\$ 1,712 \$ 0

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare) Your Cost \$ 1,602 University Cost \$ 0		\$ 1,366 \$ 0	\$ 1,351 \$ 0	\$ 1,445 \$ 0
3 or More People (at least 1 with Medicare + 1 without Medicare) Your Cost \$ 2,216 University Cost \$ 0		\$ 1,890 \$ 0	\$ 1,870 \$ 0	\$ 1,999 \$ 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

Chart C:

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

- Your date of service is before July 1, 1988 and you are any age, or
- 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	U-M Premier Care Advantage
1 Person with Medicare Your Cost \$ 30 University Cost \$ 442		\$ 30 \$ 442
2 People with Medicare Your Cost \$ 169 University Cost \$ 775		\$ 169 \$ 775
3 or More People with Medicare Your Cost \$ 277 University Cost \$ 1,035		\$ 277 \$ 1,035

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only Your Cost \$ 228 University Cost \$ 902		\$ 0 \$ 894	\$ 0 \$ 879	\$ 71 \$ 902
You + Adult Your Cost \$ 716 University Cost \$ 1,544		\$ 244 \$ 1,544	\$ 214 \$ 1,544	\$ 402 \$ 1,544
You + Adult + Child(ren) Your Cost \$ 1,022 University Cost \$ 2,097		\$ 370 \$ 2,097	\$ 329 \$ 2,097	\$ 588 \$ 2,097
You + Child(ren) Your Cost \$ 534 University Cost \$ 1,455		\$ 118 \$ 1,455	\$ 92 \$ 1,455	\$ 257 \$ 1,455

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare) Your Cost \$ 442 University Cost \$ 1,160		\$ 206 \$ 1,160	\$ 191 \$ 1,160	\$ 285 \$ 1,160
3 or More People (at least 1 with Medicare + 1 without Medicare) Your Cost \$ 650 University Cost \$ 1,566		\$ 324 \$ 1,566	\$ 304 \$ 1,566	\$ 433 \$ 1,566

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 44 University Cost \$ 428	\$ 44 \$ 428
2 People with Medicare	Your Cost \$ 183 University Cost \$ 761	\$ 183 \$ 761
3 or More People with Medicare	Your Cost \$ 291 University Cost \$ 1,021	\$ 291 \$ 1,021

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 257 University Cost \$ 873	\$ 21 \$ 873	\$ 6 \$ 873	\$ 100 \$ 873
You + Adult	Your Cost \$ 706 University Cost \$ 1,554	\$ 234 \$ 1,554	\$ 204 \$ 1,554	\$ 392 \$ 1,554
You + Adult + Child(ren)	Your Cost \$ 1,049 University Cost \$ 2,070	\$ 397 \$ 2,070	\$ 356 \$ 2,070	\$ 615 \$ 2,070
You + Child(ren)	Your Cost \$ 600 University Cost \$ 1,389	\$ 184 \$ 1,389	\$ 158 \$ 1,389	\$ 323 \$ 1,389

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with		
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 444 University Cost \$ 1,158	\$ 208 \$ 1,158	\$ 193 \$ 1,158	\$ 287 \$ 1,158
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 670 University Cost \$ 1,546	\$ 344 \$ 1,546	\$ 324 \$ 1,546	\$ 453 \$ 1,546

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 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 56 University Cost \$ 416	\$ 56 \$ 416
2 People with Medicare	Your Cost \$ 218 University Cost \$ 726	\$ 218 \$ 726
3 or More People with Medicare	Your Cost \$ 345 University Cost \$ 967	\$ 345 \$ 967

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 281 University Cost \$ 849	\$ 45 \$ 849	\$ 30 \$ 849	\$ 124 \$ 849
You + Adult	Your Cost \$ 779 University Cost \$ 1,481	\$ 307 \$ 1,481	\$ 277 \$ 1,481	\$ 465 \$ 1,481
You + Adult + Child(ren)	Your Cost \$ 1,158 University Cost \$ 1,961	\$ 506 \$ 1,961	\$ 465 \$ 1,961	\$ 724 \$ 1,961
You + Child(ren)	Your Cost \$ 660 University Cost \$ 1,329	\$ 244 \$ 1,329	\$ 218 \$ 1,329	\$ 383 \$ 1,329

