



Open Enrollment dates are October 22 - November 6, 2024
Benefits are effective January 1, 2025 – December 31, 2025

Open Enrollment 2025

WHERE TO SUBMIT PLAN CHANGES???

ALL EMPLOYEES MUST ENROLL

ONLINE:
www.mydetroitbenefits.com
(Available 24 hours)

OR BY PHONE:
(855) 224-6200

DEADLINE TO SUBMIT PLAN CHANGES

November 6, 2024

EFFECTIVE DATE FOR ALL CHANGES

January 1, 2025

SUPPORTING DOCUMENTATION DUE

November 6, 2024

QUESTIONS??

Have specific plan questions?
View any of our open enrollment "Let's Talk" sessions
See Attached Flyer

ATTENTION ALL ACTIVE EMPLOYEES 2025 OPEN ENROLLMENT PERIOD

For Medical, Dental, Life Insurance and Flexible Spending Accounts

Open Enrollment is your annual opportunity to enroll in the benefit plans, make changes, add dependents, etc.

YOUR HEALTH!!! YOUR BENEFIT!!!

Review all medical, dental, life and flexible spending needs for you and your family.

Add or remove dependents, switch to other health care plans or enroll in the opt-out program or the flexible spending accounts.

HOW TO ENROLL

The City of Detroit highly recommends that **ALL** employees complete the open enrollment process to ensure that the benefit elections for you and your dependents are correct and best meet your needs.

Benefits Administration Office staff will not travel to benefit fairs this year.

However, you can enroll or make benefit changes online at www.mydetroitbenefits.com, available 24-hours a day. If you previously created a password for your account on www.mydetroitbenefits.com, it has been reset to the first four (4) digits of your SSN + the month and day of your birthday in the format MMDD.

You can also enroll or make benefit changes by phone at (855) 224-6200, Monday – Friday, 8:30 a.m. – 7:00 p.m. EST. Due to the high number of calls received during the open enrollment period, you may be asked to leave a message. A customer service representative will return your call to process your enrollment. Your call will be returned in the order in which it was received. Please be sure to leave your name and a direct dial phone number in your message, otherwise your call cannot be returned. If you leave a message by 11:59 p.m. on November 6, 2024, your enrollment will still be processed, even if the representative returns your call after November 6th.

Have supporting documentation on hand so you won't need to log in or call back several times to complete your enrollment. **ALL SUPPORTING DOCUMENTATION IS DUE BY NO LATER THAN NOVEMBER 6, 2024.**

SPECIAL NOTIFICATIONS FOR 2025

FLEXIBLE SPENDING PLANS

The Maximum Annual amounts for the flexible spending plan will be moved to \$3,200 for HealthCare FSA. The Flexible Spending Plans require that you elect to enroll each year. Your Flexible Spending Account (FSA) elections for the 2024 plan year will not automatically rollover to the 2025 plan year.

OPT OUT PROGRAM

The Opt-Out Program requires that you elect the Opt-Out choice and provide the applicable waiver during the online enrollment period. If you do not submit your request and supply the necessary documentation, you will be moved to the waive coverage plan. You will not have another opportunity to enroll until the next Open Enrollment period.

WHAT ARE MY OPTIONS & HOW MUCH DOES IT COST?

The enclosed Health Care Plan Options Booklet provides eligibility requirements and summarizes the health care plans in a comparison format. The employee contributions on the chart below provide premium cost sharing amounts for coverage under the various plans.

2025 EMPLOYEE CONTRIBUTIONS EFFECTIVE JANUARY 1, 2025

BCBSM COMMUNITY BLUE PPO	Monthly Premium	City Pays Monthly	Employee Monthly	Employee Bi-Weekly
Single	\$770.93	\$616.74	\$154.19	\$71.16
2-Person	\$1,618.97	\$1,295.17	\$323.80	\$149.45
Family	\$2,158.61	\$1,726.88	\$431.73	\$199.26

HEALTH ALLIANCE PLAN (HMO)	Monthly Premium	City Pays Monthly	Employee Monthly	Employee Bi-Weekly
Single	\$915.72	\$732.58	\$183.14	\$84.53
2-Person	\$1,923.01	\$1,538.41	\$384.60	\$177.51
Family	\$2,564.04	\$2,051.23	\$512.81	\$236.68

BCN PCP Focus (HMO)	Monthly Premium	City Pays Monthly	Employee Monthly	Employee Bi-Weekly
Single	\$452.40	\$438.49	\$13.91	\$6.42
2-Person	\$1,085.76	\$1,056.44	\$29.32	\$13.53
Family	\$1,357.20	\$1,318.10	\$39.10	\$18.05

DENTAL SINGLE, 2-PERSON, OR FAMILY	Monthly Premium	City Pays Monthly	Employee Monthly	Employee Bi-Weekly
Blue Cross	\$52.02	\$41.62	\$10.04	\$4.80
Blue Cross Dental Enhanced Plan	\$69.10	\$41.62	\$27.48	\$12.68
DenCap Option I	\$40.58	\$32.46	\$8.12	\$3.75
DenCap Option II (formally Golden)	\$43.00	\$31.20	\$11.80	\$5.45

VISION SINGLE, 2-PERSON, OR FAMILY	Monthly Premium	City Pays Monthly	Employee Monthly	Employee Bi-Weekly
Basic	\$5.55	\$4.44	\$1.11	\$0.51
Enhanced	\$18.11	\$4.44	\$13.67	\$6.31
Premier	\$29.28	\$4.44	\$24.84	\$11.46