UNIVERSITY OF MICHIGAN

OPEN ENROLLMENT

To make your benefit choices for 2024

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

OCTOBER 16-27
2023

open enrollment

For your 2024 benefits

Benefits Information by Phone

Call the SSC HR Customer Care Center at 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States). Representatives are available to assist you with your benefits questions 8:00 a.m. – 5:00 p.m., Monday – Friday. Please have your UMID number available when you call.

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 Service Center 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.

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your benefits choices

For 2024

Open Enrollment, October 16-27, 2023, is your opportunity to make changes to your University of Michigan benefits plans for 2024. This is an important decision, so please read this book carefully before you make your choices.

What's New

New Medicare Advantage Plans

For Medicare enrolled retirees and survivors, new, comprehensive Medicare Advantage Plans will replace Medicare supplemental plans January 1, 2024.

- Copays will be the same, in some cases less, than the supplemental plans
- Provides the same coverage but includes added benefits like Silver Sneakers
- Most of the providers you currently see accept Medicare Advantage but be sure to confirm before selecting your health plan.

Enrollment is based on your residential state/county. Members living in Michigan have the option to choose U-M Premier Care Advantage, Michigan Care Advantage (if you live within the service area) or Medicare Advantage PPO. Members living outside of Michigan must enroll in the Medicare Advantage PPO. In addition, Medicare members must provide a residential address, not a P.O. box.

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.

View more detailed plan information on pg. 8

New Consumer-Directed Health Plan

The university is offering a new, Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA). This plan may appeal to those who prefer paying higher out-of-pocket costs in exchange for lower monthly premiums. An HSA allows you to pay for health care costs using pre-tax savings. When you enroll in a CDHP, you're also enrolled automatically into an HSA.

View more detailed plan information on pg. 14

Michigan Care Expansion

Jackson County and Stockbridge will now be included in the Michigan Care service area. The zip codes include 49237, 49241, 49246, 49259, 49269, 49272, 49277, 49283, 49284 and 49285.

View more plan information on pg. 13

Prescription Drug Plan Tier 3 Copay Increase

The Tier 3 copay in the Prescription Drug Plan will increase from $45 in 2023 to $75 in 2024. Tier 1 and Tier 2 copays will remain the same.

View more plan information on pg. 45

Dental Plan Enhancements

The dental plan, administered by Delta Dental of Michigan, in 2024 will be introducing a plan enhancement, porcelain (white) crowns and bridges on back teeth, will be covered at a higher amount.

In addition, there are a number of enhanced dental benefits for members with an intellectual or developmental disability.

View more plan information on pg. 47

Vision Plan Name Change

New name, same benefits. The Vision Plan will now be referred to as Davis Vision by MetLife. The change will not impact your scope of benefits, vision provider network or premiums.

View more plan information on pg. 54

Legal Plan Enhancements

A number of new legal services will be added to the U-M Legal Services Plan, administered by MetLife Legal Plans. These include:

- Personal Caregiving Services
- Felony Defense
- Misdemeanor Defense
- Expungement
- Probate Proceedings
- Insurance Claims
- Social Security Disability
- Habeas Corpus
- Reproductive Assistance

View more plan information on pg. 56

Time and Money Savings Reminder

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

Open Enrollment Deadlines

Open Enrollment is:
October 16-27, 2023

All elections must be submitted by:
October 27, 2023 at 5:00 p.m. (Eastern Time)

Changes are effective on:
January 1, 2024

Verify Your Covered Dependents' Information

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

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

Check that names are spelled correctly, birth dates and social security numbers are correct and verify the relationship. If the information is correct, no further action is required.

If the information is incorrect, complete the Dependent Information Form available at hr.umich.edu/update-dependent-information, and submit it to SSC Benefits Transactions as indicated on the form. Please note that submitting this form only corrects the information currently on record with the university and does not change benefits enrollment.

Information Resources

There are many sources for more information about your benefits.

- **University Human Resources website.** Browse the website for information regarding Open Enrollment updates, detailed plan information and booklets, and for direct links to medical plan websites at: hr.umich.edu/benefits-wellness
- **Shared Services Center.** Call the SSC HR Customer Care Contact Center at: 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States) Monday through Friday from 8 a.m. to 5 p.m. to speak with a representative. Be sure to have your UMID number ready when you call.
- **eNewsletter.** To receive up-to-date benefits and employment information, subscribe to the University HR News. This email newsletter is available to anyone who is retired from or works at the university. To subscribe, visit myumi.ch/uhr-news-sign-up.
- **Health Plans.** To get information about specific health plan providers and other details, you may contact the health plan companies directly using the information given in the Contact Information section.

University of Michigan Retirees Association

The University of Michigan Retirees Association (UMRA) helps retired U-M faculty and staff remain connected to the university and with one another. UMRA represents retiree interests and concerns on the Faculty Senate and U-M committees.

Monthly meetings are on the second Thursday of each month from September to May at Weber's Inn. Each meeting features a Learn and Grow presentation with information useful to retirees, followed by a second speaker who covers a wide range of topics of current interest. All meetings are live streamed and posted on our website for those who can't attend in person. UMRA also sponsors social activities, shared interest groups, local travel outings, an annual Health Day in April and volunteer opportunities. Annual dues are only $15.

You can find lots of information on our website at umra.hr.umich.edu. Please check it out. Join today! Questions? Send them to our email at umra@umich.edu and we will answer them quickly.

Health Plan ID Cards

If you enroll in a different health plan, your ID cards will be mailed to you directly from your health plan company, not from the Benefits Office. Members enrolled in a BCBSM plan will be issued new cards this year with an updated customer service number. If you have changed health plans and do not receive new cards by January, call the health plan company to request a new card.

If your health plan changes for 2024, contact your health plan company to find out how to receive services in January if your new cards arrive after January 1. See Contact Information on page 63.

Prescription Drug Plan ID Cards

Prescription drug ID cards from Magellan Rx are the same across all health plans. If you need additional cards for dependents, or a replacement for a lost card, please call the SSC HR Customer Care Center.

how to enroll in benefits

Look over the information in this book to decide which benefit plans are best for you.

How to Make Changes to Your Benefits

If you want to make changes to your benefits, you have two options. You can make your benefits choices online using self-service on the Wolverine Access website, or you can 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 2024 benefits.

Option 1: Enroll Online through Wolverine Access

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

To make your benefits choices:

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

Your online elections must be submitted by 5 p.m. Eastern Time on Friday, October 27, 2023.

Option 2: Enroll Using a Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2024 Benefits at the back of this book and return it by October 27, 2023. Please make sure you sign and date your form before returning it to SSC Benefits Transactions. There are several ways to return the form:

- **Fax your form to SSC 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 SSC 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:

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

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

In the event that your form is not received, the university will honor your elections if you have a copy of the form and can prove that it was sent by the October 27 deadline. A confirmation statement will be mailed to your current address the second week of November. Carefully review your confirmation statement and verify that the benefits listed are the plans you selected.

how to pay

Your monthly premiums

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

Electronic Funds Transfer

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

To initiate. To set up the Electronic Funds Transfer, complete the "Agreement for Preauthorized Benefit Premium Payments" form at the back of this booklet. Fill in the information requested on the form and, if the funds are to be taken from a checking account, attach a blank check with "void" written across it. Return the form with your Open Enrollment Form in the postage-paid envelope provided. If you are not making benefits changes, you may send the premium payment authorization form directly to the Payroll Office as instructed on the form. If you have already initiated an electronic fund transfer you do not need to resubmit the form.

Deadlines. The form must be received no later than the 1st day of the month for the withdrawal to take effect that same month (to pay for coverage for the following month). For example, the Payroll Office must receive the form no later than December 10 for the withdrawal on December 20 to pay for the January premium. You should mail your payment by check or money order by the 1st of the month if you will not be able to meet the 10th of the month deadline for EFT enrollment.

To cancel. If you wish to cancel the Electronic Funds Transfer service, or to change the account or financial institution from which the withdrawal is taken, you must complete another Agreement and return it to the Payroll Office by the 1st day of the month for the change to take effect in that calendar month.

Personal Check or Money Order

For your convenience and to better serve you, each month you will receive a 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 co-premium payment is due in the Payroll Office 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. 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
5. If you do not receive your first billing statement by January, call the SSC Contact Center 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:

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

medicare

About Medicare

Medicare is a federal health insurance program for people who are age 65 or older, or have been entitled to Social Security disability benefits for 24 months, or 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.

"Original" (fee-for-service) Medicare has two parts:

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

As of January 1, 2024, the University of Michigan is providing new, comprehensive Medicare Advantage Plans for Medicare eligible retirees and survivors.

Medicare Advantage plans are health plans that are 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, like Silver Sneakers, that are not available under original Medicare.

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 available in the individual health plan market. If you are considering enrolling in another Medicare Advantage plan it is recommended that you thoroughly compare the benefits and out-of-pocket costs with the university's Medicare Advantage plan to ensure they are equivalent. You can only enroll in one Medicare Advantage plan and once you disenroll from the university Medicare Advantage plan you will not be able 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 recommends that you maintain your university medical/prescription drug plan whether or not you enroll in a non-university Part D plan, and that you do not enroll in a non-university Part D plan unless you qualify for federal low- income prescription drug assistance under a Part D plan. You can contact the Social Security Administration to find out if you qualify for federal low-income prescription drug assistance.

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 primary coverage for you, your spouse, and other enrolled dependents during your period of active employment.

For More Information About Medicare:

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

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

Visit the Medicare Website at: medicare.gov

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

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

Visit the Social Security Website at: ssa.gov

health plans

Retiree/Survivor Health Plans

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

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

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

For More Detailed Information

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

- To see more details about a plan, visit hr.umich.edu/health-plans or call the SSC Contact Center at: 734-615-2000 or 866-647-7657 (toll-free for off-campus long-distance calling within the United States). Please give the name or description of the material you want and your name, address, and daytime telephone number.
- To see additional information or a list of participating care providers, contact the health plan company directly using the contact information on the Health Plan Profiles Chart, or the Contact Information.

Prescription Drug Coverage

Prescription drugs are covered through Magellan Rx Management for everyone enrolled in U-M health plan coverage. For more information, see the Prescription Drug Plan section on page 43.

Addressing the Opioid Epidemic

Opioid drugs can be highly addictive, and their use and abuse is a growing issue in the United States. In 2021, over 75% of overdose deaths involved an opioid. The opioid prescribing rate in Michigan is decreasing but continues to exceed the national average. In 2020, Michigan health care providers wrote 54 opioid prescriptions for every 100 persons, compared to the average US rate of 43 prescriptions for every 100 persons. (From the Centers for Disease Control website.)

