



Open Enrollment

To make your benefit choices for 2027

COBRA Participants

2027 Rates Enclosed

**Open Enrollment
for 2027 benefits is
Monday, Oct. 12, through
5 p.m. Friday, Oct. 23, 2026**

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 SSC - HR Customer Care at (734) 615-2000 or toll-free at (866) 647-7657.

Limitations

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

Important Dates

Open Enrollment:

October 12-23, 2026

All COBRA benefits elections due:

October 23, 2026, 5 p.m. ET

Initial billing statements mailed:

Late December 2026

Changes are effective:

January 1, 2027

Open Enrollment Overview

If you elected to continue any University of Michigan benefit under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and if you will still be eligible for COBRA coverage on Jan. 1, 2027, you can make changes to your coverage during Open Enrollment, **October 12-23, 2026. Open Enrollment elections take effect Jan. 1, 2027.**

During Open Enrollment you can:

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

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

What's New

Below is a summary of important changes to your U-M benefits for the upcoming year.

Priority Health Plan

The new Priority Health Exclusive Provider Organization (EPO) plan combines features of both HMO and PPO plans. The EPO plan offers a broad, Michigan-based provider network, including Michigan Medicine. Members are required to select a primary care provider, but referrals are not needed to see in-network providers.

Coverage is designed to encourage use of in-network providers, as care received outside the network is generally not covered except in emergencies. Members will receive the same prescription drug plan through the university as all other U-M employee health plans.

To enroll, members must live in Michigan's Lower Peninsula.

For details, view the Priority Health EPO plan web page at hr.umich.edu/priority-health-epo.

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 2027:

CDHP - Deductible:

- Individual deductible will be \$1,750
- Family deductible will be \$3,500

CDHP - Out-of-Pocket Maximum (in network)

- Individual will be \$5,500
- Family will be \$12,000

HSA - Maximum Contribution (Employee + University)

- Individual will be \$4,500
- Family will be \$9,000

Increased Health Care Flexible Spending Account (FSA) Limit

- **What is changing?** The IRS annual limit for the Health Care FSA is increasing to \$3,400 on Jan. 1, 2027.
- **What does this mean?** You can set aside more money before taxes to pay for eligible medical care expenses.
- **Special reminder:** Employees must re-enroll each year to participate in an FSA. The Internal Revenue Service (IRS) does not allow FSA enrollments to carry over from one year to the next.

Streamlined Health Plan Web Pages

Based on employee feedback from the 2026 Open Enrollment Survey, U-M has re-designed its health plan web pages to be more streamlined, user-friendly and information-rich.

New Postal Regulations

If you plan to send an election form through the U.S. Postal Service, please note that USPS postmarks now reflect the date mail is first processed at a regional facility, not the day you drop it off. To ensure a time-sensitive correspondence is postmarked by its deadline, request a manual/local postmark at drop off. Election forms must be postmarked by 5 p.m. on Oct. 23, 2026.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (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. 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-plan-forms.

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.

This book contains important information regarding your U-M benefits and 2027 COBRA rates. Consider your health care needs and those of your dependents when selecting a plan for the upcoming year. Detailed information is available at hr.umich.edu/benefits-wellness.

Things to Consider

Before you choose a new medical care plan, consider:

- The monthly costs of the various medical care plans (view the 2027 Plan Options and Rates chart in this booklet).
- Any copays, deductibles, or out-of-pocket amounts for which you may be responsible (for details, view the Health Plan Coverage Comparison Chart at hr.umich.edu/health-plans or call the Shared Services Center - HR Customer Care).
- If you're considering U-M Premier Care or the Priority Health EPO plan, please note that these are Michigan-based health plans. All providers, facilities and services are rendered in Michigan.
- Whether you reside in the plan's service area (there are no service area requirements for PPOs).
- If your medical care providers participate with the plan. You will not be able to change plans mid-year due to a medical care provider no longer participating in your selected health plan.

New rate changes go into effect on Jan. 1, 2027 and will affect your premium. If you return to work in a benefits-eligible position after Jan. 1, 2027, you may be able to select a different plan.

2027 COBRA Benefits Plan Options and Rates

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

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

Plan	Monthly Premium
BCBSM Community Blue PPO	
You Only	\$1,251.54
You + Adult	\$2,503.08
You + Adult + Children	\$3,454.74
You + Child	\$2,203.20
You + Children	\$2,203.20
Comprehensive Major Medical (CMM)	
You Only	\$991.44
You + Adult	\$1,982.88
You + Adult + Children	\$2,736.66
You + Child	\$1,745.22
You + Children	\$1,745.22
BCBSM Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)	
You Only	\$974.10
You + Adult	\$1,948.20
You + Adult + Children	\$2,688.72
You + Child	\$1,714.62
You + Children	\$1,714.62
GradCare (for GSI, GSSA, GSRAs only)	
You Only	\$472.26
You + Adult	\$944.52
You + Adult + Children	\$1,303.56
You + Child	\$831.30
You + Children	\$831.30
U-M Premier Care	
You Only	\$1,078.14
You + Adult	\$2,156.28
You + Adult + Children	\$2,976.36
You + Child	\$1,898.22
You + Children	\$1,898.22
Priority Health EPO	
You Only	\$1,078.14
You + Adult	\$2,156.28
You + Adult + Children	\$2,976.36
You + Child	\$1,898.22
You + Children	\$1,898.22

Plan	Monthly Premium
Dental Plan Option 1	
You Only	\$29.68
You + Adult	\$59.36
You + Adult + Children	\$94.70
You + Child	\$59.36
You + Children	\$94.70
Dental Plan Option 2	
You Only	\$48.53
You + Adult	\$97.06
You + Adult + Children	\$150.94
You + Child	\$97.06
You + Children	\$150.94
Dental Plan Option 3	
You Only	\$55.20
You + Adult	\$110.40
You + Adult + Children	\$171.69
You + Child	\$110.40
You + Children	\$171.69
Vision Plan	
You Only	\$7.08
You + Adult	\$11.06
You + Adult + Children	\$18.44
You + Child	\$11.06
You + Children	\$18.44

Changes Take Effect on January 1

Benefit plan changes and new rates take effect on Jan. 1, 2027.