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with		
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 498 University Cost \$ 1,104	\$ 262 \$ 1,104	\$ 247 \$ 1,104	\$ 341 \$ 1,104
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 752 University Cost \$ 1,464	\$ 426 \$ 1,464	\$ 406 \$ 1,464	\$ 535 \$ 1,464

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 68 University Cost \$ 404	\$ 68 \$ 404
2 People with Medicare	Your Cost \$ 254 University Cost \$ 690	\$ 254 \$ 690
3 or More People with Medicare	Your Cost \$ 399 University Cost \$ 913	\$ 399 \$ 913

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 305 University Cost \$ 825	\$ 69 \$ 825	\$ 54 \$ 825	\$ 148 \$ 825
You + Adult	Your Cost \$ 851 University Cost \$ 1,409	\$ 379 \$ 1,409	\$ 349 \$ 1,409	\$ 537 \$ 1,409
You + Adult + Child(ren)	Your Cost \$ 1,267 University Cost \$ 1,852	\$ 615 \$ 1,852	\$ 574 \$ 1,852	\$ 833 \$ 1,852
You + Child(ren)	Your Cost \$ 721 University Cost \$ 1,268	\$ 305 \$ 1,268	\$ 279 \$ 1,268	\$ 444 \$ 1,268

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with
	Community Blue PPO	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 552 University Cost \$ 1,050	\$ 395 \$ 1,050
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 833 University Cost \$ 1,383	\$ 616 \$ 1,383

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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 80 University Cost \$ 392	\$ 80 \$ 392
2 People with Medicare	Your Cost \$ 290 University Cost \$ 654	\$ 290 \$ 654
3 or More People with Medicare	Your Cost \$ 453 University Cost \$ 859	\$ 453 \$ 859

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 329 University Cost \$ 801	\$ 93 \$ 801	\$ 78 \$ 801	\$ 172 \$ 801
You + Adult	Your Cost \$ 923 University Cost \$ 1,337	\$ 451 \$ 1,337	\$ 421 \$ 1,337	\$ 609 \$ 1,337
You + Adult + Child(ren)	Your Cost \$ 1,376 University Cost \$ 1,743	\$ 724 \$ 1,743	\$ 683 \$ 1,743	\$ 942 \$ 1,743
You + Child(ren)	Your Cost \$ 782 University Cost \$ 1,207	\$ 366 \$ 1,207	\$ 340 \$ 1,207	\$ 505 \$ 1,207

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with
	Community Blue PPO	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 606 University Cost \$ 996	\$ 449 \$ 996
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 915 University Cost \$ 1,301	\$ 698 \$ 1,301

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

2026 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

Coverage Type	Medicare Advantage PPO	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 92 University Cost \$ 380	\$ 92 \$ 380
2 People with Medicare	Your Cost \$ 325 University Cost \$ 619	\$ 325 \$ 619
3 or More People with Medicare	Your Cost \$ 507 University Cost \$ 805	\$ 507 \$ 805

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 353 University Cost \$ 777	\$ 117 \$ 777	\$ 102 \$ 777	\$ 196 \$ 777
You + Adult	Your Cost \$ 995 University Cost \$ 1,265	\$ 523 \$ 1,265	\$ 493 \$ 1,265	\$ 681 \$ 1,265
You + Adult + Child(ren)	Your Cost \$ 1,484 University Cost \$ 1,635	\$ 832 \$ 1,635	\$ 791 \$ 1,635	\$ 1,050 \$ 1,635
You + Child(ren)	Your Cost \$ 842 University Cost \$ 1,147	\$ 426 \$ 1,147	\$ 400 \$ 1,147	\$ 565 \$ 1,147

