

The University of New Mexico



**2020 Medicare-Eligible
Retiree
Open Enrollment Guide**

Open Enrollment begins: Monday, October 21, 2019
Open Enrollment ends: 5 p.m. MST Friday, November 8, 2019

**UNM Division of Human Resources
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)**

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DATE: October 14, 2019
FROM: UNM Human Resources
RE: 2020 UNM Medicare-Eligible Retiree Open Enrollment

The 2020 UNM Medicare-eligible Retiree Open Enrollment begins **Monday, October 21, 2019** and ends at **5 p.m. Mountain time Friday, November 8, 2019**.

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

UNM offers the following Medicare Advantage Plans, Medicare Supplement Plans with Part D Rx Plans, and Dental Plans to eligible retirees and dependents in 2020:

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

- Presbyterian Medicare Advantage **HMO-POS Premier** and **Select** (with out-of-network providers in all states) - Participants must reside in New Mexico
- BlueCross BlueShield (BCBS) Medicare Advantage **HMO I (Enhanced)** and **II (Standard)**(with no out-of-network providers) - Participants must reside in New Mexico

Two Medicare Advantage with Prescription Drug (MAPD) PPO plans with *in-network providers nationwide* and urgent/emergency care worldwide:

- Aetna Medicare Advantage Plan **PPO ESA** (Extended Service Area)
- Humana Medicare Advantage **PPO**

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

- AARP Medicare Supplement Plans **F, G, or N**, and MedicareRx **Preferred, Walgreens, or Saver Plus** Prescription Drug Plans (PDPs) underwritten by UnitedHealthcare* (An AARP Medicare Supplement Plan **MUST** be purchased with an AARP MedicareRx PDP, and enrollment maintained in both plans continuously to receive UNM's contribution to premium)

Two Dental Plans

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

Please Note: Pre-65 Retirees (**turning 65 after 12/31/19**) with 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.

To access the UNM Medicare-eligible Retiree medical plans, 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 Medicare-eligible Retiree Open Enrollments **unless you experience a Qualifying Change in Status Event** (see page 10).

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.

MEDICARE-ELIGIBLE RETIREE VENDOR FAIR

UNM Benefits Department will sponsor a Medicare-eligible Retiree Open Enrollment Vendor Fair on **Wednesday, October 23, 2019 from 9:00 a.m. – 2:00 p.m.** at **UNM Continuing Education Building** at 1634 University Blvd NE, Albuquerque, NM, 87102. The fair will include **Vendor Presentations.** (See the Presentation Schedule on page 7)

We encourage you, your dependents, and family members to attend the fair to learn more about UNM's BlueCross BlueShield, Presbyterian, Humana, and Aetna MAPDs, the AARP Medicare Supplement Plans and AARP MedicareRx Part D Plans, and Delta Dental coverage options for Medicare-eligible retirees and dependents in 2020.

There will also be a brief Medicare news update from Albuquerque Senior Health Resources Center.

Vendor Fair Presentation Schedule
UNM Continuing Education Building - North Lobby & Auditorium
1634 University Blvd NE, Albuquerque, NM, 87102

Wednesday 10/23	UNM 65+ Medical Insurance Vendor Presentation Schedule	Topic (30 Minute Presentation with 10 Minute Q&A)
9-9:30 a.m.	Vendor Meet & Greet	
9:30-10:10 a.m.	BlueCross BlueShield	BCBS Medicare Advantage HMO Plan I (Enhanced) and Plan II (Standard)
10:10-10:50 a.m.	Presbyterian	Presbyterian Medicare Advantage HMO-POS Select and Premier Plans
10:50-11:30 a.m.	Humana	Humana Medicare Advantage Plan PPO
11:30 a.m.-noon	Senior Health Resources Center	Medicare 101 & What's New This Year
noon-12:40 p.m.	Aetna	Aetna Medicare Advantage Plan PPO ESA
12:40-1:20 p.m.	UnitedHealthcare	AARP Medicare Supplement Plans F, G, or N <i>purchased with</i> AARP MedicareRx Walgreens, Preferred or Saver Plus
1:20-2 p.m.	Vendor Meet & Greet	

If you are unable to attend the UNM Medicare-Eligible Open Enrollment Vendor Fair, most of the medical plan vendors are also offering community meetings. (See details on page 8)

Vendor Community Meetings

The following additional Community Meetings are being offered by Aetna, Humana, and Presbyterian representatives.

Medicare Plan Provider	Date	Time	Location
UnitedHealthcare for AARP plans (Medicare Supplement Insurance and MedicareRx Plans)	N/A	N/A	No Community Sessions Please see UnitedHealthcare Representatives at the Vendor Fair (date and location on page 7)
Aetna (Medicare Advantage PPO ESA Plan)	Tuesday, October 29	10-11 a.m.	Presentation by Conference Call 855-533-7145 Conference ID # 5382558
Humana (Medicare Advantage PPO Plan)	Thursday, October 24	9:30-10:30 a.m.	Humana 4904 Alameda Blvd NE Albuquerque, NM 87113 505-468-0500
BCBS (Medicare Advantage HMO Plans)	N/A	N/A	No Community Sessions Please see BCBS Representatives at the Vendor Fair (date and location on page 7)
Presbyterian (Medicare HMO-POS Advantage Plans)	Monday, November 4	2 p.m.	Mimi's Cafe 4316 The 25 Way NE Albuquerque, NM 87109 505-341-0300
	Tuesday, November 5	10 a.m.	

MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS DEFINED

Retirees who are eligible for UNM's medical plan coverage must also be *Medicare-eligible* and may add the following *Medicare-eligible* dependents during Open Enrollment:

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 qualified 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 2020 UNM Medicare-eligible 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 UNM HR Service Center at 505-277-6947 for the Affidavit Form above, or visit:

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

Retiree's unmarried child(ren) who is (are) eligible or becoming 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 2020 UNM Medicare-eligible 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 retiree medical and/or dental plans, you cannot make changes to those benefits outside of UNM Medicare-eligible Open Enrollment unless you experience a Qualifying Change in Status Event. **To make changes to your UNM-sponsored retiree medical and/or dental 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 a qualified eligible domestic partner
- Death of your spouse, eligible domestic partner, or dependent
- Change in 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 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 HMO 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 need to complete one UNM 2020 Medicare-eligible Open Enrollment Change Form. The insurance provider's enrollment forms will NOT be processed without a completed 2020 UNM Open Enrollment Change Form. Medical and dental insurance provider's enrollment forms are available from the UNM HR Service Center. See HR Service Center contact information and office location on page 11.

Note: Retirees and covered dependents who change from AARP Medicare Supplement Plans and MedicareRx PDPs to any other non-UNM sponsored Medicare Supplement, PDP, or Medicare Advantage Plan **must** contact UnitedHealthcare directly to **cancel** the AARP plans. AARP Medicare Supplement Plans and AARP MedicareRx PDPs 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-approved AARP plans to a non-UNM sponsored plan, but UNM cannot cancel the existing AARP coverage for you. UnitedHealthcare only allows the insured to cancel their AARP plan coverage.

Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting and a waiting period for pre-existing conditions.

UNM BlueCross BlueShield, Presbyterian, Humana, and Aetna Medicare Advantage Plan enrollment forms must be submitted to the UNM HR Service Center for processing. Please see the UnitedHealthcare Enrollment Instructions and Authorization Form on pages 83 – 86 of this guide, because enrollment in an AARP 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, Presbyterian, Humana, or Aetna.

Hand-delivery or secure fax to the UNM HR Service Center is recommended to ensure that enrollment forms are date-stamped, reviewed, and approved by UNM Benefits *on or before* the Open Enrollment deadline of 5 p.m. Mountain time on November 8, 2019:

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

Forms submitted after Friday, November 8, 2019 at 5 p.m. for UNM Medicare-Eligible Open Enrollment will NOT be processed. NO EXCEPTIONS.

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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Grandfathered with 25+ VEBA Service Credits*
UNM Medicare Eligible Medical & Dental Plan Rates
Effective January 1, 2020 - December 31, 2020 **

* Rates apply if you retired on or prior to June 30, 2013, or on or after July 1, 2013 with 25+ VEBA Service Credits

UNM 65+ Plan	% Retiree Contribution	70%	70%	60%	100%
Medical Rates		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
Humana PPO UNM Advantage Plan		\$152.24	\$304.47	\$130.49	\$217.48
Aetna PPO ESA UNM Advantage Plan		\$83.94	\$167.87	\$71.95	\$119.91
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan		\$204.75	\$409.50	\$175.50	\$292.50
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan		\$157.85	\$315.70	\$135.30	\$225.50
Presbyterian Premier HMO-POS UNM Advantage Plan		\$195.30	\$390.60	\$167.40	\$279.00
Presbyterian Select HMO-POS UNM Advantage Plan		\$118.30	\$236.60	\$101.40	\$169.00
AARP Unitedhealthcare 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 866-425-6523 for quotes.			
AARP Unitedhealthcare UNM MedicareRx Preferred, Walgreens, or Saver Plus PDP ***					
Dental Rates**		65+ Single	65+ Double	65+ Family	65+ Widow / Widower
**July 1, 2019 - June 30, 2020					
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

UNM Medicare-Eligible Medical & Dental Plan Rates, continued... Effective January 1, 2020 – December 31, 2020**

* Rates apply if you retired on or prior to June 30, 2013, or on or after July 1, 2013 with 25+ VEBA Service Credits

** Dental Rates are effective July 1, 2019 - June 30, 2020

*** UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs, because the policies are individually owned and priced (vs. UNM's group Medicare Advantage Plans with Prescription Drug coverage). AARP plan rates are based on retiree/dependent's individual age and zip code within the United States and US Territories. Please contact UnitedHealthcare at 1-866-425-6523 for a rate quote, or follow the online instructions on pages 81 - 82 of this Guide to obtain an *approximate quote* based on available rates.

