

The University of New Mexico



2018 Open Enrollment Guide
for
65+ Retiree Medical and
Dental Plans

UNM Division of Human Resources
HR Service Center
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505-277-MyHR (6947)

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DATE: October 23, 2017

FROM: UNM Human Resources

RE: 2018 Open Enrollment for UNM 65+ Retiree Medical and Dental Plans

Dear UNM Retiree,

The 2018 UNM 65+ Retiree Medical and Dental Plan Open Enrollment begins **Monday, October 23, 2017** and ends **Friday, November 10, 2017**.

During Open Enrollment, eligible UNM Retirees may change or cancel their UNM 65+ Medical and/or dental insurance benefits, as well as add/drop eligible dependents or make changes to dependents' coverage.

UNM offers the following Medicare Advantage Plans, Medicare Supplement Plans, and Dental Plans to eligible retirees and dependents in 2018:

Four Medicare Advantage with Prescription Drug (MAPD) plans with *in-network providers in New Mexico only*, and urgent/emergency care worldwide:

- Presbyterian HMO-POS *Premier* or HMO-POS *Select* Medicare Advantage Plans (offers out-of-network providers in all states)
- BlueCross BlueShield *HMO I (Enhanced)* or *HMO II (Standard)* Medicare Advantage Plans (offers no out-of-network providers in or out of New Mexico)

One Medicare Advantage Plan with Prescription Drug (MAPD) plan *with in-network and out-of-network providers nationwide*, and urgent/emergency care worldwide:

- BlueCross BlueShield PPO Medicare Advantage Plan

Three Medicare Supplement Plans *with three MedicareRx Prescription Drug Plans (PDP)*, available nationwide*

- AARP Medicare Supplement Plans **F, G, or N**, with MedicareRx **Walgreens, Preferred, or Saver Plus** Prescription Drug Plans (PDPs)* (A Medicare Supplement Plan **MUST** be purchased with a MedicareRx PDP, and enrollment maintained in both plans continuously)
 - **NEW IN 2018! Two Additional Medicare Supplement Plans:** In addition to current **Plan F**, UNM has added **two new** AARP Medicare Supplement Plans, **Plans G and N**, beginning January 1, 2018. The additional offering of Plans G and N allows you to compare and select a Medicare Supplement Plan best suited for you. For more information, please review pages 45 – 53 of this Guide, or call UnitedHealthcare at 800-545-1797.

- **NEW IN 2018! Two Additional Medicare Rx Plans:** In addition to the current MedicareRx Preferred PDP, UNM has added **two new** AARP MedicareRx PDPs, the **Walgreens PDP** and **Saver Plus PDP** beginning January 1, 2018. The additional offering of these PDPs allows you to compare and select a MedicareRx PDP best suited for you. For more information, please review pages 55 – 62 of this Guide, or call UnitedHealthcare at 888-867-5575.

****A UNM AARP Medicare Supplement Plan and a UNM AARP MedicareRx PDP **MUST** be purchased together, and enrollment maintained continuously in both plans for UNM's contribution toward premiums to be applicable. AARP Plan F, G and N are available in all states with the exception of MA, MN, and WI. In those three states, alternate UNM-approved AARP Medicare Supplement plans are available. AARP MedicareRx Preferred, Walgreens and Saver Plus PDPs are available in all states.***

Retirees and dependents who change their primary state of residence **MUST** re-enroll in an AARP MedicareRx PDP, but can maintain their AARP Medicare Supplement Plan F, G, or N (or alternate AARP Medicare Supplement Plan for MA, MN, and WI) from state-to-state.

Some States, including New Mexico, do not provide AARP coverage for **pre-65** Medicare-eligible retirees and dependents. Contact AARP UnitedHealthcare at 800-545-1797 for more information.

Two Dental Plans

- Delta Dental Premier® or Delta Dental PPOSM Plan with in-network providers nationwide.

Please Note: Pre-65 Retirees (**turning 65 after 12/31/17**) with age 65+ or Medicare-eligible dependents will be able to make changes to dental coverage for those dependents annually during UNM's Pre-65 Open Enrollment in April and/or May, 2018.

Age 65+ Retiree *medical coverage and rates*, included in pages 13 – 15 of this Open Enrollment Guide, are effective on a calendar year basis (January 1 – December 31).

65+ *dental coverage elections* are effective through December 31, 2018, but *65+ dental rates* published in this guide are effective through June 30, 2018 (see pages 13 – 15).

To access the above 65+ medical supplement plans under Medicare, you and/or your dependent(s) must be enrolled, or provide proof of application for enrollment, in Medicare Parts A and B.

Enrollment on all applications and paperwork must match your name as it appears on your and your dependent's Medicare Card. Contact UNM at 505-277-6947 for instructions on how to update your name with UNM, if it differs on your Medicare Card.

BENEFITS CHANGES DURING THE YEAR: You will be **unable to make changes** between annual UNM 65+ Retiree Open Enrollments **unless you experience a Qualifying Change in Status Event** (see page 10). *Therefore, it is important to carefully read all of the materials contained within this packet.*

Note: If you do not wish to make changes to your current UNM medical or dental coverage, or to your Medicare-eligible dependent's coverage, you **DO NOT** need to take any action or submit an Open Enrollment Change Form. If you take no action to make changes, you and your dependents will remain covered under your current UNM benefits.

65+ RETIREE VENDOR FAIR

The UNM Benefits Department will sponsor a 65+ Medical and Dental Vendor Fair on **Tuesday, October 24, 2017 from 9:30 am – 3:30 pm** at the **UNM Continuing Education Building Lobby (Vendor Tables) and Room C (Vendor Presentations)**, at 1634 University Blvd NE, Albuquerque, NM 87102.

We encourage you and your dependents or family members to attend the Vendor Fair to learn more about UNM's BlueCross BlueShield and Presbyterian Medicare Advantage Plans, AARP Medicare Supplement Plans, MedicareRx Plans, and Delta Dental coverage options for eligible retirees and dependents in 2018.

**Vendor Presentation Schedule
(UNM Continuing Education Building)**

Tuesday 10/24	UNM 65+ Medical Insurance Vendor Presentation Schedule	Topic
9:30 – 10:20 am	Presbyterian	Presbyterian Select and Premier HMO-POS Medicare Advantage Plans with Rx (MAPD)
10:30 – 11:20 am	BlueCross BlueShield	BCBS Plan I and Plan II HMO, and BCBS PPO Medicare Advantage Plans with Rx (MAPD)
11:30 am – 12:20 pm	AARP/ UnitedHealthcare	AARP/UHC Part B Medicare Supplement Plans F, G, or N purchased with Part D MedicareRx Walgreens, Preferred or Saver Plus
12:30 – 1:20 pm	Presbyterian	Presbyterian Select and Premier HMO-POS Medicare Advantage Plans with Rx (MAPD)
1:30 – 2:20 pm	BlueCross BlueShield	BCBS Plan I and Plan II HMO, and BCBS PPO Medicare Advantage Plans with Rx (MAPD)
2:30 – 3:20 pm	AARP/ UnitedHealthcare	AARP/UHC Part B Medicare Supplement Plans F, G, or N purchased with Part D MedicareRx Walgreens, Preferred or Saver Plus

If you are unable to attend the UNM 65+ Open Enrollment Vendor Fair, the three medical plan vendors are also offering community meetings:

Medicare Plan Provider	Date	Time	Location
AARP/UnitedHealthcare	Monday 10/23/2017	1:30 pm – 2:30 pm	UNM Business Center, Room 1018 1700 Lomas Blvd NE, Suite 1400 HR Service Center (check-in) Albuquerque 87131
BCBS (Medicare HMO and PPO Advantage Plans)	Friday 10/27/2017	12:30 pm – 1:30 pm	BCBS Headquarters 5701 Balloon Fiesta Parkway NE Albuquerque 87113
Presbyterian (Medicare HMO-POS Advantage Plans)	Friday 10/27/2017	2:00 pm – 3:00 pm	Mimi's Cafe 4316 The 25 Way NE Albuquerque 87109
Presbyterian (Medicare HMO-POS Advantage Plans)	Tuesday 11/7/2017	2:00 pm – 3:00 pm	Mimi's Cafe 4316 The 25 Way NE Albuquerque 87109

MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS DEFINED

Retirees who are eligible for UNM 65+ medical and dental coverage must also be *Medicare-eligible* and may add the following *Medicare-eligible* dependents during 65+ Retiree Open Enrollment:

UNM Retiree, eligible for or becoming eligible for Medicare – turning age 65 or over age 65 with Medicare A and B card, mentally and/or physically disabled*, or with end-stage renal disease

Retiree's legal spouse, eligible or becoming eligible for Medicare – turning age 65 or over age 65 with Medicare A and B card, mentally and/or physically disabled,* or with end-stage renal disease

Retiree's domestic partner, eligible or becoming eligible for Medicare – turning age 65 or over age 65 with Medicare A and B card, mentally and/or physically disabled*, or with end-stage renal disease

You must submit a signed and notarized **Affidavit of Domestic Partnership** and one (1) proof of shared financial obligation, such as a joint checking account, along with your completed salmon-colored 2018 UNM 65+ Open Enrollment Change Form. *(This step is not necessary if the UNM Benefits Office already has documents on file to verify domestic partnership.)*

For details about Domestic Partnership proof requirements, go to UNM Policy 3790, Section 2 and 3 at:

policy.unm.edu/university-policies/3000/3790.html

Contact the HR Service Center at 505-277-6947 for the Affidavit, or visit:

hr.unm.edu/docs/benefits/affidavit-of-domestic-partnership.pdf

Retiree's unmarried child(ren) who is (are) becoming eligible or eligible for Medicare (mentally and/or physically disabled* with a Medicare A and B card)

*When Medicare eligibility is due to mental and/or physical disability, please attach a **Social Security Disability Award Certificate** along with your completed salmon-colored 2018 UNM 65+ Open Enrollment Change Form, unless UNM Benefits already has these documents on file for you or your dependent(s).