Medicare Enrolled and Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care Advantage with U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 660 University Cost \$ 942	\$ 424 \$ 942	\$ 409 \$ 942	\$ 503 \$ 942
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 996 University Cost \$ 1,220	\$ 670 \$ 1,220	\$ 650 \$ 1,220	\$ 779 \$ 1,220

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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 282 University Cost \$ 190	\$ 282 \$ 190
2 People with Medicare	Your Cost \$ 634 University Cost \$ 310	\$ 634 \$ 310
3 or More People with Medicare	Your Cost \$ 909 University Cost \$ 403	\$ 909 \$ 403

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 741 University Cost \$ 389	\$ 505 \$ 389	\$ 490 \$ 389	\$ 584 \$ 389
You + Adult	Your Cost \$ 1,627 University Cost \$ 633	\$ 1,155 \$ 633	\$ 1,125 \$ 633	\$ 1,313 \$ 633
You + Adult + Child(ren)	Your Cost \$ 2,301 University Cost \$ 818	\$ 1,649 \$ 818	\$ 1,608 \$ 818	\$ 1,867 \$ 818
You + Child(ren)	Your Cost \$ 1,415 University Cost \$ 574	\$ 999 \$ 574	\$ 973 \$ 574	\$ 1,138 \$ 574

Medicare Enrolled and Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care Advantage with U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 1,131 University Cost \$ 471	\$ 895 \$ 471	\$ 880 \$ 471	\$ 974 \$ 471
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,606 University Cost \$ 610	\$ 1,280 \$ 610	\$ 1,260 \$ 610	\$ 1,389 \$ 610

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 244 University Cost \$ 228	\$ 244 \$ 228
2 People with Medicare	Your Cost \$ 573 University Cost \$ 371	\$ 573 \$ 371
3 or More People with Medicare	Your Cost \$ 829 University Cost \$ 483	\$ 829 \$ 483

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 664 University Cost \$ 466	\$ 428 \$ 466	\$ 413 \$ 466	\$ 507 \$ 466
You + Adult	Your Cost \$ 1,501 University Cost \$ 759	\$ 1,029 \$ 759	\$ 999 \$ 759	\$ 1,187 \$ 759
You + Adult + Child(ren)	Your Cost \$ 2,138 University Cost \$ 981	\$ 1,486 \$ 981	\$ 1,445 \$ 981	\$ 1,704 \$ 981
You + Child(ren)	Your Cost \$ 1,301 University Cost \$ 688	\$ 885 \$ 688	\$ 859 \$ 688	\$ 1,024 \$ 688

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with		
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 1,037 University Cost \$ 565	\$ 801 \$ 565	\$ 786 \$ 565	\$ 880 \$ 565
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,484 University Cost \$ 732	\$ 1,158 \$ 732	\$ 1,138 \$ 732	\$ 1,267 \$ 732

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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 206 University Cost \$ 266	\$ 206 \$ 266
2 People with Medicare	Your Cost \$ 511 University Cost \$ 433	\$ 511 \$ 433
3 or More People with Medicare	Your Cost \$ 748 University Cost \$ 564	\$ 748 \$ 564

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 586 University Cost \$ 544	\$ 350 \$ 544	\$ 335 \$ 544	\$ 429 \$ 544
You + Adult	Your Cost \$ 1,374 University Cost \$ 886	\$ 902 \$ 886	\$ 872 \$ 886	\$ 1,060 \$ 886
You + Adult + Child(ren)	Your Cost \$ 1,974 University Cost \$ 1,145	\$ 1,322 \$ 1,145	\$ 1,281 \$ 1,145	\$ 1,540 \$ 1,145
You + Child(ren)	Your Cost \$ 1,186 University Cost \$ 803	\$ 770 \$ 803	\$ 744 \$ 803	\$ 909 \$ 803

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with		
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 943 University Cost \$ 659	\$ 707 \$ 659	\$ 692 \$ 659	\$ 786 \$ 659
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,362 University Cost \$ 854	\$ 1,036 \$ 854	\$ 1,016 \$ 854	\$ 1,145 \$ 854