If you choose to enroll in the AARP Medicare Supplement and MedicareRX plans, you MUST coordinate enrollment with the UNM Human Resources office by using the UNM UnitedHealthcare Authorization Form on pages 85 - 86 of this Guide to request both AARP Medicare Supplement Insurance Plan and MedicareRx PDP enrollment kits from UnitedHealthcare.

IMPORTANT:

- Qualifying UNM widows/widowers continue to receive UNM's 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 retiree medical and dental plans. *Widows/widowers may not add a new spouse (if applicable) to their existing UNM medical and/or dental coverage.* For transition to widow/widower coverage, the surviving spouse or qualified domestic partner must contact UNM Benefits regarding death within 60 days.
- Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting and a waiting period for pre-existing conditions.

Resources for Medicare-Eligible UNM Retirees and Dependents

Medicare Advantage Plans and Medicare Supplement Plans Explained

https://www.medicare.gov/sites/default/files/2019-09/10050-medicare-and-you_0.pdf
www.ehealthinsurance.com/medicare/advantage-vs-supplement

UNM Medicare and Dental Insurance Vendor Contact Information

- *UNM BlueCross BlueShield NM Medicare Advantage HMO Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
 - 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 Medicare Advantage HMO-POS Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
 - Customer Service: **505-923-6060**, Toll-Free **800-797-5343**, TTY **711**
 - Online: www.phs.org

- *UNM Humana Medicare Advantage PPO Plan*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
 - Customer Service: Toll Free **866-396-8810**, TTY: **711**, Monday-Friday, 6 a.m. - 7 p.m. Mountain time
 - Pharmacy Mail Order: Toll Free **888-538-3518**, TTY: **711**, Monday-Friday, 6 a.m. - 9 p.m., and Saturday, 6 a.m. - 4:30 p.m. Mountain time
 - Specialty Pharmacy: Toll Free **800-833-1642**, TTY: **711**, Monday-Friday, 6 a.m. - 9 p.m. and Saturday, 6 a.m. - 4:30 p.m. Mountain time
 - Virtual Visits: Toll Free **800-673-1992**, TTY: **711**, or MDLIVE.com/yourbenefit, 24 hours a day, seven days a week
 - Online: www.humana.com and www.humanapharmacy.com
As a member, register online for your secure MyHumana website

Resources for Medicare-Eligible UNM Retirees and Dependents, continued...

- *UNM Aetna Medicare Advantage PPO ESA (Extended Service Area) Plan*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
 - Customer Service: Medical and Rx Toll Free **800-307-4830**, TTY **711**
 - Online: www.aetnamedicare.com

- *AARP Medicare Supplement Insurance Plans and AARP MedicareRx Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
 - UnitedHealthcare: Toll Free **866-425-6523**, TTY **711**, Monday to Friday, 7 a.m.-11 p.m., and Saturday, 9 a.m.-5 p.m., ET
 - AARP Medicare Supplement Plans: www.aarpmedicareplans.com/health-plans/medicare-supplement-plans
 - AARP MedicareRx Plans: www.AARPMedicareRx.com

- *UNM Delta Dental*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored plan)
 - Customer Service: **505-855-7111**, Toll-Free: **877-395-9420**
 - Online: www.deltadentalnm.com

Your HMO 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 30–60% 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.

Please note: Healthy Actions that earn rewards are subject to change. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year.

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 711

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

If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

This information is not a complete description of benefits. Call 1-877-299-1008 TTY 711 for more information.

If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 771).

Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 1 de abril al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TruHearing[®]

TruHearing[®] is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

* Actual savings will vary depending upon the product purchased.

Blue Cross Medicare Advantage makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered. If you have any questions regarding the services offered here, you should contact the vendor directly. You may want to consult with your physician prior to use of these services and products.

SilverSneakers

† Classes and amenities vary by location.

SilverSneakers[®] is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers[®] are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Blue Cross Medicare Advantage plans are HMO and PPO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

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2020 UNM BlueCross BlueShield NM Medicare Advantage HMO Plan I (Enhanced) and Plan II (Standard)

- Prescription benefit provided by Prime Therapeutics
- No Plan design changes in 2020
- 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

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BENEFIT	BCBSNM MEDICARE PLAN I	BCBSNM MEDICARE Plan II
TOTAL MONTHLY PREMIUM	See pages 13 - 14	See pages 13 - 14
Out of Pocket Maximum	\$2,500	\$5,000
Inpatient Hospital Care	\$100 copay for day 1-5	\$100 copay for day (1-5)
Skilled Nursing Facility	\$0 copay Days 1-100	\$0 copay Days 1-100
Inpatient Mental Health Care	\$100 copay for day 1-5	\$100 copay for day (1-5)
Home Health Care	\$0 copay	\$0 copay
Hospice	\$0 from a Medicare-certified hospice	\$0 from a Medicare-certified hospice
Primary Care Doctor Office Visits	\$10 copay	\$10 copay
Specialist	\$30 copay	\$40 copay
Chiropractic Services	\$20 copay 36 visits per year	\$20 copay 36 visits per year
Podiatry	\$0 copay	\$0 copay
Outpatient Mental Health	\$30 copay	\$40 copay
Partial Hospitalization	\$0 copay	\$0 copay
Outpatient Substance Abuse	\$30 copay	\$40 copay
Outpatient Services/ Surgery	\$150 copay	\$200 copay
Ambulance Services	\$75 copay	\$75 copay
Emergency Care	\$65 copay (waived if admitted) Worldwide coverage	\$75 copay (waived if admitted) Worldwide coverage
Urgently Needed Care	\$10 contracted \$50 non-contracted Worldwide coverage	\$10 contracted \$50 non-contracted Worldwide coverage
Outpatient Rehabilitation Services	\$20 for each visit to occupational, speech/language, physical therapy	\$20 for each visit to occupational, speech/language, physical therapy
Durable Medical Equipment (includes wheelchairs, Oxygen, etc.)	\$20 copay	20% coinsurance
Prosthetic Devices	\$20 copay (authorization does apply)	20% coinsurance (authorization does apply)
Diabetes program and supplies	\$0 copay	\$0 copay
Diagnostic Tests, X-Rays, and Lab Services	\$0 for lab and x-ray \$50 for MRI, MRA \$50 for CT, PET Scan, and Nuclear Medicine	\$0 for lab and x-ray \$150 for MRI, MRA \$150 for CT, PET Scan, and Nuclear Medicine
Therapeutic Radiology	\$10 copay	\$10 copay
Allergy Injections	\$0 copay; office visit copay may apply	\$0 copay; office visit copay may apply
Formulary	Please go to: http://www.bcbsnm.com/medicare/mapd.html	
Network	Please go to: http://www.bcbsnm.com/medicare/mapd.html	

For premium rates, see pages 13 - 14 of this Guide.

BENEFIT	BCBSNM MEDICARE PLAN I	BCBSNM MEDICARE Plan II
Cardiac Rehab (includes intensive cardiac rehab services) Pulmonary rehab services	\$10 copay \$0 copay	\$0 copay \$0 copay
Preventive Services and Wellness/Education Programs-see list below <ul style="list-style-type: none"> • Abdomen aortic aneurysm screening <ul style="list-style-type: none"> • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular screening <ul style="list-style-type: none"> • Cervical and vaginal cancer screening • Colorectal cancer screening, Colonoscopy • Kidney transplant (with referral) <ul style="list-style-type: none"> • Diabetes screening • Influenza Vaccine • Hepatitis B Vaccine (for people with Medicare that are at risk) <ul style="list-style-type: none"> • HIV screening • Medical nutrition therapy • Pneumococcal Vaccine • Prostate cancer screening exam • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Welcome to Medicare Preventive Visit 	\$0 copay	\$0 copay
Kidney Disease and Conditions/Education services	\$0 copay	\$0 copay
Dental Services (Medicare-covered benefits only)	\$30 copay	\$40 copay
Hearing Services	\$30 copay for one routine hearing exam/year \$300 for hearing aids annually	\$40 copay for one routine hearing exam/year \$300 for hearing aids annually
Vision Services (eye glasses or contacts after cataract surgery)	\$30 copay \$0 copay for one pair of contacts or eyeglasses after cataract surgery up to Medicare allowable	\$40 copay \$0 copay for one pair of contacts or eyeglasses after cataract surgery up to Medicare allowable
Formulary	Please go to: http://www.bcbsnm.com/medicare/mapd.html	
Network	Please go to: http://www.bcbsnm.com/medicare/mapd.html	

For premium rates, see pages 13 - 14 of this Guide.