The University of Michigan is addressing the opioid epidemic across multiple fields, from psychiatry, pharmacy and public policy to basic science and law.

The Michigan Opioid Prescribing Engagement Network (Michigan OPEN) takes a preventive approach to the opioid epidemic in the state of Michigan by tailoring postoperative and acute care opioid prescribing. For information, visit michigan-open.org.

MHealthy has compiled university and community resources to help faculty and staff learn more about opioids. For information on how to talk with your doctor or dentist, alternatives to manage your pain, and where to get support if you or someone you know needs help, visit mhealthy.umich.edu/opioids.

Opioid Solutions serves as a central hub for U-M evidence-based community resources, research, and educational opportunities relating to the opioid epidemic. The network draws on nearly 100 U-M faculty whose research explores prevention, treatment, data and evaluation, recovery, and training. For more information about U-M's community resources and evidence-based solutions, visit opioids.umich.edu.

A Nonopioid Directive helps fight the opioid epidemic by allowing patients to notify their health care providers that they do not want opioids administered or prescribed. The Nonopioid Directive form can be downloaded at michigan.gov/opioids/find-helphere. Complete the form and **give it to your health care provider** as part of your medical record.

Medicare Enrolled

NEW Medicare Advantage Plans

For Medicare-enrolled retirees and survivors, new, comprehensive Medicare Advantage Plans will replace Medicare supplemental plans January 1, 2024 and will match or provide more coverage than the supplemental plans.

Services will be provided by:

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

Enrollment is based on your residential state/county. Members living in Michigan have the option to choose U-M Premier Care Advantage, Michigan Care Advantage (if you live within the service area) or Medicare Advantage PPO. Members living outside of Michigan must enroll in the Medicare Advantage PPO. In addition, Medicare members must provide a residential address, not a P.O. box.

All members currently enrolled in Comprehensive Major Medical (CMM) with Medicare MUST move to one of the Medicare Advantage plans.

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 think about which plan best fits your health and medical needs.

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

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

IMPORTANT: Your address must be current to ensure you do not encounter delays in services or billing. The Center 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 provide a Permanent Address. Contact the SSC HR Customer Care Team to provide a Permanent Address.

Follow these steps to view or update your address:

1. Visit wolverineaccess.umich.edu
2. Select the 'Employee Self Service' tile or enter 'Employee Self-Service' in the search bar
3. Click 'Campus Personal Information'
4. Click 'Addresses'
5. Click 'Current Local'
6. Review 'Current Local' address and edit if needed

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

2024 Medicare Enrolled Health Plan Profiles

Plan Type	**Managed Care Plans**		**Preferred Provider Organization (PPO)**
Plan Name	**Michigan Care Advantage (PHP)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Service Area	INCLUDES the counties of Bay, Calhoun, Clinton, Eaton, Gratiot, Huron, Ingham, Ionia, Jackson, Kalamazoo, Livingston, Montcalm, Saginaw, Sanilac, Shiawassee, Tuscola, and Washtenaw	Michigan	Throughout the U.S.
Residency Requirement	Must live within the service area	Must live within the service area	Must live within the service area
PCP selection required	Yes	Yes	No
Phone Number for Customer Service and Provider Directory	844-529-3757	800-658-8878	855-669-8040
Website	member.phpmedicare.com	bcbsm.com/UMichMAplans	bcbsm.com/UMichMAplans
Address	1400 E. Michigan Ave Lansing MI 48912	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226

Medicare Enrolled refers to retirees or their covered dependents (any age) who are eligible for Medicare and enrolled in Medicare Part A and Part B. Failure to enroll in Medicare Part A and Part B, when first eligible, will result in dis-enrollment from your University of Michigan retiree health plan. In addition, the IRS could impose a penalty to your Medicare premium.

2024 Medicare Enrolled Health Plan Coverage Comparison Chart

Plan Type	**Managed Care Plans**		**Preferred Provider Organization (PPO)**
Plan Name	**Michigan Care Advantage (PHP)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Deductible	$0	$0	$0
Annual Out-of-pocket maximum	$3,000 for each individual member	$3,000 for each individual member	$3,000 for each individual member
Important Information About the Terms Used in This Chart	"Covered" means the plan payment amount for covered charges is 100% unless stated otherwise. Co-pay 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. Co-pay 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. Co-pay means a set dollar amount you pay for a covered service.
Preauthorization Required	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Preventive Services			
Routine Physical Exams	Covered	Covered	Covered
Pap Smears - Lab and Pathology	Covered	Covered	Covered
Routine Mammograms	Covered	Covered	Covered
PSA (Prostate) Test	Covered	Covered	Covered
Outpatient Services			
Office Visits	$25 copay per office visit with a PCP $30 co-pay per office visit with a specialist	$25 copay per office visit with a PCP $30 copay per office visit with a specialist	$25 copay per office visit with a PCP $30 copay per office visit with a specialist
Outpatient Physical, Occupational, and Speech Therapy	$25 copay	$25 copay	$25 copay
Therapeutic Radiology	Covered	Covered	Covered
Diagnostic Lab, X-Ray, EKGs	Covered	Covered	Covered
Outpatient Surgery	Covered	Covered	Covered
Routine Immunizations	Covered Hepatitis B, Influenza, Pneumonia, Covid-19 (administered at pharmacy)	Covered Hepatitis B, Influenza, Pneumonia, Covid-19 (administered at pharmacy)	Covered Hepatitis B, Influenza, Pneumonia, Covid-19 (administered at pharmacy)
Allergy Testing	Covered; a $30 office visit copay may apply	Covered; a $30 office visit co-pay may apply	Covered; a $30 office visit co-pay may apply
Allergy Injections	Covered	Covered	Covered
Other Injections	Covered; a $30 office visit co-pay may apply	Covered; a $30 office visit co-pay may apply	Covered; a $30 office visit co-pay may apply

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care Advantage (PHP)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Emergency Care			
In Area	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)
Out of Area	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)	$65 copay for emergency room visits (co-pay waived if admitted as inpatient)
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary
Inpatient Hospital Services	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.	Inpatient Hospital Care - Semiprivate Room, Inpatient Physician Care, General Nursing Care, Hospital Services and Supplies (Unlimited days) are covered at 100%. Note: Nonemergency services must be rendered in a participating hospital.
Mental Health Care			
Inpatient Days of Care	Covered for acute conditions	Covered for acute conditions	Covered for acute conditions
Outpatient Individual Psychiatric Care	Covered; $25 copay may apply	Covered; $25 co-pay may apply	Covered; $25 co-pay may apply
Group Therapy	Covered; $25 copay may apply	Covered; $25 co-pay may apply	Covered; $25 co-pay may apply
Psychological Testing	Covered; $25 copay may apply	Covered; $25 co-pay may apply	Covered; $25 co-pay may apply
Substance Use Care			
Inpatient Days of Care	Covered	Covered	Covered
Outpatient Individual Therapy	Covered; $25 copay may apply	Covered; $25 co-pay may apply	Covered; $25 co-pay may apply
Group Therapy	Covered; $25 copay may apply	Covered; $25 co-pay may apply	Covered; $25 co-pay may apply
Skilled Nursing Facility			
Non-Custodial Care	Covered up to 120 days per calendar year when arranged and authorized by Michigan Care Advantage	Covered up to 120 days per calendar year when arranged and authorized by BCNA/ PremierCare Advantage	Covered up to 120 days per calendar year

Plan Type	Managed Care Plans		Preferred Provider Organization (PPO)
Plan Name	**Michigan Care Advantage (PHP)**	**U-M Premier Care Advantage (BCN)**	**Medicare Advantage PPO (BCBSM)**
Hearing Care			
Examinations	Covers one monaural or binaural hearing aid and exam every 36 months	Covers one monaural or binaural hearing aid and exam every 36 months	Covers one monaural or binaural hearing aid and exam every 36 months
Tests	Covers one monaural or binaural hearing aid and exam every 36 months	Covers one monaural or binaural hearing aid and exam every 36 months	Covers one monaural or binaural hearing aid and exam every 36 months
Hearing Aids	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.	Covered up to allowed amount; monaural or binaural hearing aid every 36 months; member may be balance billed for amounts above allowed amount	Covered up to allowed amount; monaural or binaural hearing aid every 36 months; member may be balance billed for amounts above allowed amount
Vision Care			
Eye Examinations	Covered at plan providers — one exam per year; at non-plan providers, covered up to $40. Dilation not covered.	Covered at plan vision providers - one exam per year; at non-plan providers, covered up to $40; dilation not covered	Covered; one exam per year; dilation not covered
Eyeglasses	Not covered	Not covered	Not covered
Nursing Care			
Visiting Nurse Home Care	Covered	Covered	Covered
Private Duty Nursing	Not covered	Not covered	Covered at 70% when medically necessary and approved by the plan
Home Health Aides	Covered	Covered	Covered
Other Services			
Hospice Care	Covered when authorized by Michigan Care Advantage	Covered when authorized by Premier Care Advantage	Covered
Durable Medical Equipment, Prosthetic Appliance	Covered when authorized by Michigan Care Advantage	Covered when authorized by Premier Care Advantage	Covered when medically necessary
Chiropractic Spinal Manipulation	$25 copay; manipulation services only	$20 copay per office visit, manipulation services only	$20 copay per visit , manipulation services only

Pre-Medicare

The university offers a number of health plan options. These options differ in the benefit levels they provide, the doctors and hospitals you can use and the cost. The plan offerings available to you are dependent upon residency and Medicare enrollment of the individuals covered on your plan.

Find more detailed information at hr.umich.edu/health-plans.

You may select your coverage from the following plan designs:

- Michigan Care, if eligible (service area restrictions)
- U-M Premier Care, if eligible (service area restrictions)
- BCBSM Community Blue PPO
- Comprehensive Major Medical
- *NEW* BCBSM Consumer-Directed Health Plan with Health Savings Account

Michigan Care

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

Consider Michigan Care if you:

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

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

U-M Premier Care

U-M Premier Care is administered by Blue Care Network (BCN) and is only offered to the University of Michigan community. Members save money in Network 1, which includes Michigan Medicine providers along with several other provider groups. You can also visit other **Michigan** BCN providers in Network 2, with an annual deductible and referral from your Network 1 primary care physician.

Consider the U-M Premier Care Plan if you:

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

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 DME deliveries, if you live outside Michigan. If you plan to use providers and hospitals outside of Michigan you must select one of the BCBSM health plans.

