



Open Enrollment

To make your benefit choices for 2026

Leave of Absence & Reduction in Force

2026 Rates Enclosed

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

Benefits Information by Phone

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 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 locally, 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 13-24, 2025

All benefits elections due:

October 24, 2025, 5 p.m. ET

Initial billing statements mailed:

Late December 2025

Changes are effective:

January 1, 2026

Open Enrollment

Open Enrollment is your annual opportunity to review and update your benefits. Make your elections October 13 - 24, 2025.

If you elected and paid to continue medical, dental, or vision benefits while on LOA/RIF status, your Open Enrollment benefit elections are effective January 1, 2026.

If you did not elect to continue and pay for any benefits while on leave, you are eligible to make benefits elections for 2026 during Open Enrollment, and your elections will be effective when you return from LOA/RIF status. If you do not make your 2026 elections during Open Enrollment, you may make your 2026 elections within 30 days of your return from LOA/RIF status.

What's New

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

Michigan Care Health Plan Discontinued

- **What is changing?** The Michigan Care health plan 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 Michigan Care and do not choose a new health plan, you will automatically be moved to the U-M Premier Care plan.

New! Chiropractic Coverage to U-M Premier Care Plan

- **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 a regular 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:

- 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 - Maximum Contribution (Employee + University)

- Individual will be \$4,400
- Family will be \$8,750

Dental Plan Annual Benefit Maximum Increased

- **What is changing?** The annual maximum benefit has increased from \$1,250 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.

Increased Health Care Flexible Spending Account (FSA) Limit

- **What is changing?** The IRS annual limit for the Health Care FSA is increasing to \$3,300 on Jan. 1, 2026.
- **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.

Increased Dependent Care FSA Limit

- **What is changing?** The IRS annual limit for the Dependent Care FSA limit is increasing to \$7,500 on Jan. 1, 2026.
- **What does this mean?** You can set aside more money before taxes to pay for eligible dependent care expenses (like daycare).
- **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.

LOA/RIF Benefits Options

Medical, Dental, Vision, and Legal Coverage

To be eligible for medical, dental, vision, and legal coverage while on LOA/RIF status, you must have been eligible to participate in one of these benefits before you went on LOA/RIF status. If so, you can change coverage and add eligible dependents to any of these benefits during Open Enrollment.

Health Care FSAs

If you were participating in a Health Care Flexible Spending Account (FSA) at the time you went on LOA/RIF status, and maintained your FSA account through the end of 2025, you can continue to participate for the 2026 plan year. However, FSA participation 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 2025 grace period, up to March 15, 2026, that are reimbursed from your 2025 FSA cannot be re-submitted for reimbursement from your 2026 FSA if you make an election for the 2026 plan year.

To re-enroll, fill out a 2026 Flexible Spending Account Deduction Authorization Form, which may be obtained at hr.umich.edu/fsa-forms-and-documents or by calling the Shared Services Center - HR Customer Care. The FSA form is due by November 28, 2025.

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.

Changes Faculty and Staff on Leave or Reduction in Force Can Make to Their Benefits

| Plan | Type of Change |
|----------------------------|--|
| Health Plans | Change plans Add or delete dependents Cancel coverage Enroll |
| Dental Plan | Choose a different dental option Add or delete dependents Cancel coverage Enroll |
| Vision Plan | Add or delete dependents Cancel coverage Enroll |
| Legal Plan | Add or delete dependents Cancel coverage Enroll |
| Flexible Spending Accounts | Re-enroll if enrolled prior to leave or layoff and maintained participation through 12/31/2025 |

Please note: If you pay to continue medical, dental, vision, or legal benefits while on leave, your Open Enrollment benefit elections will be effective January 1, 2026. If you did not pay to continue any benefits while on LOA/RIF status, your Open Enrollment benefit elections will be effective when you return from leave, or January 1, 2026, whichever is later.

Michigan Care Health Plan Discontinued

- **What is changing?** The Michigan Care health plan 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 Michigan Care and do not choose a new health plan, you will automatically be enrolled to the U-M Premier Care plan.

