



Open Enrollment

To make your benefit choices for 2025

Long-Term Disability Participants

2025 Rates Enclosed

**Open Enrollment
for 2025 benefits is
Oct. 21 through 5 p.m. Nov. 1
2024**

Benefits Information by Phone

Call the Shared Services Center - HR Customer Care at 5-2000 from the Ann Arbor campus, (734) 615-2000 locally, or (866) 647-7657 toll-free, Monday through Friday from 8 a.m. to 1 p.m. and 2 to 5 p.m.

Benefits Information on the Web

hr.umich.edu/benefits-wellness

711 for Telecommunications Relay Service

The Federal Communications Commission adopted use of the 711 dialing code for access to Telecommunications Relay Services (TRS). Dial 711 and ask the operator to connect you to the Shared Services Center - HR Customer Care at 734-615-2000 or toll free at 866-647-7657.

Limitations

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

Important Dates

Open Enrollment:

October 21-November 1, 2024

All benefits elections due:

November 1, 2024, 5 p.m. EST

Changes are effective:

January 1, 2025

Open Enrollment

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

Changes you make during Open Enrollment and new rates take effect on January 1, 2025.

What's New

Medicare Advantage Plans For Medicare-enrolled LTD members

Comprehensive Medicare Advantage plans will replace Medicare supplemental plans on January 1, 2025.

- Copays will be less than the supplemental plans
- Provide the same coverage but include 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 may result in disenrollment from your University of Michigan health plan. In addition, there could be a penalty added to your Medicare premium. View more detailed plan information on page 5.

Physician’s Health Plan (PHP) is now University of Michigan Health Plan (UM Health Plan)

PHP is the vendor that administers Michigan Care and Michigan Care Advantage health plans. Michigan Medicine has a majority ownership in PHP. PHP is now University of Michigan Health Plan (UM Health Plan).

This is a name change only; the coverage remains the same.

You’ll see University of Michigan Health Plan (formerly PHP) on U-M websites, in U-M booklets and in other resources throughout Open Enrollment.

Michigan Care and Michigan Care Advantage members will receive new cards in late December.

Magellan Rx Rebranding to Prime Therapeutics October 1, 2024

Magellan Rx, the vendor that administers U-M’s Prescription Drug Plan, will be renamed Prime Therapeutics on Oct. 1, 2024.

There will be no changes to your current Magellan Rx card; this is a name change only.

Open Enrollment web pages, booklets and other resources will refer to Magellan Rx as “Magellan Rx/ Prime Therapeutics” throughout Open Enrollment. In 2025, all plan materials will refer to Prime Therapeutics.

The customer service phone number and pharmacy processing information will remain the same.

You do not need to notify your pharmacy of this change.

Changes to Health Savings Account (HSA) Limits

Pre-Medicare LTD participants enrolled in the Consumer Directed Health Plan

The annual HSA contribution for 2025 is \$4,300 individual and \$8,550 family. The university contribution for 2025 is \$825 individual and \$1,650 family.

For more information, view the Consumer-Directed Health Plan web page: hr.umich.edu/cdhp.

Legal Plan Enhancements

New legal services for 2025 include:

- Divorce, Dissolution and Annulment (Contested and Uncontested)
- Custody Order
- Enforcement or Modification of Support Order

View the Legal Services web page, hr.umich.edu/legal-services-plan for more information.

Vision Plan Enhancements

The allowance for frames and contact lenses has been increased to \$200.

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

The health plan section of this book has been color coded. The pages with NO BANDING apply to everyone. 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, review the section with YELLOW banding.

Pre-Medicare – If no one covered under your university health policy is enrolled in Medicare, review the section with LIGHT BLUE banding.

Medicare Enrolled and Pre-Medicare – If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare, review the section with BLUE and YELLOW banding.

LTD Participant Benefits Options

Medical, Dental, Vision and Legal Coverage

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

Health Plan Options

The health plan options are determined by the eligibility and enrollment in Medicare for all enrolled in your university health plan. You should 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 Medicare Enrolled: Medicare Advantage Plans below.
- **Pre-Medicare:** If no one covered under your university health plan is enrolled in Medicare – See Pre-Medicare: Health Plan Options below.
- **Medicare Enrolled and Pre-Medicare:** If you are covering a mixture of individuals who are enrolled and not enrolled in Medicare – See Medicare and Pre-Medicare below.