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

Michigan Care and U-M Premier Care provide coverage for members' dependents who reside outside the network service area and who qualify under existing eligibility guidelines. Pre-certification is required for certain services. The member must register with Michigan Care or U-M Premier Care to obtain approval for out-of-area dependent coverage.

BCBSM Community PPO

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

Consider a PPO if you:

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

Comprehensive Major Medical

The Comprehensive Major Medical plan (CMM), administered by Blue Cross Blue Shield of Michigan, 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 Blue Cross Blue Shield of Michigan (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 Blue Cross Blue Shield of Michigan (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

NEW Consumer-Directed Health Plan

The university is offering a new, 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. Like the Comprehensive Major Medical plan, you pay co-insurance after the deductible is met and have access to a national network of PPO providers.

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. Should you get sick or injured and need significant medical care, you'll likely pay more out of pocket than you would with other health plans offered by U-M. Financial hardship created from the costs for the deductible and out-of-pocket maximum is not a qualifying event to change plans.

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

Consider the Consumer-Directed Health Plan if you:

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

Eligibility Requirements

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

- You ARE enrolled in the BCBSM Consumer-Directed Health Plan (CDHP)
- You MUST HAVE a Social Security number (SSN)
- You are NOT claimed as a dependent on someone else's tax return
- You are NOT covered under any other non-CDHP health coverage
- You have NOT received any medical benefits (excluding dental, vision or preventative) 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.

Physician and Hospital Plan Participation

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

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

hr.umich.edu/health-plans

2024 Pre-Medicare Health Plan Profiles

Plan Type	**Managed Care Plans**		**Preferred Provider Organization (PPO)**
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**	**BCBSM Community Blue PPO**
Service Area	Most of Washtenaw and Livingston counties, and portions of Jackson, Lenawee, Monroe, Oakland and Wayne counties	Michigan	Nationwide/Worldwide
Residency Requirement	Participants must reside in the service area	Must reside in Michigan or within Fulton, Lucas, Williams or Woods counties in Ohio	Not applicable
PCP selection required	Yes	Yes	No
Health Savings Account compatibility	Not compatible	Not compatible	Not compatible
Phone Number for Customer Service and Provider Directory	833-484-8450	800-658-8878	855-669-8040
Number of U-M Members	8,547	68,926	27,628
Number of PCPs	805	Network 1 3,100	National network
Number of Specialists	7,323	22,145	National network
Number of Hospitals	10	41	National network
Percentage of Board Certified PCPs	90%	92%	National network
Percentage of Board Certified Specialists	85%	86%	National network
Website	michigancare.com	bcbsm.com	bcbsm.com
Address	1400 E. Michigan Ave Lansing MI 48912	20500 Civic Center Dr. Southfield, MI 48076	600 Lafayette East Detroit, MI 48226
Group Number	L0002184	001243160001	7005187

Traditional Plan	Consumer-Directed with Health Savings Account
Comprehensive Major Medical	**BCBSM Consumer-Directed Health Plan**
Nationwide/Worldwide	Nationwide/Worldwide
Not applicable	Not applicable
No	No
Not compatible	Compatible (no University contribution)
855-669-8040	855-669-8040
7,190	New Plan for 2024
National network	National network
National network	National network
National network	National network
National network	National network
National network	National network
bcbsm.com	bcbsm.com
600 Lafayette East Detroit, MI 48226	600 Lafayette East Detroit, MI 48226
7005187	7005187

2024 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1**[2]
General Information		
Deductible	$0	$0
Annual Out-of-pocket maximum	$3,000 individual $6,000 family[4]	$3,000 individual $6,000 family[4]
Lifetime Maximum Benefit	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).
Important Information About the Terms Used in This Chart	"Covered" means the plan payment amount for covered charges is 100% unless stated otherwise. Co-pay means a set dollar amount you pay for a covered service.[5]	"Covered" means the plan payment amount for covered charges is 100% unless stated otherwise. Co-pay means a set dollar amount you pay for a covered service.[2,5]
Preauthorization Required	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Preventive Services		
Routine Physical Exams	Covered[10]	Covered[10]
Routine Pediatric Exams	Covered[10]	Covered[10]
Routine Immunizations	Covered[10]	Covered[10]
Pap Smears — Lab and Pathology	Covered[10]	Covered[10]
Routine Mammograms	Covered[10]	Covered[10]
PSA (Prostate) Test	Covered[10]	Covered[10]

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 contracts, certificates, or riders, 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.

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

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
$0		$500 individual $1,000 family	$1,600 individual $3,200 family[3]
$3,000 individual $6,000 family (in-network)[4]	$5,000 individual $10,000 family (out-of-network)[4]	$3,000 individual $6,000 family[4]	$5,500 individual $11,000 family (in-network)[3,4] $11,000 individual $22,000 family (out-of-network)[3,4]
$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined)		$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).	$20,000 lifetime maximum benefit across all plans for in vitro fertilization and fertility preservation services (combined).
"Covered" means the plan payment amount for covered charges is 100% unless stated otherwise. You pay costs that exceed the BCBSM allowed amount or balance billing when non-participating providers are used. Co-pay means the set dollar amount you pay for a covered service.[5]		"Partially covered" means you pay a $500/$1,000 deductible, then 20% coinsurance up to the annual out-of-pocket maximums, and costs that exceed the BCBSM allowed amount or balance billing when nonparticipating providers are used. Coinsurance means the percentage amount of the provider's charge you pay for a covered service.	"Partially covered" means you pay a $1,600/$3,200[3] deductible then 10% coinsurance[7] up to the annual out-of-pocket maximums, and costs that exceed the BCBSM allowed amount or balance billing when nonparticipating providers are used. Coinsurance means the percentage amount of the provider's charge you pay for a covered service.
Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.		Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.	Prior authorization is required for some services. These services must be medically necessary. Contact the health plan for additional information.
Covered[10]	Not covered	Covered[10]	Covered[10]
Covered[10]	Not covered	Covered[10]	Covered[10]
Covered[10]	Not covered	Covered[10]	Covered[10]
Covered[10]	Not covered	Covered[10]	Covered[10]
Covered[10]	Not covered	Covered[10]	Covered[10]
Covered[10]	Not covered	Covered[10]	Covered[10]

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. Co-pays may differ for bargained-for groups.
7. 50% coinsurance when using out-of-network providers.
10. 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.

2024 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
Outpatient Services		
Office Visits	Covered with a $25 co-pay for visits with PCPs and $30 for visits with specialists	Covered with a $25 co-pay for visits with PCPs and $30 for visits with specialists
Outpatient Physical, Occupational and Speech Therapy	Covered with a $25 co-pay per visit; limited to 60 visits combined per condition per calendar year[6]	Covered with a $25 co-pay per visit; limited to 60 visits combined per condition per calendar year[6]
Hospital Services — Inpatient		
Hospital Admissions	Covered	Covered
Days of Care	Unlimited days	Unlimited days
Room Type	Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary
Hospital Physician Service	Covered	Covered
Consultation Between Physicians	Covered	Covered
Surgery	Covered	Covered
Therapeutic Radiology	Covered	Covered
Diagnostic Lab, X-Ray, EKGs	Covered	Covered
Outpatient Surgery	Covered	Covered
Allergy Testing	Covered; a $30 co-pay may apply	Covered with a $30 co-pay
Allergy Injections	Covered; a $30 co-pay may apply	Covered; a $30 co-pay may apply
Other Injections	Covered, a $30 co-pay may apply	$30 office visit co-pay may apply

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.
6. Physical, occupational, and speech therapies are covered for acute conditions and may be subject to plan prior authorization. Administrative guidelines and interpretations may vary among plans. Contact plan for specific coverage provisions before commencing treatment.
7. 50% coinsurance when using out-of-network providers.
12. Covered at a percentage of BCBS allowed amount. Member is responsible for 100% of charges in excess of BCBS reimbursement.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered with a $25 co-pay for visits with PCPs and $30 for visits with specialists	Covered at 50%[12] of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance[7] after deductible
Covered with a $25 co-pay; limited to 60 visits per year combined (facility & professional services combined)[6]	Covered at 50%[12] of BCBS's allowed amount.; limited to 60 visits per year combined (facility and professional services combined)[6]	20% coinsurance after deductible, unlimited treatment6	10% coinsurance[7] after deductible; limited to 60 visits per year combined (facility & professional services combined)[6]
Covered	Covered at 50% of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance after deductible[7]
Unlimited days		Unlimited days	Unlimited days
Semi-private room; private room if medically necessary		Semi-private room; private room if medically necessary	Semi-private room; private room if medically necessary
Covered	Covered at 50% of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50% of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50% of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50%[12] of BCBS's allowed amount. Visit co-pay may also apply	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered; a $30 co-pay may apply	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered; a $30 co-pay may apply	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered; a $30 co-pay may apply	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]

2024 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
Emergency Care		
In Area	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.
Out of Area	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.	Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.
Ambulance	Covered for emergencies when medically necessary	Covered for emergencies when medically necessary
Mental Health Care		
Inpatient Days of Care	Covered	Covered for acute conditions
Outpatient Individual Psychiatric Care	Covered with a $25 co-pay	Covered with a $25 co-pay
Group Therapy	Covered with a $25 co-pay	Covered with a $25 co-pay
Psychological Testing	Covered with a $25 co-pay	Covered with a $25 co-pay
Substance Use Care		
Inpatient Days of Care	Covered	Covered
Outpatient Individual Therapy	Covered with a $25 copay	Covered with a $25 co-pay per visit
Group Therapy	Covered with a $25 copay	Covered with a $25 co-pay per visit

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.
7. 50% coinsurance when using out-of-network providers.
12. Covered at a percentage of BCBS allowed amount. Member is responsible for 100% of charges in excess of BCBS reimbursement.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted.		20% coinsurance after deductible for accidental or acute medical emergency.	10% coinsurance after deductible for accidental or acute medical emergency.
Covered for accidental or acute medical emergency. Outpatient hospital treatment covered with a $100 co-pay; co-pay waived if patient admitted or due to accidental injury.		20% coinsurance after deductible for accidental or acute medical emergency.	10% coinsurance after deductible for accidental or acute medical emergency.
Covered for emergency transportation when medically necessary		20% coinsurance after deductibled. For transfer to or from hospital; includes ground and air when medically necessary.	10% coinsurance after deductible. For transfer to or from hospital; includes ground and air when medically necessary.
Covered for acute conditions	Covered at 50%[12] for acute conditions	20% coinsurance after deductible for acute conditions	10% coinsurance after deductible for acute conditions
Covered with a $25 co-pay	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered with a $25 co-pay	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered with a $25 co-pay	Covered at 50%	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered with a $25 co-pay per visit	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]
Covered with a $25 co-pay per visit	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance after deductible[7]

2024 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
Maternity Care		
Parental Care, Delivery, Postnatal Care	Covered	Covered
Skilled Nursing Facility		
(Non-Custodial Care)	Covered up to 120 days per calendar year when arranged and authorized by Physicians Health Plan	Covered up to 120 days per calendar year when arranged and authorized by BCN
Examinations	Covered with a $30 co-pay; once every 36 months	Covered with a $30 co-pay; once every 36 months
Tests	Covered with a $30 co-pay; once every 36 months	Covered with a $30 co-pay; once 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.[8, 9]	Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.[8, 9]
Vision Care		
Eye Examinations	Covered at plan providers; one exam per year; at non-plan providers, covered up to $40. Dilation not covered	Covered at plan vision providers — one exam per year; at non-plan providers, covered up to $40. Dilation not covered
Eyeglasses	Not covered	Not covered

2. Coverage described applies to the U-M Premier Care Provider Network 1. Additional providers are available through BCN's statewide network, (Provider Network 2). Network 2 providers are covered with a $2,000 individual,$4,000 annual deductible per family. A Network 1 PCP referral is required to access Network 2 providers.
7. 50% coinsurance when using out-of-network providers.
8. Hearing aid administration guidelines may differ by plan. Contact plan for specific provisions before commencing treatment.
9. Includes ordering and fitting of hearing aids.
12. Covered at a percentage of BCBS allowed amount. Member is responsible for 100% of charges in excess of BCBS reimbursement.