BENEFIT	BCBSNM MEDICARE PLAN I	BCBSNM MEDICARE Plan II
Diagnosis and treatment of diseases and conditions of the eye	\$30 copay	\$40 copay
Routine eye exam	\$0 copay	\$0 copay
Eye Wear	\$150 limit for supplemental eyewear	\$150 limit for supplemental eyewear
Physical Exams	\$0 copay	\$0 copay
Acupuncture (20 visits per year)	\$15 copay (contracted acupuncturists only) up to 20 visits every year	\$15 copay (contracted acupuncturists only) up to 20 visits every year
Safety Devices	\$0 copay \$450 calendar year cumulative max	\$0 copay \$450 calendar year cumulative max
Transportation (Non-Emergency)	\$0 copay Four one-way visits to plan approved location - annually	\$0 copay Four one-way visits to plan approved location - annually
Outpatient Prescription Drugs	<p>There is no deductible.</p> <p><u>INITIAL COVERAGE LEVEL</u> Before the total yearly drug costs (paid by you) reach \$4,020, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> - \$4/\$9 for a one-month (30 day) supply of Preferred Generic drugs Tier 1 - \$10/\$15 for a one-month (30 day) supply of Non-Preferred Generic drugs Tier 2 - \$42/\$47 for a one-month (30 day) supply of Preferred Brand drugs Tier 3 - \$95/\$100 for a one-month (30 day) supply of Non-Preferred drugs Tier 4 - 15% up to \$250 max for a one-month (30 day) supply of Specialty drugs Tier 5 <ul style="list-style-type: none"> - \$12/\$27 for a three-month (90 day) supply of Preferred Generic drugs Tier 1 - \$30/\$45 for a three-month (90 day) supply of Non-Preferred Generic drugs Tier 2 - \$126/\$141 for a three-month (90 day) supply of Preferred Brand drugs Tier 3 - \$285/\$300 for a three-month (90 day) supply of Non-Preferred drugs Tier 4 <p><u>COVERAGE GAP</u> There is no coverage gap on the UNM Plan I.</p>	<p>There is no deductible.</p> <p><u>INITIAL COVERAGE LEVEL</u> Before the total yearly drug costs (paid by you) reach \$4,020, you pay the following for prescription drugs:</p> <ul style="list-style-type: none"> - \$4/\$9 for a one-month (30 day) supply of Preferred Generic drugs Tier 1 - \$10/\$15 for a one-month (30 day) supply of Non-Preferred Generic drugs Tier 2 - \$42/\$47 for a one-month (30 day) supply of Preferred Brand drugs Tier 3 - \$95/\$100 for a one-month (30 day) supply of Non-Preferred drugs Tier 4 - 33% up to \$250 max for a one-month (30 day) supply of Specialty drugs Tier 5 <ul style="list-style-type: none"> - \$12/\$27 for a three-month (90 day) supply of Preferred Generic drugs Tier 1 - \$30/\$45 for a three-month (90 day) supply of Non-Preferred Generic drugs Tier 2 - \$126/\$141 for a three-month (90 day) supply of Preferred Brand drugs Tier 3 - \$285/\$300 for a three-month (90 day) supply of Non-Preferred drugs Tier 4 <p><u>COVERAGE GAP</u> After you and the plan pay \$4,020, you pay the following:</p> <ul style="list-style-type: none"> - \$4/\$9 for a one-month (30 day) supply of Preferred Generic drugs Tier 1 - \$10/\$15 for a one-month (30 day) supply of Non-Preferred Generic drugs Tier 2 - \$12/\$27 for a three-month (90 day) supply of Preferred Generic drugs Tier 1 - \$30/\$45 for a three-month (90 day) supply of Non-Preferred Generic drugs Tier 2 <p>For all other covered drugs, and after the total yearly drug costs (paid by both you and your plan) reach \$4,020, you pay 25% of your brand name prescription drug costs (25% on generic) until your yearly out-of-pocket drug costs reach \$6,350.</p>

	<p><u>CATASROPHIC LEVEL</u> After your yearly out-of-pocket drug costs reach \$6,350 you pay the greater of:</p> <ul style="list-style-type: none"> – \$3.60 co-pay for generic (including brand drugs treated as generic) and \$8.95 co-pay for all other drugs, or – 5% coinsurance 	<p><u>CATASTROPHIC LEVEL</u> After your yearly out-of-pocket drug costs reach \$6,350 you pay the greater of:</p> <ul style="list-style-type: none"> – \$3.60 co-pay for generic (including brand drugs treated as generic) and \$8.95 co-pay for all other drugs, – 5% coinsurance
Formulary	Please go to: http://www.bcbsnm.com/medicare/mapd.html	
Network	Please go to: http://www.bcbsnm.com/medicare/mapd.html	

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico

	Custom Plan I				
Premium	<i>Rates are per member per month for persons who have Medicare as primary coverage.</i>				

Description of Benefit	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 \$4,020						
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	42/47	\$84/\$94	\$126/\$141	\$42.00	\$84.00	\$126.00
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 reaches the Troop amount of \$6,350						
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 - Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	42/47	\$84/\$94	\$126/\$141	\$42.00	\$84.00	\$126.00
Tier 4 - Non-preferred Brand	\$95/\$100	\$190/\$200	\$285/\$300	\$95.00	\$190.00	\$190.00
Tier 5 - Specialty	15% (Maximum of \$250)	15% (Maximum of \$250)	15% (Maximum of \$250)	15% (Maximum of \$250)	15% (Maximum of \$250)	15% (Maximum of \$250)
Troop amount that begins Catastrophic phase	\$6,350					
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 \$6,350 , you pay the greater of:						
<ul style="list-style-type: none"> ° 5% of the cost, or ° \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs 						

PLEASE NOTE:

- Areas in red indicate amounts required by the federal government to all 2020 Medicare Part D program and are not subject to negotiation.
- All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor.
- The Blue Cross MedicareRx formulary is reviewed and approved annually by the Centers for Medicare & Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year.

° Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

Formulary	Please go to: http://www.bcbsnm.com/medicare/mapd.html
Network	Please go to: http://www.bcbsnm.com/medicare/mapd.html

For premium rates see pages 13 – 14 of this guide.

University of New Mexico

Premium	Custom Plan II		
	<i>Rates are per member per month for persons who have Medicare as primary coverage.</i>		

Description of Benefit	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 \$4,020						
Tier 1 - Preferred Generic	\$4/\$9	\$8/\$18	\$12/\$27	\$4.00	\$8.00	\$8.00
Tier 2 - Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	42/47	\$84/\$94	\$126/\$141	\$42.00	\$84.00	\$126.00
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 reaches the Troop amount of \$6,350						
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 - Generic	\$10/\$15	\$20/\$30	\$30/\$45	\$10.00	\$20.00	\$20.00
Tier 3 - Preferred Brand	Member will pay 25% of the cost on Generic Drugs and 25% of the cost on Brand Name Drugs for tiers 3-5					
Tier 4 - Non-preferred Brand						
Tier 5 - Specialty						
Troop amount that begins Catastrophic phase	\$6,350					
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 \$6,350 , you pay the greater of: <ul style="list-style-type: none"> ◦ 5% of the cost, or ◦ \$3.60 copay for generic (including brand drugs treated as generic) and a \$8.95 copayment for all other drugs 						

PLEASE NOTE:

- Areas in red indicate amounts required by the federal government to all 2020 Medicare Part D program and are not subject to negotiation.
- All cost-sharing presumes eligible prescriptions filled at a network pharmacy or our mail-order vendor.
- The Blue Cross MedicareRx formulary is reviewed and approved annually by the Centers for Medicare & Medicaid Services (CMS), but is subject to change as maintenance updates are made throughout the year.

* Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans

Formulary	Please go to: http://www.bcbsnm.com/medicare/mapd.html
Network	Please go to: http://www.bcbsnm.com/medicare/mapd.html

For premium rates, see pages 13 - 14 of this Guide.



UNM Retirees with Medicare can choose Presbyterian Senior Care

- ☑ 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.
- ☑ Worldwide urgent and emergency care.
- ☑ Receive a SilverSneakers® health club membership.
- ☑ UNM providers are considered in-network for all UNM members.
- ☑ \$0 copay features for these valuable benefits and more!
 - Hearing Exam
 - Video and Online Visits
 - Preferred Generic Drugs
 - PresRN Nurse Advice Line
 - Lab Services
 - Diagnostic Tests



Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal.

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:
Monday, November 4, 2 p.m.
Tuesday, November 5, 10 a.m.

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

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2020 UNM Presbyterian Medicare Advantage Premier and Select HMO-POS

- Nearly 20,000 in-network contracted providers in New Mexico; out-of-network providers include any Medicare-approved provider anywhere in all states, and urgent/emergency care with any provider worldwide.

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2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2020		2020	
Service Area	New Mexico		New Mexico	
Total Premium	See pages 13 - 14		See pages 13 - 14	
Deductible (Medical)	\$0.00		\$0.00	
Out of Pocket Maximum	\$2,500	\$10,000	\$3,000	\$10,000
Inpatient Hospital Care (per admission)	\$175 per day for days 1-3	\$1,000	\$225 per day for days 1-3	\$1,000
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 (36 visit limit)	\$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)	NA	\$65	NA	\$75
Outpatient Mental Health Care				
Partial Hospitalization (Psychiatric Treatment)	\$30	50%	\$40	50%
Psychiatric Services				
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Opioid Treatment Services	\$0	50%	\$0	50%
Mental Health Specialty Services	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Outpatient Substance Abuse Care	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Home Health Care	\$0	\$0	\$0	\$0
Primary Care Physician Services	\$10	\$35	\$10	\$35

For premium rates, see pages 13 - 14 of this Guide.

2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
- Other Health Care Professionals	\$10	\$35	\$10	\$35
Specialist Services	\$30	\$55	\$40	\$55
Chiropractic Services (Medicare covered)	\$20	\$55	\$20	\$55
Chiropractic Services (Routine 25 visits)	\$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/Foot Care	\$0	\$55	\$0	\$55
Outpatient Diagnostic Procedures and Tests	0%	10%	0%	10%
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 (Ground and Air)	\$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

For premium rates, see pages 13 - 14 of this Guide.