ID Cards

If you enroll in a different health plan, your ID card will be mailed to you directly from your health plan company in a nondescript white envelope.

If you have changed health plans and have not received a new card by Jan. 1, contact the health plan to order a card and find out how to receive services until your new card arrives.

Medicare Enrolled: Medicare Advantage Plans

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

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

Enrollment is based on your residential state/county. Members living in Michigan have the option to choose Michigan Care Advantage (if you live within the service area), U-M Premier Care Advantage, or Medicare Advantage PPO. Members living outside of Michigan must enroll in the Medicare Advantage PPO.

U-M's health plans provide coverage for urgent and emergent care for members traveling domestically and internationally. If you travel more than three months during the year or plan to receive medical services outside Michigan, carefully examine U-M's health plans to determine which fits your travel needs.

In addition, Medicare members must provide a residential address, not a P.O. box. **Members can be enrolled in only one Medicare Advantage plan. This includes plans from your spouse/OQA (Other Qualified Adult), previous employer, and individually purchased plans. Please take time to consider which plan best fits your health and medical needs.**

Failure to enroll in Medicare Parts A and B will result in disenrollment from your University of Michigan health plan and may jeopardize the continuation of your LTD benefits. In addition, a penalty could be added to your Medicare premium.

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

Pre-Medicare: Health Plan Options

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

The available health plan options are:

- Michigan Care - provided by Physicians Health Plan (PHP)/UM Health Plan
- U-M Premier Care - provided by Blue Care Network (BCN)
- Consumer-Directed Health Plan (CDHP) - provided by Blue Cross Blue Shield of Michigan (BCBSM)
- Community Blue PPO - provided by Blue Cross Blue Shield of Michigan (BCBSM)
- Comprehensive Major Medical - provided by Blue Cross Blue Shield of Michigan (BCBSM)

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

Medicare and Pre-Medicare

For LTD participants and covered dependents who have a mixture of individuals who are enrolled in Medicare and not enrolled in Medicare, the LTD participant will make the plan election for the member(s) who are not enrolled in Medicare. The Medicare member will then be enrolled in the Medicare Advantage plan associated with the vendor for the plan that is selected.

A primary factor in the selection of the health plan will depend on your eligibility based on your current residency.

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

Michigan Care and Michigan Care Advantage - Provided by Physicians Health Plan (PHP)/UM Health Plan

You must live in the plan's service area to enroll in Michigan Care and Michigan Care Advantage. Note that there are slight variations between the Michigan Care and Michigan Care Advantage service areas. For more information, 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

U-M Premier Care and U-M Premier Care Advantage - Provided by Blue Care Network (BCN)

The U-M Premier Care Advantage plan is a state of Michigan-based plan; therefore, you must reside in the state of Michigan to enroll.

- Medicare Enrolled members will be in the U-M Premier Care Advantage plan
- Pre-Medicare members will be in the U-M Premier Care plan

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

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

- Medicare Enrolled members will be in the Medicare Advantage PPO plan
- Pre-Medicare members can be in either the:
 - Community Blue PPO
 - Comprehensive Major Medical Plan
 - Consumer-Directed Health Plan

Prescription Drug Plan

The university provides a Prescription Drug Plan for everyone enrolled in a U-M health plan; the plan is administered by Magellan Rx/Prime Therapeutics. The prescription drug copay is based on several factors:

- Is the drug generic?
- Is the drug a preferred or non-preferred brand?
- Is the drug dispensed by a retail pharmacy or a mail-order pharmacy?

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

Part D, Prescription Drug Coverage

When you are eligible for Medicare, you are also eligible for Part D, prescription drug coverage. However, Part D was primarily designed for individuals who do not already have prescription drug coverage through an employer.

The university provides prescription drug coverage comparable to a Part D plan. There is no need to enroll in a separate Part D plan. If you enroll in a separate Part D plan, you will automatically be disenrolled from the university's Medicare Advantage plan.

If the Social Security Administration determines that you qualify for a federal, low-income prescription drug assistance plan, also referred to as Extra Help, please contact the Shared Services Center - HR Customer Care.

Time-saving Reminder

The University of Michigan's mail order prescription drug program offers convenience with free delivery of 90-day supplies for 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 benefits.umich.edu/mailorder.

Dental Plan

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

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

For more information about the Dental Plan, see hr.umich.edu/dental.

Vision Plan

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

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

For more information about the Vision Plan, see hr.umich.edu/vision-plan.