ID Cards

If your health plan changes for 2027, 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 2027**, 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.

Paying for Your Benefits

COBRA participants pay 102% of the full cost of medical, dental, and vision coverage (COBRA participants whose coverage has been extended from 18 to 29 months due to a disability are responsible for paying 150% of the total premium for the last 11 months of COBRA continuation coverage). Your cost for these plans may change for 2027 even if you do not change your plan choices. For specific rate information, view the 2027 COBRA Benefits Plan Options and Rates chart in this booklet.

Your Billing Statement

In late December, the first 2027 billing statement will be mailed to you. Please do the following:

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

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

If you do not receive your first 2027 billing statement by **January 2027**, call the SSC - HR Customer Care on the next business day at (734) 615-2000 or (866) 647-7657.

Payment Procedure

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

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

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

Other COBRA Information

Changes in Family Status

You must submit a Benefits Enrollment/Change form to make changes to your coverage within 30 days of a change in family status, such as marriage, divorce, or the birth or adoption of a child. The Benefits Enrollment/Change Form is available at myumi.ch/uhr-benefits-forms or by calling the SSC - HR Customer Care.

If you fail to request the addition of a dependent to your coverage within 30 days of the status change, you must wait until the next Open Enrollment period the following year to add the dependent to your benefits. If your dependent loses eligibility under your U-M benefit plan coverage due to an event occurring midway through the year, you must act within 30 days of the event to remove your dependent from your coverage. Certain events may entitle your dependent to an additional 18 months of COBRA coverage. See below for details.

Special COBRA Rights for New Dependent Children

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

COBRA Rights for Ineligible Dependents

A second period of COBRA coverage may be available to spouses and dependents who are receiving COBRA coverage if a second qualifying event occurs during the 18 months (or, in the case of a disability extension, the 29 months) following the covered employee's termination of employment or reduction of hours. The maximum amount of COBRA coverage available is 36 months when a second qualifying event occurs. Such second qualifying events may include the death of a covered employee, divorce, or a dependent ceasing to be eligible for coverage as a dependent under the plan. These events can be a second qualifying event only if they would have caused the qualified beneficiary to lose coverage under the plan if the first qualifying event had not occurred. (This extension is not available under the plan when a covered employee becomes entitled to Medicare.)

In all of these cases, you must make sure that the Benefits Office is notified within 60 days after the latest of:

- (1) the date of the second qualifying event; or
- (2) the date on which the qualified beneficiary would lose coverage under the terms of the plan as a result of the second qualifying event (if it had occurred while the qualified beneficiary was still covered under the plan). Oral notice, including notice by telephone, is not acceptable.

No extension will be available unless you follow the plan's notice procedures and meet the notice deadline. In providing this notice, you must use the plan's form entitled "Notice of COBRA Second Qualifying Event," and you must follow the procedures specified on the form. If these procedures are not followed or if the notice is not provided in writing to the university during the 60-day notice period, there will be no extension of COBRA coverage due to a second qualifying event.

You may obtain a copy of the Notice of COBRA Second Qualifying Event Form at myumi.ch/uhr-benefits-forms or by calling the SSC - HR Customer Care.

Mail or fax your notice to:

SSC - Benefits Transactions
1000 Victors Way
Ann Arbor, MI 48108
FAX: (734) 763-0363

If mailed, your notice must be postmarked no later than the last day of the required notice period. To ensure a time-sensitive correspondence is postmarked by its deadline, request a manual/local postmark at drop off.

Disability Extension of COBRA Coverage

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

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

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

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

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

In providing this notice, you must use the plan's form entitled "Notice of Disability," and you must follow the procedures specified on the form. If these procedures are not followed or if the notice is not provided in writing to the university during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, then there will be no disability extension of COBRA coverage.

You may obtain a copy of the Notice of Disability form from the University Human Resources website at myumi.ch/uhr-benefits-forms or by calling the SSC - HR Customer Care.

Mail or fax your notice to:

SSC - Benefits Transactions
1000 Victors Way
Ann Arbor, MI 48108
FAX: (734) 763-0363

If mailed, your notice must be postmarked no later than the last day of the required notice period. To ensure a time-sensitive correspondence is postmarked by its deadline, request a manual/local postmark at drop off.

Conversion Rights

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

Change of Address

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

Prepared by

Benefits Office

University of Michigan

1000 Victors Way

Ann Arbor, MI 48108

Phone (734) 615-2000 or (866) 647-7657

(toll-free for off-campus long-distance calling)

Fax (734) 763-0363

Web: hr.umich.edu/benefits-wellness

SSC - HR Customer Care

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



Printed on recycled paper

September 2026 200

MC260296

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

Richard S. Holcomb Jr.

Associate Vice President for Human Resources

Kent Seckinger

*Interim Assistant Vice President for Benefits and
Well-being Services*

© 2026 Regents of the University of Michigan, Ann Arbor,
Michigan 48109

Regents of the University of Michigan

Jordan B. Acker

Michael J. Behm

Mark J. Bernstein

Paul W. Brown

Sarah Hubbard

Denise Ilitch

Carl J. Meyers

Katherine E. White

Domenico Grasso, *ex officio*

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



HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

1000 Victors Way
Ann Arbor, MI 48108