



Open Enrollment

To make your benefit choices for 2027

Long-Term Disability 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 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 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 benefits elections due:

October 23, 2026, 5 p.m. ET

Changes are effective:

January 1, 2027

Open Enrollment

Open Enrollment is your annual opportunity to review and update your benefits.

Changes you make during Open Enrollment and new rates take effect on Jan. 1, 2027.

What's New

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

Two New Plans through Priority Health

U-M will offer two new health plans in 2027: the Priority Health Exclusive Provider Organization (EPO) plan for pre-Medicare members, and the Priority Health Medicare Advantage with Part D plan for Medicare-enrolled members.

Both new plans provide expansive, Michigan-based provider networks that include Michigan Medicine. Members are required to select a primary care provider, but referrals are not needed to see in-network providers. To enroll, members must live in Michigan's Lower Peninsula.

For details, view the following web pages:

- [Priority Health EPO plan](#)
- [Priority Health Medicare Advantage with Part D plan](#)

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 a FSA. The Internal Revenue Service (IRS) does not allow FSA enrollments to carry over from one year to the next.

Streamlined Web Pages

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

New Postal Regulations

If you plan to send an election form for Open Enrollment 2027 through the U.S. Postal Service, please note that the 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.

LTD Participant Benefits Options

This book contains important information regarding your U-M benefits and monthly rates. Consider your needs and those of your dependents when selecting a plan for the upcoming year. LTD participants can select from medical, dental, vision, and legal coverage, as well as Flexible Spending Account (FSA) options.

Detailed information is available on the U-M Human Resources web page at hr.umich.edu/benefits-wellness.

Health Plan Options and Prescription Drug Coverage

The health plan options are based on whether anyone covered by your university health plan is enrolled in Medicare, your residential address, and the plan's service area. You should review the appropriate section based on your individual situation.

- **Medicare-Enrolled Retirees, Survivors and LTD Participants:** If everyone you are covering on your university health plan is enrolled in Medicare – View Medicare-Enrolled Retirees, Survivors and LTD Participants options below.
- **Active Employees and Pre-Medicare Retirees, Survivors and LTD Participants:** If no one covered under your university health plan is enrolled in Medicare – View Active Employees and Pre-Medicare Retirees, Survivors and LTD Participants options below.
- **Medicare-Enrolled and Pre-Medicare:** If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare – View Medicare and Pre-Medicare options below.

About Medicare

Medicare is a federal health insurance program available to persons at age 65 and older. It is also available for people who have been entitled to Social Security Disability (SSD) benefits for 24 months.

Medicare is directed by the federal Centers for Medicare & Medicaid Services (CMS). Medicare has three parts:

- Part A covers inpatient hospital services and has no monthly premium.
- Part B covers outpatient medical services and has a monthly premium. You are responsible for paying this premium, which may change annually.
- Part D covers outpatient prescription drugs and may have a monthly premium. View the Prescription Drug Plan section for more information about Part D.

Per the Long-Term Disability plan provisions, enrollment in Medicare Parts A and B is required when first eligible.

You will likely receive marketing materials from other publicly-available Medicare Advantage plans. If you are contacted, it's important to ask if the plan is provided by the University of Michigan.

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 are listed on the Human Resources web page at hr.umich.edu/benefits-wellness or can be obtained by calling the Shared Services Center - HR Customer Care.

Medicare-Enrolled Retirees, Survivors and LTD Participants:

If everyone covered on your university health plan is eligible and enrolled in Medicare parts A and B, the available health plan options are:

- U-M Premier Care Advantage - Provided by Blue Care Network (BCN)
- Priority Health Medicare Advantage with Part D
- Medicare Advantage PPO - Provided by Blue Cross Blue Shield of Michigan (BCBSM)

Enrollment is based on your residential state. Members living in Michigan can choose U-M Premier Care Advantage, Medicare Advantage PPO or the new Priority Health Medicare Advantage with Part D plan. Members living outside of Michigan or in Michigan's Upper Peninsula must enroll in the Medicare Advantage PPO.