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 168 University Cost \$ 304	\$ 168 \$ 304
2 People with Medicare	Your Cost \$ 449 University Cost \$ 495	\$ 449 \$ 495
3 or More People with Medicare	Your Cost \$ 668 University Cost \$ 644	\$ 668 \$ 644

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 508 University Cost \$ 622	\$ 272 \$ 622	\$ 257 \$ 622	\$ 351 \$ 622
You + Adult	Your Cost \$ 1,248 University Cost \$ 1,012	\$ 776 \$ 1,012	\$ 746 \$ 1,012	\$ 934 \$ 1,012
You + Adult + Child(ren)	Your Cost \$ 1,811 University Cost \$ 1,308	\$ 1,159 \$ 1,308	\$ 1,118 \$ 1,308	\$ 1,377 \$ 1,308
You + Child(ren)	Your Cost \$ 1,071 University Cost \$ 918	\$ 655 \$ 918	\$ 629 \$ 918	\$ 794 \$ 918

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with
	Community Blue PPO	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 848 University Cost \$ 754	\$ 612 \$ 754
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,240 University Cost \$ 976	\$ 914 \$ 976

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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 130 University Cost \$ 342	\$ 130 \$ 342
2 People with Medicare	Your Cost \$ 387 University Cost \$ 557	\$ 387 \$ 557
3 or More People with Medicare	Your Cost \$ 587 University Cost \$ 725	\$ 587 \$ 725

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 431 University Cost \$ 699	\$ 195 \$ 699	\$ 180 \$ 699	\$ 274 \$ 699
You + Adult	Your Cost \$ 1,121 University Cost \$ 1,139	\$ 649 \$ 1,139	\$ 619 \$ 1,139	\$ 807 \$ 1,139
You + Adult + Child(ren)	Your Cost \$ 1,647 University Cost \$ 1,472	\$ 995 \$ 1,472	\$ 954 \$ 1,472	\$ 1,213 \$ 1,472
You + Child(ren)	Your Cost \$ 957 University Cost \$ 1,032	\$ 541 \$ 1,032	\$ 515 \$ 1,032	\$ 680 \$ 1,032

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with	U-M Premier Care Advantage with
	Community Blue PPO	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 754 University Cost \$ 848	\$ 518 \$ 848
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,118 University Cost \$ 1,098	\$ 792 \$ 1,098

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

2026 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	U-M Premier Care Advantage
1 Person with Medicare		
Your Cost	\$ 92	\$ 92
University Cost	\$ 380	\$ 380
2 People with Medicare		
Your Cost	\$ 325	\$ 325
University Cost	\$ 619	\$ 619
3 or More People with Medicare		
Your Cost	\$ 507	\$ 507
University Cost	\$ 805	\$ 805

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only				
Your Cost	\$ 353	\$ 117	\$ 102	\$ 196
University Cost	\$ 777	\$ 777	\$ 777	\$ 777
You + Adult				
Your Cost	\$ 995	\$ 523	\$ 493	\$ 681
University Cost	\$ 1,265	\$ 1,265	\$ 1,265	\$ 1,265
You + Adult + Child(ren)				
Your Cost	\$ 1,484	\$ 832	\$ 791	\$ 1,050
University Cost	\$ 1,635	\$ 1,635	\$ 1,635	\$ 1,635
You + Child(ren)				
Your Cost	\$ 842	\$ 426	\$ 400	\$ 565
University Cost	\$ 1,147	\$ 1,147	\$ 1,147	\$ 1,147

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)				
Your Cost	\$ 660	\$ 424	\$ 409	\$ 503
University Cost	\$ 942	\$ 942	\$ 942	\$ 942
3 or More People (at least 1 with Medicare + 1 without Medicare)				
Your Cost	\$ 996	\$ 670	\$ 650	\$ 779
University Cost	\$ 1,220	\$ 1,220	\$ 1,220	\$ 1,220