QUALIFYING CHANGE IN STATUS EVENTS – DEFINED

Once enrolled in UNM-sponsored Medicare and/or dental insurance plans, you cannot make changes to those benefits outside of the UNM Age 65+ Open Enrollment period, unless you experience a Qualifying Change in Status Event. **To make changes to your UNM-sponsored Medicare and/or dental insurance benefits, you must do so within sixty (60) calendar days of a Qualifying Change in Status Event.**

Qualifying Change in Status events include:

- Marriage or divorce, adding or removing an eligible domestic partner
- Death of your spouse, eligible domestic partner, or dependent
- Change in your, your spouse's, or eligible domestic partner's employment from part-time to full-time, or full-time to part-time
- Significant changes in health insurance coverage for you, your spouse, or your eligible domestic partner, attributable to your spouse's or eligible domestic partner's employment
- Birth or adoption of a child
- Move out of the New Mexico coverage area for UNM's Medicare Advantage Plans (BCBS HMO or Presbyterian HMO-POS plans)

OTHER IMPORTANT INFORMATION

If you are changing your medical insurance coverage, you and your dependent(s) (if applicable) will each need to complete the insurance provider's enrollment forms. As the retiree, you will also need to complete UNM's salmon-colored 2018 65+ Open Enrollment Change Form. The insurance provider's enrollment forms will NOT be processed without a completed salmon-colored UNM Open Enrollment Change Form. 65+ medical and dental insurance provider's enrollment forms are available from the HR Service Center. See the HR Service Center contact information and office location on the next page.

Forms submitted after the deadline (Friday, November 10, 2017 at 5:00 pm) for UNM Age 65+ Open Enrollment will NOT be processed. NO EXCEPTIONS.

Reminder: No forms or action are needed to continue your existing 65+ UNM retiree medical and dental insurance coverage (for qualifying UNM retirees and their dependents).

Note: Retirees and covered dependents who change from UNM's AARP Medicare Supplement Plans and MedicareRx PDPs to any other non-UNM sponsored Medicare Supplement, PDP, or Medicare Advantage Plan *must* contact AARP/UnitedHealthcare directly to **cancel** the plans. AARP Medicare Supplement Plans and AARP MedicareRx PDP are individually owned policies (vs. the UNM group Medicare Advantage (MAPD) plans). UNM will discontinue paying a premium contribution from the University for retirees and covered dependents who move from UNM's AARP plans to a non-UNM sponsored plan, but UNM cannot cancel the existing coverage for you. AARP/UnitedHealthcare only allows the insured to cancel coverage.

UNM BlueCross BlueShield and UNM Presbyterian Medicare Advantage Plan enrollment forms must be submitted to the HR Service Center for processing. Please see the AARP Enrollment Instructions on pages 63 – 65 of this guide, because enrollment in UNM's Medicare Supplement Plan F, G, or N *with* a MedicareRx Walgreens, Preferred, or Saver Plus PDP is a different process from enrollment in a UNM Medicare Advantage Plan with BCBS or Presbyterian.

A copy of your own and/or your dependent's Medicare A and B card (or proof that you are in the process of being enrolled) will be required to enroll in **any** UNM 65+ medical plan.

Enrollment on all applications and paperwork must match your name as it appears on the Medicare Card.

Hand-delivery or secure fax to the HR Service Center is preferred, and will ensure that enrollment forms are date-stamped and can be reviewed and approved by UNM Benefits *on or before* the 65+ Open Enrollment deadline of 5:00 pm MST on November 10, 2017:

UNM HR Service Center

1700 Lomas Blvd NE, Suite 1400
MSC 01 1220, 1 University of New Mexico
Albuquerque, NM 87131-0001
Main: 505-277-MyHR (6947)
Secure Fax: 505-277-2278

IMPORTANT NOTE:

Retirees who choose to *discontinue* enrollment in UNM's retiree Medicare and/or Dental benefits will *never* be allowed to re-enroll in UNM retiree benefits for themselves or for dependents at a later date. This is an irrevocable decision.

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UNM Age 65+ Medicare & Dental Plan Rates*

Effective January 1, 2018 – June 31, 2018

UNM 65+ Plan	% Retiree Contribution	70%	70%	60%*	100%
Medical Rates		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
BlueCross BlueShield PPO UNM Advantage Plan **		\$200.39	\$400.78	\$170.12	\$302.70
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan		\$213.48	\$426.96	\$181.34	\$321.40
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan		\$151.25	\$302.50	\$128.00	\$232.50
Presbyterian Premier HMO-POS UNM Advantage Plan		\$125.70	\$251.40	\$106.10	\$196.00
Presbyterian Select HMO-POS UNM Advantage Plan		\$100.50	\$201.00	\$84.50	\$160.00
AARP UNM Medicare Supplement Plan F, G, or N ***		Retiree and/or Dependent must enroll in both an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP to receive UNM's contribution to premium - Call AARP/UHC at 800-545-1797 for quotes.			
AARP UNM MedicareRx Preferred, Walgreens, or Super Saver PDP ***					
Dental Rates		65+ Single	65+ Double	65+ Family	65+ Widow / Widower
Delta Dental - UNM Premier® Plan		\$28.00	\$54.60	\$89.60	\$40.00
Delta Dental - UNM PPO Plan		\$13.30	\$26.60	\$39.90	\$19.00

See next page for asterisk references.....

UNM Age 65+ Medicare & Dental Plan Rates*

Effective January 1, 2018 – June 31, 2018, continued...

Regarding the 2018 Medicare Advantage Plan Rate Increases:

Due to the level of premium increases for the Medicare Advantage Plans, the UNM Board of Regents approved an additional UNM contribution of \$11.50 per month for participants enrolled in a UNM BCBS or Presbyterian Medicare Advantage Plan. The \$11.50 is in addition to UNM's 30% contribution for 65+ retirees and their Medicare-eligible dependents, and is reflected in the final rates listed above. This additional UNM contribution will not continue beyond the 2018 calendar year.

With Medicare Advantage Plan costs increasing both statewide and nationally, UNM will release a request for proposals (RFP) in 2018 to identify any available options in the Medicare Advantage and Medicare Supplemental plan markets to identify best options for the future. UNM will use a campus community approach that will include the UNM Retiree Association and other campus constituents, to ensure adequate input is received during the RFP process.

**Age 65+ Dependent of Pre-65 Retiree's share of premium increased to 60%, effective July 1, 2017.*

***UNM's BlueCross BlueShield PPO Medicare Advantage Plan offers in-network providers nationwide*

****A UNM-approved AARP Medicare Supplement Plan F, G, or N, and MedicareRx Walgreens, Preferred, or Saver Plus PDP MUST be purchased together and enrollment maintained continuously in both plans for UNM's premium contribution to be applicable. AARP Plans F, G, and N are available in all states with the exception of MA, MN, and WI. In those three states, alternate UNM-approved AARP Medicare Supplement plans are available. AARP MedicareRx Walgreens, Preferred, and Saver Plus PDPs are UNM-approved and available in all states.*

*AARP Plan F, G, and N, as well as AARP MedicareRx Walgreens, Preferred, and Saver Plus plans include access to providers **nationwide** who accept Medicare.*

***Retirees and dependents changing their primary state of residence must re-enroll in an AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP for the new state, but can maintain their AARP Medicare Supplement Plan F, G, or N (or alternate AARP Medicare Supplement Plan for MA, MN, and WI) from state-to-state.** Some States, including New Mexico, do not offer AARP coverage for **pre-65** Medicare-eligible retirees and dependents. Contact AARP/UnitedHealthcare at **800-545-1797** for more information.*

IMPORTANT:

- Qualifying UNM widows/widowers continue to receive UNM's 30% medical and dental premium contribution for one year from the date of the retiree's death, then pay 100% toward the cost of premiums in order to continue participation in UNM plans. For transition to widow/widower coverage, the surviving spouse or qualified domestic partner must contact UNM Benefits regarding death within 60 days.
- UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP Walgreens, Preferred, or Saver Plus Rx PDPs, because the policies are individually owned (vs. UNM's group Medicare Advantage Plans with Prescription Drug). Rates are based on retiree/dependent's individual age and zip code within the United States and US Territories. Please contact AARP for a rate quote, or follow the online instructions on page 63 – 64 of this Guide to obtain a *very approximate quote* based on available rates. **If you choose to enroll in the UNM-sponsored AARP plans, you MUST coordinate enrollment with the UNM Human Resources office by using the AARP Authorization Form on pages 67 – 68 of this Guide to request both AARP Plan F, G, N and Medicare Rx PDP enrollment kits.**

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Resources for Age 65+ UNM Retirees and Dependents

Medicare Advantage Plans and Medicare Supplement Plans explained

www.medicare.gov/Pubs/pdf/11474.pdf

www.ehealthinsurance.com/medicare/advantage-vs-supplement

UNM Medicare and Dental Insurance Vendor Contact Information

▪ *UNM BlueCross BlueShield NM PPO and HMO Medicare Advantage Plans*

(Please specify that you are a UNM Retiree covered by a UNM-sponsored senior plan)

- Customer Service Toll-Free: **877- 299-1008**, TTY/TTD **711**
- Email: Medicare_Service_Center@bcbsok.com
- Online: www.bcbsnm.com/medicare/mapd.html
- National website: www.bcbs.com
- Walk-In Customer Service: 4411 The 25 Way, Albuquerque, NM 87109

▪ *UNM Presbyterian – HMO-POS Medicare Advantage Plan*

(Please specify that you are a UNM Retiree covered by a UNM-sponsored senior plan)

- Customer Service: **505-923-6060**, Toll-Free **800-797-5343**, TTY **711**
- Online: www.phs.org

▪ *UNM AARP/UnitedHealthcare Medicare Supplement and UNM MedicareRx PDP*

(Please specify that you are a UNM Retiree covered by a UNM-sponsored senior plan)

- Medicare Supplement Toll-Free: **800-545-1797**
- Online: www.aarpmedicareplans.com/health-plans/medicare-supplement-plans
- Medicare Rx PDP Toll-Free: **888-867-5575**
- Online: www.AARPMedicareRx.com

▪ *UNM Delta Dental*

(Please specify that you are a UNM Retiree covered by a UNM-sponsored plan)

- Customer Service: **505-855-7111**, Toll-Free: **877-395-9420**
- Online: www.deltadentalnm.com

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Your HMO or PPO plan offered by the University of New Mexico bundles value-added options with your Original Medicare benefits.