2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Kidney Disease Education Services	\$0	\$0	\$0	\$0
Acupuncture Benefits (25 visits per year)	\$15	\$55	\$15	\$55
Meal Benefit (55 meals)	No	No	No	No
Over the Counter Items	No	No	No	No
<ul style="list-style-type: none"> • Preventive Services (Routine) • 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 use) • Vision care • Welcome to Medicare Preventive Visit 	\$0	\$35	\$0	\$35
Vaccinations: Flu, Pneumonia, Hepatitis B shots	\$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

For premium rates, see pages 13 - 14 of this Guide.

2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
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)	No	No	No	No
Post discharge In-Home Medication Reconciliation	\$0	No	\$0	No
Part B - Drugs				
Chemotherapy and other drugs administered by a medical professional.	\$50	20%	\$50	20%
Part B - Drugs purchased at a retail pharmacy	\$0	20%	\$0	20%
Part D home infusion drugs as part of a bundled service	No		No	
Part D - Prescription Drugs				
Deductible	\$0		\$0	
Initial Coverage	Unlimited		\$4,020	
Tier 1: Preferred Generic (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
Standard Mail Order (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
Preferred Mail Order (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic (Mail Order)	\$0		\$0	
OON (34) & Long Term Pharmacy (31)	\$0		\$0	

For premium rates, see pages 13 - 14 of this Guide.

2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
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 Drug (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Standard Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Preferred Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$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		25%	
Catastrophic Begins	\$6,350		\$6,350	

For premium rates, see pages 13 - 14 of this Guide.

2020 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Catastrophic Begins	\$6,350		\$6,350	
Catastrophic Coverage (Generic drugs) Greater of:	5% or \$3.60		5% or \$3.60	
Catastrophic Coverage (Brand drugs) Greater of:	5% or \$8.95		5% or \$8.95	
Preventive and Comprehensive Dental Services	No	No	No	No
Medicare Covered Dental	\$30	\$55	\$40	\$55
Routine Annual Eye Exam	\$10	\$55	\$10	\$55
Vision Services Diagnosis and treatment of diseases and conditions of the eye	\$10	\$55	\$10	\$55
One diabetic retinopathy screening per year	\$0	\$55	\$0	\$55
Eyeglasses (lenses and frames) or contact lenses after cataract surgery	\$20	25%	20%	25%
Routine Hearing Exam and Medicare covered hearing	\$0	\$55	\$0	\$55
Hearing Aids (hearing aid costs does not go toward MOOP)	\$699 - \$999	No	\$699 - \$999	No
US Visitor/Travel Program	No	No	No	No

For premium rates, see pages 13 - 14 of this Guide.

Humana's Medicare Advantage PPO for University of New Mexico includes these extras that can help make healthy living easier

Health and wellness benefits

Your Humana Medicare Advantage plan can help you improve your overall well-being with extra health and wellness benefits. Great things are ahead of you when your health is ready for them, and we want to help you be ready!

SilverSneakers® fitness program

- Gives you access to exercise equipment, group classes and social events
- Use of 14,000+ fitness locations nationwide
- Go outside with SilverSneakers FLEX®—try tai chi, yoga, walking groups and more at local parks and recreation centers, where available

www.SilverSneakers.com or call **1-888-423-4632 (TTY: 711)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Humana Well Dine® meal program

After you have an inpatient stay in a hospital or nursing facility, you may be eligible for 10 healthy, precooked frozen meals delivered to your door. **1-866-96MEALS (1-866-966-3257) (TTY: 711)**, Monday – Friday, 8 a.m. – 9 p.m., Eastern time.

Virtual visits – medical

Humana's medical virtual visits benefit, allows you to visit anytime with a doctor or practitioner from your home or on the go via phone and/or video for nonemergency medical conditions (i.e., cold, flu, sinus infections, headaches, rashes, nausea, etc.). MDLIVE.com/yourbenefit or call **1-888-673-1992 (TTY: 711)**, 24 hours a day, seven days a week.

Virtual visits – mental and behavioral health

Humana also offers access to doctors and other mental health professionals via phone and/or video technology for diagnosis and treatment of certain nonemergency mental or behavioral health issues (i.e. depression, stress, anxiety, etc.). As with medical virtual visits, a virtual mental or behavioral health appointment is not intended to replace a member's current psychiatric doctor or mental health professional; however, a virtual visit can allow a member to access care when the member is unable to meet with a doctor or mental health professional in person. Virtual visits are not appropriate for emergent or crisis situations; in such cases, the member should call 911 or go to the nearest emergency room.

Consult notes from each virtual mental or behavioral health visit can be sent to the member's primary care physician at the member's request and prescriptions, if required, may be sent to the member's pharmacy of choice electronically. MDLIVE.com/yourbenefit or call **1-888-673-1992 (TTY: 711)**, 24 hours a day, seven days a week.

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2020 UNM Humana Medicare Advantage PPO Plan

- Humana has been dedicated to communities around the country for more than 30 years. There are over 8.3 million Humana Medicare members just like you, across all 50 states. Humana has been providing Medicare plans to beneficiaries since 1987.

About the UNM Humana Medicare Advantage PPO Plan

- In-Network and Out-of-Network providers nationwide**
- Easily confirm your preferred providers are participating in the UNM Humana PPO plan:
 - [Humana.com](https://www.humana.com), **click:** (Find a Doctor), **Network:** (Medicare PPO/Employer PPO Network) **Humana:** 1-866-396-8810 (TTY: 711), Monday - Friday, 6 a.m.–6 p.m. Mountain time. Please identify yourself as a University of New Mexico retiree for plan information.
- Part D Prescription Drug benefits provided by Humana.
- Worldwide emergency coverage for emergency Medicare-covered services.

****IMPORTANT:**

- Humana has an extensive PPO network of participating providers throughout the state of New Mexico that includes Lovelace Hospitals, Lovelace Medical Group, DaVita, and UNM Health system for UNM Medicare Advantage Plan participants who reside in New Mexico and in the Albuquerque area. For those who reside in states outside New Mexico, participants are able to access a comprehensive network of providers within Humana's PPO network available nationwide. Urgent and emergency care is available worldwide.
- Presbyterian hospitals in Albuquerque and Rio Rancho will see Humana members for Emergency services only.
- Presbyterian Healthcare Services physicians and facilities outside of Albuquerque and Rio Rancho are participating in the Humana Medicare Advantage PPO network.

Humana has a national PPO network and is contracted with most providers and facilities across the state of New Mexico. It is easy to confirm your provider with Humana by going to "Find a Doctor" at [Humana.com](https://www.humana.com) or by calling Humana Customer Service at the number listed above.

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University of New Mexico - Humana Medicare Advantage PPO Plan

2020 Benefit	Humana Medicare Advantage PPO Plan	
	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 (excludes Part D Pharmacy, Routine Hearing, Routine Vision, OTC Rx, Routine Vision, Worldwide Coverage and the Plan Premium)	
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 *190 day lifetime limit	\$400/day (1-7) then \$0 copay *190 day lifetime limit
Skilled Nursing Facility	\$0 copay (days 1-20); \$160/day (days 21-100) *Plan pays \$0 after 100 days	40%/day (days 1-100) *Plan pays \$0 after 100 days
Cardiac Rehabilitation Services	\$40 copay (Specialist & Outpatient)	40% coinsurance
Pulmonary Rehabilitation Services	\$30 copay (Specialist & Outpatient)	40% coinsurance
Emergency Care	\$75 copay; waived if admitted within 24 hours	
Urgent Care Facility	\$40 copay	\$40 copay
Partial Hospitalization	\$40 copay	40% coinsurance
Home Health Service	\$0 copay	
Primary Care Physician (PCP) Services	\$10 copay (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$30 copay (40% coinsurance - Labs; \$0 copay - Administration of Drugs) in a Physician's office
Chiropractic Services (Medicare covered)	\$20 copay	40% coinsurance
Occupational Therapy Services	\$25 copay	\$45 copay
Physician Specialist Services	\$25 copay (Specialist Office Visit) (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$45 copay (Specialist Office Visit) (40% coinsurance - Labs; \$0 copay - Administration of Drugs) in a Physician's office
Mental Health/Substance Abuse Services	\$10 copay (PCP) \$25 copay (Specialist)	\$30 copay (PCP) \$45 copay (Specialist)

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico - Humana Medicare Advantage PPO Plan

2020 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Podiatry Services (Medicare covered)	\$25 copay	\$45 copay
Physical Therapy and Speech Language Pathology Services	\$25 copay	\$45 copay
Lab Services	\$0 copay	40% coinsurance
Diagnostic Procedures and Tests (including X-Rays)	\$10 copay (PCP) \$25 copay (Specialist, Outpatient Hospital, Freestanding Radiological Facility)	\$30 copay (PCP) \$45 copay (Specialist) 40% coinsurance (Outpatient Hospital, Freestanding Radiological Facility)
Colorectal Cancer Screening (Preventive) for members age 50 & older: Colonoscopy (One every two years if at high risk or one every 10 years if not at high risk)	\$0 copay	40% coinsurance
Diagnostic Colonoscopy	\$25 copay (Specialist) \$50 copay (Outpatient Hospital and Ambulatory Surgical Center)	\$45 copay (Specialist) 40% coinsurance (Outpatient Hospital and Ambulatory Surgical Center)
Bone Mass Measurement (Preventive)	\$0 copay (One every 24 months; more often if medically necessary)	40% coinsurance (One every 24 months; more often if medically necessary)
Breast Cancer Screening - Mammogram (Preventive)	\$0 copay (One per year for members age 40 and older)	40% coinsurance (One per year for members age 40 and older)
Therapeutic Radiology - (Radiation Therapy)	\$25 copay (Specialist) \$10 copay (Outpatient Hospital and Freestanding Radiological Facility)	\$45 copay (Specialist) 40% coinsurance (Outpatient Hospital and Freestanding Radiological Facility)
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay (Specialist, Outpatient Hospital and Freestanding Radiological Facility)	40% coinsurance (Specialist, Outpatient Hospital and Freestanding Radiological Facility)
Outpatient Hospital Services	\$0 - \$50 copay (excluding Chemotherapy Drugs)	40% coinsurance (excluding Therapies; Occupational, Physical, Audiology and Speech; Chemotherapy Drugs, Renal Dialysis and Mental Health/Substance Abuse)