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance[7] after deductible
Covered up to 120 days per calendar year		20% coinsurance after deductible. Up to 120 days per calendar year	10% coinsurance[7] after deductible. Up to 120 days per calendar year
Covered; once every 36 months	Not covered	20% coinsurance after deductible; once every 36 months	10% coinsurance[7] after deductible; once every 36 months
Covered; once every 36 months	Not covered	20% coinsurance after deductible; once every 36 months	10% coinsurance[7] after deductible; once every 36 months
Covered up to allowed amount; monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.[8, 9]	Not covered	20% coinsurance after deductible. Monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.[8, 9]	10% coinsurance[7] after deductible. Monaural or binaural hearing aid every 36 months. Member may be balance billed for amounts above allowed amount.[8, 9]
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[7] after deductible; one exam per year. Dilation not covered
Not Covered		Not covered	Not covered

2024 Pre-Medicare Health Plan Coverage Comparison Chart

Plan Type	Managed Care Plans	
Plan Name	**Michigan Care**	**U-M Premier Care Provider Network 1[2]**
Nursing Care		
Visiting Nurse Home Care	Covered	Covered
Private Duty Nursing	Not covered	Not covered
Home Health Aides	Covered	Covered
Other Services		
Hospice Care	Covered when authorized by Physicians Health Plan	Covered when authorized by BCN
Durable Medical Equipment, Prosthetic Appliance	Covered when authorized by Physicians Health Plan	Covered when authorized by BCN
Voluntary Sterilization	Covered	Covered
Chiropractic Spinal Manipulation	Covered with a $25 copay; limited to 24 visits per year for spinal manipulation	Not covered
Gender Affirming Procedures	Covered. Subject to medical criteria	Covered. Subject to medical criteria
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 UM 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 UM health plans. Contact plan for details

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.
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.
11. Any expense paid at 50% does not apply to the out-of-pocket maximum for the CMM plan. Private duty nursing expenses do not apply to the out-of-pocket maximum under the BCBSM Community Blue PPO plan.
12. Covered at a percentage of BCBS allowed amount. Member is responsible for 100% of charges in excess of BCBS reimbursement..

Preferred Provider Organization (PPO)		Traditional Plan	Consumer-Directed with Health Savings Account
BCBSM Community Blue PPO		Comprehensive Major Medical	BCBSM Consumer-Directed Health Plan
In-Network	Out-of-Network		
Covered	Not covered	20% coinsurance after deductible	10% coinsurance[7] after deductible
30% coinsurance[12]	50% coinsurance[12]	30% coinsurance[12]	30% coinsurance[12]
Covered	Not covered	20% coinsurance after deductible	10% coinsurance[7] after deductible
Covered; contact BCBSM for specific coverage levels before these services are provided	Not covered	Contact BCBSM for specific coverage levels before these services are provided	10% coinsurance[7] after deductible
Covered when medically necessary	Not covered	20% coinsurance after deductible	10% coinsurance[7] after deductible
Covered	Covered at 50%[12]	20% coinsurance after deductible	10% coinsurance[7] after deductible
Covered with a $25 co-pay limited to 24 visits per year	Covered at 50%[12] limited to 24 visits per year	20% coinsurance after deductible, limited to 38 visits per calendar year	10% coinsurance[7] after deductible, limited to 24 visits per year
Covered Subject to medical criteria	50% coinsurance	20% coinsurance after deductible. Subject to medical criteria	10% coinsurance[7] after deductible. Subject to medical criteria
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 UM 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 UM 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 UM health plans. Contact plan for details

Medicare and Pre-Medicare

For retirees and covered dependents who have a mixture of individuals that are eligible and enrolled in Medicare and not eligible for enrolled in Medicare, the retiree will make the plan election for the member(s) that are not enrolled in Medicare. The Medicare eligible 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.

Physicians Health Plan – Michigan Care and Michigan Care Advantage

You must live in the Michigan Care service area to enroll in the Michigan Care plan. For more information, see the 'Pre-Medicare' section or use the Michigan Care Eligibility tool: hr.umich.edu/michigan-care-eligibility.

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

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

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

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

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
  - » Consumer Directed Health Plan

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

2024 Monthly Costs for Health Plans

Chart A:

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 394	$ 394	$ 394
2 People with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 788	$ 788	$ 788
3 or More People with Medicare			
Your Cost	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,091	$ 1,091	$ 1,091

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 956	$ 764	$ 751	$ 812	$ 828
You + Adult					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,912	$ 1,528	$ 1,502	$ 1,624	$ 1,656
You + Adult + Child(ren)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 2,638	$ 2,109	$ 2,073	$ 2,241	$ 2,285
You + Child(ren)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,682	$ 1,345	$ 1,322	$ 1,429	$ 1,457

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,350	$ 1,158	$ 1,145	$ 1,206	$ 1,222
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**
University Cost	$ 1,865	$ 1,600	$ 1,582	$ 1,666	$ 1,688

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 B:

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 394**	**$ 394**	**$ 394**
University Cost	$ 0	$ 0	$ 0
2 People with Medicare			
Your Cost	**$ 788**	**$ 788**	**$ 788**
University Cost	$ 0	$ 0	$ 0
3 or More People with Medicare			
Your Cost	**$ 1,091**	**$ 1,091**	**$ 1,091**
University Cost	$ 0	$ 0	$ 0

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 956**	**$ 764**	**$ 751**	**$ 812**	**$ 828**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Adult					
Your Cost	**$ 1,912**	**$ 1,528**	**$ 1,502**	**$ 1,624**	**$ 1,656**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Adult + Child(ren)					
Your Cost	**$ 2,638**	**$ 2,109**	**$ 2,073**	**$ 2,241**	**$ 2,285**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
You + Child(ren)					
Your Cost	**$ 1,682**	**$ 1,345**	**$ 1,322**	**$ 1,429**	**$ 1,457**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,350**	**$ 1,158**	**$ 1,145**	**$ 1,206**	**$ 1,222**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,865**	**$ 1,600**	**$ 1,582**	**$ 1,666**	**$ 1,688**
University Cost	$ 0	$ 0	$ 0	$ 0	$ 0

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

2024 Monthly Costs for Health Plans

Chart C:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 28**	**$ 28**	**$ 28**
University Cost	$ 366	$ 366	$ 366
2 People with Medicare			
Your Cost	**$ 146**	**$ 146**	**$ 146**
University Cost	$ 642	$ 642	$ 642
3 or More People with Medicare			
Your Cost	**$ 237**	**$ 237**	**$ 237**
University Cost	$ 854	$ 854	$ 854

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 193**	**$ 1**	**$ 0**	**$ 49**	**$ 65**
University Cost	$ 763	$ 763	$ 751	$ 763	$ 763
You + Adult					
Your Cost	**$ 608**	**$ 224**	**$ 198**	**$ 320**	**$ 352**
University Cost	$ 1,304	$ 1,304	$ 1,304	$ 1,304	$ 1,304
You + Adult + Child(ren)					
Your Cost	**$ 866**	**$ 337**	**$ 301**	**$ 469**	**$ 513**
University Cost	$ 1,772	$ 1,772	$ 1,772	$ 1,772	$ 1,772
You + Child(ren)					
Your Cost	**$ 451**	**$ 114**	**$ 91**	**$ 198**	**$ 226**
University Cost	$ 1,231	$ 1,231	$ 1,231	$ 1,231	$ 1,231

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 377**	**$ 185**	**$ 172**	**$ 233**	**$ 249**
University Cost	$ 973	$ 973	$ 973	$ 973	$ 973
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 552**	**$ 287**	**$ 269**	**$ 353**	**$ 375**
University Cost	$ 1,313	$ 1,313	$ 1,313	$ 1,313	$ 1,313

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 D:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 39**	**$ 39**	**$ 39**
University Cost	$ 355	$ 355	$ 355
2 People with Medicare			
Your Cost	**$ 157**	**$ 157**	**$ 157**
University Cost	$ 631	$ 631	$ 631
3 or More People with Medicare			
Your Cost	**$ 248**	**$ 248**	**$ 248**
University Cost	$ 843	$ 843	$ 843

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 218**	**$ 26**	**$ 13**	**$ 74**	**$ 90**
University Cost	$ 738	$ 738	$ 738	$ 738	$ 738
You + Adult					
Your Cost	**$ 600**	**$ 216**	**$ 190**	**$ 312**	**$ 344**
University Cost	$ 1,312	$ 1,312	$ 1,312	$ 1,312	$ 1,312
You + Adult + Child(ren)					
Your Cost	**$ 889**	**$ 360**	**$ 324**	**$ 492**	**$ 536**
University Cost	$ 1,749	$ 1,749	$ 1,749	$ 1,749	$ 1,749
You + Child(ren)					
Your Cost	**$ 507**	**$ 170**	**$ 147**	**$ 254**	**$ 282**
University Cost	$ 1,175	$ 1,175	$ 1,175	$ 1,175	$ 1,175

