

University of New Mexico

**FY17 Open Enrollment Guide
for Pre-65 Retiree
Medical and Dental Plans**



Dates: May 4 – May 20, 2016

Coverage Effective:
July 1, 2016 – June 30, 2017



UNM

Division of Human Resources

Overview and Rate Summaries for UNM's Pre-65 Retiree Benefit Plans



Date: May 4, 2016

To: University of New Mexico Retirees and their eligible dependents under the age of 65

2016/2017 Open Enrollment begins May 4, 2016 and ends on May 20, 2016.

As a UNM retiree under the age of 65, or if you have an eligible dependent under the age of 65, you are eligible to participate in the 2016-2017 UNM Open Enrollment process. Open Enrollment is your opportunity to make changes to the health and dental plans in which you are currently enrolled. The following types of changes are allowed during this period:

- ✓ Change your medical carrier (e.g. BlueCross to Presbyterian or vice-versa)
- ✓ Drop medical and/or dental plan coverage (e.g. BlueCross, Presbyterian, or Delta Dental)
- ✓ Add/drop dependents, including spouse or domestic partner, for medical and/or dental coverage
- ✓ Change level of coverage under existing medical or dental plan (e.g. Delta Dental Premier/high option to Delta Dental Preferred/low option or vice-versa)

IMPORTANT THINGS TO REMEMBER

- ✓ If you cancel your coverage, you will not be able to enroll in the future.
- ✓ Please remember that you will not be able to make any changes to your benefits after the Open Enrollment period closes, unless you experience a Qualifying Change of Status event*
- ✓ All approved and properly submitted Open Enrollment changes made during this period will be effective July 1, 2016
- ✓ If you do not have existing post-retirement medical and/or dental coverage, you are not eligible to add medical and/or dental coverage at any time. Post-retirement benefit participation requires election at time of retirement and continuous enrollment.

If you WANT to make changes to your existing medical and/or dental coverage

Please return the enclosed PRE-65 OPEN ENROLLMENT FORM** to the UNM Human Resources Benefits office **no later than 5:00 pm on May 20, 2016.**

****IMPORTANT NOTE: If you cancel retiree medical and/or dental coverage, you may NOT enroll at a later time. Additionally, if you, as the retiree, cancel your coverage and you are covering a dependent, their coverage will be cancelled as well, regardless of their age.***

If you DON'T WANT to make changes to your medical and/or dental coverage

No action is required and your current elections *will continue* for the 2016 – 2017 plan year.

If you have questions about your benefits or want to attend an information session

Please attend a Pre-65 Retiree Open Enrollment Vendor Fair:

- Thursday, May 12, 1:00 pm – 4:00 pm in the Atrium at the UNM Cancer Center
- Wednesday, May 18, 10:00 am – 1:00 pm in the Atrium at the UNM Cancer Center

For a list of more resources, please go to the UNM HR website: <https://hr.unm.edu/benefits/open-enrollment>.

**For more information on what constitutes a Qualifying Change of Status event, visit the UNM Division of Human Resources website at <https://hr.unm.edu/benefits/qualifying-change-in-status>.*

***Remember to make a copy for your records*

Summary of Benefit Changes effective July 1, 2016:

PREMIUM CHANGES FOR PRE-65 RETIREES

The 5% contribution allocation increase toward the cost of post-retirement benefits premiums will continue as scheduled for FY17, as previously approved by the Board of Regents (BOR). The new rates and contribution changes are reflected in the medical rate sheet included in this booklet.

DEPENDENT ELIGIBILITY VERIFICATION

When adding a dependent to your UNM medical coverage, UNM requires you to validate that your dependent is eligible for coverage. UNM is working with Aon Hewitt, UNM's contracted Benefits Consultant, to assist in verifying dependents enrolled in UNM's medical plan. If you are adding a dependent, you will receive notification in the mail in July requesting that you submit proof documents to Aon Hewitt's Dependent Verification Center.

If you fail to submit the required proof documents, your dependent will be deemed ineligible for UNM coverage, which will result in cancellation of coverage for this dependent. Furthermore, you may be required to repay the total cost of healthcare plan paid claims and UNM paid premiums and/or further action may be taken as deemed necessary.

Affordable Care Act (ACA) Requirement to Collect Dependent Social Security Numbers (SSN) for Those Enrolled in Medical Plans

The Affordable Care Act (ACA), also referred to as Healthcare Reform, requires UNM to report to the IRS all individuals enrolled in any of the UNM Medical Plans. Further, the IRS requires that UNM request the Social Security Numbers (SSNs) of each individual enrolled in the UNM Medical Plans. In order to meet these reporting requirements, Aon Hewitt will be requesting dependent SSNs during the Dependent Verification process.