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico - Humana Medicare Advantage PPO Plan

2020 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Chemotherapy Drugs	20% coinsurance (Outpatient Hospital and Specialist)	50% coinsurance (Outpatient Hospital and Specialist)
Ambulatory Surgical Center (ASC) Services	\$50 copay (Surgical Services)	40% coinsurance (Surgical Services)
Outpatient Mental Health/Substance Abuse Services	\$25 copay	\$45 copay
Ambulance Services - *Limited to Medicare-covered transportation	\$150 copay (per date of service)	\$150 copay (per date of service)
Transportation Services	Not Covered	Not Covered
Durable Medical Equipment (DME)	\$20 copay (DME provider) 20% coinsurance (Pharmacy)	\$50 copay (DME provider) 50% coinsurance (Pharmacy)
Prosthetics/Medical Supplies	\$20 copay	\$50 copay
Diabetes Supplies and Services	Diabetic Monitoring Supplies \$0 copay (Pharmacy) \$20 copay (DME)	Diabetic Monitoring Supplies 40% coinsurance (Pharmacy) \$50 copay (DME)
Renal Dialysis	\$0 copay	\$0 copay
Acupuncture	\$15 copay per visit (up to 20 visits per year)	\$15 copay per visit (up to 20 visits per year)
Over-the-Counter Rx	\$20 per month (select over-the-counter health and wellness products through Humana Pharmacy)	Not Covered
Meal Benefit	\$0 copay (after inpatient hospital or nursing facility stay, up to 10 pre-cooked frozen meals, delivered to your home)	Not Covered
Preventive Services (Medicare covered)	\$0 copay	40% coinsurance
Immunizations (One per year)	\$0 copay	\$0 copay
Kidney Disease Education Services	\$0 copay (PCP, Specialist and Outpatient Hospital)	40% coinsurance (PCP, Specialist and Outpatient Hospital)
Routine Physical (One per year) - Annual Physical Exam	\$0 copay *Routine physical must be obtained from a PCP	40% coinsurance *Routine physical must be obtained from a PCP
Wellness Programs	SilverSneakers and Go365	
Diabetes Self-Management Training	\$0 copay	40% coinsurance

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico - Humana Medicare Advantage PPO Plan

2020 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Medicare Part B Rx Drugs	20% coinsurance	50% coinsurance
Virtual Visits - Telehealth Services	\$10 copay (PCP)	Not Covered
Virtual Visits - Telehealth Services (Behavioral Health and Substance Abuse)	\$25 copay (Specialist)	Not Covered
Preventive Dental	Not Covered	Not Covered
Dental (Medicare-covered)	\$25 copay	\$45 copay
Vision (Medicare-covered)	\$25 copay	\$45 copay
Routine Vision Exam	\$10 copay (routine exam, includes refraction, up to 1 per year)	\$10 copay (routine exam, includes refraction, up to 1 per year)
Eyewear for Post-Cataract Surgery	\$25 copay (for eyeglasses and contacts following cataract surgery)	\$45 copay (for eyeglasses and contacts following cataract surgery)
Routine Vision Eyewear	\$150 maximum benefit coverage amount every 2 years for Contact Lenses, Eyeglasses - Lenses and Frames. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Hearing (Medicare-covered)	\$25 copay (Specialist)	\$45 copay (Specialist)
Routine Hearing Exam	\$15 copay (routine hearing exam, up to 1 per year)	\$15 copay (routine hearing exam, up to 1 per year)
Hearing Aids	\$1,000 maximum benefit coverage amount every 3 year for hearing aids (all types). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Rx	See Humana PPO Part D information on the next page	
Travel Benefit (US)	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area	N/A
Worldwide Emergency	N/A	\$100 Deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive day, whichever is reached first (Limited to emergency Medicare-covered services)

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico - Humana Medicare Advantage PPO Plan (Rx)

2020 Humana Medicare Advantage PPO Plan (Part D Rx Benefit Summary)			
Prescription Tier	Retail Pharmacy (30 Day Supply)	Humana Pharmacy - Mail Order (90 Day Supply)	Retail Pharmacy (90 Day Supply)
Part D Phase: Deductible	No Deductible		
Part D Phase: Initial Coverage Limit (ICL)	From \$0 to \$4,020 (ICL) Initial Coverage Limit (ICL): When total drug cost (the amount you pay plus the amount Humana plan pays) reaches \$4,020		
Tier 1 Generics or Preferred Generics	\$3	\$9	\$9
Tier 2 Preferred Brand	\$39	\$117	\$117
Tier 3 Non-Preferred Brand	\$85	\$255	\$255
Tier 4 Specialty	33%	N/A	N/A
Part D Phase: Coverage Gap	From \$4,020 to True-Out-of-Pocket cost of \$6,350 Coverage Gap: The coverage gap begins after the total yearly drug cost (including what the Humana plan has paid and what you have paid) reaches \$4,020. After you enter the Coverage Gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total \$6,350 (True-Out-of-Pocket cost), which is the end of the coverage gap.		
Tier 1 Generics or Preferred Generics	\$3	\$9	\$9
Tier 2 Preferred Brand	\$39	\$117	\$117
Tier 3 Non-Preferred Brand	\$85	\$255	\$255
Tier 4 Specialty	24%	N/A	N/A
Part D Phase: Catastrophic	Catastrophic Phase After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,350, you pay the greater of:		
Retail, Specialty and Mail Order Pharmacies	Greater of \$3.60 for Generic/Multiple Source Drugs (\$8.95 for all others) or 5% coinsurance		

For premium rates, see pages 13 - 14 of this Guide.

University of New Mexico - Humana Medicare Advantage PPO Plan

Medical Network (online and by phone)	Humana.com; click on Find a Doctor under Member Resources; select Medicare-Medicaid as the Coverage Type; enter Zip Code and then Medicare PPO/Employer PPO Network.
	Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.
Pharmacy Network (online)	Humana.com; click on Find a Doctor under Member Resources; at Search Type select Pharmacy; enter Zip Code and then select Humana Medicare Employer Plan (Group) Network
Formulary and Pharmacy Network (by phone)	Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.

For premium rates, see pages 13 - 14 of this Guide.



Save money Keep your doctors Enjoy extra benefits Reach your health potential

Four key ways the University of New Mexico Aetna Medicare Advantage plan offers value

More benefits at less cost

- Get comprehensive coverage while saving significantly on your plan premium contributions.

Continue getting the care you trust*

- Use doctors and hospitals in or out of the Aetna Medicare network, anywhere in the U.S. You won't pay more out of network.
- It's the only University of New Mexico Medicare Advantage plan with that benefit.

*Generally, you can use an out-of-network doctor or hospital. However, they must be eligible to receive Medicare payment and accept your plan.

Extra benefits at no extra cost to you

- **SilverSneakers® fitness program** — Get a gym membership at over 13,000 participating locations nationwide, or a home fitness kit.
- **Transportation for medical appointments** — Get 24 one-way trips, up to 60 miles per trip.



Helping you reach your health potential at no extra cost to you

Your questions — answered, any time any day

On our toll-free Informed Health® Line, you can ask an Aetna nurse any health-related questions.

Help finding everyday services you need**

Our Resources For Living® team can find help outside of your medical plan benefits, such as home-delivered meal services, in-home care and more.

**There's no cost for Aetna's research and referrals. You pay for any referred services you use.

Advice on your health goals — in the comfort of home

At an optional Healthy Home Visit, an Aetna health professional can help make sure you're on track to meet your health goals—then work with your doctors to coordinate your care.

Have a health advocate if you need one

You may not need help today, but once you do, an Aetna Nurse Advocate can work closely with your doctors to help you manage your conditions and navigate complex medical issues.

Learn more

Talk to a plan specialist

Call **1-800-307-4830 (TTY: 711)**

Monday – Friday, 7 a.m. to 8 p.m. CT

2020 UNM Aetna Medicare Advantage PPO ESA Plan

- Aetna Medicare Advantage lets members use doctors and hospitals in or out of the Aetna Medicare network, anywhere in the U.S. You won't pay more out of network. Generally, you can use an out-of-network doctor or hospital. However, the provider must currently be a Medicare-approved provider and willing to bill Aetna. Prior to enrollment, please confirm that your providers will bill Aetna.
- Urgent and emergency care is available worldwide
- There are no referrals required to see specialists
- One ID card for both medical care and pharmacy
- Additional non-Medicare benefits include:
 - Vision eyewear reimbursement
 - Hearing aid reimbursement
 - SilverSneakers[®] fitness program
 - Teladoc[®] - talk to a licensed doctor by phone, web or mobile app
 - Non-emergency transportation for medical appointments

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Benefits and Premiums are effective January 1 , 2020 through December 31, 2020

PLAN DESIGN AND BENEFITS
 PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	Network & Out-of-Network Providers
Annual Deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	
Annual Maximum Out-of-Pocket Amount	\$2,500
Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.	
Primary Care Physician Selection	Optional
There is no requirement for member pre-certification. Your provider will do this on your behalf.	
Referral Requirement	None
PREVENTIVE CARE	This is what you pay for Network & Out-of-Network Providers
Annual Wellness Exams	\$0
One exam every 12 months.	
Routine Physical Exams	\$0
Medicare Covered Immunizations	\$0
Pneumococcal, Flu, Hepatitis B	
Routine GYN Care (Cervical and Vaginal Cancer Screenings)	\$0
One routine GYN visit and pap smear every 24 months.	
Routine Mammograms (Breast Cancer Screening)	\$0
One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	



Routine Prostate Cancer Screening Exam \$0

For covered males age 50 & over, every 12 months.

