

The Corewell Health Benefits Program includes the following choices:

Core Benefits

Core benefits are benefits that Corewell Health automatically provides to all benefit-eligible team members at no cost. You will receive the default **core benefits** if you do NOT enroll in the Corewell Health benefits program **within 31 days** of your hire date/status change date.

You will automatically be enrolled in the following core benefits:

- [Life Insurance & Accidental Death and Dismemberment \(AD&D\)](#)
- [Short-term Disability](#)
- [Basic Long-term Disability](#)

You will need to actively enroll* in the following as they are NOT core benefits:

- [Medical Plan](#)*
- [Dental Plan](#)*
- [Vision Plan](#)
- [Additional Life Insurance Coverage](#)
- [Family Life Insurance](#)
- [Flexible Spending Accounts](#)
- [Voluntary Benefits](#)

***IMPORTANT:** If you do not actively elect each of these benefits options, the system default is **NO** coverage. The “no coverage” option for medical/dental means Corewell Health is NOT responsible for any medical/dental expenses you may incur.

In case of conflict between the information presented here and the legal documents, the legal documents will govern. Corewell Health retains the right to change the benefits program at any time, with or without notice.

See your [Benefits Handbook](#), [CHW/S/PH Benefits Overview](#) or [CHE Benefits Overview](#) or [Benefit plan details, legal plan documents and notices](#) for additional information.

How it works

Coverage Levels

Corewell Health offers you four different coverage levels to meet the specific needs of you and your family.

- Team member-only coverage
- Team member and spouse coverage
- Team member and child(ren) coverage
- Team member and family coverage (family coverage includes coverage for the team member, spouse and child(ren))

You can choose different coverage levels for each benefit plan you enroll in. For example, you can select family coverage for the medical plan and team member-only coverage for your dental plan.

However, you cannot choose different options under a benefit plan for you and your dependents. For example, if you choose the enhanced dental plan for yourself, you cannot choose the basic dental plan option for your dependents.

You can waive coverage entirely by selecting “no coverage” for any benefit option. You may elect the “no coverage” option for medical if you have medical coverage through another plan (i.e., your spouse, parent or another employer). However, if you waive medical or dental coverage, you may be required to give proof that you have other medical coverage.

Coverage for Dependents

You can choose coverage for your eligible dependents.

For information on eligible dependents, review [Dependents — Who can be covered on my benefits](#).

You cannot terminate your coverage or change your elections at any time during the year outside of the open enrollment period unless you experience a [Qualified Status Change or Life Event](#). Plan rules and restrictions apply. You must [Change Benefit Elections](#) in [Workday](#) **within 31 days** of the qualifying event. Otherwise, you must wait until the next open enrollment period to make any changes.