# City of Detroit
# Benefits Open Enrollment
# Frequently Asked Questions (FAQs)

**Q:** ***When is open enrollment?***

**A:** Open enrollment will begin on October 20th, 2025, and will end on November 7th, 2025. All open enrollment elections and updates will become effective on January 1, 2026.

**Q:** ***Who is eligible for benefits?***

**A:** Full-time employees and their eligible dependents are eligible for enrollment in medical, dental, vision, flexible spending accounts and life insurance plans.

Also, certain part-time and variable hour employees may also be eligible for coverage under the medical plan if they work, on average, more than 30 hours per week. As permitted under Health Care Reform and detailed in the City's written policies, the City will use the Measurement Period/Stability Period Safe Harbor method to determine the eligibility of an employee who does not work in full-time employment or a part-time position to participate in the Plan. Please contact the Benefits Administration Office at (855) 224-6200 for more information.

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**Q:** ***When am I eligible for benefits?***

**A:** Non-Union employees and certain bargaining unit members are eligible for medical, dental and vision coverage after 30 days of employment. These employees are only eligible to enroll in the BCN Healthy Blue Living Plan unless they choose to opt out. Certain uniformed and union bargaining unit employees may have different eligibility – please check your specific benefits enrollment guide, your department HR team or the City of Detroit Benefits Administration Office for your eligibility specifics.

**Q:** ***Can I add family members to my benefits? —If so, how?***

**A:** Yes. Your eligible dependent children (biological and adopted) and your spouse can be added to your benefits. For children, you will need to provide a copy of the childs birth certificate and social security card and for spouses, you will need to provide a copy of your certified marriage license and your spouse's social security card.

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**Q:** ***How do I enroll in benefits?***

**A:** You can enroll or make benefit changes online at www.mydetroitbenefits.com, which is 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. Please refer to your Open Enrollment Benefits Guide for additional directions.
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 high call volume, during the open enrollment period, you may be asked to leave a message if a rep isn't immediately available. However, a customer service representative will return your call, in the order in which it was received, to process your enrollment.

Please be sure to leave your name and direct phone number in your message. If you leave a message by 11:59 p.m. on November 7, 2025 (the last date of open enrollment), your enrollment will still be processed.
Please be sure to have all supporting documentation on hand to ensure a seamless enrollment.

**ALL SUPPORTING DOCUMENTATION IS DUE NO LATER THAN NOVEMBER 7, 2025**

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**Q:** ***Am I required to sign up for health insurance?***

**A:** You do have the ability to opt out of City of Detroit health insurance coverage. This 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 to opt out of coverage and provide the necessary documentation, you will be moved to a default coverage plan. You will not have another opportunity to enroll until the next Open Enrollment period in October of 2026.

**Q:** ***What happens if I do not enroll/miss open enrollment?***

**A:** If you do not enroll in coverage or you miss the open enrollment period, you will be moved to the default coverage option and will not have the opportunity to enroll again until the next Open Enrollment period in October of 2026 or if you have a Qualifying Life Event (QLE).

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**Q:** ***Can I have other health coverage?***

**A:** Yes.

**Q:** ***How and when can I make changes to my employee benefit selections?***

**A:** You can make changes to your benefit elections during open enrollment. Outside of open enrollment, if you have a Qualifying Life Event (QLE) like a marriage, divorce, birth/adoption of a child, for example, you will have 30 days from the date of the event to make updates to your benefits.

**Q:** ***What happens to my coverage if my employment with the City of Detroit ends?***

**A:** If your employment with the City of Detroit ends, your coverage for health, life, and retirement benefits will end, but you have several options for continuing or transferring your plans. For health care benefits, you may be eligible for COBRA: The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you and your eligible dependents to continue your exact same health plan for a limited time (typically 18 months). However, you must pay the entire premium yourself, plus a small administrative fee. You generally have 60 days to elect this coverage after your qualifying event.

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**Q:** ***What is a qualifying life event (QLE)?***

**A:** A Qualifying Life Event (QLE) is an event like marriage, divorce, or birth/adoption of a child. A QLE allows you to add/term dependents from your benefits plan and make changes to your benefit elections. Employees have 30 days from the date of a QLE to inform the Benefits Administration Office and make updates to your elections.

**Q:** ***What is an eligible dependent?***

**A:** Your legal spouse and your dependent children as described below:
The following types of dependent children are eligible for dependent medical, dental, vision and life insurance coverage until the end of the month in which they reach age 26.

- Natural children
- Stepchildren
- Adopted children
- Children under full legal guardianship

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**Q:** ***What is a Beneficiary?***

**A:** It is extremely important that you add/update beneficiaries for your life insurance elections. A beneficiary is a person or entity (like a charity) designated to receive assets, benefits, or property from another, typically after their death. Beneficiaries can be designated as primary (the first in line) or contingent (an alternate in case the primary beneficiary cannot receive the benefits). Naming beneficiaries allows your life insurance assets to be transferred outside of the probate process, ensuring they go directly to the intended recipients according to your wishes.

**Q:** ***What is an FSA (Flexible Spending Account)?***

**A:** An FSA (Flexible Spending Account) is a pre-tax benefit account that allows you to pay for eligible out-of-pocket healthcare or dependent care expenses with money that isn't subject to federal and state taxes, saving you money. You can use it for costs like deductibles, copays, and medical supplies.

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**Q:** ***What is a Commuter Spending Account?***

**A:** A commuter spending account allows employees to set aside money from their paycheck on a pre-tax basis to pay for eligible work-related transit and parking expenses, such as public transit passes, tokens, and parking at or near the workplace. By using pre-tax funds, employees reduce their taxable income, which can result in significant savings on their commuting costs.

**Q:** ***What is the difference between a PPO and an HMO?***

**A:** The main difference between a Health Maintenance Organization (HMO) and a Preferred Provider Organization (PPO) lies in their network flexibility and associated costs. HMOs typically have smaller networks, requiring you to choose a primary care physician (PCP) who manages your care and provides referrals to specialists within the network. PPOs offer larger networks, including out-of-network options, and generally allow you to see specialists without a referral, but often at a higher cost.

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**Q:** ***What's the difference between 'in-network' and 'out-of-network' care?***

**A:** The difference between in-network and out-of-network care is that in-network providers have signed an agreement to accept a discounted rate for services, while out-of-network providers have not. Going in-network means lower out-of-pocket costs for you due to these negotiated rates and discounts. Using out-of-network providers can result in higher costs, including larger copays, deductibles, and coinsurance, or even full payment responsibility if the service isn't covered.

**Q:** ***Where do I go if I have questions?***

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

OR BY PHONE:
(855) 224-6200
Available Monday – Friday