

CITY OF DETROIT

2027 BENEFITS OPEN ENROLLMENT

Frequently Asked Questions (FAQs)

Your Health. Your Benefits. Your Choice.

OPEN ENROLLMENT
October 19 - November 6, 2026

COVERAGE EFFECTIVE
January 1, 2027

HELP
(855) 224-6200

Q: When is Open Enrollment?

A: Open Enrollment is October 19 through November 6, 2026. Elections and approved changes will become effective January 1, 2027.

Q: Who is eligible for benefits?

A: Full-time employees and their eligible dependents may be eligible for medical, dental, vision, flexible spending accounts and life insurance. Certain part-time and variable-hour employees may also be eligible for medical coverage if they meet the City's eligibility requirements. Eligibility can vary by employee classification and bargaining unit, so review your enrollment materials or contact the Benefits Administration Service Center for details.

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 generally eligible for the BCN Healthy Blue Living Plan unless they elect to opt out. Certain uniformed and union bargaining unit employees may have different eligibility rules. Please review the benefits information applicable to your employee group.

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

A: Yes. Eligible dependent children and your legal spouse may be added to your benefits. To add a child, provide a birth certificate and Social Security card. To add a spouse, provide a certified marriage certificate/license and your spouse's Social Security card. Supporting documentation must be submitted by November 6, 2026.

Q: How do I enroll in benefits?

A: Enroll online at www.mydetroitbenefits.com, available 24 hours a day, or by phone at (855) 224-6200, Monday-Friday, 8:30 a.m.-7:00 p.m. EST. If you previously created a password, the enrollment materials state that it has been reset to the first four digits of your SSN plus the month and day of your birthday (MMDD). If you call and must leave a message, include your name and direct phone number. Messages left by 11:59 p.m. on November 6, 2026 will still be processed.

Q: Do I have to enroll in City medical coverage?

A: No. If you are eligible to opt out, you must actively elect the Opt-Out option during Open Enrollment and submit the required waiver and proof of other qualifying coverage by November 6, 2026. Employees who do not complete the required Opt-Out election and documentation will not receive the Opt-Out credit.

Q: What happens if I miss Open Enrollment?

A: Open Enrollment is your annual opportunity to make benefit elections and changes. If you miss the enrollment period, your ability to make changes will be limited until the next Open Enrollment unless you experience a Qualifying Life Event (QLE). Review the 2027 enrollment materials carefully for any default coverage rules that apply to your employee group.

Q: Can I have other health coverage?

A: Yes.

Q: How and when can I make changes to my benefit elections?

A: You can make changes during Open Enrollment. Outside of Open Enrollment, you generally may make changes if you experience a Qualifying Life Event, such as marriage, divorce, or the birth/adoption of a child. Employees have 30 days from the date of the QLE to notify Benefits Administration and make applicable changes.

Q: What is a Qualifying Life Event (QLE)?

A: A QLE is an event such as marriage, divorce, or the birth/adoption of a child that may allow you to add or remove dependents and make certain benefit election changes outside of Open Enrollment. Employees have 30 days from the date of the event to notify Benefits Administration and make updates.

Q: What is an eligible dependent?

A: Eligible dependents include your legal spouse and eligible dependent children. Dependent children may include natural children, stepchildren, adopted children and children under full legal guardianship. The current FAQ states that eligible children may remain covered through the end of the month in which they reach age 26.

Q: What is a beneficiary?

A: A beneficiary is the person or entity you designate to receive your life insurance benefit. It is important to review and update your beneficiary designations so your elections reflect your wishes.

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

A: An FSA is a pre-tax benefit account that can be used for eligible out-of-pocket health care or dependent care expenses. Examples may include deductibles, copays and eligible medical supplies. Remember: FSA elections must be made each year; they do not automatically roll over.

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 for eligible work-related transit and parking expenses, such as public transit passes and qualifying parking costs.

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

A: HMOs generally use a defined provider network and may require you to select a primary care physician (PCP) who coordinates your care. PPOs generally offer greater provider flexibility, including some out-of-network coverage, but may come with higher costs. Always review the specific City plan materials because network and referral rules vary by plan.

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

A: In-network providers have contracted with the health plan to provide services at negotiated rates. Using in-network providers generally results in lower out-of-pocket costs. Out-of-network care may result in higher deductibles, coinsurance or other costs, and some services may not be covered.

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

A: If your employment with the City ends, certain benefits will end based on the applicable plan rules. For health care coverage, you may be eligible to continue coverage through COBRA for a limited period by paying the required premium and administrative fee. You will receive information about continuation options when applicable.

Q: Where do I go if I have questions?

A: Visit www.mydetroitbenefits.com or call the Benefits Administration Service Center at (855) 224-6200, Monday-Friday, 8:30 a.m.-7:00 p.m. EST.

IMPORTANT: Complete your elections and submit required supporting documentation by November 6, 2026.