Hearing Care

TruHearing[®] provides supplemental routine hearing exams and hearing aid allowance on some Blue Cross Medicare Advantage plans. Members save 30–50% on hearing aids. You may be able to save hundreds* of dollars.



Vision Care

Vision exams and eyewear can take a bite out of your budget. Blue Cross Medicare Advantage plan options include low or no copay for a vision specialist exam and an allowance towards frames and contacts.



Fitness Focus

The SilverSneakers^{®†} Fitness Program helps you achieve your health and fitness goals with access to more than 11,000 fitness locations that have certified instructors, fitness equipment, pools and saunas.



Rewards and Incentives Program

Put \$100 in gift cards in your pocket for staying healthy. You receive a gift card of your choice for completing Healthy Actions throughout the year. You can earn a gift card just for getting your Annual Wellness Visit. Plus, earn rewards for these Healthy Actions:

- Annual flu vaccine
- Body mass index (BMI) measurement
- Colorectal cancer, bone density, and mammogram screenings

Gift card options include retailers like Amazon, Barnes and Noble, iTunes, Starbucks, Walgreens and Walmart. Retailers may offer physical and/or eCards.

Need more information?

Call us to learn more about these value-added benefits and other Blue Cross Medicare Advantage plan options.



1-877-299-1008 TTY/TDD 711

8:00 a.m. – 8:00 p.m. local time 7 days a week

If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

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2018 UNM BlueCross BlueShield NM Medicare Advantage Plan PPO

- The UNM BlueCross BlueShield (BCBSNM) Medicare Advantage PPO has similar benefits and co-pays to UNM BCBSNM Plan I (Enhanced) HMO and UNM Presbyterian Premier HMO-POS Medicare Advantage plans
- Prescription benefits provided by Prime Therapeutics
- Competitive monthly premiums
- No Plan design changes in 2018
- Offers In-Network and Out-of-Network Providers *Nationwide**

***IMPORTANT:** More than 80% of health care providers in New Mexico participate in the UNM BCBSNM Medicare Advantage PPO. Confirm with BlueCross BlueShield NM that your preferred providers participate in the *UNM* BCBSNM PPO plan before you enroll or elect to change from your current plan.

The following New Mexico facilities *do not* participate in the UNM BCBSNM Medicare Advantage PPO:

Presbyterian Albuquerque Facilities
PHS ACL Indian Hospital
PHS Indian Hospital Santa Fe
PHS Indian Hospital Zuni
Los Alamos Medical Center
NMBH Institute at Las Vegas

2018 Benefit	BCBSNM Medicare Advantage Plan PPO	
Retiree/Dependent monthly premium	See page 13 – 15	
	PPO – In Network	PPO – Out of Network
Deductible	N/A	N/A
MOOP (Maximum out of Pocket)	\$2,500	\$7,900
Combined OOP Max	\$7,900	
Inpatient Hospital - Acute	\$125/Day (1-7) then \$0 copay	\$400/Day (1-7) then \$0 copay
Inpatient Hospital - Psychiatric	\$250/Day (1-6) then \$0 copay	\$400/Day (1-7) then \$0 copay
Skilled Nursing Facility	\$0 copay (days 1-20); \$160/day (days 21-100)	40% coinsurance
Cardiac and Pulmonary Rehabilitation Services	\$40 copay	40% coinsurance
Emergency Care	\$75 copay	
Urgent Care Facility	\$40 copay	
Partial Hospitalization	\$40 copay	40% coinsurance
Home Health Service	\$0 copay	
Primary Care Physician Services	\$10 copay	\$30 copay
Chiropractic Services	\$20 copay	40% coinsurance
Occupational Therapy Services	\$25 copay	40% coinsurance
Physician Specialist Services Excluding Psychiatric Services (exclude Radiology)	\$25 copay	\$45 copay
Mental Health Specialty Services - Non-Physician	\$25 copay	\$45 copay
Podiatry Services	\$20 copay	\$45 copay
Other Health Care Professional Services	\$25 copay	\$45 copay
Psychiatric Services	\$25 copay	\$45 copay
Physical Therapy and Speech Language Pathology Services	\$25 copay	\$45 copay
Lab Services	\$0 copay	40% coinsurance
Diagnostic Procedures	\$0-\$25 copay POS (\$0 Bone Mass, Colonoscopy, Mammogram (1st of year); \$25 all other services	40% coinsurance
Therapeutic Radiology	\$10 copay	40% coinsurance

Diagnostic Radiology services / X-Ray	\$25 copay	40% coinsurance
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay	40% coinsurance
Outpatient Hospital Services	\$0-\$50 copay (\$0 Bone Mass, Colonoscopy, Mammography (1st of year); \$50 all other services)	40% coinsurance
Ambulatory Surgical Center (ASC) Services	\$0-\$50 copay (\$0 Bone Mass, Colonoscopy, Mammography (1st of year); \$50 all other services)	40% coinsurance
Outpatient Substance Abuse	\$25 copay	40% coinsurance
OP Blood Services	\$10 copay	40% coinsurance
Ambulance Services	\$150 copay	\$200 copay
Transportation Services	Not Covered	Not Covered
Durable Medical Equipment (DME)	\$20 copay	\$50 copay
Prosthetics/Medical Supplies	\$20 copay	\$50 copay
Diabetes Supplies and Services	\$0 copay (0% Preferred Test Strips; 20% all other supplies)	40% coinsurance
End-Stage Renal Disease	\$0 copay	20% coinsurance
Acupuncture	Not Covered	Not Covered
Over-the-counter RX	\$20 per month	
Meal Benefit	Not Covered	Not Covered
Medicare-covered Preventive Services	\$0 copay	40% coinsurance
Annual Physical Exam	\$0 copay	40% coinsurance
Supplemental Education / Wellness Programs	(Silver Sneakers)	
Kidney Disease Education Services	\$0 copay	40% coinsurance
Diabetes Self-Management	\$0 copay	

Training			
Medicare Part B Rx Drugs		20% Coinsurance	50% coinsurance
Preventive Dental		Not Covered	Not Covered
Comprehensive Dental		\$0 copay Medicare Covered	40% coinsurance
Eye Exams		\$0 copay for Medicare covered eye exam; \$10 copay routine eye exam annually; \$0 copay for standard eyeglass lenses	40% Medicare covered service: \$40 allowance towards routine eye exam
Eye Wear		\$0 copay standard eyeglass lenses \$40 copay Medicare covered services	40% Medicare covered service
		\$150 allowance on frames and contact lenses every 2 years	
Hearing Exams		\$15 Medicare covered services \$10 copay for 1 routine hearing exam each year	40% Medicare covered services 40% coinsurance routine hearing exams
Hearing Aids		\$1000 hearing aid allowance every 3 years	
Rx		See BCBS PPO PDP Information, Page 25	
Travel Benefit		For members that are outside of the service area for up to 6 months	
Worldwide Emergency		Urgent/Emergent Care only; No annual limit; \$75 copay	
Formulary		www.bcbsnm.com/medicare/mapd.html	
Network		www.bcbsnm.com/medicare/mapd.html	

UNM BCBS Medicare Advantage Plan PPO (Rx)

Premiums	2018					
	See Page 13-15					

Description of Benefit	2018					
	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Part D phase: Deductible	\$0 deductible					
Part D phase: Initial Coverage Limit (ICL) – The following copays below will apply up to the ICL amount of \$3,750						
Tier 1 – Preferred Generic	\$0/\$5	\$0/\$10	\$0/\$15	\$0/\$5	\$0/\$10	\$0/\$15
Tier 2 – Non-Preferred Generic	\$6/\$11	\$12/\$22	\$18/\$33	\$6/\$11	\$12/\$22	\$18/\$33
Tier 3 – Preferred Brand	\$39/\$44	\$78/\$88	\$117/\$132	\$39/\$44	\$78/\$88	\$117/\$132
Tier 4 – Non-preferred Brand	\$85/\$95	\$170/\$190	\$255/\$285	\$85/\$95	\$170/\$190	\$255/\$285
Tier 5 – Specialty	33%	33%	33%	33%	33%	33%
Part D phase: Coverage Gap – The following copays will apply for the Coverage Gap until member’s out of pocket reaches \$5,000						
Part D phase: Coverage Gap	Tiers 1-5					
Tier 1 – Preferred Generic	\$0/\$5	\$0/\$10	\$0/\$15	\$0/\$5	\$0/\$10	\$0/\$15
Tier 2 – Non-Preferred Generic	\$6/\$11	\$12/\$22	\$18/\$33	\$6/\$11	\$12/\$22	\$18/\$33
Tier 3 – Preferred Brand	\$39/\$44	\$78/\$88	\$117/\$132	\$39/\$44	\$78/\$88	\$117/\$132
Tier 4 – Non-preferred Brand	\$85/\$95	\$170/\$190	\$255/\$285	\$85/\$95	\$170/\$190	\$255/\$285
Tier 5 – Specialty	24%	24%	24%	24%	24%	24%
Member’s out of pocket amount that begins Catastrophic phase	\$5,000					
Catastrophic Phase cost sharing amounts	Catastrophic Phase cost sharing amounts					
	<p style="color: red;">After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> ° 5% of the cost, or ° \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs 					