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	U-M Premier Care Advantage
1 Person with Medicare		
Your Cost	\$ 310	\$ 310
University Cost	\$ 162	\$ 162
2 People with Medicare		
Your Cost	\$ 719	\$ 719
University Cost	\$ 225	\$ 225
3 or More People with Medicare		
Your Cost	\$ 1,038	\$ 1,038
University Cost	\$ 274	\$ 274

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only				
Your Cost	\$ 799	\$ 563	\$ 548	\$ 642
University Cost	\$ 331	\$ 331	\$ 331	\$ 331
You + Adult				
Your Cost	\$ 1,801	\$ 1,329	\$ 1,299	\$ 1,487
University Cost	\$ 459	\$ 459	\$ 459	\$ 459
You + Adult + Child(ren)				
Your Cost	\$ 2,563	\$ 1,911	\$ 1,870	\$ 2,129
University Cost	\$ 556	\$ 556	\$ 556	\$ 556
You + Child(ren)				
Your Cost	\$ 1,561	\$ 1,145	\$ 1,119	\$ 1,284
University Cost	\$ 428	\$ 428	\$ 428	\$ 428

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)				
Your Cost	\$ 1,260	\$ 1,024	\$ 1,009	\$ 1,103
University Cost	\$ 342	\$ 342	\$ 342	\$ 342
3 or More People (at least 1 with Medicare + 1 without Medicare)				
Your Cost	\$ 1,801	\$ 1,475	\$ 1,455	\$ 1,584
University Cost	\$ 415	\$ 415	\$ 415	\$ 415

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

2026 Monthly Costs for Health Plans

Prescription Drug Plan

Prime Therapeutics administers this plan

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 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	U-M Premier Care Advantage
1 Person with Medicare	Your Cost \$ 278 University Cost \$ 194	\$ 278 \$ 194
2 People with Medicare	Your Cost \$ 674 University Cost \$ 270	\$ 674 \$ 270
3 or More People with Medicare	Your Cost \$ 984 University Cost \$ 328	\$ 984 \$ 328

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care
You Only	Your Cost \$ 733 University Cost \$ 397	\$ 497 \$ 397	\$ 482 \$ 397	\$ 576 \$ 397
You + Adult	Your Cost \$ 1,710 University Cost \$ 550	\$ 1,238 \$ 550	\$ 1,208 \$ 550	\$ 1,396 \$ 550
You + Adult + Child(ren)	Your Cost \$ 2,452 University Cost \$ 667	\$ 1,800 \$ 667	\$ 1,759 \$ 667	\$ 2,018 \$ 667
You + Child(ren)	Your Cost \$ 1,476 University Cost \$ 513	\$ 1,060 \$ 513	\$ 1,034 \$ 513	\$ 1,199 \$ 513

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	U-M Premier Care Advantage with U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)	Your Cost \$ 1,192 University Cost \$ 410	\$ 956 \$ 410	\$ 941 \$ 410	\$ 1,035 \$ 410
3 or More People (at least 1 with Medicare + 1 without Medicare)	Your Cost \$ 1,718 University Cost \$ 498	\$ 1,392 \$ 498	\$ 1,372 \$ 498	\$ 1,501 \$ 498

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

The university provides a prescription drug plan for everyone enrolled in a U-M health plan, administered by 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, view 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 for prescriptions filled in 90-day supplies. Use of the mail-order service is optional and 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. Call (877) 269-1160 or visit hr.umich.edu/mailorder.
- 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. View page 66 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 viewed 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 U.S. 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. To view copay amounts for generic drugs, go to the U-M Prescription Drug Plan Copays chart on the next page.

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. To view copay amounts for preferred brand-name drugs, go to the U-M Prescription Drug Plan Copays chart on the next page.

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. To view copay amounts for non-preferred brand name drugs, view 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 \$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.

2026 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

What’s New

Dental Plan Annual Benefit Maximum Increased

- **What is changing?** The Dental Plan annual maximum benefit will increase to \$1,500.
- **What does this mean?** Beginning Jan. 1, 2026, individuals enrolled in Option 2 and Option 3 may have more coverage for dental services requiring more extensive treatment.