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 378**	**$ 186**	**$ 173**	**$ 234**	**$ 250**
University Cost	$ 972	$ 972	$ 972	$ 972	$ 972
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 569**	**$ 304**	**$ 286**	**$ 370**	**$ 392**
University Cost	$ 1,296	$ 1,296	$ 1,296	$ 1,296	$ 1,296

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

2024 Monthly Costs for Health Plans

Chart E:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 49**	**$ 49**	**$ 49**
University Cost	$ 345	$ 345	$ 345
2 People with Medicare			
Your Cost	**$ 187**	**$ 187**	**$ 187**
University Cost	$ 601	$ 601	$ 601
3 or More People with Medicare			
Your Cost	**$ 293**	**$ 293**	**$ 293**
University Cost	$ 798	$ 798	$ 798

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 238**	**$ 46**	**$ 33**	**$ 94**	**$ 110**
University Cost	$ 718	$ 718	$ 718	$ 718	$ 718
You + Adult					
Your Cost	**$ 661**	**$ 277**	**$ 251**	**$ 373**	**$ 405**
University Cost	$ 1,251	$ 1,251	$ 1,251	$ 1,251	$ 1,251
You + Adult + Child(ren)					
Your Cost	**$ 981**	**$ 452**	**$ 416**	**$ 584**	**$ 628**
University Cost	$ 1,657	$ 1,657	$ 1,657	$ 1,657	$ 1,657
You + Child(ren)					
Your Cost	**$ 558**	**$ 221**	**$ 198**	**$ 305**	**$ 333**
University Cost	$ 1,124	$ 1,124	$ 1,124	$ 1,124	$ 1,124

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 424**	**$ 232**	**$ 219**	**$ 280**	**$ 296**
University Cost	$ 926	$ 926	$ 926	$ 926	$ 926
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 637**	**$ 372**	**$ 354**	**$ 438**	**$ 460**
University Cost	$ 1,228	$ 1,228	$ 1,228	$ 1,228	$ 1,228

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 F:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 59**	**$ 59**	**$ 59**
University Cost	$ 335	$ 335	$ 335
2 People with Medicare			
Your Cost	**$ 217**	**$ 217**	**$ 217**
University Cost	$ 571	$ 571	$ 571
3 or More People with Medicare			
Your Cost	**$ 338**	**$ 338**	**$ 338**
University Cost	$ 753	$ 753	$ 753

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 259**	**$ 67**	**$ 54**	**$ 115**	**$ 131**
University Cost	$ 697	$ 697	$ 697	$ 697	$ 697
You + Adult					
Your Cost	**$ 723**	**$ 339**	**$ 313**	**$ 435**	**$ 467**
University Cost	$ 1,189	$ 1,189	$ 1,189	$ 1,189	$ 1,189
You + Adult + Child(ren)					
Your Cost	**$ 1,075**	**$ 546**	**$ 510**	**$ 678**	**$ 722**
University Cost	$ 1,563	$ 1,563	$ 1,563	$ 1,563	$ 1,563
You + Child(ren)					
Your Cost	**$ 611**	**$ 274**	**$ 251**	**$ 358**	**$ 386**
University Cost	$ 1,071	$ 1,071	$ 1,071	$ 1,071	$ 1,071

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 470**	**$ 278**	**$ 265**	**$ 326**	**$ 342**
University Cost	$ 880	$ 880	$ 880	$ 880	$ 880
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 707**	**$ 442**	**$ 424**	**$ 508**	**$ 530**
University Cost	$ 1,158	$ 1,158	$ 1,158	$ 1,158	$ 1,158

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

2024 Monthly Costs for Health Plans

Chart G:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 69**	**$ 69**	**$ 69**
University Cost	$ 325	$ 325	$ 325
2 People with Medicare			
Your Cost	**$ 246**	**$ 246**	**$ 246**
University Cost	$ 542	$ 542	$ 542
3 or More People with Medicare			
Your Cost	**$ 383**	**$ 383**	**$ 383**
University Cost	$ 708	$ 708	$ 708

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 279**	**$ 87**	**$ 74**	**$ 135**	**$ 151**
University Cost	$ 677	$ 677	$ 677	$ 677	$ 677
You + Adult					
Your Cost	**$ 784**	**$ 400**	**$ 374**	**$ 496**	**$ 528**
University Cost	$ 1,128	$ 1,128	$ 1,128	$ 1,128	$ 1,128
You + Adult + Child(ren)					
Your Cost	**$ 1,167**	**$ 638**	**$ 602**	**$ 770**	**$ 814**
University Cost	$ 1,471	$ 1,471	$ 1,471	$ 1,471	$ 1,471
You + Child(ren)					
Your Cost	**$ 662**	**$ 325**	**$ 302**	**$ 409**	**$ 437**
University Cost	$ 1,020	$ 1,020	$ 1,020	$ 1,020	$ 1,020

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 515**	**$ 323**	**$ 310**	**$ 371**	**$ 387**
University Cost	$ 835	$ 835	$ 835	$ 835	$ 835
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 775**	**$ 510**	**$ 492**	**$ 576**	**$ 598**
University Cost	$ 1,090	$ 1,090	$ 1,090	$ 1,090	$ 1,090

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 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	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 79**	**$ 79**	**$ 79**
University Cost	$ 315	$ 315	$ 315
2 People with Medicare			
Your Cost	**$ 276**	**$ 276**	**$ 276**
University Cost	$ 512	$ 512	$ 512
3 or More People with Medicare			
Your Cost	**$ 427**	**$ 427**	**$ 427**
University Cost	$ 664	$ 664	$ 664

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 300**	**$ 108**	**$ 95**	**$ 156**	**$ 172**
University Cost	$ 656	$ 656	$ 656	$ 656	$ 656
You + Adult					
Your Cost	**$ 846**	**$ 462**	**$ 436**	**$ 558**	**$ 590**
University Cost	$ 1,066	$ 1,066	$ 1,066	$ 1,066	$ 1,066
You + Adult + Child(ren)					
Your Cost	**$ 1,260**	**$ 731**	**$ 695**	**$ 863**	**$ 907**
University Cost	$ 1,378	$ 1,378	$ 1,378	$ 1,378	$ 1,378
You + Child(ren)					
Your Cost	**$ 714**	**$ 377**	**$ 354**	**$ 461**	**$ 489**
University Cost	$ 968	$ 968	$ 968	$ 968	$ 968

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 561**	**$ 369**	**$ 356**	**$ 417**	**$ 433**
University Cost	$ 789	$ 789	$ 789	$ 789	$ 789
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 844**	**$ 579**	**$ 561**	**$ 645**	**$ 667**
University Cost	$ 1,021	$ 1,021	$ 1,021	$ 1,021	$ 1,021

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

2024 Monthly Costs for Health Plans

Chart I:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 236**	**$ 236**	**$ 236**
University Cost	$ 158	$ 158	$ 158
2 People with Medicare			
Your Cost	**$ 532**	**$ 532**	**$ 532**
University Cost	$ 256	$ 256	$ 256
3 or More People with Medicare			
Your Cost	**$ 759**	**$ 759**	**$ 759**
University Cost	$ 332	$ 332	$ 332

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 628**	**$ 436**	**$ 423**	**$ 484**	**$ 500**
University Cost	$ 328	$ 328	$ 328	$ 328	$ 328
You + Adult					
Your Cost	**$ 1,379**	**$ 995**	**$ 969**	**$ 1,091**	**$ 1,123**
University Cost	$ 533	$ 533	$ 533	$ 533	$ 533
You + Adult + Child(ren)					
Your Cost	**$ 1,949**	**$ 1,420**	**$ 1,384**	**$ 1,552**	**$ 1,596**
University Cost	$ 689	$ 689	$ 689	$ 689	$ 689
You + Child(ren)					
Your Cost	**$ 1,198**	**$ 861**	**$ 838**	**$ 945**	**$ 973**
University Cost	$ 484	$ 484	$ 484	$ 484	$ 484

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 955**	**$ 763**	**$ 750**	**$ 811**	**$ 827**
University Cost	$ 395	$ 395	$ 395	$ 395	$ 395
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,354**	**$ 1,089**	**$ 1,071**	**$ 1,155**	**$ 1,177**
University Cost	$ 511	$ 511	$ 511	$ 511	$ 511

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 J:

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 205**	**$ 205**	**$ 205**
University Cost	$ 189	$ 189	$ 189
2 People with Medicare			
Your Cost	**$ 481**	**$ 481**	**$ 481**
University Cost	$ 307	$ 307	$ 307
3 or More People with Medicare			
Your Cost	**$ 693**	**$ 693**	**$ 693**
University Cost	$ 398	$ 398	$ 398

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 562**	**$ 370**	**$ 357**	**$ 418**	**$ 434**
University Cost	$ 394	$ 394	$ 394	$ 394	$ 394
You + Adult					
Your Cost	**$ 1,272**	**$ 888**	**$ 862**	**$ 984**	**$ 1,016**
University Cost	$ 640	$ 640	$ 640	$ 640	$ 640
You + Adult + Child(ren)					
Your Cost	**$ 1,811**	**$ 1,282**	**$ 1,246**	**$ 1,414**	**$ 1,458**
University Cost	$ 827	$ 827	$ 827	$ 827	$ 827
You + Child(ren)					
Your Cost	**$ 1,101**	**$ 764**	**$ 741**	**$ 848**	**$ 876**
University Cost	$ 581	$ 581	$ 581	$ 581	$ 581

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 877**	**$ 685**	**$ 672**	**$ 733**	**$ 749**
University Cost	$ 473	$ 473	$ 473	$ 473	$ 473
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,252**	**$ 987**	**$ 969**	**$ 1,053**	**$ 1,075**
University Cost	$ 613	$ 613	$ 613	$ 613	$ 613

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

2024 Monthly Costs for Health Plans

Chart K:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 173**	**$ 173**	**$ 173**
University Cost	$ 221	$ 221	$ 221
2 People with Medicare			
Your Cost	**$ 430**	**$ 430**	**$ 430**
University Cost	$ 358	$ 358	$ 358
3 or More People with Medicare			
Your Cost	**$ 626**	**$ 626**	**$ 626**
University Cost	$ 465	$ 465	$ 465

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 497**	**$ 305**	**$ 292**	**$ 353**	**$ 369**
University Cost	$ 459	$ 459	$ 459	$ 459	$ 459
You + Adult					
Your Cost	**$ 1,166**	**$ 782**	**$ 756**	**$ 878**	**$ 910**
University Cost	$ 746	$ 746	$ 746	$ 746	$ 746
You + Adult + Child(ren)					
Your Cost	**$ 1,673**	**$ 1,144**	**$ 1,108**	**$ 1,276**	**$ 1,320**
University Cost	$ 965	$ 965	$ 965	$ 965	$ 965
You + Child(ren)					
Your Cost	**$ 1,004**	**$ 667**	**$ 644**	**$ 751**	**$ 779**
University Cost	$ 678	$ 678	$ 678	$ 678	$ 678