Please comply with the request for dependent SSNs, as UNM may be subject to substantial penalty for failure to comply with the reporting requirements.

Should you need assistance during the dependent verification process or have questions, contact **Aon Hewitt's Dependent Verification Center at 1-800-725-5810.**

2016 – 2017 OPEN ENROLLMENT CHANGES

All approved Open Enrollment changes made during this period will be effective **July 1, 2016**.

Medical/Prescription Drug Coverage

- **Medical Plan:**

In-Network Out-of-Pocket Maximum:

- Increase from \$2,250 to **\$3,000** for the **individual** and \$4,500 to **\$6,000** for the **family**.

No change to current medical deductibles, coinsurance, and copays.

Medical Plan Rates will Increase

Pre-65 Retiree Medical Plan premium rates for the 2016 – 2017 Plan Year will increase by an overall average of 13.3%. Premiums vary by the 3 medical coverage options.

Rates are included with this mailing.

- **Prescription Drug Plan:**

Pre-65 Retirees enrolled in UNM Medical coverage are automatically enrolled in this plan, the UNM Prescription Drug plan offered by Express Scripts Inc.

A 25% coinsurance will apply for brand drugs. The 25% coinsurance is based on pharmacy retail cost of drug with the following limits:

- *Preferred (Formulary) Brand Drug:*
 - 30-Day Supply Coinsurance
 - Minimum to Maximum: \$35* to \$70
- *Non-Preferred (Non-Formulary) Brand Drug:*
 - 30-Day Supply Coinsurance:
 - Minimum to Maximum: \$55* to \$110

*If retail cost is less than minimum coinsurance, the retail cost will be charged.

The 90-day supply prescription for preferred and non-preferred brand drugs changes from 2 times to 2.5 times the 30-day prescription supply cost, and a 25% coinsurance applies:

- *Preferred (Formulary) Brand Drug:*
 - 90-Day Retail or Mail Order Supply Coinsurance
 - Minimum to Maximum: \$87.50 to \$175
- *Non-Preferred (Non-Formulary) Brand Drug:*
 - 90-day Retail or Mail Order Supply Coinsurance:
 - Minimum to Maximum: \$137.50 to \$275

No Change to Generic (copay), Specialty Drugs (Coinsurance/Copay), and Diabetic Drugs and Diabetic Supplies (zero copay for covered benefits).

During Open Enrollment, Express Scripts will offer an online tool reflecting July 1, 2016 changes, allowing you to price your specific brand drug.

Pre-65 Dental and Life Insurance Coverage

- **Dental Coverage:**

Delta Dental (High and Low Options) - no plan changes, FY17 5% premium contribution allocation increase applies.

- **Life Insurance:**

Life Insurance - no plan changes, FY17 5% premium contribution shift applies.

FY17 CHANGE, NOT PART OF OPEN ENROLLMENT

- **The 31-day Enrollment Period extended to 60 days:**

*Effective July 1, 2016, Pre-65 Retirees experiencing a Qualifying Change in Status **on or after July 1, 2016** may complete their benefits changes within a 60-day enrollment/change period.*

Benefits election changes are effective the first day of the month after they have been received and approved by the Benefits Department.

If you were not previously enrolled in a post-retirement benefit, such as medical or dental coverage, you have lost eligibility for these benefits and cannot enroll in coverage at any future date.

Visit <https://hr.unm.edu/benefits/open-enrollment> for detailed information about Open Enrollment, including rate changes, booklets, and dependent proof document requirements.