Routine Colorectal Cancer Screening \$0

For all members age 50 & over.

Routine Bone Mass Measurement \$0

Medicare Diabetes Prevention Program (MDPP) \$0

12 months of core session for program eligible members with an indication of pre-diabetes.

Routine Eye Exams \$0

One annual exam every 12 months.

Routine Hearing Screening \$0

One exam every 12 months.

Additional Medicare Preventive Services \$0

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)
- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening



PHYSICIAN SERVICES	This is what you pay for Network & Out-of-Network Providers
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Primary Care Physician Visits	\$10
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Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits	\$30
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DIAGNOSTIC PROCEDURES	This is what you pay for Network & Out-of-Network Providers
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Outpatient Diagnostic Laboratory	\$0
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Outpatient Diagnostic X-ray	\$0
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Outpatient Diagnostic Testing	\$0
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Outpatient Complex Imaging	\$0
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EMERGENCY MEDICAL CARE	This is what you pay for Network & Out-of-Network Providers
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Urgently Needed Care; Worldwide	\$10
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Emergency Care; Worldwide (waived if admitted)	\$65
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Ambulance Services	\$75
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Observation Care
 Your cost share for Observation Care is based upon the services you receive.

HOSPITAL CARE	This is what you pay for Network & Out-of-Network Providers
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Inpatient Hospital Care	\$100 copay per day, day(s) 1-5
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Surgery	\$150
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Blood	All components of blood are covered beginning with the first pint.
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MENTAL HEALTH SERVICES	This is what you pay for Network & Out-of-Network Providers
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Inpatient Mental Health Care	\$100 copay per day, day(s) 1-5
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Mental Health Care	\$20
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ALCOHOL/DRUG ABUSE SERVICES	This is what you pay for Network & Out-of-Network Providers
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Inpatient Substance Abuse	\$100 copay per day, day(s) 1-5
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse	\$20
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OTHER SERVICES	This is what you pay for Network & Out-of-Network Providers
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Skilled Nursing Facility (SNF) Care	\$0 copay per day, day(s) 1-100
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Limited to 100 days per Medicare Benefit Period*.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

*A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

Home Health Agency Care	\$0
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Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
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Outpatient Rehabilitation Services	\$20
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(Speech, Physical, and Occupational therapy)

Cardiac Rehabilitation Services	\$0
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Pulmonary Rehabilitation Services	\$0
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Radiation Therapy	\$0
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Chiropractic Services	\$20
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Limited to Original Medicare - covered services for manipulation of the spine.

Durable Medical Equipment/ Prosthetic Devices	\$20
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Podiatry Services \$0
 Limited to Original Medicare covered benefits only.

Diabetic Supplies \$0
 Includes supplies to monitor your blood glucose from LifeScan.

Diabetic Eye Exams \$0

Outpatient Dialysis Treatments \$0

Medicare Part B Prescription Drugs \$0

Medicare Covered Dental \$30
 Non-routine care covered by Medicare.

ADDITIONAL NON-MEDICARE COVERED SERVICES

Fitness Benefit Silver Sneakers

Hearing Aid Reimbursement \$300 once every 12 months

Resources for Living Covered
 For help locating resources for every day needs.

Teladoc Covered
 Telehealth or Telemedicine

Transportation (non-emergency) 24 trips with 60 miles allowed per trip

Vision Eyewear Reimbursement \$150 once every 12 months

ADDITIONAL NON-MEDICARE COVERED SERVICES CONTINUED This is what you pay for Network & Out-of-Network Providers

Acupuncture \$15

See next page for Pharmacy-Prescription Drug Benefits.



PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-year deductible for prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>).

Formulary (Drug List) GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

Initial Coverage Limit (ICL) \$4,020

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

5 Tier Plan	Retail cost-sharing up to a 30 -day supply	Retail cost-sharing up to a 90 -day supply	Preferred mail order cost-sharing up to a 90 -day supply
Tier 1 - Preferred Generic Generic Drugs	\$4	\$12	\$8
Tier 2 - Generic Generic Drugs	\$10	\$30	\$20
Tier 3 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$45	\$135	\$90



5 Tier Plan	Retail cost-sharing up to a 30 -day supply	Retail cost-sharing up to a 90 -day supply	Preferred mail order cost-sharing up to a 90 -day supply
Tier 4 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$95	\$285	\$190
Tier 5 - Specialty Includes high-cost/unique generic and brand drugs	24%, but not more than \$250		

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage limit. Here’s your cost-sharing for covered Part D drugs after the Initial Coverage limit and until you reach \$6,350 in prescription drug expenses:

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

Catastrophic Coverage

Greater of 5% of the cost of the drug - or - \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.



Catastrophic Coverage benefits start once \$6,350 in true out-of-pocket costs is incurred.

Requirements:

Precertification	Applies
Step-Therapy	Does Not Apply

Non-Part D Drug Rider

- Not Covered

For more information about Aetna plans, go to www.aetna.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

Medical Disclaimers

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some



network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30-day supply. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>). Quantity limits and restrictions may apply.

If you reside in a long-term care facility, your cost share is the same as at a retail pharmacy and you may receive up to a 31-day supply.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.



Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna’s preferred drug list. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy participation is subject to change.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.
- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth



- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Plan Disclaimers

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

This information is not a complete description of benefits. Call 1-888-267-2637 (TTY: 711) for more information.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., and/or Aetna Life Insurance Company (Aetna).

Your coverage is provided through a contract with your former employer/union/trust. The plan benefits administrator will provide you with information about your plan premium (if applicable).

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the *Medicare & You 2020* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and



UNIVERSITY OF NEW MEXICO
Aetna MedicareSM Plan (PPO)
Medicare (P02) ESA PPO Plan
RX \$4 \$10 \$45 \$95 24%

answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711). Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711).

You can also visit our website at www.aetnaretireplans.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, go to www.aetna.com.

Please contact Customer Service toll-free at 1-888-267-2637 (TTY: 711) for additional information. Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

This document is not intended to be member-facing as it does not include the required disclosures.

*****This is the end of this plan benefit summary*****

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GRP_0009_659

AARP Medicare Supplement Plans F, G, and N Insured by UnitedHealthcare *And* AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plan (PDP)

Receive Medical and Prescription Drug Coverage Nationwide*

UNM will contribute toward the premiums for eligible retirees and dependents for AARP Medicare Supplement Insurance Plans F, G, or N. Medicare supplement plans vary in MA, MN, and WI. In MA, MN, and WI, alternate plans are available. AARP 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 MedicareRx 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. Retirees must use a physical address as their permanent address on AARP Medicare Supplement and MedicareRx applications. P.O. Boxes can only be used as a mailing address, not as a permanent address.

Some states, including New Mexico, do not mandate Medicare supplement insurance coverage for **pre-65 Medicare-eligible individuals**. As a result pre-65 Medicare supplement plan availability will vary by state. Contact UnitedHealthcare at 1-866-425-6523 for more information about AARP Medicare supplement plan availability for pre-65 Medicare-eligible retirees and dependents. Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan.

Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting and a waiting period for pre-existing conditions.

***IMPORTANT:** An AARP Medicare Supplement Plan and an AARP MedicareRx PDP *must be purchased together and enrollment maintained continuously in both plans* for UNM's premium contribution to apply. Additional AARP Medicare Supplement Plans may be available in your state, but you must enroll in AARP Medicare Supplement plan F, G, or N and in AARP MedicareRx Walgreens, Preferred, or Saver Plus in order to receive the UNM premium contribution. **Plan F is only available to eligible applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A effective date prior to 1/1/2020.**

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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 \$1,364	\$1,364 (Part A deductible)	\$0
	Days 61–90	All but \$341 per day	\$341 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$682 per day	\$682 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 \$170.50 per day	Up to \$170.50 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

Notes

Continued on next page

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.

1/19

*Subject to Change – At time of publication, 2020 Plan Benefit Summary was not available from UnitedHealthcare
To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

Plan Benefit Tables: Plan F (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 \$185 of Medicare-approved amounts ³	\$0	\$185 (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 \$185 of Medicare-approved amounts ³	\$0	\$185 (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 \$185 of Medicare-approved amounts ³	\$0	\$185 (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 \$185 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, 2020 Plan Benefit Summary was not available from UnitedHealthcare**

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period¹

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 \$1,364	\$1,364 (Part A deductible)	\$0
	Days 61–90	All but \$341 per day	\$341 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$682 per day	\$682 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 \$170.50 per day	Up to \$170.50 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

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.

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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.

BT116

*Subject to Change – At time of publication, 2020 Plan Benefit Summary was not available from UnitedHealthcare To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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 Once you have been billed \$185 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

BT116

1/19

lifetime maximum

*Subject to Change – At time of publication, 2020 Plan Benefit Summary was not available from UnitedHealthcare
To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

Plan Benefit Tables: Plan N

Medicare Part A: Hospital Services per Benefit Period¹

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 \$1,364	\$1,364 (Part A deductible)	\$0
	Days 61–90	All but \$341 per day	\$341 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$682 per day	\$682 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 \$170.50 per day	Up to \$170.50 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, 2020 Plan Benefit Summary was not available from UnitedHealthcare**
To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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

Notes Once you have been billed \$185 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, 2020 Plan Benefit Summary was not available from UnitedHealthcare

70 To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

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 \$185 of Medicare-approved amounts ³	\$0	\$0	\$185 (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, 2020 Plan Benefit Summary was not available from UnitedHealthcare
To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

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** AARP MedicareRx Plans: Walgreens, Preferred, Saver Plus

Premiums and Co-pays below reflect 2019 rates for Albuquerque, NM. PDP premiums vary by state. Please call UnitedHealthcare 1-866-425-6523 for a personalized quote.