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with: Community Blue PPO	Medicare Advantage PPO with: Comprehensive Major Medical	Medicare Advantage PPO with: Consumer Directed Health	Michigan Care Advantage with: Michigan Care	U-M Premier Care Advantage with: U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 798**	**$ 606**	**$ 593**	**$ 654**	**$ 670**
University Cost	$ 552	$ 552	$ 552	$ 552	$ 552
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,150**	**$ 885**	**$ 867**	**$ 951**	**$ 973**
University Cost	$ 715	$ 715	$ 715	$ 715	$ 715

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 L:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 142**	**$ 142**	**$ 142**
University Cost	$ 252	$ 252	$ 252
2 People with Medicare			
Your Cost	**$ 378**	**$ 378**	**$ 378**
University Cost	$ 410	$ 410	$ 410
3 or More People with Medicare			
Your Cost	**$ 560**	**$ 560**	**$ 560**
University Cost	$ 531	$ 531	$ 531

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 431**	**$ 239**	**$ 226**	**$ 287**	**$ 303**
University Cost	$ 525	$ 525	$ 525	$ 525	$ 525
You + Adult					
Your Cost	**$ 1,059**	**$ 675**	**$ 649**	**$ 771**	**$ 803**
University Cost	$ 853	$ 853	$ 853	$ 853	$ 853
You + Adult + Child(ren)					
Your Cost	**$ 1,536**	**$ 1,007**	**$ 971**	**$ 1,139**	**$ 1,183**
University Cost	$ 1,102	$ 1,102	$ 1,102	$ 1,102	$ 1,102
You + Child(ren)					
Your Cost	**$ 908**	**$ 571**	**$ 548**	**$ 655**	**$ 683**
University Cost	$ 774	$ 774	$ 774	$ 774	$ 774

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with: Community Blue PPO	Medicare Advantage PPO with: Comprehensive Major Medical	Medicare Advantage PPO with: Consumer Directed Health	Michigan Care Advantage with: Michigan Care	U-M Premier Care Advantage with: U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 719**	**$ 527**	**$ 514**	**$ 575**	**$ 591**
University Cost	$ 631	$ 631	$ 631	$ 631	$ 631
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,048**	**$ 783**	**$ 765**	**$ 849**	**$ 871**
University Cost	$ 817	$ 817	$ 817	$ 817	$ 817

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

2024 Monthly Costs for Health Plans

Chart M:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 110**	**$ 110**	**$ 110**
University Cost	$ 284	$ 284	$ 284
2 People with Medicare			
Your Cost	**$ 327**	**$ 327**	**$ 327**
University Cost	$ 461	$ 461	$ 461
3 or More People with Medicare			
Your Cost	**$ 493**	**$ 493**	**$ 493**
University Cost	$ 598	$ 598	$ 598

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 366**	**$ 174**	**$ 161**	**$ 222**	**$ 238**
University Cost	$ 590	$ 590	$ 590	$ 590	$ 590
You + Adult					
Your Cost	**$ 953**	**$ 569**	**$ 543**	**$ 665**	**$ 697**
University Cost	$ 959	$ 959	$ 959	$ 959	$ 959
You + Adult + Child(ren)					
Your Cost	**$ 1,398**	**$ 869**	**$ 833**	**$ 1,001**	**$ 1,045**
University Cost	$ 1,240	$ 1,240	$ 1,240	$ 1,240	$ 1,240
You + Child(ren)					
Your Cost	**$ 811**	**$ 474**	**$ 451**	**$ 558**	**$ 586**
University Cost	$ 871	$ 871	$ 871	$ 871	$ 871

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with: Community Blue PPO	Medicare Advantage PPO with: Comprehensive Major Medical	Medicare Advantage PPO with: Consumer Directed Health	Michigan Care Advantage with: Michigan Care	U-M Premier Care Advantage with: U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 640**	**$ 448**	**$ 435**	**$ 496**	**$ 512**
University Cost	$ 710	$ 710	$ 710	$ 710	$ 710
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 946**	**$ 681**	**$ 663**	**$ 747**	**$ 769**
University Cost	$ 919	$ 919	$ 919	$ 919	$ 919

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 N:

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

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

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 79**	**$ 79**	**$ 79**
University Cost	$ 315	$ 315	$ 315
2 People with Medicare			
Your Cost	**$ 276**	**$ 276**	**$ 276**
University Cost	$ 512	$ 512	$ 512
3 or More People with Medicare			
Your Cost	**$ 427**	**$ 427**	**$ 427**
University Cost	$ 664	$ 664	$ 664

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 300**	**$ 108**	**$ 95**	**$ 156**	**$ 172**
University Cost	$ 656	$ 656	$ 656	$ 656	$ 656
You + Adult					
Your Cost	**$ 846**	**$ 462**	**$ 436**	**$ 558**	**$ 590**
University Cost	$ 1,066	$ 1,066	$ 1,066	$ 1,066	$ 1,066
You + Adult + Child(ren)					
Your Cost	**$ 1,260**	**$ 731**	**$ 695**	**$ 863**	**$ 907**
University Cost	$ 1,378	$ 1,378	$ 1,378	$ 1,378	$ 1,378
You + Child(ren)					
Your Cost	**$ 714**	**$ 377**	**$ 354**	**$ 461**	**$ 489**
University Cost	$ 968	$ 968	$ 968	$ 968	$ 968

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 561**	**$ 369**	**$ 356**	**$ 417**	**$ 433**
University Cost	$ 789	$ 789	$ 789	$ 789	$ 789
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 844**	**$ 579**	**$ 561**	**$ 645**	**$ 667**
University Cost	$ 1,021	$ 1,021	$ 1,021	$ 1,021	$ 1,021

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

Chart O:

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

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

Chart Terms

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

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

Medicare Enrolled

Coverage Type	Medicare Advantage PPO	Michigan Care Advantage	U-M Premier Care Advantage
1 Person with Medicare			
Your Cost	**$ 260**	**$ 260**	**$ 260**
University Cost	$ 134	$ 134	$ 134
2 People with Medicare			
Your Cost	**$ 603**	**$ 603**	**$ 603**
University Cost	$ 185	$ 185	$ 185
3 or More People with Medicare			
Your Cost	**$ 866**	**$ 866**	**$ 866**
University Cost	$ 225	$ 225	$ 225

Pre-Medicare

Coverage Type	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
You Only					
Your Cost	**$ 677**	**$ 485**	**$ 472**	**$ 533**	**$ 549**
University Cost	$ 279	$ 279	$ 279	$ 279	$ 279
You + Adult					
Your Cost	**$ 1,526**	**$ 1,142**	**$ 1,116**	**$ 1,238**	**$ 1,270**
University Cost	$ 386	$ 386	$ 386	$ 386	$ 386
You + Adult + Child(ren)					
Your Cost	**$ 2,171**	**$ 1,642**	**$ 1,606**	**$ 1,774**	**$ 1,818**
University Cost	$ 467	$ 467	$ 467	$ 467	$ 467
You + Child(ren)					
Your Cost	**$ 1,322**	**$ 985**	**$ 962**	**$ 1,069**	**$ 1,097**
University Cost	$ 360	$ 360	$ 360	$ 360	$ 360

Medicare Enrolled and Pre-Medicare

Coverage Type	Medicare Advantage PPO with			Michigan Care Advantage with	U-M Premier Care Advantage with
	Community Blue PPO	Comprehensive Major Medical	Consumer Directed Health	Michigan Care	U-M Premier Care
2 People (1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,064**	**$ 872**	**$ 859**	**$ 920**	**$ 936**
University Cost	$ 286	$ 286	$ 286	$ 286	$ 286
3 or More People (at least 1 with Medicare + 1 without Medicare)					
Your Cost	**$ 1,519**	**$ 1,254**	**$ 1,236**	**$ 1,320**	**$ 1,342**
University Cost	$ 346	$ 346	$ 346	$ 346	$ 346

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

prescription drug plan

Magellan Rx Management administers this plan

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

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

Eligibility and Enrollment

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

Plan Features

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

- **Access to local and national chain pharmacies.** Up to 90-day supplies are available for many medications. Participants can fill prescriptions for one- to 34-day supplies for one co-pay, 35- to 60-day supplies for two co-pays, or 61- to 90-day supplies for three co-pays.
- **Mail-order pharmacy** is provided by Birdi Rx as an alternative to retail pharmacies. Use of the mail-order service may result in savings to you and to the U-M Prescription Drug Plan. Birdi provides convenient, secure deliveries to your home. This is particularly convenient for participants who take certain medications on an ongoing basis.
- **Diabetic insulin, needles, and syringes** are available to all participants in the University of Michigan Prescription Drug Plan. Select insulin products (see the formulary at hr.umich.edu/formulary), needles and syringes are covered at $0 co-pay for all members.
- **Coverage of diabetic supplies** (injection devices, alcohol swabs, testing strips, lancets, and blood glucose testing monitors) is determined by your health plan. See page 63 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 is determined by the clinical judgment of a committee of Michigan Medicine physicians and pharmacists based on published medical evidence regarding diagnosis and treatment of disease. Drug lists are subject to change. The U-M formulary can be found at hr.umich.edu/formulary.

Generic Drugs/Tier 1—The Generic Drug co-pay level offers the opportunity to take advantage of generic drug savings. Generics cost significantly less on average than their counterpart brand-name drugs. Generic drugs are approved by the United States Food and Drug Administration (FDA), contain the same active ingredients as their brand-name equivalents, and must meet the same safety, production, and performance standards. Therefore, generic drugs often offer an effective and safe alternative to help reduce prescription drug costs for both you and the University of Michigan. Approximately 90% of all prescriptions under the U-M Prescription Drug Plan are dispensed as generic drugs. For co-pay amounts for generic drugs, see the U-M Prescription Drug Plan Co-pays chart on page 44.

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.

Opioid Drugs

Opioid drugs can be highly addictive, and their use and abuse is a growing issue in the United States. If the opioid epidemic affects you or someone you know, the U-M prescription drug plan covers Narcan Nasal Spray and other forms of naloxone, a life-saving opioid overdose reversal agent.

For information to help you understand opioid pain medications and learn how to talk to your doctor or dentist about pain control, visit mhealthy.umich.edu/opioids.