2026 LOA/RIF Health Plan Options and Rates

| Plan | Coverage Level | LOA/RIF Monthly Premium |
|---|--------------------------|-------------------------|
| BCBSM Community Blue PPO | You Only | \$ 1,130 |
| | You + Adult | \$ 2,260 |
| | You + Adult + Child(ren) | \$ 3,119 |
| | You + Child | \$ 1,989 |
| | You + Children | \$ 1,989 |
| Comprehensive Major Medical | You Only | \$ 894 |
| | You + Adult | \$ 1,788 |
| | You + Adult + Child(ren) | \$ 2,467 |
| | You + Child | \$ 1,573 |
| | You + Children | \$ 1,573 |
| BCBSM Consumer-Directed Health Plan (CDHP) | You Only | \$ 879 |
| | You + Adult | \$ 1,758 |
| | You + Adult + Child(ren) | \$ 2,426 |
| | You + Child | \$ 1,547 |
| | You + Children | \$ 1,547 |
| GradCare (for GSI, GSSA, GSRAs only) | You Only | \$ 421 |
| | You + Adult | \$ 842 |
| | You + Adult + Child(ren) | \$ 1,162 |
| | You + Child | \$ 741 |
| | You + Children | \$ 741 |
| U-M Premier Care | You Only | \$ 973 |
| | You + Adult | \$ 1,946 |
| | You + Adult + Child(ren) | \$ 2,685 |
| | You + Child | \$ 1,712 |
| | You + Children | \$ 1,712 |

| Plan | Coverage Level | LOA/RIF Monthly Premium |
|-------------------------|--------------------------|-------------------------|
| Dental Plan Option 1 | You Only | \$ 29.10 |
| | You + Adult | \$ 58.20 |
| | You + Adult + Child(ren) | \$ 92.84 |
| | You + Child | \$ 58.20 |
| | You + Children | \$ 92.84 |
| Dental Plan Option 2 | You Only | \$ 48.50 |
| | You + Adult | \$ 97.00 |
| | You + Adult + Child(ren) | \$ 150.84 |
| | You + Child | \$ 97.00 |
| | You + Children | \$ 150.84 |
| Dental Plan Option 3 | You Only | \$ 56.14 |
| | You + Adult | \$ 112.28 |
| | You + Adult + Child(ren) | \$ 174.60 |
| | You + Child | \$ 112.28 |
| | You + Children | \$ 174.60 |
| Davis Vision by MetLife | You Only | \$ 6.94 |
| | You + Adult | \$ 10.84 |
| | You + Adult + Child(ren) | \$ 18.08 |
| | You + Child | \$ 10.84 |
| | You + Children | \$ 18.08 |
| Legal Services Plan | You Only | \$ 8.34 |
| | You + Adult | \$ 13.34 |
| | You + Adult + Child(ren) | \$ 13.34 |
| | You + Child | \$ 13.34 |
| | You + Children | \$ 13.34 |

How to Review Your Options

If you are considering making changes to your benefit plan elections, refer to the information 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 2026, no action is required. The coverage you have will continue for 2026 while you are on LOA/RIF status, as long as your premiums are paid. If you are enrolled in a Flexible Spending Account and wish to participate in 2026, you must re-enroll.

Michigan Care Health Plan Discontinued

- **What is changing?** The Michigan Care health plan 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 Michigan Care and do not choose a new health plan, you will automatically be enrolled to the U-M Premier Care plan.

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.

Things to Consider

Before you choose a new medical care plan, consider:

- The monthly costs of the various medical care plans (see the 2026 LOA/RIF Health Plan Options and Rates chart in this booklet).
- Any copays, deductibles, or out-of-pocket amounts for which you may be responsible (for details, see 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, please note that this is a Michigan-based health plan. All providers, facilities and services are rendered in Michigan.

- For the managed care plan (U-M Premier Care) and the Preferred Provider Organization (PPO) plan, consider:
 - » 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, and
 - » If the medical care providers of your choice intend to continue their plan contracts in 2026.
- 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 January 1, 2026 and will affect your premium when you return. If you return to work after January 1, 2026, you may be able to select a different plan.

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 a 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 you return to work or 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.

It is especially 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.

Unmarried children by birth or adoption or marriage will be removed from coverage by the first of the month following their 26th birthday 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.

Paying for Your Benefits

During most LOAs and during RIF, you pay the full cost of your medical, dental, vision, group legal, and optional or dependent life insurance coverage. Your cost for these plans may change for 2026 even if you do not change your plan choices because of annual increases in the costs of the plans. For specific rate information, see the 2026 LOA/RIF Health Plan Options and Rates chart on pages 6–9 of this booklet.

Your 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 2026 billing statement by **January 2026**, call the Shared Services Center - 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. 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 and will not be reinstated until you return from leave.

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 notifying the Shared Services Center - HR Customer Care of a new address and/or telephone number. Please identify yourself as being on leave or reduction in force and give your UMID number.

Prepared by

Benefits Office

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Wolverine Tower—Low Rise G405
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off-campus long-distance calling)
Fax (734) 763-0363

Web: hr.umich.edu/benefits-wellness

SSC - HR Customer Care

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