Formulary		www.bcbsnm.com/medicare/mapd.html
Network		www.bcbsnm.com/medicare/mapd.html

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2018 UNM BlueCross BlueShield NM Medicare Advantage Plan HMO Plans I (Enhanced) and II (Standard)

- The UNM BlueCross BlueShield (BCBSNM) Medicare Advantage HMO Plan I (Enhanced) has similar benefits and co-pays to UNM BCBSNM PPO and UNM Presbyterian Premier HMO-POS Medicare Advantage plans
- The UNM BlueCross BlueShield (BCBSNM) Medicare Advantage HMO Plan II (Standard) has similar benefits and co-pays to UNM Presbyterian Select HMO-POS Medicare Advantage plans
- Prescription benefit provided by Prime Therapeutics
- No Plan design changes in 2018
- In-network providers in New Mexico only, urgent/emergency care worldwide

The following New Mexico facilities *do not* participate in the UNM BCBSNM Medicare Advantage HMO Plans:

Presbyterian Albuquerque Facilities
PHS ACL Indian Hospital
PHS Indian Hospital Santa Fe
PHS Indian Hospital Zuni
Los Alamos Medical Center
NMBH Institute at Las Vegas

2018 Benefit	BCBSNM MAPD HMO Plan I (Enhanced)	BCBSNM MAPD HMO Plan II (Standard)
Retiree/Dependent monthly premium	See page 13 - 15	See page 13 - 15
Deductible	N/A	N/A
MOOP (Maximum out of Pocket)	\$2,500	\$5,000
Inpatient Hospital – Acute	\$100 copay/day (days 1-5), then \$0 copay	\$100 copay/day (days 1-5), then \$0 copay
Inpatient Hospital – Psychiatric	\$100 copay/day (days 1-5), then \$0 copay	\$100 copay/day (days 1-5), then \$0 copay
Skilled Nursing Facility	\$0 copay/day (days 1 -100)	\$0 copay/day (days 1 -100)
Cardiac and Pulmonary Rehabilitation Services	\$0 copay for Medicare-covered Cardiac Rehabilitation Services \$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$0 copay for Medicare-covered Pulmonary Rehabilitation Services \$10 copay for supplemental Cardiac Rehabilitation Services \$0 copay for supplemental Pulmonary Rehabilitation Services No limit on the number of supplemental Cardiac Rehabilitation Services No limit on the number of supplemental Pulmonary Rehabilitation Services	\$0 copay for Medicare-covered Cardiac Rehabilitation Services \$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services \$0 copay for Medicare-covered Pulmonary Rehabilitation Services \$10 copay for supplemental Cardiac Rehabilitation Services \$0 copay for supplemental Pulmonary Rehabilitation Services No limit on the number of supplemental Cardiac Rehabilitation Services No limit on the number of supplemental Pulmonary Rehabilitation Services
Emergency Care	\$65 copay for Medicare-covered emergency room visits Worldwide coverage. Admitted within 24-hour(s) for the same condition, \$0 copay for emergency room visit.	\$75 copay for Medicare-covered emergency room visits Worldwide coverage. Admitted within 24-hour(s) for the same condition, \$0 copay for emergency room visit.
Urgent Care Facility	\$10 copay for Medicare-covered urgently-needed-care visits Worldwide coverage.	\$10 copay for Medicare-covered urgently-needed-care visits Worldwide coverage.
Partial Hospitalization	\$0 copay	\$0 copay

Home Health Service	\$0 copay	\$0 copay
Primary Care Physician Services	\$10 copay	\$10 copay
Chiropractic Services	\$20 copay \$20 copay for up to 36 supplemental routine chiropractic visit(s) every year	\$20 copay \$20 copay for up to 36 supplemental routine chiropractic visit(s) every year
Occupational Therapy Services	\$20 copay	\$20 copay
Physician Specialist Services Excluding Psychiatric Services (exclude Radiology)	\$30 copay	\$40 copay
Mental Health Specialty Services – Non-Physician	\$20 copay	\$20 copay
Podiatry Services	\$0 copay	\$0 copay
Psychiatric Services	\$30 copay	\$40 copay
Physical Therapy and Speech Language Pathology Services	\$20 copay	\$20 copay
Lab Services	\$0 copay	\$0 copay
Diagnostic Procedures	\$0 copay	\$0 copay
Therapeutic Radiology	\$10 copay	\$10 copay
Diagnostic Radiology services / X-Ray	\$0 copay	\$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay	\$150 copay
Outpatient Hospital Services	\$150 copay	\$200 copay
Ambulatory Surgical Center (ASC) Services	\$150 copay	\$200 copay
Outpatient Substance Abuse	\$30 copay	\$40 copay
Ambulance Services	\$75 copay	\$75 copay
Transportation Services	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year
Durable Medical Equipment (DME)	\$20 copay	20% coinsurance
Prosthetics/Medical Supplies	\$20 copay	20% coinsurance
Diabetes Supplies and Services	\$0 copay	\$0 copay
End-Stage Renal Disease	\$0 copay	\$0 copay
Acupuncture	\$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year	\$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year
Over-the-counter RX	Not Covered	Not Covered

Medicare-covered Preventive Services	\$0 copay	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Supplemental Education / Wellness Programs	The plan covers the following supplemental education/wellness programs: Health Education Additional Smoking and Tobacco Use Cessation Visits Health Club Membership/Fitness Classes Nursing Hotline	The plan covers the following supplemental education/wellness programs: Health Education Additional Smoking and Tobacco Use Cessation Visits Health Club Membership/Fitness Classes Nursing Hotline
Kidney Disease Education Services	\$0 copay	\$0 copay
Diabetes Self-Management Training	\$0 copay	\$0 copay
Medicare Part B Rx Drugs (Does not include Part D home infusion drugs included in bundled services)	\$0 copay (\$10 copay for chemotherapy/oncology service)	\$0 copay (\$10 copay for chemotherapy/oncology service)
Preventive Dental	Not Covered	Not Covered
Comprehensive Dental	\$30 copay Medicare Covered	\$40 copay Medicare Covered
Eye Exams	\$30 copay Medicare covered \$0 copay up – 1 routine eye exam every calendar year	\$40 copay Medicare covered \$0 copay up – 1 routine eye exam every calendar year
Eye Wear	\$0 copay Medicare Covered for 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery \$150 limit for every supplemental eyewear every year	\$0 copay Medicare Covered for 1 pair of eyeglasses (lenses and frames), contact lenses after cataract surgery \$150 limit for every supplemental eyewear every year
Hearing Exams	\$30 copay – diagnostic hearing exam \$30 copay – 1 routine hearing exam every year	\$40 copay – diagnostic hearing exam \$40 copay – 1 routine hearing exam every year
Hearing Aids	\$300 limit every year	\$300 limit every year
Rx	See Page 32	See Page 33

Worldwide emergency benefit	\$65 copay If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.	\$75 copay If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit.
Incentive	\$25 for up to 4 times per year	\$25 for up to 4 times per year
Formulary	www.bcbsnm.com/medicare/mapd.html	
Network	www.bcbsnm.com/medicare/mapd.html	

UNM BCBS Medicare Advantage Plan HMO Plan I (Enhanced) (Rx)

Premiums	2018 Custom					
	See Page 13-15					
Description of Benefit	2018 Custom					
	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Part D phase: Deductible	\$0 deductible					
Part D phase: Initial Coverage Limit (ICL) - The following copays below will apply up to the ICL amount of \$3,750						
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Non-Preferred Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	\$45/\$50	\$90/\$100	\$135/\$150	\$45.00	\$90.00	\$90.00
Tier 4 - Non-preferred Brand	\$95/\$100	\$190/\$200	\$285/\$300	\$95.00	\$190.00	\$190.00
Tier 5 - Specialty	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)
Part D phase: Coverage Gap – The following copays will apply for the Coverage Gap until member’s out of pocket reaches \$5,000						
Part D phase: Coverage Gap	Tiers 1-5					
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Non-Preferred Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	\$45/\$50	\$90/\$100	\$135/\$150	\$45.00	\$90.00	\$90.00
Tier 4 - Non-preferred Brand	\$95/\$100	\$190/\$200	\$285/\$300	\$95.00	\$190.00	\$190.00
Tier 5 - Specialty	24% (Maximum of \$250)	24% (Maximum of \$250)	24% (Maximum of \$250)	24% (Maximum of \$250)	24% (Maximum of \$250)	24% (Maximum of \$250)
Member’s out of pocket amount that begins Catastrophic phase	\$5,000					
Catastrophic Phase cost sharing amounts	Catastrophic Phase cost sharing amounts					
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of: <ul style="list-style-type: none"> ◦ 5% of the cost, or ◦ \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs 					

Formulary		www.bcbsnm.com/medicare/mapd.html
Network		www.bcbsnm.com/medicare/mapd.html

UNM BCBS Medicare Advantage Plan HMO Plan II (Standard) (Rx)

Premiums	2018 Custom					
	See Page 13-15					

Description of Benefit	2018 Custom					
	Retail (30-day)	Retail (60-day)	Retail (90-day)	Mail Order (30-day)	Mail Order (60-day)	Mail Order (90-day)
Part D phase: Deductible	\$0 deductible					
Part D phase: Initial Coverage Limit (ICL) - The following copays below will apply up to the ICL amount of \$3,750						
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Non-Preferred Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	\$45/\$50	\$90/\$100	\$135/\$150	\$45.00	\$90.00	\$90.00
Tier 4 - Non-preferred Brand	\$95/\$100	\$190/\$200	\$285/\$300	\$95.00	\$190.00	\$190.00
Tier 5 - Specialty	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)	33% (Maximum of \$250)
Part D phase: Coverage Gap – The following copays will apply for the Coverage Gap until member's out of pocket reaches \$5,000						
Part D phase: Coverage Gap	Tiers 1-2					
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Non-Preferred Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	Member will pay 44% of the cost on Generic Drugs and 35% of the cost on Brand Name Drugs for tiers 3-5					
Tier 4 - Non-preferred Brand						
Tier 5 - Specialty						
Member's out of pocket amount that begins Catastrophic phase	\$5,000					
Catastrophic Phase cost sharing amounts	Catastrophic Phase cost sharing amounts					
	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of: <ul style="list-style-type: none"> ◦ 5% of the cost, or ◦ \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copayment for all other drugs 					