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 co-pay. For co-pay amounts for preferred brand-name drugs, see the U-M Prescription Drug Plan Co-pays chart below.

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

Select medications for participants as defined by the Affordable Care Act with a prescription from your doctor are covered at zero ($0) co-pay when you use your Magellan Rx prescription drug ID card at a network retail pharmacy or the Birdi 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. Up to a 34-day supply per fill may be covered. Prescriptions for immunosuppressive and antiretroviral specialty 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 then the terms and conditions of the website prevail. All benefits are subject to change.

Note: Mail order offers the best value for 90-day supplies of maintenance medications. You save a third of your out-of-pocket cost over retail with the added convenience of home delivery.

2024 Prescription Drug Plan Co-pays

Drug Type	Retail Pharmacy Co-pay [1, 2, 3]			Mail Order Co-pay [1, 2, 3] Birdi Mail Order Pharmacy
	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 co-pay, you pay only the cost of the medication. If the cost of the covered medication is more than the co-pay, you pay only the co-pay. 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 co-pay if a brand-name drug is selected when a generic equivalent is available.

hr.umich.edu/prescription-drug-plan

dental plan

Delta Dental of Michigan administers this plan

Dental Plan Enhancements for 2024

The dental plan, administered by Delta Dental of Michigan, offers a new esthetic restoration policy for 2024; porcelain (white) crowns and bridges on back teeth will be covered at a higher amount.

In addition, there are a number of enhanced dental benefits for members with an intellectual or developmental disability:

- Additional visits to the dentist's office and/or consultations that can be helpful prior to the first treatment to help patients learn what to expect and what is needed for a successful dental appointment.
- Up to four total dental cleanings in a benefit year.
- The use of silver diamine fluoride that can be applied to cavities for patients who can't tolerate the use of dental instruments.
- Treatment delivery modifications necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety or other barriers to treatment.

As defined by the American Academy of Pediatric Dentistry, special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma or environmental cause, and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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 under Delta Dental PPO (Point-of-Service). Delta Dental PPO is Delta Dental's national preferred provider organization program that gives you access to two of the nation's largest networks of participating dentists–the Delta Dental PPO network and the Delta Dental Premier network. Although you can go to any licensed dentist anywhere, your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of these networks.

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 48-49 for information on benefit levels and covered services. For full details on coverage and limitations of the plan, see the Delta Dental certificate of coverage that is available at hr.umich.edu/dental-plan.

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

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

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

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

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

Delta Dental will pay the PPO dentist directly for covered services based on his or her submitted fee or the amount in the local Delta Dental's PPO dentist schedule, whichever is less. If the PPO dentist schedule amount is lower than the dentist's submitted fee, the dentist cannot charge you the difference. This means you will be responsible only for your copayments and deductible, if any, when you go to a PPO dentist for covered services (see the coverage comparison chart on pages 48-49). 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 48-49). And, 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 48-49). However, you could save more of your out-of-pocket expenses if you go to a dentist that participates with Delta Dental. Delta Dental will pay you directly for covered services based on the dentist's submitted fee or the local Delta Dental's nonparticipating dentist fee, whichever is less. You will be responsible for paying the dentist whatever they charge.

How Can I Find a Participating Dentist?

To find the names of participating dentists near you, view a Delta Dental dentist directory by viewing Delta Dental's website at: deltadentalmi.com. You can call Delta Dental's Customer Service department toll-free, at: 800-524-0149.

Delta's DASI (Delta's Automated Service Inquiry) system is available 24 hours a day, seven days a week, and can provide you with a list of participating dentists. You can also speak to a Customer Service representative at any time during normal business hours (Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time).

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

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

ID Card

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

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

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

Preauthorization

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

Where Can I Find Additional Information Regarding the Dental Plan?

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

- Refer to the Dental Plan booklet that is available for viewing and downloading at: hr.umich.edu/dental-plan.
- Call Delta Dental's Customer Service department at: 800-524-0149.
- Register and log onto Delta Dental's Consumer Toolkit. See below for instructions on how to access and use the Toolkit.

Delta Dental Consumer Toolkit

toolkitsonline.com

Stay current on your dental benefits with Delta Dental's easy-to-use Consumer Toolkit. This secure on-line tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information for yourself and covered dependents;
- Current benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, and levels of coverage for specific dental services);
- Specific claims information including what has been approved and when it was paid.

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

To start using this helpful instrument, log on to:

toolkitsonline.com and click on the "Consumer Toolkit" button. First time users will need to register. You may use your eight-digit UMID for your member ID, or you may use your Social Security number. Either number will be accepted.

The privacy of your benefits information is assured. Delta Dental employs state-of-the-art, ultra-secure computer technology to protect your personal information.

Summary of Dental Plan Benefits

Delta Dental PPO (Point-of-Service) Program

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

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

IMPORTANT

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

Summary of Dental Plan Benefits

Delta Dental PPO (Point-of-Service) Program

University of Michigan Group No. 5970	**Option 1**			**Option 2**			**Option 3**		
Sub Group Numbers: Active Employees	1001			2001			3001		
Sub Group Numbers: LTD, COBRA, Retirees & Survivors	1099			2099			3099		
Delta Dental Network Participation Level	PPO	Premier	NonPar	PPO	Premier	NonPar	PPO	Premier	NonPar
Class III									
Major Restorative Services—Used when teeth can't be restored with another filling material (for example, crowns).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Prosthodontics Services—Used to replace missing natural teeth (for example, bridges, endosteal implants, and dentures).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Relines—Relines and rebase to dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
Prosthodontic Repairs—Repairs to bridges and dentures.	0%	0%	0%	50%	40%	40%	50%	50%	50%
TMD Treatment—Used by dentists to relieve oral symptoms associated with malfunctioning of the temporomandibular joint (for example, an occlusal orthotic TMD device).	0%	0%	0%	50%	40%	40%	50%	50%	50%
Class IV									
Orthodontic Services (to age 19)	50%	50%	50%	50%	50%	50%	50%	50%	50%
Deductibles and Plan									
Calendar Year and Lifetime Maximum Payable Benefits	• There is no calendar year maximum dollar amount applied to covered Class I and II services under Option 1. • A $1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year.			• $1,250 per person total per calendar year for covered Class II and Class III Benefits, except as noted below.* The calendar year maximum does not apply to Class I or Class IV Benefits. • A $1,500 per person total lifetime maximum applies to covered orthodontic Class IV Benefits. This is a combined maximum under all plan options, even if you change dental plan options from year to year. • A $1,000 per person total lifetime maximum applies to covered TMD Benefits. This is a combined maximum under Option 2 and 3, even if you change dental plan options from year to year.					
Calendar Year Deductible	None			$50 per person per calendar year limited to a maximum deductible of $150 per family. Applies to Class II and Class III Benefits, except as noted below.* The deductible does not apply to Class I or Class IV Benefits.					

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

IMPORTANT

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

hr.umich.edu/dental-plan

Chart A:

Use this chart if you:

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

Your 2024 Monthly Dental Plan Rates

Dental Plan Option	Your 2024 Monthly Contribution	University 2024 Monthly Contribution
Option 1		
You Only	$ 0	$ 23.08
You + Child	$ 0	$ 46.16
You + Adult	$ 0	$ 46.16
You + Adult + Child(ren)	$ 0	$ 73.64
You + Children	$ 0	$ 73.64
Option 2		
You Only	$ 15.44	$ 23.08
You + Child	$ 30.88	$ 46.16
You + Adult	$ 30.88	$ 46.16
You + Adult + Child(ren)	$ 46.16	$ 73.64
You + Children	$ 46.16	$ 73.64
Option 3		
You Only	$ 22.54	$ 23.08
You + Child	$ 45.08	$ 46.16
You + Adult	$ 45.08	$ 46.16
You + Adult + Child(ren)	$ 68.24	$ 73.64
You + Children	$ 68.24	$ 73.64

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 2024 Monthly Dental Plan Rates

Dental Plan Option	Your 2024 Monthly Contribution	University 2024 Monthly Contribution
Option 1		
You Only	$ 23.08	$ 0
You + Child	$ 46.16	$ 0
You + Adult	$ 46.16	$ 0
You + Adult + Child(ren)	$ 73.64	$ 0
You + Children	$ 73.64	$ 0
Option 2		
You Only	$ 38.52	$ 0
You + Child	$ 77.04	$ 0
You + Adult	$ 77.04	$ 0
You + Adult + Child(ren)	$ 119.80	$ 0
You + Children	$ 119.80	$ 0
Option 3		
You Only	$ 45.62	$ 0
You + Child	$ 91.24	$ 0
You + Adult	$ 91.24	$ 0
You + Adult + Child(ren)	$ 141.88	$ 0
You + Children	$ 141.88	$ 0

Dental Care Outside the United States

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

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

How to Find a Dentist

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

What Dental Services are Covered

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

Filing Claims

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

deltadentalmi.com

vision plan

Metlife administers this plan

New Name, Same Benefits

The Vision Plan is now referred to as Davis Vision by MetLife. The change does not impact your scope of benefits, vision provider network or premiums.

How the Vision Plan Works

MetLife provides benefits under the Vision Plan. You can receive benefits in-network or out-of-network. 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. Select "Find a Vision Provider"
3. Choose "Davis Vision by MetLife"
   Complete the information requested, then select the "Search Now" 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 co-pay (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 co-pay will be added; however, the costs are generally at wholesale prices when ordered through a Davis Vision by MetLife provider. The co-pays are listed in the Davis Vision by MetLife Plan brochure and at hr.umich.ed/vision-plan.

Laser Vision Correction Services

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

Buy a Voucher Program:

You can purchase additional pairs of eyeglasses or contact lenses directly from Davis Vision by MetLife. Call Davis Vision by Met Life at 833-393-5433 to speak to a representative. For voucher services and costs, please visit hr.umich.edu/vision-plan.

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 2024 Monthly Vision Plan Rates

	Your 2024 Monthly Contribution	University 2024 Monthly Contribution
You Only	$ 7.71	$ 0
You + Child	$ 12.04	$ 0
You + Adult	$ 12.04	$ 0
You + Adult + Child(ren)	$ 20.90	$ 0
You + Children	$ 20.90	$ 0

metlife.com/mybenefits

legal services plan

MetLife Legal Plan administers this plan

Low-Cost Help With Legal Matters

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

- Wills and estate planning, including living wills, powers of attorney, trusts, and codicils (updates to wills).
- Real estate matters, including eviction defense; tenant problems; and buying, selling, or refinancing your principal 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.

MetLife Legal Plans identity and fraud protection services are through MetLife + Aura Identity & Fraud Protection and 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 trail if necessary.