U-M's health plans provide coverage for urgent and emergent care for members traveling domestically and internationally. If you live in Michigan and travel more than three months during the year or plan to receive medical services outside of Michigan, it is recommended that you enroll in the BCBSM Medicare Advantage PPO plan or the Priority Health Medicare Advantage with Part D plan. Please confirm that all of your out-of-state providers participate with your intended plan before you enroll. You will not be able to change plans due to a provider not participating with the plan.

In addition, Medicare members must provide a residential address, not a P.O. box. Members can be enrolled in only one Medicare Advantage plan. This includes plans from your spouse/Other Qualified Adult (OQA) and previous employer, as well as individually purchased plans.

Please take time to consider which plan best fits your health and medical needs.

Visit hr.umich.edu/health-plans.

Active Employees and Pre-Medicare Retirees, Survivors and LTD Participants: Health Plan Options

LTD participants and their covered dependents who are not enrolled in Medicare have similar plan options as active employees. However, you must enroll in Medicare when first eligible.

The available health plan options are:

Blue Care Network (BCN)

- U-M Premier Care

Priority Health

- Priority Health EPO

Blue Cross Blue Shield of Michigan (BCBSM)

- Community Blue PPO
- Comprehensive Major Medical (CMM)
- Consumer-Directed Health Plan (CDHP)

Visit hr.umich.edu/health-plans for additional information.

Medicare and Pre-Medicare

For LTD participants and covered dependents who have a mixture of individuals who are enrolled in Medicare and not enrolled in Medicare, the LTD participant will make the plan election for the member(s) who 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 is 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 Retirees, Survivors and LTD Participants" and "Active Employees and Pre-Medicare Retirees, Survivors and LTD Participants" sections.

Blue Care Network Health Plans

The U-M Premier Care Advantage plan is a 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.

Priority Health Plans

Priority Health is a Michigan-based plan. You must reside in Michigan's Lower Peninsula to enroll.

- Medicare-enrolled members will be enrolled in the Priority Health Medicare Advantage with Part D plan.
- Pre-Medicare members will be enrolled in the Priority Health EPO plan.

Blue Cross Blue Shield of Michigan Health Plans

The Blue Cross Blue Shield of Michigan plans do not have residency restrictions within the U.S.

Medicare-enrolled members will be in the Medicare Advantage PPO plan.

Pre-Medicare members can be one of the following plans:

- Community Blue PPO
- Comprehensive Major Medical
- Consumer-Directed Health Plan

Prescription Drug Plan

The university provides a Prescription Drug Plan for everyone enrolled in a U-M health plan. Who administers the benefit depends on what health plan you are enrolled in.

Prime Therapeutics administers the prescription drug benefit for:

- BCN's U-M Premier Care and U-M Premier Care Advantage plans
- Priority Health EPO plan
- BCBSM's Community Blue PPO, Consumer-Directed Health Plan (CDHP), Comprehensive Major Medical (CMM) and Medicare Advantage PPO plans
- For more information, view the Prescription Drug Plan web page at hr.umich.edu/prescription-drug-plan

Priority Health administers the prescription drug benefit for:

- Priority Health Medicare Advantage with Part D plan
- For more information, view the Priority Health Medicare Advantage with Part D plan web page at hr.umich.edu/priority-health-advantage

The university provides prescription drug coverage that is comparable to a Part D plan if you enroll in one of the following plans:

- BCN U-M Premier Care Advantage, OR
- BCBSM Medicare Advantage PPO

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 you enroll in Priority Health Medicare Advantage with Part D, you will automatically be enrolled in the plan's Part D coverage.

Depending on your income and financial resources, the U.S. Social Security Administration might determine that you qualify for a federal, low-income prescription drug assistance plan called Extra Help:

- If you are enrolled in the BCN U-M Premier Care Advantage or the BCBSM Medicare Advantage PPO, please contact the Shared Services Center - HR Customer Care at ssc.umich.edu/.
- If you are enrolled in Priority Health Medicare Advantage with Part D, contact Priority Health customer service at (888) 216-6090.

Dental, Vision, Legal Services and Flexible Spending Account Coverage Options

Dental Plan

The U-M dental plan, administered by Delta Dental of Michigan, is designed to promote regular dental visits and good oral health, a key part of your overall wellness.

