



OPEN ENROLLMENT

To make your benefit choices for 2024

LONG-TERM DISABILITY PARTICIPANTS

2024 Rates Enclosed

OCTOBER 16-27

2023

Benefits Information by Phone

SSC Contact Center: 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calling within the United States) or 5-2000 from the Ann Arbor campus 8:00 a.m.–5:00 p.m., Monday–Friday.

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 Contact 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 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.

Open Enrollment Schedule

Open Enrollment:

October 16-27, 2023

All benefits elections due:

October 27, 2023

Changes are effective:

January 1, 2024

open enrollment

FOR YOUR 2024 BENEFITS

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, 2024.

What's New

New Medicare Advantage Plan

For Medicare enrolled retirees and survivors, new comprehensive Medicare Advantage Plans will replace Medicare supplemental plans January 1, 2024. Services will be provided by Physicians Health Plan (PHP), Blue Care Network (BCN) and Blue Cross Blue Shield of Michigan (BCBSM). Medicare eligible LTD Participants will remain in the Medicare supplemental plans and services will be billed in the same manner as today.

New Consumer-Directed Health Plan

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

Before choosing the CDHP, LTD Participants should consider the following:

- By selecting the plan you take on more financial risk — a higher deductible and out-of-pocket limit. Should you need significant medical care, you'll likely pay more out of pocket than you would with other health plans offered by U-M.
- If you are covered by another health plan, including Medicare, you cannot enroll in the CDHP/HSA. HSA contributions cannot be made by you or by the university, which may leave a significant gap in paying the required out-of-pocket costs.

- HSA's cannot be combined with any other health plan which covers the cost of medical expenses, including a Health Care Flexible Spending Account (FSA).

Michigan Care Expansion

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

Vision Plan Name Change

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.

Legal Plan Enhancements

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

Dental Plan Enhancements

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.

Health Care Flexible Spending Account

For 2024, you can contribute a minimum of \$120 up to a maximum of \$3,050 per calendar year to your Health Care FSA.

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.

LTD Participant Benefits Options

Medical, Dental, Vision and Legal Coverage

To be eligible for medical, dental, vision, and legal coverage while on LTD status, you must have been eligible to participate in one of these benefits before you went on LTD status.

Health Care FSAs

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 2023 grace period, up to March 15, 2024, that are reimbursed from your 2023 FSA cannot be re-submitted for reimbursement from your 2024 FSA if you make an election for the 2024 plan year.

To re-enroll, fill out a 2024 Flexible Spending Account Authorization Form, which may be obtained at hr.umich.edu/open-enrollment or by calling the SSC Contact Center. The FSA form is due to SSC Benefits Transactions by November 29, 2023.

ID Cards

If your health plan changes for 2024, new ID cards will be mailed to you directly from your health plan company. You will not receive new ID cards if you make no changes to your health plan. Members enrolled in a BCBSM plan will be issued new cards this year with an updated customer service number.

If you change plans but do not receive new cards by **January 2024**, call the health plan company to request a card and inquire about how to obtain services before your new card arrives. Phone numbers can be found at hr.umich.edu or by calling the SSC Contact Center 734-615-2000, or 866-647-7657 (toll free).

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 disability status 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 SSC Contact Center within 60 days of a dependent's loss of eligibility will result in forfeiture of that dependent's COBRA continuation rights.

Unmarried children by birth or adoption or marriage will be removed from coverage by the 1st of the month following their 26th birthday and will be offered benefits continuation at their own expense under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Unmarried principally supported children will be removed from coverage the first of the year following their 19th birthday. Do not remove eligible dependent children during Open Enrollment or they will not be eligible for benefit continuation through COBRA when they become ineligible due to age.

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).

Time-saving 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 benefits.umich.edu/mailorder.

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 to help decide which plan is best for you.

If you do not wish to change your benefits elections for 2024, no action is required. The coverage you have will continue for 2024. If you are enrolled in a Flexible Spending Account and wish to participate in 2024, you must re-enroll.

Availability of Summary Health Information

The health benefits available to you provide important protection for you and your family in the case of illness or injury.

Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC). This summarizes important information about any health coverage option in a standard format to help you compare across options.

The SBC is available at hr.umich.edu/health-plans. A paper copy is also available, free of charge, by calling the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free).

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 2024 Health Plan Coverage Comparison Chart at hr.umich.edu/health-plans or call the SSC Contact Center).

- 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.
- 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.
- You will not be able to change plans midyear because a medical care provider no longer participates in your selected health plan.

Paying for Your Benefits

There is no required co-premium payment for any of the U-M health plan options for LTD Participants. The rates for the Dental Plan, Vision Plan, and Legal Services Plan can be found on page 10. 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 2024 billing statement by January 2024, call the SSC Contact Center 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 and will not be reinstated until you return from leave.

Update Your Address Listing

In order to protect your family's rights, it is your responsibility to keep the university informed of any changes in your residence or in the residences of your covered family members by notifying the SSC Contact Center of a new address and/or telephone number.

two options for making benefit changes during open enrollment

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 with 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 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.

Once you have your password, you can log in to Wolverine Access 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.

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

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	\$	15.44
You + Adult	\$	30.88
You + Adult + Child(ren)	\$	46.16
You + Child	\$	30.88
You + Children	\$	46.16
You Only	\$	22.54
You + Adult	\$	45.08
You + Adult + Child(ren)	\$	68.24
You + Child	\$	45.08
You + Children	\$	68.24
You Only	\$	7.71
You + Adult	\$	12.04
You + Adult + Child(ren)	\$	20.90
You + Child	\$	12.04
You + Children	\$	20.90
You Only	\$	8.34
You + Adult	\$	13.34
You + Adult + Child(ren)	\$	13.34
You + Child	\$	13.34
You + Children	\$	13.34

Option 2: Enroll Using a Paper Form

If you choose to use a paper form, complete the Open Enrollment Form for 2024 Benefits included with 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 two 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. Mail to:
SSC 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.

how Medicare affects your U-M health plan coverage

A health plan provides “primary coverage” when it is responsible for paying health benefits before any other group health insurance is liable for payment. Medicare provides primary coverage to your U-M health plan under most circumstances. (Exception: When you are eligible for Medicare because of permanent kidney failure, your U-M health plan may be primary to Medicare.) As soon as you or your covered dependent become eligible for Medicare for any reason, you or your covered dependent must be enrolled in Medicare Parts A and B. You must have Medicare in effect and be entitled to receive Medicare benefits when first eligible. If you or a dependent are eligible for Medicare coverage that is primary to U-M, but have failed to enroll when first eligible, your benefits would be drastically reduced because your U-M health plan will not pay for anything Medicare Parts A and B would have paid for if you are eligible and choose not to enroll.

Re-Employment

If you return to active employment in a benefits-eligible position 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.

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 research, educational activities, and community outreach related to opioids. The network draws on nearly 100 U-M faculty whose research explores opioid misuse and overdose. For more information about opioid research, pain management, or treatment for addiction, visit opioids.umich.edu.

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-help. Complete the form and give it to your health care provider as part of your medical record.

Prepared by

Benefits Office

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PHONE 734-615-2000 or 866-647-7657
(toll free for off-campus long-distance calling)
FAX 734-763-0363
WEB hr.umich.edu/benefits-wellness

SSC Contact Center

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



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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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