Identity & Fraud Protection Services

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

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

Benefits In or Out of the Network

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

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

New Legal Services for 2024

Personal Caregiving Services

Personalized solutions are available to solve employees' most urgent caregiving needs. Our comprehensive approach addresses physical and mental health, family dynamics, financial challenges, clinical and home care needs, and offers guidance around difficult decision-making all of which helps deliver a unique, personalized experience and better outcomes for families.

Reproductive Assistance

This service covers the Participating Employee and/or spouse for the first twenty hours of legal services and court work related to reproductive assistance matters. Reproductive assistance matters may include, but shall not be limited to, as permitted by law, surrogacy, egg donation, sperm donation, gamete donation, embryo donation and embryo adoption. This service includes reviewing and preparing any necessary agreements or documents, the preparation and filing of any pleadings or other documentation to obtain any necessary orders or decrees, and

info.legalplans.com

representation at any hearing or other proceeding related to the matter as may be required by law. The service does not include representation of any party other than the participating employee and/or spouse/OQA, even if participating employee and/or spouse/OQA may be required to pay that party's legal fees or expenses. It is the participating employee and/or spouse/OQA's responsibility to pay fees beyond the first twenty hours.

Felony Defense

This service covers representation for Participants in defense of any criminal felony charge. Representation includes court hearings, negotiation with the prosecutor and trial. This service does not cover any post-sentencing proceeding, probation violation hearing or appeals by either party.

Misdemeanors Defense

This service covers representation for Participants in defense of any criminal felony charge. Representation includes court hearings, negotiation with the prosecutor and trial. This service does not cover any post-sentencing proceeding, probation violation hearing or appeals by either party.

Expungement

Where permitted by law, this service covers the filing of a petition and appearance at any necessary hearing to expunge convictions from a Participant's criminal record.

Probate Proceedings

This service provides representation for the Plan Member or spouse when the Plan Member or spouse is probating an estate and has been appointed executor or administrator. The service includes all of the court proceedings to transfer probate assets from the decedent to the heirs; the correspondence necessary to transfer non-probate assets such as proceeds from insurance policies, joint bank accounts, stock accounts or a house; and any tax filings. This service does not include prosecuting or defending any litigation including a will contest.

Insurance Claims

This service provides the Participant with assistance in making insurance claims with the Participant's own carrier, provided the carrier is not affiliated with the Plan Member's Sponsor or Employer. Litigation of coverage issues is included. Litigation of damages is not included.

Social Security Disability

This service covers representation for a Plan Member or spouse through the administrative process including preparing initial forms, requests for reconsideration, hearing requests, attendance at hearings and review of decision order.

Habeas Corpus

This service covers the Participant for the preparation of all paperwork needed, and attendance at the hearing to pursue a habeas corpus proceeding to obtain the release of a Participant who is being unlawfully imprisoned.

MetLife Legal Services Plan

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

Legal Services Plan Book

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

Will Preparation

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

Enrollment

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

ID Card

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

Your 2024 Monthly Legal Plan Rates

	Your 2024 Monthly Contribution	University 2024 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

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 SSC Benefits Transactions within 60 days of a dependents' loss of eligibility will result in forfeiture of that dependent's COBRA continuation rights.

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

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

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

Changes that Impact Your Medical Coverage

Your benefits elections for 2024 will remain in effect from January 1 through December 31 as long as you remain eligible and any premiums are paid. Once you have enrolled, you generally may not change your coverage mid-year, unless you experience a qualified change in status.

Moving Out of a Managed Care Health Plan Service Area

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

Complete and mail the form to the SSC 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.

Waiving Coverage

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

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

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

Maintaining Comparable Medical and Dental Coverage

Comparable medical coverage is health coverage that is at least as comprehensive as the university sponsored BCBSM CMM plan. The health plan must offer the same scope of benefits as CMM, 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
- Prescription Drugs
- Emergency Care Services
- Diagnostic Tests (x-ray and lab work)

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

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

Loss of Comparable Coverage

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

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

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

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

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

Important Facts for All Retirees to Consider Before Waiving Coverage

- You will not be allowed to enroll in a U-M benefit plan due to another employer's decision to change insurance companies; increase in deductibles or co-pays; 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).

When you waive your U-M medical coverage, your U-M prescription drug coverage will also be discontinued.

important federal notices

Regarding your health coverage

Women's Health and Cancer Rights

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

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

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

Newborns' and Mothers' Health Protection Act

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

Summary of Benefits and Coverage (SBC) and Uniform Glossary

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

An SBC is a federally-mandated document intended to help individuals across the nation compare health plans. Each health plan is required to issue an SBC for every group health plan it offers. An SBC details deductibles, coinsurance and out-of-pocket limits for various services in a prescribed format. Please be aware the SBC does not reflect what your actual costs may be if you have other coverage that pays first, including Medicare. The "Patient Pays" amounts in the SBC claims examples do not reflect amounts Medicare or 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 SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free) to request printed copies of a specific plan's SBC and/or the Uniform Glossary at no charge.

Continuation of Benefits (COBRA)

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

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

Your Rights and Protections Against Surprise Medical Bills

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

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

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

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

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

You are protected from balance billing for:

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

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

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

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

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

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

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

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

HIPAA notice of privacy practices

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

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

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

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

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

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Other Applicable Laws

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

Uses and Disclosures with Your Permission

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

Your Rights

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

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

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

Complaints

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

Contact Information for Questions

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

- calling the SSC Contact Center, Monday through Friday, 8:00 a.m. to 5:00 p.m. at (734) 615-2000 or (866) 647-7657,
- visiting hr.umich.edu/hipaa, or
- mailing questions to:

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

contact information

Plan Providers	Phone	Web Address
Birdi Rx Mail Order Pharmacy	877-269-1160	umich.birdirx.com
Blue Cross Blue Shield of Michigan Community Blue PPO	855-669-8040	bcbsm.com
Blue Cross Blue Shield of Michigan Consumer Directed Health Plan	855-669-8040	bcbsm.com
Comprehensive Major Medical (provided by BCBS)	855-669-8040	bcbsm.com
Davis Vision by MetLife	833-393-5433	metlife.com/insurance/vision-insurance
Delta Dental Plan Information	800-524-0149	deltadentalmi.com
Health Equity Health Savings Account	877-284-9840	healthequity.com
Magellan Rx Customer Plan	888-272-1346	umich.magellanrx.com
Medicare	800-633-4227	medicare.gov
Medicare TTY/TDD	877-486-2048	medicare.gov
Medicare Advantage PPO	855-669-8040	bcbsm.com/UMichMAplans
MetLife Legal Plan	800-821-6400	legalplans.com
Michigan Care	833-484-8450	michigancare.com
Michigan Care Advantage	844-529-3757	member.phpmedicare.com
U-M Premier Care	800-658-8878	bcbsm.com
U-M Premier Care Advantage	800-658-8878	bcbsm.com/UMichMAplans
Michigan Medicine Specialty Pharmacy	855-276-3002	uofmhealth.org/conditions-treatments/specialty-pharmacy-services

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

A Final Word

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

OG

University of Michigan

Open Enrollment Form for 2024 Benefits

Open Enrollment
Effective Date 1/1/24

For Retirees, Surviving Spouses, or Surviving Other Qualified Adults

If you do not wish to make any changes to your benefits elections for 2024 you do not need to submit this form. Please print all information in **black ink**. Completed and signed forms must be received by SSC Benefits Transactions or postmarked by the U.S. Postal Service by **Friday, October 27, 2023.** These elections remain in effect through December 31, 2024 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 Code
Daytime Telephone Number	Email Address	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

Pre-Medicare Enrolled AND Medicare and Pre-Medicare Enrolled

☐ Community Blue PPO ☐ Comprehensive Major Medical ☐ Consumer Directed Health Plan (HSA annual election amount: $ _____)

☐ Waive coverage

☐ Michigan Care Advantage* ☐ Michigan Care*

☐ U-M Premier Care Advantage* ☐ U-M Premier Care*

☐ 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 ☐ Waive Coverage

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

C. Vision Plan ☐ Waive coverage

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

D. Legal Plan ☐ 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

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

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

5. Designee (optional)

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

Designee Name (Last, First)		Relationship	Phone
Street Address	City	State	Zip

6. Certification and Signature

Please read the back of this form before signing.

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

Signature of Retiree, Surviving Spouse, or Surviving Other Qualified Adult

Date Signed

Open Enrollment Form for 2024 Benefits

For Retirees, Surviving Spouses, or Surviving Other Qualified Adult

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

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

Changing Options or Coverage
You understand that the only conditions under which you can change options are:

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

Who Cannot be Covered
You cannot cover under your University of Michigan benefits plans

(1) Anyone not already enrolled on your benefits plans prior to you retirement;

(2) Anyone who works for the university and has his or her own coverage as an employee of the university;

(3) Any eligible dependents who are already covered by another employee of the university;

(4) Anyone who is not your legal spouse or eligible dependent;

(5) Yourself if you are covered by another University of Michigan employee or retiree in the same plan.

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

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

Health Plan ID Cards
If you enroll in a new plan, ID cards will arrive within six weeks from the date your enrollment form is processed. If you don't receive your cards, contact the health plan company directly. Members enrolled in a BCBSM plan will be issued new cards this year with an updated costumer service number.

How to Return This Form
Mail your completed and signed form to SSC 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

HUMAN RESOURCES
BENEFITS OFFICE
UNIVERSITY OF MICHIGAN

Questions?
If you have any questions, view hr.umich.edu, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m.

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.

By Mail Only

Make a copy for your records and send the original by **U.S. Mail to:**
SSC Benefits ransactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276

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

OE Retiree 2024 082023

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 the SSC Benefits Transaction Team 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)

ATTACH VOIDED CHECK HERE

Section IV

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

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

Signature _____ Date _____

Prepared by
Benefits Office

University of Michigan
Wolverine Tower—Low Rise G405
3003 South State Street
Ann Arbor, MI 48109-1278

Phone 734-615-2000 or 866-647-7657
(toll-free for off-campus long-distance calling)
Fax 734-763-0363
Web hr.umich.edu

SSC HR Customer Care Center

Representatives are available by phone, 8 a.m. – 5 p.m., Monday – Friday, at 734-615-2000 locally, 5-2000 from the U-M Ann Arbor campus, or 866-647-7657 (toll-free for off-campus long-distance calling).

Printed on recycled paper that contains 30% post-consumer fiber.

September 2023 14,085

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
Director of Operations for Benefits

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

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

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UNIVERSITY OF MICHIGAN

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