Delta Dental (point-of-service) is a national program that provides access to two of the largest networks of participating dentists in the U.S., the Delta Dental PPO network and the Delta Dental Premier network. Members can visit any licensed dentist, but you will save money by choosing a Delta Dental PPO dentist.

For more information, view the Dental Plan web page at hr.umich.edu/dental.

Vision Plan

The Vision Plan, administered through Davis Vision by MetLife, covers an eye exam, one pair of eyeglass lenses and frames or contact lenses once each calendar year. There is a monthly rate for enrollment in the plan, and there may be an additional copay when you receive services.

You can receive service from providers who participate with Davis Vision by MetLife or from non-participating providers. The greatest cost savings are with participating providers.

For more information, view the Vision Plan web page at hr.umich.edu/vision-plan.

Legal Services Plan

The U-M Legal Services Plan, administered by MetLife Legal Plans, provides professional legal assistance on a range of matters for a low monthly fee. The plan provides access to a network of participating attorneys in private practice to help you with personal, confidential legal matters.

For more information, view the Legal Services Plan web page at hr.umich.edu/legal-plan.

Flexible Spending Accounts (FSA)

A Health Care FSA does not carry forward from one year to the next; you must re-enroll each year and designate the amount of money you wish to contribute. Eligible medical expenses incurred during the 2026 grace period, up to March 15, 2027, that are reimbursed from your 2026 FSA cannot be re-submitted for reimbursement from your 2027 FSA if you make an election for the 2027 plan year.

To re-enroll, fill out a 2027 Flexible Spending Account Authorization Form on the Flexible Spending Accounts Forms and Documents web page at hr.umich.edu/fsa-forms-and-documents or call the Shared Services Center - HR Customer Care. The FSA form is due to the Shared Services Center - Benefits Transactions by Nov. 28, 2026.

Changes LTD Participants Can Make to Their Benefits	
Plan	Type of Change
Health Plans	• Change plans • Delete existing dependents • Cancel coverage
Dental Plan	• Choose a different dental option • Delete existing dependents • Cancel coverage
Vision Plan	• Add or delete existing dependents • Cancel coverage • Enroll
Legal Plan	• Add or delete existing dependents • Cancel coverage • Enroll

Coverage for Your Dependents

Existing dependents can continue to be covered as long as they satisfy the university's eligibility requirements. An existing dependent is an individual who is an eligible dependent, defined below, as of your LTD begin date, and who maintains continuous eligibility as your dependent from the date your LTD benefits began.

The Benefits Office currently defines an eligible dependent as:

- A spouse
- Other qualified adult (OQA)
- Your children by birth or adoption and children of your spouse or OQA (to age 26)
- Never married legal guardianship (to age 18 or court specified)
- Never married principally supported children (to age 19)
- Health plan-approved, disabled dependent (age 26 or older)

It is important to delete any dependent who becomes ineligible as the result of a divorce or loss of eligibility status as a dependent within that time frame to avoid overpaying premiums that would not be refunded. In addition, failure to notify the Shared Services Center - HR Customer Care within 60 days of a dependent's loss of eligibility will result in forfeiture of that dependent's COBRA continuation rights.

Your child by birth or adoption, or your spouse/OQA's child, will be covered from birth through the end of the month in which they turn 26, and will be offered benefits continuation at their own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

Unmarried, principally supported children will be removed from coverage the first of the year following their 19th birthday. Do not remove eligible dependent children during Open Enrollment or they will not be eligible for benefit continuation through COBRA when they become ineligible due to age.

If you remove your existing dependents from your health and prescription drug or dental coverage, re-enrollment will be allowed only if they experience a qualifying life event and maintained continuous eligibility as your dependent from your LTD begin date.

If you remove your existing dependent from vision or legal coverage, re-enrollment in these plans is allowable during Open Enrollment as long as they maintain continuous eligibility as your dependent from your LTD begin date.

Long-Term Disability participants cannot add new dependents to their coverage as part of their Open Enrollment elections or otherwise. A new dependent is an individual who became your dependent after your LTD begin date (e.g., the birth of a baby or marriage including re-marriage to an ex-spouse).

For eligibility information, refer to the Eligible Dependents web page at hr.umich.edu/eligible-dependents and the Long-Term Disability web page at hr.umich.edu/long-term-disability.