Formulary		www.bcbsnm.com/medicare/mapd.html
Network		www.bcbsnm.com/medicare/mapd.html

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UNM Retirees with Medicare can choose Presbyterian

**With Presbyterian get the prescription drugs you need,
at a price you can afford, from a name you trust.**

Presbyterian Senior Care (HMO-POS)

- Medicare Part D is included in both the Premier and Select Plans
- Coverage allows members to go both in-network and out-of-network. (Out-of-network pays a higher out-of-pocket.)
- Available to residents of New Mexico
- Medical coverage includes an annual routine physical exam in-network at no cost. (1 per calendar year.)
- Worldwide urgent and emergency care.
- Receive a SilverSneakers® health club membership



www.phs.org

Come to a Presbyterian Senior Care (HMO-POS) Enrollment Seminar for UNM Retirees

A sales representative will be present with information and applications before and following each seminar. **To reserve a seat, call 1-800-347-4766 or (505) 923-8458.** For accommodations for persons with special needs, please call 1-800-347-4766 or the TTY Hearing Impaired Access Line at 1-888-625-6429.

**Two dates to choose from:
Friday, October 27, 2:00 p.m.
Tuesday, November 7, 2:00 p.m.**

Mimi's Café
4316 The 25 Way NE
Albuquerque, NM 87109

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal. This is an advertisement; for more information contact the plan.

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2018 UNM Presbyterian Medicare Advantage HMO-POS Premier and Select Plans

- The UNM Presbyterian Premier Medicare Advantage HMO-POS Plan has similar benefits and co-pays to UNM BCBSNM PPO and UNM BCBS Plan I (Enhanced) HMO Medicare Advantage plans
- The UNM Presbyterian Select Medicare Advantage HMO-POS has similar benefits and co-pays to UNM BCBS Plan II (Standard) HMO Medicare Advantage plan
- No Plan design changes in 2018
- In-network providers in New Mexico only, out-of-network providers in all states and urgent/emergency care worldwide

2018 Benefit	Presbyterian MAPD HMO-POS Premier		Presbyterian MAPD HMO-POS Select	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Retiree/Dependent Monthly Premium	See Page 13-15		See Page 13-15	
MOOP (Maximum Out of Pocket)	\$2,500	\$10,000	\$3,000	\$10,000
Inpatient Hospital Care	\$175 per day for days 1-3 (per admit)	\$1000 (per admit)	\$225 per day for days 1-3 (per admit)	\$1000 (per admit)
Inpatient Mental Health Care	\$175 per day for days 1-3 (per admit)	\$1000 (per admit)	\$225 per day for days 1-3 (per admit)	\$1000 (per admit)
SNF Days 1-20	\$0	\$0	\$0	\$0
Days 21-100 per day	\$0	\$125	\$40	\$125
Cardiac and Pulmonary Rehabilitation Services	\$0	\$35	\$0	\$35
Emergency Care (waived if admitted)	\$65	\$65	\$75	\$75
Urgently Needed Care (In-network/Out-of-network)	\$10	\$65	\$10	\$65
World-wide Coverage (Emergency/Urgent Care)	N/A	\$65	N/A	\$75
Outpatient Mental Health Care				
Partial Hospitalization (Psychiatric Treatment)	\$30	50%	\$40	50%
Psychiatric Services				
- Individual Sessions	\$30	50%	\$40	50%
- Group Sessions	\$30	50%	\$40	50%
Mental Health Specialty Services	\$30	50%	\$40	50%
- Individual Sessions	\$30	50%	\$40	50%
- Group Sessions	\$30	50%	\$40	50%
Outpatient Substance Abuse Care	\$30	50%	\$40	50%
- Individual Sessions	\$30	50%	\$40	50%
- Group Sessions	\$30	50%	\$40	50%
Home Health Care	\$0	\$0	\$0	\$0
Primary Care Physician Services	\$10	\$35	\$10	\$35
- Other Health Care Professionals	\$10	\$35	\$10	\$35
Specialist Services	\$30	\$55	\$40	\$55
Chiropractic Services	\$20	\$55	\$20	\$55
Occupational Therapy Services	\$20	\$35	\$20	\$35
Physical Therapy and/or Speech/Language Therapy visit (including Biofeedback therapy)	\$20	\$35	\$20	\$35
Podiatry Services	\$0	\$55	\$0	\$55
Outpatient Diagnostic Procedures	0%	10%	0%	10%

and Tests				
Lab Services	0%	20%	0%	20%
Outpatient Diagnostic Radiological Services	0%	20%	0%	20%
Therapeutic Radiological Services	0%	20%	0%	20%
X-ray	0%	10%	0%	10%
MRI/MRA, CT Scan and Pet Scan	0%	20%	\$250	20%
Outpatient Hospital Services/Surgery	\$150	20%	\$200	20%
ASC/ Services Outpatient Hospital Facility	\$150	20%	\$200	20%
Blood (No Limit)	\$0	\$35	\$0	\$35
Ambulance Services	\$75	\$75	\$75	\$75
Transportation	No	No	No	No
Durable Medical Equipment	\$20	25%	20%	25%
Ostomy Supplies	\$0	25%	\$0	25%
Prosthetic Devices	\$20	25%	20%	25%
Prosthetic Medical Supplies	\$20	25%	20%	25%
Surgical dressings, splints, casts and other devices	\$0	0%	\$0	0%
Diabetes Self-management Training	0%	10%	0%	10%
Diabetes glucose monitors	0%	10%	0%	10%
Diabetic test strips	0%	20%	0%	20%
Diabetic lancets	0%	20%	0%	20%
Therapeutic shoes and inserts	\$0	25%	\$0	25%
Kidney Disease and Conditions				
Renal Dialysis (ESRD)	\$0	\$0	\$0	\$0
Kidney Disease Education Services	\$0	\$0	\$0	\$0
Acupuncture Benefits (20 visits per year)	\$15	\$55	\$15	\$55
Meal Benefit (55 meals)	No	No	No	No
Over the Counter Items	No	No	No	No

Preventive Services (Routine) <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening, Colonoscopy • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and supplies • Health and wellness education programs • HIV screening • Immunizations, Flu and Hepatitis B, Pneumonia • Medical nutrition therapy • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care • Welcome to Medicare Preventive Visit 	\$0	\$35	\$0	\$35
Annual Physical Exam	\$0	\$35	\$0	\$35
Pap Smears & Pelvic Exams	\$0	\$35	\$0	\$35
Wellness/Education and Other Supplemental Benefits & Services	\$0	No	\$0	No
Supplemental Benefits as defined in Chapter 4				
Health Education	\$0	\$35	\$0	\$35
Nutritional/Dietary Benefit	\$0	\$35	\$0	\$35
Additional Smoking and Tobacco	\$0	\$35	\$0	\$35
Fitness Benefit	\$0	\$35	\$0	\$35
Enhanced Disease Management	\$0	\$35	\$0	\$35
Tele-monitoring Services	\$0	\$35	\$0	\$35
Remote Access Technologies (Video Visit & Nursing Hotline)	\$0	\$35	\$0	\$35
Counseling Services	\$0	\$35	\$0	\$35
Medical Nutrition Therapy (MNT)	\$0	\$35	\$0	\$35
Re-Admission Prevention Benefits Include	\$0	No	\$0	No

Bathroom Safety Devices	\$0	No	\$0	No
In-Home Safety Assessment	\$0	No	\$0	No
Meal Benefit (30 meals)	\$0	No	\$0	No
Medication Reconciliation	\$0	No	\$0	No
Personal Emergency Response System (PERS)	\$0	No	\$0	No
Post discharge In-Home Medication Reconciliation	\$0	No	\$0	No
UNM Presbyterian Medicare Advantage Plan (Rx)	Premier		Select	
Part B - Drugs				
Chemotherapy and other drugs administered by a medical professional.	\$50	20%	\$50	20%
Part B - Drugs purchased at a retail pharmacy (includes diabetic test strips)	\$0	20%	\$0	20%
Vaccinations: Flu, Pneumonia, Hepatitis B shots	0%	\$35	0%	\$35
Part D home infusion drugs as part of a bundled service	No		No	
Part D - Prescription Drugs				
Deductible	\$0		\$0	
Initial Coverage	Unlimited		\$3,750	
Tier 1: Preferred Generic (30 days)	\$4		\$4	
60 Day Preferred Generic	\$8		\$8	
90 Day Preferred Generic	\$12		\$12	
Standard Mail Order (30 days)	\$4		\$4	
60 Day Preferred Generic	\$8		\$8	
90 Day Preferred Generic	\$12		\$12	
Preferred Mail Order (30 days)	\$4		\$4	
60 Day Preferred Generic	\$8		\$8	
90 Day Preferred Generic (Mail Order)	\$8		\$8	
OON (34) & Long Term Pharmacy (31)	\$4		\$4	
Tier 2: Generic (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Standard Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Preferred Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$20		\$20	
OON (34) & Long Term Pharmacy (31)	\$10		\$10	