For more information review the Dental Plan Comparison Chart on pages 52-53.

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 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 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.

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.

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 their billed amount.

How Can I Find a Participating Dentist?

- To find the names of participating dentists near you, view a Delta Dental directory 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. 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 any time your dental work is expected to exceed \$200.

Where Can I View Additional Information Regarding the Dental Plan?

Several resources are available to view what your dental plan covers:

- View the Dental Plan web page 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.** View 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: memberportal.com/mp/delta

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 bicuspid 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 \$1,500 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%
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Deductibles and Plan

Calendar Year and Lifetime Maximum Payable Benefits	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> \$1,500 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 \$1,500 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 2026 Monthly Dental Plan Rates

Dental Plan Option	Your 2026 Monthly Contribution	University 2026 Monthly Contribution
Option 1		
You Only	\$ 0	\$ 29.10
You + Child	\$ 0	\$ 58.20
You + Adult	\$ 0	\$ 58.20
You + Adult + Child(ren)	\$ 0	\$ 92.84
You + Children	\$ 0	\$ 92.84
Option 2		
You Only	\$ 19.40	\$ 29.10
You + Child	\$ 38.80	\$ 58.20
You + Adult	\$ 38.80	\$ 58.20
You + Adult + Child(ren)	\$ 58.00	\$ 92.84
You + Children	\$ 58.00	\$ 92.84
Option 3		
You Only	\$ 27.04	\$ 29.10
You + Child	\$ 54.08	\$ 58.20
You + Adult	\$ 54.08	\$ 58.20
You + Adult + Child(ren)	\$ 81.76	\$ 92.84
You + Children	\$ 81.76	\$ 92.84

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 2026 Monthly Dental Plan Rates

Dental Plan Option	Your 2026 Monthly Contribution	University 2026 Monthly Contribution
Option 1		
You Only	\$ 29.10	\$ 0
You + Child	\$ 58.20	\$ 0
You + Adult	\$ 58.20	\$ 0
You + Adult + Child(ren)	\$ 92.84	\$ 0
You + Children	\$ 92.84	\$ 0
Option 2		
You Only	\$ 48.50	\$ 0
You + Child	\$ 97.00	\$ 0
You + Adult	\$ 97.00	\$ 0
You + Adult + Child(ren)	\$150.84	\$ 0
You + Children	\$150.84	\$ 0
Option 3		
You Only	\$ 56.14	\$ 0
You + Child	\$ 112.28	\$ 0
You + Adult	\$ 112.28	\$ 0
You + Adult + Child(ren)	\$ 174.60	\$ 0
You + Children	\$ 174.60	\$ 0

Dental Care Outside the United States

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

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

How to Find a Dentist

When outside the U.S., 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 U.S., 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

Vision Plan Basics

Davis Vision by 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 summary of benefits 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 provider's 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 MetLife at (800) 999-5431 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 2026 Monthly Vision Plan Rates

	Your 2026 Monthly Contribution	University 2026 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

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 orders
- Enforcement or modification of support orders

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, including secured tools.

One of the most valuable features of the Legal Services Plan is that it covers telephone advice and office consultations. 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 provide 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, 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 2026 Monthly Legal Plan Rates

	Your 2026 Monthly Contribution	University 2026 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 the Shared Services Center - HR Benefits Transactions within 60 days of a dependent's 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 2026 will remain in effect from Jan. 1 through Dec. 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

Maintaining Comparable Medical and Dental Coverage

Comparable medical/prescription drug coverage is health coverage that is at least as comprehensive as the university's Consumer-Directed Health Plan and Prescription Drug 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)
- Prescription drug coverage

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.

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 coinsurance 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 health care 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 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.

HIPAA Notice of Privacy Practices

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

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 co-insurance). 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 these 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 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

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.