How to Review Your Options

If you are considering making changes to your plan elections, refer to information on the University Human Resources website at hr.umich.edu/benefits-wellness to help decide which plan is best for you.

If you do not wish to change your benefits elections for 2027, no action is required. The coverage you have will continue for 2027. If you are enrolled in a Flexible Spending Account and wish to participate in 2027, you must re-enroll.

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 by viewing the Health Plans Forms and Documents web page at 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 Uniform Glossary at no charge.

Things to Consider

Before you choose a new medical care plan, consider:

- 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 copays, deductibles and out-of-pocket amounts go into effect Jan. 1, 2027. If you return to work in a benefits-eligible position after Jan. 1, 2027, you may be able to select a different plan.

Paying for Your Benefits

While eligible for and receiving LTD benefits, there is no required monthly premium payment for any of the U-M health plans. The rates for the Dental Plan, Vision Plan, and Legal Services Plan located in this book. If you receive an LTD income replacement benefit, the applicable premiums will be deducted from your monthly paycheck.

If you do not receive an LTD paycheck, you will receive a monthly billing statement. In late December, the first 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 Shared Services Center - HR Customer Care on the next business day.

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. In order for your payment to be reflected on your next billing statement, it must be received before the 20th of the 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 benefits payments on a timely basis even if you have not received a billing statement. If full payment is not received by the 30th of the month, your coverage will be canceled.

Change of Address

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 notifying the Shared Services Center - HR Customer Care of a new address and/or telephone number.

How to Make Benefit Changes During Open Enrollment

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

1. Make your benefits choices online using Wolverine Access Employee Self Service or;
2. Complete and return the included benefits enrollment form.

You do not need to do both. If you submit a paper form and enroll online, your online enrollment will be used for your 2027 benefits.

Option 1: Enroll Online through Wolverine Access

If you choose to make your benefits choices electronically, you will use Wolverine Access. Supported browsers are Chrome, Edge, Firefox, and Safari.

Follow the steps below to make your benefits choices:

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

Need Help Logging In?

If you do not remember your password or need help logging in, call the Information and Technology Services (ITS) Service Center at (734) 764-HELP, which is (734) 764-4357, Monday through Friday from 7 a.m. to 6 p.m. Eastern Time. Please be sure to have your eight-digit UMID number available when you call.

Your online elections must be submitted by **5 p.m. Eastern Time on Friday, Oct. 23, 2026**.

Option 2: Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2027 Benefits included with this book and return it by Oct. 23, 2026. Please make sure you sign and date your form before returning it to the Shared Services Center - Benefits Transactions. There are two ways to return the form:

- **Fax your form to the 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.

Mail to:

SSC - Benefits Transactions

1000 Victors Way

Ann Arbor, MI 48108

FAX: (734) 763-0363

If you plan to send an election form through the U.S. Postal Service, please note that the 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.

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 deadline. A confirmation statement will be mailed to your current address in early November. Carefully review your confirmation statement and verify that the benefits listed are the plans you selected.

Important:

Your LTD Health Plan Rates

LTD participants have no required monthly premium for any of the U-M health plans. This includes coverage levels with dependents.

2027 Plan Rates

Plan	LTD Monthly Rates
Dental Plan Option 1	
You Only	\$0
You + Adult	\$0
You + Adult + Children	\$0
You + Child	\$0
You + Children	\$0
Dental Plan Option 2	
You Only	\$18.48
You + Adult	\$36.96
You + Adult + Children	\$55.14
You + Child	\$36.96
You + Children	\$55.14
Dental Plan Option 3	
You Only	\$25.02
You + Adult	\$50.04
You + Adult + Children	\$75.48
You + Child	\$50.04
You + Children	\$75.48
Davis Vision by MetLife	
You Only	\$6.94
You + Adult	\$10.84
You + Adult + Children	\$18.08
You + Child	\$10.84
You + Children	\$18.08
Legal Services Plan	
You Only	\$8.34
You + Adult	\$13.34
You + Adult + Children	\$13.34
You + Child	\$13.34
You + Children	\$13.34

Prepared by

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Web: hr.umich.edu/benefits-wellness

Shared Services Center - HR Customer Care

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



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

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HUMAN RESOURCES

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