Tier 3: Preferred Brand (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Standard Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Preferred Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$90		\$90	
OON (34) & Long Term Pharmacy (31)	\$45		\$45	
Tier 4: Non-Preferred Brand (30 days)	\$95		\$95	
60 Non-Preferred Brand	\$190		\$190	
90 Non-Preferred Brand	\$285		\$285	
Standard Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Brand	\$190		\$190	
90 Non-Preferred Brand	\$285		\$285	
Preferred Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Brand	\$190		\$190	
90 Non-Preferred Brand	\$190		\$190	
OON (34) & Long Term Pharmacy (31)	\$95		\$95	
Tier 5: Specialty (34 days)	33% with a \$250 max		33% with a \$250 max	
Standard Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
Preferred Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
OON (34) & Long Term Pharmacy (31)	33% with a \$250 max		33% with a \$250 max	
Generic through Gap (member pays)	Yes		Yes	
Brand through Gap (member pays)	Yes		35%	
Catastrophic Begins	\$5,000		\$5,000	
Catastrophic Coverage (Generic drugs) Greater of	5% or \$3.35		5% or \$3.35	
Catastrophic Coverage (Brand drugs) Greater of	5% or \$8.35		5% or \$8.35	
Preventive Dental	No	No	No	No
Comprehensive Dental (Medicare Covered)	\$30	\$55	\$40	\$55
Routine Eye Exam	\$0 to \$30*	\$55	\$0 to \$40*	\$55
Eyewear (frames, lenses and contacts)	No	No	No	No
Vision Services Diagnosis and treatment of diseases and conditions of the eye	\$0 to \$30*	\$55	\$0 to \$40*	\$55
Eyeglasses (lenses and frames) or contact lenses after cataract surgery	\$20	25%	20%	25%
Routine Hearing Exam	\$30	\$55	\$40	\$55

Hearing Aids	No	No	No	No
US Visitor/Travel Program	No	No	No	No
*Copay for vision services is \$0 for first visit per calendar year (routine and medically necessary) and specialist copay for every visit thereafter.				

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UNM AARP/UnitedHealthcare
Medicare Supplement Plan F, G, and N

And

MedicareRx Walgreens, Preferred, and Saver Plus Prescription
Drug Plan (PDP)

Coverage Available Nationwide*

Plans F, G, and N are available in all states with the exception of MA, MN, and WI. In those three states, alternate UNM-approved plans are available. UNM's MedicareRx Walgreens, Preferred, and Saver Plus PDP are available in all states. ***Retirees and dependents who change their primary state of residence must re-enroll in the AARP Medicare Rx Walgreens, Preferred, or Saver Plus PDP in the new primary state of residence, but may retain the AARP Medicare Supplement Plan F, G, or N in which they are enrolled (or alternate UNM-approved AARP plan if originally enrolled in MA, WI, or MN).***

Some States, including New Mexico, do *not* provide AARP plans for **pre-65 Medicare-eligible retirees and dependents**. Contact AARP/UnitedHealthcare at 800-545-1797 for more information.

***IMPORTANT:** UNM-approved AARP Medicare Supplement Plans and MedicareRx PDPs *must be purchased together and enrollment maintained continuously in both plans for UNM's premium contribution to apply.*

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2017* AARP Medicare Supplement Plan F Benefit Summary

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan F

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
	Days 61–90	All but \$329 per day	\$329 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$658 per day	\$658 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$164.50 per day	Up to \$164.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

*Subject to Change – At time of publication, 2018 Plan F Benefit Summary was not yet available from AARP

2017* AARP Medicare Supplement Plan F Benefit Summary, continued...

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$183 of Medicare-approved amounts ³	\$0	\$183 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$183 of Medicare-approved amounts ³	\$0	\$183 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$183 of Medicare-approved amounts ³	\$0	\$183 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

2017* AARP Medicare Supplement Plan G Benefit Summary

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
	Days 61–90	All but \$329 per day	\$329 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$658 per day	\$658 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$164.50 per day	Up to \$164.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

2017* AARP Medicare Supplement Plan G Benefit Summary, continued...

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

BT116

7/17

*Subject to Change – At time of publication, 2018 Plan G Benefit Summary was not yet available from AARP

2017* AARP Medicare Supplement Plan N Benefit Summary

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period ¹				
Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,316	\$1,316 (Part A deductible)	\$0
	Days 61–90	All but \$329 per day	\$329 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$658 per day	\$658 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$164.50 per day	Up to \$164.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

BT31

1/17

*Subject to Change – At time of publication, 2018 Plan N Benefit Summary was not yet available from AARP

2017* AARP Medicare Supplement Plan N Benefit Summary, continued...

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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Notes

³ Once you have been billed \$183 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

*Subject to Change – At time of publication, 2018 Plan N Benefit Summary was not yet available from AARP

2017* AARP Medicare Supplement Plan N Benefit Summary, continued...

Outline of Coverage | UnitedHealthcare Insurance Company

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued

Service		Medicare Pays	Plan N Pays	You Pay
Durable Medical Equipment Medicare-approved services	First \$183 of Medicare-approved amounts ³	\$0	\$0	\$183 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

***Subject to Change – At time of publication, 2018 Plan N Benefit Summary was not yet available from AARP**

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AARP MedicareRx Plans: Walgreens, Preferred, Saver Plus

	AARP MedicareRx Walgreens (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
Prescription Drug Benefits			
Monthly Premium	\$26.80	\$72.80	\$42.10
Annual Prescription Deductible ⓘ	\$0 for Tier 1, Tier 2 \$405 for Tier 3, Tier 4, Tier 5*	\$0	\$405
Tier 1: Preferred Generic Drugs	Preferred Retail Pharmacy Cost Sharing (30 days) \$0 copay Standard Network Pharmacy Cost Sharing (30 days) \$15 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$45 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$7 copay Standard Network Pharmacy Cost Sharing (30 days) \$8 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$24 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$1 copay Standard Network Pharmacy Cost Sharing (30 days) \$3 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$9 copay
Tier 2: Generic Drugs	Preferred Retail Pharmacy Cost Sharing (30 days) \$6 copay Standard Network Pharmacy Cost Sharing (30 days) \$20 copay Preferred Mail Order Pharmacy (90 days) \$18 copay Standard Mail Order Pharmacy (90 days) \$60 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$12 copay Standard Network Pharmacy Cost Sharing (30 days) \$15 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$45 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$10 copay Standard Network Pharmacy Cost Sharing (30 days) \$15 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$45 copay
Tier 3: Preferred Brand Drugs	Preferred Retail Pharmacy Cost Sharing (30 days) \$31 copay Standard Network Pharmacy Cost Sharing (30 days) \$47 copay Preferred Mail Order Pharmacy (90 days) \$93 copay Standard Mail Order Pharmacy (90 days) \$141 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$37 copay Standard Network Pharmacy Cost Sharing (30 days) \$45 copay Preferred Mail Order Pharmacy (90 days) \$96 copay Standard Mail Order Pharmacy (90 days) \$135 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$30 copay Standard Network Pharmacy Cost Sharing (30 days) \$40 copay Preferred Mail Order Pharmacy (90 days) \$85 copay Standard Mail Order Pharmacy (90 days) \$120 copay
Plan Costs			
Plan Premium ¹	Monthly \$26.80 Yearly \$321.60	Monthly \$72.80 Yearly \$873.60	Monthly \$42.10 Yearly \$505.20

*Once you reach the Coverage Gap Stage, you pay co-pays or co-insurance defined by your plan for all Tier 1 through Tier 5 drugs regardless of whether or not your full deductible has been met.¹Premium amounts may change if you are getting Extra Help.

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2018 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareRx Walgreens (PDP)

S5921-407

Look inside to learn more about the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-Free 1-800-753-8004, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | MedicareRx *Walgreens* Plan
insured through UnitedHealthcare

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription Deductible	\$0 per year for Tier 1 and Tier 2; \$405 for Tier 3, Tier 4 and Tier 5.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic Drugs	\$6 copay	\$18 copay	\$20 copay	\$60 copay	\$18 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$31 copay	\$93 copay	\$47 copay	\$141 copay	\$93 copay	\$141 copay
Tier 4: Non-Preferred Drugs	32% coinsurance	32% coinsurance	33% coinsurance	33% coinsurance	32% coinsurance	33% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 					

2018 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareRx Preferred (PDP)

S5820-025

Look inside to learn more about the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-Free 1-888-867-5564, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | MedicareRx Plans
insured through UnitedHealthcare

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription Deductible	Since you have no deductible, this payment stage doesn't apply.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$7 copay	\$21 copay	\$8 copay	\$24 copay	\$0 copay	\$24 copay
Tier 2: Generic Drugs	\$12 copay	\$36 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$37 copay	\$111 copay	\$45 copay	\$135 copay	\$96 copay	\$135 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	46% coinsurance	46% coinsurance	40% coinsurance	46% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap Stage	Select brand drugs in Tier 3, Tier 4 and Tier 5 are covered in the gap. For all other covered drugs, after your total drug costs reach \$3,750, you pay 44% coinsurance for generic drugs and 35% coinsurance for brand name drugs during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 					

2018 SUMMARY OF BENEFITS



Overview of your plan

AARP® MedicareRx Saver Plus (PDP)

S5921-371

Look inside to learn more about the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-Free 1-888-867-5564, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | MedicareRx Plans
insured through UnitedHealthcare

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription Deductible	\$405 per year.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic Drugs	\$1 copay	\$3 copay	\$3 copay	\$9 copay	\$0 copay	\$9 copay
Tier 2: Generic Drugs	\$10 copay	\$30 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$90 copay	\$40 copay	\$120 copay	\$85 copay	\$120 copay
Tier 4: Non-Preferred Drugs	41% coinsurance	41% coinsurance	41% coinsurance	41% coinsurance	41% coinsurance	41% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,750, you will pay no more than 44% coinsurance for generic drugs or 35% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.35 copay for generic (including brand drugs treated as generic) and a \$8.35 copay for all other drugs. 					