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 institutional 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
Wolverine Tower G405
3003 S State St
Ann Arbor, MI 48109-1278

Contact Information

Plan Providers	Phone	Web Address
Birdi Rx Mail Order Pharmacy	877-269-1160	umich.birdirx.com
BCBSM Community Blue PPO	855-669-8040	bcbsm.com
BCBSM Consumer-Directed Health Plan	855-669-8040	bcbsm.com
BCBSM Comprehensive Major Medical	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
Prime Therapeutics	888-272-1346	myprime.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
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	specialty-pharmacy.uofmhealth.org

Other Helpful Contacts	Phone	Web Address
Shared Services Center - HR Customer Care	734-615-2000 866-647-7657	ssc.umich.edu
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.



Open Enrollment Form for 2026 Benefits

For Retirees, Surviving Spouses, or Surviving Other Qualified Adults

If you do not wish to make changes to your benefits elections for 2026 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, October 24, 2025**. Elections remain in effect through December 31, 2026 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 Medicare Advantage PPO U-M Premier Care Advantage* You only You + Adult

Pre-Medicare Enrolled AND Medicare and Pre-Medicare Enrolled Community Blue PPO Consumer-Directed Health Plan You + Adult + Child(ren) You + Child + Child(ren)

Comprehensive Major Medical U-M Premier Care* You + Child 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 Option 1 Option 2 Option 3 You only You + Adult You + Adult + Child(ren) You + Child You + Children

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

D. Legal Plan Enroll Waive Coverage You only You + Adult You + Adult + Child(ren) You + Child 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 If you or any dependents listed above are enrolled in Medicare, copy the exact information from the Medicare card.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) 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, Surviving Spouse, or Surviving Other Qualified Adult	Date
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OE Retiree 2026 071725

Open Enrollment Form for 2026 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:

- anyone not already enrolled on your benefits plans prior to your retirement;
- anyone who works for the university and has his or her own coverage as an employee of the university;
- any eligible dependents who are already covered by another employee of the university;
- anyone who is not your legal spouse or eligible dependent;
- yourself if you are covered by another University of Michigan employee or retiree.

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 your health plan changes for 2026, new ID cards will be mailed to you directly from your health plan company.

If you change plans but do not receive new cards by January 2026, call the health plan company to request a card and inquire about how to obtain services before your new card arrives. Phone numbers can be found at hr.umich.edu/benefits-wellness or by calling the Shared Services Center - HR Customer Care at (734) 615-2000 locally or (866) 647-7657 toll-free.

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?

Visit hr.umich.edu/benefits-wellness, or call the Shared Services Center - HR Customer Care at (734) 615-2000 locally or toll-free at (866) 647-7657; or email sharedservices@umich.edu, Monday-Friday, 8 a.m.-1 p.m. and 2-5 p.m.

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.



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 2026 071725

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

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:

- 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.
- 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.
- 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.
- 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

Retiree Benefits Re-enrollment Form

Print all information in **black ink**. Completed and signed forms must be postmarked by October 24, 2025.

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

U-M Premier Care Advantage*

Medicare Advantage PPO

You only

You + Adult

You + Adult + Child(ren)

You + Child

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

Option 1

Option 2

Option 3

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

C. Vision Plan

Enroll

Waive Coverage

You only

You + Adult

You + Adult + Child(ren)

You + Child

You + Children

D. Legal Plan

Enroll

Waive Coverage

You only

You + Adult

You + Adult + Child(ren)

You + Child

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
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*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 you or any dependents listed above are enrolled in Medicare, copy the exact information from the Medicare card.

Name	Medicare Number	Part A (Hospital) Effective Date	Part B (Medical) Effective Date
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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 the Shared Services Center - HR Customer Care at (734) 615-2000 locally or toll-free at (866) 647-7657; or email sharedservices@umich.edu, Monday-Friday, 8 a.m.-1 p.m. and 2-5 p.m.

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

Prepared by Benefits Office

University of Michigan
Wolverine Tower—Low Rise G405
3003 S State St
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).

Richard S. Holcomb, Jr.
Associate Vice President for Human Resources

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

Kent Seckinger
Senior Director for Benefits

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

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