	AARP MedicareRx Walgreens (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
Annual Prescription Deductible	\$0 for Tier 1, Tier 2 \$415 for Tier 3, Tier 4, Tier 5*	\$0	\$415
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) \$5 copay Standard Network Pharmacy Cost Sharing (30 days) \$10 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$30 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$1 copay Standard Network Pharmacy Cost Sharing (30 days) \$6 copay Preferred Mail Order Pharmacy (90 days) \$3 copay Standard Mail Order Pharmacy (90 days) \$18 copay
Tier 2: Generic Drugs	Preferred Retail Pharmacy Cost Sharing (30 days) \$5 copay Standard Network Pharmacy Cost Sharing (30 days) \$20 copay Preferred Mail Order Pharmacy (90 days) \$15 copay Standard Mail Order Pharmacy (90 days) \$60 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$10 copay Standard Network Pharmacy Cost Sharing (30 days) \$20 copay Preferred Mail Order Pharmacy (90 days) \$0 copay Standard Mail Order Pharmacy (90 days) \$60 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$7 copay Standard Network Pharmacy Cost Sharing (30 days) \$12 copay Preferred Mail Order Pharmacy (90 days) \$21 copay Standard Mail Order Pharmacy (90 days) \$36 copay
Tier 3: Preferred Brand Drugs	Preferred Retail Pharmacy Cost Sharing (30 days) \$30 copay Standard Network Pharmacy Cost Sharing (30 days) \$45 copay Preferred Mail Order Pharmacy (90 days) \$90 copay Standard Mail Order Pharmacy (90 days) \$135 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$40 copay Standard Network Pharmacy Cost Sharing (30 days) \$47 copay Preferred Mail Order Pharmacy (90 days) \$105 copay Standard Mail Order Pharmacy (90 days) \$141 copay	Preferred Retail Pharmacy Cost Sharing (30 days) \$25 copay Standard Network Pharmacy Cost Sharing (30 days) \$30 copay Preferred Mail Order Pharmacy (90 days) \$75 copay Standard Mail Order Pharmacy (90 days) \$90 copay

*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.

****Subject to Change – At time of publication, 2020 Medicare Rx Benefit Summary was not available from UnitedHealthcare.**

Premiums and Co-pays reflect 2019 rates for Albuquerque, NM. PDP premiums vary by state. Please call UnitedHealthcare 1-866-425-6523 or see pages 81-82 for a personalized quote.

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2019 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

***Subject to Change – At time of publication, 2020 AARP MedicareRx Walgreens Plan Summary of Benefits was not available from UnitedHealthcare.**

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

AARP | MedicareRx *Walgreens* Plan
insured through UnitedHealthcare

Y0066_SB_S5921_407_2019_M

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; \$415 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	\$5 copay	\$15 copay	\$20 copay	\$60 copay	\$15 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$30 copay	\$90 copay	\$45 copay	\$135 copay	\$90 copay	\$135 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 \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% 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 \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs. 					

*Subject to Change – At time of publication, 2020 AARP MedicareRx Walgreens Plan Summary of Benefits was not available from UnitedHealthcare.

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

2019 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

***Subject to Change – At time of publication, 2020 AARP MedicareRx Preferred Plan Summary of Benefits was not available from UnitedHealthcare**

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

AARP® | MedicareRx Plans
insured through **UnitedHealthcare**

Y0066_SB_S5820_025_2019_M

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	\$5 copay	\$15 copay	\$10 copay	\$30 copay	\$0 copay	\$30 copay
Tier 2: Generic Drugs	\$10 copay	\$30 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$40 copay	\$120 copay	\$47 copay	\$141 copay	\$105 copay	\$141 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Stage 3: Coverage Gap Stage	After your total drug costs reach \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% 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 \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs. 					

***Subject to Change – At time of publication, 2020 AARP MedicareRx Preferred Plan Summary of Benefits was not available from UnitedHealthcare**

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

2019 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

***Subject to Change – At time of publication, 2020 AARP MedicareRx Saver Plus Plan Summary of Benefits was not available from UnitedHealthcare.**

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

AARP | MedicareRx Plans
insured through UnitedHealthcare

Y0066_SB_S5921_371_2019_M

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	\$415 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	\$6 copay	\$18 copay	\$3 copay	\$18 copay
Tier 2: Generic Drugs	\$7 copay	\$21 copay	\$12 copay	\$36 copay	\$21 copay	\$36 copay
Tier 3: Preferred Brand Drugs	\$25 copay	\$75 copay	\$30 copay	\$90 copay	\$75 copay	\$90 copay
Tier 4: Non-Preferred Drugs	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance	33% 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 \$3,820, you will pay no more than 37% coinsurance for generic drugs or 25% 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 \$5,100, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.40 copay for generic (including brand drugs treated as generic) and a \$8.50 copay for all other drugs. 					

*Subject to Change – At time of publication, 2020 AARP MedicareRx Saver Plus Plan Summary of Benefits was not available from UnitedHealthcare

To obtain an approximate estimate of premiums, call UnitedHealthcare 1-866-425-6523 or see pages 81-82.

ONLINE INSTRUCTIONS: How to obtain *approximate pricing** for AARP Medicare Supplement Plan F, G, and N *and* AARP MedicareRx 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 UnitedHealthcare ENROLLMENT AUTHORIZATION FORM (pages 85-86) TO RECEIVE UNM’S CONTRIBUTION TOWARD YOUR AND YOUR DEPENDENT’S AARP PLAN PREMIUMS ****

1. Go to www.aarpmedicareplans.com/health-plans/medicare-supplement-plans.html
2. Enter your zip code, date of birth (dd/mm/yyyy), gender, and tobacco use information.
3. Select your Medicare Part A and Part B enrollment effective month and year from the drop down tabs.
4. Select your Medicare plan start date from the drop down tab. Then, click on the orange “**View Plans**” button.
5. Scroll down to view **Plan F, G and N** in the list plans insured by UnitedHealthcare. Click the “Add to compare” box in the Plan F, G and N boxes. Then click the blue “Compare Plans” button for a high-level comparison overview for these three UNM premium contributions eligible plans. The Standard premium rates for 2019 (2020 rates were not available at the time of this publishing) are displayed for AARP Medicare Supplement Insurance Plans F, G, and N for your birth date and zip code. **These are the only Medicare Supplement Insurance plans available to eligible UNM participants who wish to receive a premium contribution from UNM. (Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.)**
6. Multiply the Plan F, G, or N Estimated Monthly Rate in Step 5 by the UNM Contribution % applicable to you (see premium rate %s on pages 13 - 14). This step provides **an approximate estimate** of your portion of the AARP Medicare Supplement Plan F, G or N monthly premium. Click on the “Benefit Table” link below **Plan F, G and N** plan details box to view AARP Plan F, G, and N Medicare Supplement Plan benefits (also shown on pages 65 - 71 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. Click on **Shop For A Plan** (in blue banner at top of Medicare supplement plans webpage). Click on **Medicare Prescription Drug Plans**. Scroll down and review the information on the page. Enter your zip code and click on the magnifying glass. Click on **View Plans and Pricing** (blue button in center of the webpage), select View Plans below **3 Medicare Prescription Drug (Part D) Plans**. Click on the box to select all three plans for Add to Compare, and click on the blue Compare Plans box. Scroll down to review the AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plans (also shown on pages 73 – 80 of this Guide).

ONLINE INSTRUCTIONS, continued...

How to obtain **approximate pricing*** for AARP Medicare Supplement Plan F, G, and N *and* AARP MedicareRx Walgreens, Preferred, and Saver Plus PDPs

8. Multiply the desired monthly AARP MedicareRx plan premium by the % used in step 6 above to find your retiree portion of the monthly premium for the AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. Rates listed are for 2019. (2020 premiums were not available at time of publication)
9. Add the results in Step 6 and Step 8 for **an approximate estimate** of what your total monthly retiree portion of the premiums will be for AARP Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus Part D PDP coverage via UNM's retiree benefits.
10. Proceed to the UNM UnitedHealthcare Enrollment Instructions (pages 83 - 84), complete the UNM UnitedHealthcare Enrollment Authorization Form (page 85 - 86), the 2019 65+ Enrollment Change Form, and submit via hand delivery, 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 AARP at 866-425-6523 or UNM Benefits at 505-277-MyHR (6947)

Reminder: You and your Medicare-eligible dependent(s) must enroll at the same time in **both** an AARP Medicare Supplement Plan F, G, or N 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 UNM contribution toward your and your dependent(s) premiums. AARP Medicare Supplement Plans F, G, and N are available in most states. In MA, MN, and WI, alternate premium contribution-eligible AARP Medicare Supplement plans are available. AARP MedicareRx Preferred, Walgreens, and Saver Plus PDPs are available in every state.

Important: Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.

Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting and a waiting period for pre-existing conditions.

UNM UnitedHealthcare ENROLLMENT INSTRUCTIONS – Please read carefully!

If you (and dependent(s)) 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 UNM UnitedHealthcare Enrollment Authorization Form (pages 85 - 86) **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 and your dependent(s) are properly enrolled in UNM's retiree benefits and remain eligible for the 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.