ONLINE INSTRUCTIONS: How to obtain *approximate pricing for UNM AARP Medicare Supplement Plan F, G, and N *and* Medicare Rx Walgreens, Preferred, and Saver Plus**

******DO NOT ENROLL USING THE STEPS BELOW – THEY ARE FOR YOUR CONVENIENCE TO OBTAIN *APPROXIMATE* PREMIUM PRICING ONLY – YOU MUST USE THE UNM AARP ENROLLMENT AUTHORIZATION FORM (on page 67 – 68) TO RECEIVE UNM’S 30 % CONTRIBUTION TOWARD YOUR/DEPENDENT’S AARP PLAN PREMIUMS ******

1. Go to www.aarpmedicareplans.com/health-plans/medicare-supplement-plans.html
2. Enter your zip code and date of birth (dd/mm/yyyy).
3. Select your Medicare Part B enrollment effective month and year from the drop down tabs.
4. Enter your Medicare eligible date in step 3 as your desired plan start date. Then, click on the yellow “**Find Plans**” button.
5. Scroll down to view **Plan F, G and N** in the list plans AARP offers. Click the box in the Plan F, G and N boxes and click “Compare Plans” at the bottom of the page for a high-level comparison overview for these three UNM-approved plans. The Standard premium rates for 2017 (2018 rates were not available at the time of this publishing) are displayed for Medicare Supplement Plans F, G, and N for your birth date and zip code. These are the only Medicare Supplement plans available to eligible UNM participants who wish to receive a 30% premium contribution from UNM.
6. Multiply the Plan F, G, or N Standard Rate in Step 5 by 0.7 to obtain *an approximate estimate* of your portion of the UNM AARP Retiree Medicare Supplement Plan F, G or N monthly premium. Click on the “Benefits Table” link below **Plan F, G and N** to view AARP Plan F, G and N Medicare Supplement Plan benefits (also shown on pages 47 – 53 of this Guide). Compare with Summaries of Benefits for UNM’s BCBS PPO, BCBS HMO, and Presbyterian HMO-POS Medicare Advantage Plans (also provided in this Enrollment Guide).
7. Close the [Benefits Table](#) webpage. Roll over **Our Plans tab** (in blue bar at top of Medicare supplement plans webpage). Click on **Medicare Prescription Drug Plans**. Click on **Go to Plan Results** (blue button in center of the webpage, next to your zip code), and scroll down to review the AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plans (also shown on pages 55 – 62 of this Guide). Multiply the desired monthly AARP MedicareRx plan premium by 0.7 to find your portion of the monthly premium for the UNM AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP. Rates listed are for 2017. (2018 premiums were not available at time of this publishing)
8. Add the results in Step 6 and Step 7 for *an approximate estimate* of what your total monthly portion of the premiums will be for AARP Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus PCP coverage via UNM’s retiree benefits.

9. Proceed to the AARP Enrollment Instructions (pages 64 – 66), complete the AARP Enrollment Authorization Form (page 67 – 68), and submit via secure fax or mail to UNM Benefits in the HR Service Center, 1700 Lomas Blvd NE, Suite 1400, MSC01 1220, Albuquerque, NM 87131-0001 or Secure Fax 505-277-2278. Questions? Call 505-277-MyHR (6947)

Reminder: You/Dependent must enroll at the same time in **both** an AARP Plan F, G, or N Medicare Supplement Plan **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus Prescription Drug Plan (PDP) to be covered under UNM health care benefits as a retiree. This is the only way to receive the 30% UNM contribution toward your/dependent's premiums. AARP Plans F, G, and N are available in most states. In MA, MN, and WI, alternate UNM-approved AARP Medicare Supplement plans are available. AARP MedicareRx Walgreens, Preferred, and Saver Plus Part D PDPs are available in every state.

AARP ENROLLMENT INSTRUCTIONS – please read carefully!

If you (and dependent) are currently enrolled in a UNM Presbyterian or BCBS Medicare Advantage plan and are changing to an AARP Plan F, G, or N Medicare Supplement **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP, **you MUST coordinate enrollment with UNM Benefits office**. Complete the AARP Enrollment Authorization Form (page 67 – 68) **and** the AARP Medicare Supplement Plan and AARP MedicareRx PDP enrollment kits (as soon as they arrive by mail from UnitedHealthcare). This will ensure you are properly enrolled in UNM's retiree benefits and remain eligible for the 30% premium contribution from UNM.

Follow these steps to enroll in AARP Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus PDP.

IMPORTANT: Enrollment on all applications and paperwork must match your name as it appears on the insured's Medicare Card.

1. Complete the UNM 65+ Retiree Medical and Dental Open Enrollment (salmon-colored) Form. Select an AARP Medicare Supplement Plan **and** an AARP MedicareRx Prescription Drug Plan (PDP).
2. Complete, initial, sign, and date the UNM AARP Enrollment Authorization form on pages 67 – 68.
3. Submit a fully completed and signed UNM Retiree Medical and Dental 2018 UNM 65+ Open Enrollment Change Form (salmon-colored), the UNM AARP Enrollment Authorization Form, and a copy of your and/or your dependent's Medicare card showing Parts A and B coverage, to UNM Benefits at the HR Service Center:

UNM HR Service Center
1700 Lomas Blvd NE, Suite 1400
MSC 01 1220, 1 University of New Mexico
Albuquerque, NM 87131-0001
505-277-MyHR (6947)
Secure Fax 505-277-2278

4. When you receive welcome packets from AARP, complete **BOTH** the AARP Medicare Supplement **and** MedicareRx PDP enrollment kits. Select AARP Medicare Plan F, G or N **and** AARP MedicareRx Walgreens, Preferred, or Saver Plus plan. These are the only AARP plans that qualify for premium contributions from UNM.

Insured's name on enrollment applications and UNM's Banner system MUST match the insured's name on the Medicare Card to ensure proper claim handling and 65+ Open Enrollment mailings.

5. Mail both kits to AARP/UnitedHealthcare, noting the date and type of mail service used.

IMPORTANT NOTE: ALL AARP enrollment kits must be received by AARP/UnitedHealthcare **no later than December 7, 2017**. *Retirees and dependents who fail to meet this deadline will lose UNM's contribution to premiums and ability to participate in 65+ Open Enrollment in the future.*

6. Contact UNM Benefits at 505-277-MyHR (6947) to notify Benefits on what date the Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus plan enrollment kits were mailed to AARP/UnitedHealthcare. Please specify what mail service was used (1st Class, Priority, UPS, Fed Ex, etc).
7. When you receive your own and/or your dependent's AARP Medicare Supplement **and** MedicareRx PDP cards, please submit a copy of **both** cards to the UNM HR Service Center as proof of coverage.

IMPORTANT INFORMATION – Please Read Carefully!

- You must complete **both** an AARP Medicare Supplement Plan F, G, or N **and** MedicareRx Walgreens, Preferred, or Saver Plus enrollment kits and return them to AARP. **NOTE:** If you fail to enroll in both AARP Plan F, G, or N **and** AARP MedicareRx Walgreens, Preferred, or Saver Plus plans concurrently, **you risk cancellation of UNM benefits and UNM's premium contribution with no opportunity for reinstatement.**
- If you enroll directly with AARP/UnitedHealthcare without coordinating enrollment through the UNM Benefits office, you risk having **duplicate** coverage. AARP/UnitedHealthcare will **not** notify UNM of your enrollment. AARP/UnitedHealthcare may not enroll you in the correct plans to ensure your UNM retiree medical benefits continue. **As a result, your current coverage will remain in place and you will be responsible for premiums under your current plan in addition to any premium charged by AARP/UnitedHealthcare for duplicate coverage. Please work with UNM Benefits.**
- **IMPORTANT: AARP Plan F, G, or N Medicare Supplement and AARP MedicareRx Walgreens, Preferred, and Saver Plus PDPs are the only AARP Plans for which UNM contributes to premiums, currently 30%.** Retirees and dependents must enroll in and continuously retain **both** plans concurrently to be covered under UNM retiree benefits and receive the premium contribution.

- *Plans F, G, and N are available in all states with the exception of MA, MN, and WI. In those three states, alternate UNM-approved plans are available as a substitute for Plan F, G, or N. UNM-approved MedicareRx Walgreens, Preferred, and Saver Plus PDPs are available in all states. **Note: Retirees and dependents who change their state of residence and are enrolled in AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs must contact AARP/UnitedHealthcare directly to re-enroll in the MedicareRx PDP in their new state of residence. UNM is not able to re-enroll the retiree or dependent(s). Retirees/dependents may retain their Plan F, G, or N from state to state.***
- Some States, including New Mexico, do not provide AARP coverage for **pre-65** Medicare-eligible retirees and dependents. Contact AARP/UnitedHealthcare at 800-545-1797 for more information.

Insured's name on enrollment applications and UNM's Banner system MUST match the insured's name on the Medicare Card to ensure proper claim handling and 65+ Open Enrollment mailings.

UNM AARP 2018 Enrollment Authorization Form (Page 1 of 2)

The insured's name(s) on enrollment applications and UNM's Banner system MUST match the name(s) on the Medicare Card(s), to ensure all claims are processed timely and Open Enrollment mailings are received.

Name (please print) _____ Banner ID or SS# _____

Date of Birth ___/___/___ Relationship to UNM Retiree: SELF / DEPENDENT (*Select one*)

If DEPENDENT, please provide full name and Banner ID or SS# of UNM Retiree carrying coverage:

UNM Retiree Name

BANNER ID or SS#

I have elected AARP as my UNM retiree supplemental Medicare plan provider. I understand that by completing this form, I have read and agree to the terms below:

- I am currently enrolled in Part B of original Medicare or in the process of enrolling. My part B is effective ___/___/___ . A copy of my Medicare Part B card or proof of enrollment is attached. **(REQUIRED)**
- My enrollment in part B of Medicare IS / IS NOT (Select One) due to a disability. **NOTE: not all U.S. States offer pre-65 Medicare participant disability enrollments in AARP Plan F Medicare Supplement.**
- Upon receiving my AARP enrollment kit(s), I agree to complete the enrollment kits and return them to AARP as soon as possible. Failure to do may result in duplicate coverage, a lapse in coverage, or having to pay double premiums until I am enrolled in BOTH AARP plans. **NOTE: I understand I am not covered under the UNM retiree plan unless I am enrolled in both AARP Medicare Plan (F, G or N) AND AARP MedicareRx (Walgreens, Preferred or Saver Plus) PDP plans. The University of New Mexico is not obligated to refund premiums to me if I fail to enroll in both AARP Medicare Plan AND AARP Rx in a timely fashion.**
- Upon receipt of my AARP Medical and Prescription Drug Plan cards, I will send a copy of the cards to UNM Human Resources, MSC 01 1220, 1 UNM, Albuquerque, NM, 87131.