Legal Services Plan

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

For more information about the Legal Services Plan, see hr.umich.edu/legal-plan.

Health Care Flexible Spending Accounts (FSA)

FSA participation does not carry forward from one year to the next; you must re-enroll each year and designate the amount of money you wish to contribute. Eligible medical expenses incurred during the 2024 grace period, up to March 15, 2025, that are reimbursed from your 2024 FSA cannot be re-submitted for reimbursement from your 2025 FSA if you make an election for the 2025 plan year.

To re-enroll, fill out a 2025 Flexible Spending Account Authorization Form at hr.umich.edu/open-enrollment or call the Shared Services Center - HR Customer Care. The FSA form is due to Shared Services Center - Benefits Transactions by Nov. 29, 2024.

Changes LTD Participants Can Make to Their Benefits

Plan	Type of Change
Health Plans	<ul style="list-style-type: none">• Change plans• Delete existing dependents• Cancel coverage
Dental Plan Options 1, 2, or 3	<ul style="list-style-type: none">• Choose a different dental option• Delete existing dependents• Cancel coverage
Vision Plan	<ul style="list-style-type: none">• Add or delete existing dependents• Cancel coverage• Enroll
Legal Plan	<ul style="list-style-type: none">• Add or delete existing dependents• Cancel coverage• Enroll
Health Care Flexible Spending Account	Re-enroll if you have taxable LTD income

Coverage for Your Dependents

Existing dependents who were covered under any of your U-M benefits plans at the time you went on LTD can continue to be covered, as long as they satisfy the university's eligibility requirements. An existing dependent is an individual who is an eligible dependent as of your LTD begin date, and who maintains continuous eligibility as a dependent from the date your LTD benefits began.

The Benefits Office currently defines an eligible dependent as:

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

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

Your child by birth or adoption, or your spouse/OQA's child, will be covered from birth through the end of the month in which he/she turns 26, and will be offered benefits continuation at their own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Unmarried principally supported children will be removed from coverage the first of the year following their 19th birthday. Do not remove eligible dependent children during Open Enrollment or they will not be eligible for benefit continuation through COBRA when they become ineligible due to age.

If you remove your existing dependents from your health and prescription drug or dental coverage, re-enrollment will not be allowed unless they experience a qualifying life event and still meet the definition of an existing dependent. If you remove your existing dependent from vision or legal coverage, re-enrollment in these plans is allowable during Open Enrollment as long as they meet the definition of an existing dependent.

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

For eligibility information, refer to the University Human Resources website at hr.umich.edu/eligible-dependents.

How to Review Your Options

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

If you are enrolled in Medicare, you will be transitioned to the Medicare Advantage plan that aligns with your current enrollment.

If you are not enrolled in Medicare and do not wish to change your benefits elections for 2025, no action is required. The coverage you have will continue for 2025 or until you become eligible for Medicare.

If you are enrolled in a Flexible Spending Account and wish to participate in 2025, you must re-enroll.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a federally-mandated document intended to help individuals across the nation compare health plans. Each health plan is required to issue an SBC for every group health plan it offers.

An SBC details deductibles, coinsurance, and out-of-pocket limits for various services in a prescribed format. A Uniform Glossary of Health Coverage and Medical Terms to accompany the SBC is also available.

To view a health plan SBC and/or the Uniform Glossary, you may select the appropriate document from the Summary of Benefits and Coverage page by visiting hr.umich.edu/benefits-wellness/health-well-being/health-plans/health-plan-forms-documents.

You may also call the SSC Contact Center - HR Customer Care at 734-615-2000 or 866-647-7657 (toll free) to request printed copies of a specific plan's SBC and/or the Uniform Glossary at no charge.

Things to Consider

Before you choose a new health plan, consider:

- Any co-pays, deductibles, or out-of-pocket amounts for which you may be responsible (for details, see the Health Plan Coverage Comparison Chart at hr.umich.edu/health-plans or call the Shared Services Center - HR Customer Care).
- For managed care plans (Michigan Care and U-M Premier Care) and the Preferred Provider Organization (PPO) plan, consider:
 - » whether you reside in the plan's service area (there are no service area requirements for PPOs),
 - » if your medical care providers participate with the plan, and
 - » if the medical care providers of your choice intend to continue their plan contracts in 2024.
- You will not be able to change plans midyear because a medical care provider no longer participates in your selected health plan.
- If you're considering U-M Premier Care, please note that this is a Michigan-based health plan. All providers, facilities and services are rendered in Michigan.