1. Complete the 2020 UNM Medicare-Eligible Retiree Open Enrollment Form. Select an AARP Medicare Supplement Plan *and* an AARP MedicareRx Prescription Drug Plan (PDP).
2. Complete, initial, sign, and date the 2020 UNM UnitedHealthcare Enrollment Authorization Form on pages 85 - 86.
3. Submit a fully completed and signed 2020 UNM Medicare-Eligible Retiree Open Enrollment Change Form, the 2020 UNM UnitedHealthcare 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 enrollment packets from UnitedHealthcare, complete **BOTH** the AARP Medicare Supplement **and** MedicareRx PDP enrollment kits. Select AARP Medicare Plan F, G or N **and** AARP MedicareRx Preferred, Walgreens, 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 applications to UnitedHealthcare, using the appropriate mailing address.

IMPORTANT NOTE: ALL AARP enrollment kits must be received by UnitedHealthcare **no later than Monday December 3, 2019**. *Retirees and dependents who fail to meet this deadline will lose UNM's contribution to premiums and ability to participate in Medicare-Eligible Retiree 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 UnitedHealthcare. Please specify which mail service was used (1st Class, Priority, UPS, Fed Ex, etc).

UNM UnitedHealthcare ENROLLMENT INSTRUCTIONS – continued...

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 an AARP Medicare Supplement Insurance Plan F, G, or N **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus enrollment kit and return them to UnitedHealthcare. **NOTE:** If you fail to enroll in both AARP Medicare Supplement 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 UnitedHealthcare without coordinating enrollment through the UNM Benefits office, you risk having **duplicate** coverage. UnitedHealthcare will **not** notify UNM of your enrollment. 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 UnitedHealthcare for duplicate coverage. Please work with UNM Benefits.**

IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred, Walgreens, and Saver Plus PDPs are the only AARP Plans for which UNM contributes to premiums. Retirees and dependents must enroll in and continuously retain **both** plans concurrently to be covered under UNM retiree benefits and receive the premium contribution from UNM.

- *AARP Plans F, G, and N are available in all states with the exception of MA, MN, and WI. In MA, MN, and WI, alternate UNM-approved AARP plans are available as a substitute for AARP Plan F, G, or N. UNM-approved AARP 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 Preferred, Walgreens, or Saver Plus PDPs must contact UnitedHealthcare directly to re-enroll in the AARP MedicareRx PDP in their new state of residence. UNM is not able to re-enroll the retiree or dependent(s) in AARP’s MedicareRx Plans. Retirees/dependents may retain their Plan F, G, or N from state to state.***
- **Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting and a waiting period for pre-existing conditions.**
- Some states, including New Mexico, do not mandate Medicare supplement insurance coverage for **pre-65 Medicare-eligible individuals**. As a result pre-65 Medicare supplement plan availability will vary by state. Contact UnitedHealthcare at 866-425-6523 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 Medicare-Eligible Retiree Open Enrollment mailings.

2020 UNM UnitedHealthcare 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 to enroll in AARP Medicare Supplement Insurance, underwritten by UnitedHealthcare. 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 am in the process of enrolling. My part B Medicare 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: AARP Medicare Supplement Insurance Plans may not be available to pre-65 Medicare eligible applicants in every US state.**
- Upon receiving my AARP enrollment kit(s), I agree to complete the Medicare Supplement and MedicareRx enrollment kits and return them to UnitedHealthcare as soon as possible. Failure to do so 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 (and my dependent) do not qualify for a premium contribution from UNM unless I am (we are) enrolled in both an AARP Medicare Supplement Insurance Plan (F, G or N) AND an AARP MedicareRx PDP plan (Preferred, Walgreens, or Saver Plus). UNM is not obligated to refund my premiums if I (we) fail to enroll timely in one of these AARP Medicare Supplement Insurance plans AND AARP MedicareRx plans concurrently.**
- Upon receipt of my (and my dependent(s)) UnitedHealthcare Medicare Supplement Insurance and Prescription Drug Plan cards, I will mail, fax, or hand-deliver a copy of the cards to UNM Human Resources, MSC 01 1220, 1 UNM, Albuquerque, NM, 87131 (fax to 505-277-2278).

Retiree Initials _____

(Page 1 of 2)

2020 UNM UnitedHealthcare Enrollment Authorization Form, (page 2 of 2)....

NOTE: Copies of my (and my dependent(s)) insurance cards are needed to make changes to my UNM Bursars Account.

I will be billed directly by UnitedHealthcare for my share of premiums for my (and my dependent(s)) Medicare supplement plan and MedicareRx prescription drug coverage. If I (we) 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 (our) share of these other premiums through UNM Bursar's office.

- **IMPORTANT: AARP Medicare Supplement Plan F, G or N and AARP MedicareRx Preferred, Walgreens, or Saver Plus PDPs are the only Medicare Supplement and PDP plans for which UNM contributes to premiums. Important: Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.** Enroll in and retain **one of each** of these 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 Preferred, Walgreens, and Saver Plus PDPs are available in all states. **Note: Retirees and dependents who change state of residence and are enrolled in AARP MedicareRx Preferred, Walgreens, or Saver Plus must re-enroll in the AARP MedicareRx plan in their new state of residence. UNM is not able to re-enroll retirees or dependents. AARP plan coverage is individual.**
- Some States, including New Mexico, do not provide Medicare Supplement coverage for **pre-65** Medicare-eligible retirees and dependents. Contact UnitedHealthcare at 866-425-6523 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 Monday, December 3, 2019.** *Retirees and dependents who fail to meet this deadline will permanently lose UNM's contribution to premiums and ability to participate in Medicare-Eligible Retiree 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 2019—
June 2020

Networks giving you Options!

Reminder—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.

Remember you have added enhanced savings under 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 Delta Dental 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 PPO national dentist
- 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 deductible
- Waiting period applies to Major Services

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 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

Quick

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

More than 120 signs and symptoms of non-dental diseases can be detected through a routine oral exam. Also the Surgeon General reports that at least 80% of American adults have gum disease, so don't cancel that dentist appointment for your important cleanings/exams!

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!

Summary Comparison of UNM Dental Plan Options

Benefit Period: July 1, 2019, through June 30, 2020

Benefits administered by Delta Dental of New Mexico

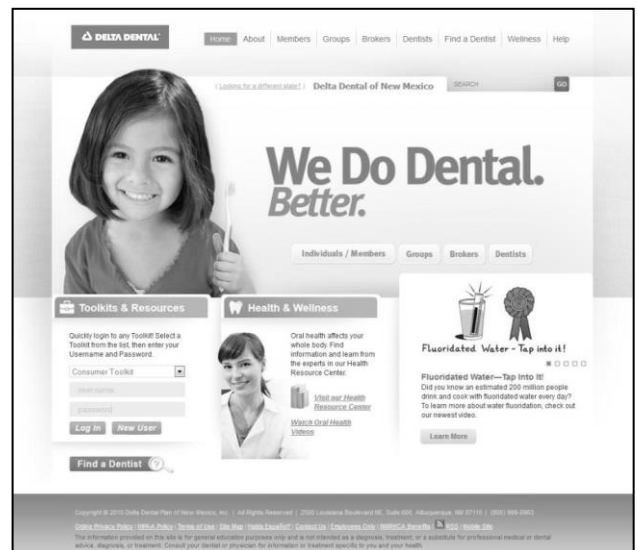
Benefits administered by Delta Dental of New Mexico 	High Option		Low Option	
	Networks: Delta Dental PPO SM and Delta Dental Premier [®]		Network: Delta Dental PPO SM	
	The Plan Pays	You Pay	The Plan Pays	You Pay
Diagnostic and Preventive Services				
Oral Examinations – twice in a calendar year	100%	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 <https://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.”

For premium rates, see pages 13 - 14 of this Guide.

Tools and Resources for Dental Plan Enrollees

As a Delta Dental of New Mexico enrollee, you can take advantage of multiple resources to get the most out of your dental plan. Simply visit www.deltadentalnm.com and click on the “Members” tab to access online resources, including a provider search, Consumer Toolkit, and more. In addition, you can contact our local Customer Service department during business hours, or use the automated phone system at any time (24/7), for assistance with your plan.

Provider Search

On www.deltadentalnm.com, click the “Find a Dentist” link to search for a Delta Dental participating provider by location or specialty. For most Delta Dental networks, you can create a list of providers to export or print. Learn which provider network will give you the lowest out-of-pocket costs by referring to the section titled “Your Network” in your Summary of Dental Plan Benefits.

Find your Delta Dental provider today!

Consumer Toolkit

Consumer Toolkit is an online portal that gives you access to information about your specific plan and benefits. Select the Consumer Toolkit link on www.deltadentalnm.com

(or go straight to www.toolkitsonline.com) and sign in to:

- Verify eligibility of subscriber and dependents
- Confirm status of deductibles and plan maximums
- Review how a specific claim was processed
- Print a personalized subscriber ID card

Dental Plan Documents

The Delta Dental of New Mexico “Members” section at www.deltadentalnm.com/individuals

The Dental Benefit Handbook and Summary of Dental Plan Benefits, which contain important information about your dental plan, are available from the Human Resources/Benefits Manager at your organization and/or Delta Dental of New Mexico Customer Service. You can reach Customer Service at (877) 395-9420 from Monday through Friday, 8:00am–4:30pm MT. You can also request documents by sending an email to customerservice@deltadentalnm.com.

Customer Service customerservice@deltadentalnm.com

Customer Service Representative (M–F, 8:00am–4:30pm MT):

- **Local:** (505) 855-7111
- **Toll-Free:** (877) 395-9420
- **Automated Phone System (24/7)**