Retiree Initials _____

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UNM AARP 2018 Enrollment Authorization Form (cont'd)

(Page 2 of 2)

NOTE: A copy of my enrollment cards is needed to authorize any changes to my UNM Bursar's account.

I will be billed directly by AARP for my 70% share of the premiums for my Medicare Supplement Plan and Medicare Rx prescription drug coverage. If I have other UNM-sponsored benefits (such as dental, life insurance, and/or a pre-65 dependent medical plan), I will continue to be billed monthly for my share of these other premiums through UNM Bursar's office.

- **IMPORTANT: AARP Medicare Supplement Plan F, G or N and AARP Medicare Walgreens, Rx Preferred or Saver Plus PDP are the only Medicare Supplement and PDP plans for which UNM contributes 30% to premiums.** Enroll in and retain **both** plans concurrently to be covered under UNM retiree benefits. In *MA, MN, and WI*, alternate plans are approved as a substitute for Plans F, G and N. UNM's MedicareRx Walgreens, Preferred and Saver Plus PDP are available in all states. **Note: Retirees and dependents who change state of residence and are enrolled in AARP MedicareRx Preferred must re-enroll in the MedicareRx Preferred plan in their new state of residence. UNM is not able to re-enroll retirees or dependents. Coverage is individual not group.**
- Some States, including New Mexico, do not provide this AARP coverage for **pre-65** Medicare-eligible retirees and dependents. Contact HR Benefits at 505-277-MYHR (6497) for more information.)

Please ask AARP to mail enrollment kit(s) to me at the following address:

Mailing Address

City, State

Zip code

IMPORTANT NOTE: If changing to AARP plans, all AARP enrollment kits must be received by AARP/UnitedHealthcare **no later than December 7, 2017**. *Retirees and dependents who fail to meet this deadline will lose UNM's contribution to premiums and ability to participate in 65+ Open Enrollment in the future.*

I agree to the above terms and authorize UNM HR Benefits to order my enrollments from AARP.

UNM Retiree / Dependent Signature

Date

(Page 2 of 2)

Benefit Highlights

July 2017—
June 2018

New Enhanced Network Options!

Smile! — Two Dental Plan Choices

The University of New Mexico continues to offer two plan designs (High and Low Options) to best meet your dental and budget needs.

This year we have added an enhanced savings to the High Option, allowing you access to the Delta Dental PPO Network, giving you more savings. Contracted PPO providers will apply higher discounts to the fees they are allowed to charge, giving you more savings!



High Option—Delta Dental PPOSM and Premier[®]

- The broadest selection of dentists – 2,394 Premier dentist locations or over 2,000 PPO locations in New Mexico
- 325,000 Premier national dentist locations or 282,000 PPO national dentist locations
- 100% coverage for preventive care
- No benefit waiting periods apply
- Orthodontic coverage available

Low Option—Delta Dental PPOSM

- More affordable care and premiums
- Same great service
- A somewhat smaller network of dentists who have agreed to lower fees
- Lower deductibles

Contact Us



Phone M-F 8:00am-4:30pm:
(505) 855-7111 or
(877) 395-9420 (Toll-free)

Email:
customerservice@deltadentalnm.com

Website:
www.deltadentalnm.com

Mobile Application:
Download the new mobile app, visit the App Store (Apple) or Google Play (Android) and search for “Delta Dental”

2500 Louisiana Blvd. NE, Suite 600
Albuquerque, NM 87110

We do dental. *Better.*

Quick Bites

Remember you get two routine cleanings per calendar year at no, or very little cost, depending on your selected plan.

Did you know that every dollar you spend on preventive care can help you save money later in restorative and emergency procedures? Early detection of oral health problems can help you avoid more serious, and more expensive treatment later. So what can you do?

Visit your dentist today!

Anticipating a high cost procedure? Ask your dentist to submit a Pre-Treatment Estimate to Delta Dental. This will help you know your out-of-pocket cost. Delta Dental will respond in writing to your dentist and to you how the procedure will be covered. Don't be surprised with a bill from your dentist!

KEEP SMILING!

Two Provider Networks: Two ways to save plus more choice in dentists

The Delta Dental of New Mexico Passive Point of Service plan is unique because it features two different Delta Dental provider networks — two “in-network” choices in a single plan. Delta Dental PPOSM dentists have agreed to the most deeply discounted Maximum Approved Fees of any Delta Dental network. The Delta Dental Premier[®] network is also offered for individuals who need specialty care or prefer a dentist who only participates in that network although the discounts are not as deep as with a Delta Dental PPO dentist.

Co-insurance levels are the same in both networks but the choice of dentists makes a difference in a patient’s out-of-pocket costs at the time services are received. Non-participating dentists do not accept Delta Dental’s Maximum Approved Fees. In addition to any co-insurance, deductible, and fees for non-covered services, members will be responsible for any difference between the dentist’s submitted charge and the Delta Dental’s Maximum Approved Fees.

\$\$ Savings Illustration \$\$ (example based on New Mexico fee maximums)

The illustration below shows how Delta Dental discounts can help reduce your out-of-pocket costs. For the greatest savings in any location, select a Delta Dental PPO dentist whenever possible.


Example assumes a single procedure (crown; CDT code 2790; New Mexico general dentist. Submitted costs and Maximum Approved Fees vary by dentist, location, provider network and date of service; amounts shown are illustrative only).

	Delta Dental PPO Provider	Delta Dental Premier Provider	Out of Network Non-Participating Provider
Dentist Submitted Charge	\$1,177	\$1,177	\$1,177
Delta Dental Maximum Approved Fee	\$849	\$1,076	\$606
Delta Dental Pays (50% Benefit for Major Services)	50% of \$849 = \$424.50	50% of \$1,076 = \$538	50% of \$606 = \$303
Member Pays (50% Co-payment for Major Services)	50% of \$849	50% of \$1,076	50% of \$1,606 = \$303 plus
Total member out-of-pocket expense	= \$424.50	= \$538	\$1,177—\$606 = \$571* = \$874
Network Discount Savings	\$328	\$101	No network discount savings

*Difference between submitted amount and the Maximum Approved Fee is balanced billed to the member

To locate participating dentists, or check the network status of a particular dentist, click on the [Searching for a Dentist](#) box on the home page at deltadentalnm.com, select In-State or National, then pick Delta Dental PPO or Delta Dental Premier.

Summary Comparison of UNM Dental Plan Options
Benefit Period: July 1, 2017, through June 30, 2018

Benefits administered by Delta Dental of New Mexico 	High Option		Low Option	
	Networks: Delta Dental PPO SM and Delta Dental Premier [®]		Network: Delta Dental PPO SM	
	The Plan Pays	You Pay	The Plan Pays	You Pay
Diagnostic and Preventive Services				
Oral Examinations – twice in a calendar year	100%	0%	90%	10%
Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	90%	10%
Radiographic images – full mouth series once every 5 years; Bitewing images – twice in a calendar year	100%	0%	90%	10%
Topical Fluoride – up to age 19, twice in a calendar year	100%	0%	90%	10%
Emergency Palliative Treatment – for relief of pain	100%	0%	90%	10%
Sealants – up to age 16, permanent molars only, 2 year limitation	100%	0%	90%	10%
Space Maintainers – up to age 14	100%	0%	90%	10%
Restorative and Basic Services				
Amalgam fillings	85%	15%	50%	50%
Composite resin fillings – anterior teeth only	85%	15%	50%	50%
Stainless steel crowns	85%	15%	50%	50%
Extractions – non-surgical	85%	15%	50%	50%
Oral Surgery – maxillofacial surgical procedures of the oral cavity, including surgical extractions	85%	15%	50%	50%
Endodontics – pulp therapy and root canal filling	85%	15%	50%	50%
Periodontics – Non-surgical and surgical	85%	15%	50%	50%
General Anesthesia – intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	85%	15%	50%	50%
Major Services				
Crowns and Cast Restorations – when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
Prosthodontics – Procedures for construction or repair of fixed bridges, partials, or complete dentures	50%	50%	50%	50%

Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%	50%
Orthodontic Services				
Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	0%	100%
Deductibles, Plan Maximums, and Special Benefit Provisions				
Deductible – Per benefit year Does not apply to Diagnostic, Preventive, or Orthodontic Services.	\$50/person to maximum of \$150/family.		\$25/person to maximum of \$75/family.	
Maximum Benefit – Per benefit year	\$1,500 per enrolled person		\$750 per enrolled person	
Orthodontic Services Maximum – Per Lifetime	\$1,000 per enrolled person		Orthodontic Services not covered under this plan.	
Benefit Waiting Period	Not applicable		A six (6) month Benefit Waiting Period on Major Services applies. If employee was previously covered under a UNM dental plan, credit toward waiting period will be given for time on prior plan.	

This summary has been prepared to provide an overview of benefit differences between the two options. Limitations and plan provisions, which are not included here, are the same for both options.

Enrollees may view and download a Summary of Dental Plan Benefits and Dental Benefit Handbook online at hr.unm.edu/benefits/dental.

For additional information, call Delta Dental’s Customer Service Department at (505) 855-7111 or toll free (877) 395-9420.



To search for dentists by network, specialty, last name, and/or location, visit www.deltadentalnm.com and click "Find a Dentist."