Paying for Your Benefits

There is no required monthly premium payment for any of the U-M health plans. The rates for the Dental Plan, Vision Plan, and Legal Services Plan can be found on page 18. If you receive an LTD income replacement benefit, the applicable premiums will be deducted from your monthly paycheck.

If you do not receive an LTD paycheck, you will receive a monthly billing statement. In late December, the first billing statement will be mailed to you. Please do the following:

1. Carefully review your billing statement to make sure it correctly lists the choices you made during the Open Enrollment period. Check the benefit plan(s), option (if any), and coverage level (number of persons covered).

2. If your billing statement does not accurately reflect the changes you requested during Open Enrollment, use **black ink** to circle the incorrect information and print the correct information next to it.
3. Return the corrected billing statement by the deadline printed on the billing statement.

If you do not receive your first 2025 billing statement by January 2025, call the Shared Services Center - HR Customer Care on the next business day.

Payment Procedure

1. You should receive a billing statement and a remittance envelope in the mail at the end of the month to pay for the following month's coverage. For example, your January billing statement should arrive at the end of December.
2. Your payment is due by the 1st of the month to pay for coverage for that month. In order for your payment to be reflected on your next billing statement, it must be received by the 20th of the month.
3. Make the check or money order payable to "University of Michigan."
4. Clip the coupon from the bottom of your billing statement and mail it with your check or money order in the envelope provided to:
University of Michigan—Payroll
Box 223081
Pittsburgh, PA 15251-2081

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

Update Your Address Listing

Your address must be current to ensure you do not encounter delays in services or billing.

How to Make Benefit Changes During Open Enrollment

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

1. Make your benefits choices online using Wolverine Access self-service, or;
2. Complete and return the included benefits enrollment form.

You do not need to do both. If you submit a paper form and enroll online, your online enrollment will be used for your 2025 benefits.

Option 1: Enroll Online through Wolverine Access

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

Follow these steps to make your benefits choices:

1. Go to wolverineaccess.umich.edu.
2. Select **Employee Self Service**.
3. Enter your Login ID (username) 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.

Need Help Logging In?

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

Your online elections must be submitted by **5 p.m. Eastern Time on Friday, November 1, 2024**.

Option 2: Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2025 Benefits included with this book and return it by November 1, 2024. Please make sure you sign and date your form before returning it to Shared Services Center - Benefits Transactions. There are two ways to return the form:

- **Fax your form to Shared Services Center - Benefits Transactions at: 734-763-0363.** Check the transmission confirmation report to verify that all of your pages went through, and keep it with the form for your records.

—OR—

- **Mail your form to Shared Services Center - Benefits Transactions.**

Keep a copy for your records. Mail to:
Shared Services Center - HR Customer Care
Benefits Transactions
Wolverine Tower
3003 South State Street
Ann Arbor, MI 48109-1276

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

2024 Plan Rates

Plan
Dental Plan Option 1
Dental Plan Option 2
Dental Plan Option 3
Davis Vision by MetLife
Legal Services Plan

Coverage Level	LTD Monthly Rates	
You Only	\$	0
You + Adult	\$	0
You + Adult + Child(ren)	\$	0
You + Child	\$	0
You + Children	\$	0
You Only	\$	18.00
You + Adult	\$	36.00
You + Adult + Child(ren)	\$	53.82
You + Child	\$	36.00
You + Children	\$	53.82
You Only	\$	25.38
You + Adult	\$	50.76
You + Adult + Child(ren)	\$	76.78
You + Child	\$	50.76
You + Children	\$	76.78
You Only	\$	6.94
You + Adult	\$	10.84
You + Adult + Child(ren)	\$	18.08
You + Child	\$	10.84
You + Children	\$	18.08
You Only	\$	8.34
You + Adult	\$	13.34
You + Adult + Child(ren)	\$	13.34
You + Child	\$	13.34
You + Children	\$	13.34

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.

Medicare Basics

- Part A, hospital insurance — Can help pay for inpatient hospital care, care in a skilled nursing facility, home health care, and hospice care.
- Part B, medical insurance — Can help pay for medically necessary doctors' services, outpatient hospital services, home health services, and a number of other medical services and supplies that are not covered by the hospital insurance part of Medicare.

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

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

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

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Shared Services Center - HR Customer Care

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



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