**UNM Medical Plan Summary: Administered by
BCBS of NM or Presbyterian Health Plan
July 1, 2016 to June 30, 2017**

UNM Medical Plan Pre-existing condition exclusions: NONE Lifetime Maximum: NONE		Please refer to your Participant Benefit Booklet for detailed information about UNM Medical Plan coverage including limitations, exclusions, and benefit certification requirements		
		LoboCare Network	In-Network	Out-of-Network****
Deductible		\$600 Per Person (\$1,200 Family)		\$1,800 Per Person (\$3,600 Family)
Out-of-Pocket Maximums		\$3,000 Per Person (\$6,000 Family)**		\$7,500 Per Person (\$15,000 Family)(Deductible not included)
<u>Inpatient Hospitalization</u>		15%	25%	40%***
Outpatient Procedures		15%	25%	40%***
Physician Services: Primary Care (PC) Office Visits Specialist Office Visits Preventive Exams/Services Outpatient Diagnostic Tests/lab/X-Ray (not including CT/ PET Scans, MRI, or Nuclear Medicine)		\$25 Copay* \$35 Copay* No Copay No Charge above Initial Office Visit Copay	\$30 Copay* \$45 Copay* No Copay No Charge above Initial Office Visit Copay	40%*** 40%*** Not Covered Preventive Not Covered Diagnostic 40%***
CT/PET scans, MRI, Nuclear Medicine		15%	25%	40%***
Durable Medical Equipment (Includes prosthetics; orthotics not covered)		Not Available	25%	40%***
Mental Health/Substance Addiction Inpatient Outpatient		15% \$35 Copay*	25% \$45 Copay*	40%*** 40%***
Home Health Care (100 Visits Per Plan Year)		Not Available	25%	40%***
Skilled Nursing Care (60 days/plan year)		Not Available	25%	40%***
Speech / Physical / Occupational Therapy (30 visits Physical/ 20 visits Speech and Occupational Therapy each per plan year)		\$35 Copay*	\$45 Copay*	40%***
Hospice		Not Available	25%	40%***
Ambulance		Applies to In-Network Benefit**	25%	Applies to In-Network Benefit**
World-Wide Emergency Services		\$150 Copay*	\$150 Copay*	\$150 Copay*
Urgent Care		\$75 Copay*	\$75 Copay*	40%***
Chiropractic (20 visits each per plan year)		\$35 Copay*	\$45 Copay*	40%***
Acupuncture (20 visits each per plan year)		\$35 Copay*	\$45 Copay*	40%***
Prescription Drugs		Pharmacy/30 Day Supply (DS)**		Mail Order/Pharmacy 90 Day Supply (DS)**
Administered by Express Scripts, Inc.		Generic*:		\$20 Copay
		Preferred Brand*:		25% Coinsurance (Min \$87.50–Max \$175)
		Non-Preferred Brand*:		25% Coinsurance (Min \$137.50–Max \$275.00)
		Specialty*:		20% to maximum \$250/prescription; after reaching \$1,250 out of pocket within plan year, then \$55 Co-Pay
*Not Subject to Deductible				
**Combined LoboCare and In-Network Out-of-Pocket Maximums include deductibles, flat dollar copays, and coinsurance paid				
***Applies to Out-of-Network Deductible and Out-of-Pocket Maximum				
****Amounts above Reasonable and Customary are not covered				

**UNM Medical Plan Summary Administered by
UNM Health
July 1, 2016 to June 30, 2017**

UNM Medical Plan Pre-existing condition exclusions: NONE Lifetime Maximum: NONE Note: Services outside LoboCare Network require prior authorization	Please refer to your Participant Benefit Booklet for detailed information about UNM Medical Plan coverage including limitations, exclusions, and benefit certification requirements		
	LoboCare Network	Extended Tier 2 Network (Prior Authorization Required)	Out-of-Network****
Deductible	\$600 Per Person (\$1,200 Family)		\$1,800 Per Person (\$3,600 Family)
Out-of-Pocket Maximums	\$3,000 Per Person (\$6,000 Family)**		\$7,500 Per Person (\$15,000 Family) (Deductible not included)
Inpatient Hospitalization	10%	30%	40%***
Outpatient Procedures	10%	30%	40%***
Physician Services: Primary Care (PC) Office Visits Specialist Office Visits Preventive Exams/Services Outpatient Diagnostic Tests/lab/X-Ray(not including CT/ PET Scans, MRI, or Nuclear Medicine)	\$25 Copay* \$35 Copay* No Copay No Charge above Initial Office Visit Copay	\$30 Copay* \$45 Copay* No Copay No Charge above Initial Office Visit Copay	40%*** 40%*** Not Covered Preventive Not Covered Diagnostic 40%***
CT/PET scans, MRI, Nuclear Medicine	10%	30%	40%***
Durable Medical Equipment (Includes prosthetics; orthotics not covered)	10%	30%	40%***
Mental Health/Substance Addiction			
Inpatient	10%	30%	40%***
Outpatient	\$35 Copay*	\$45 Copay*	40%***
Home Health Care (100 Visits Per Plan Year)	10%	30%	40%***
Skilled Nursing Care (60 days/plan year)	10%	30%	40%***
Speech / Physical / Occupational Therapy (30 visits Physical/ 20 visits Speech and Occupational Therapy each per plan year)	\$35 Copay*	\$45 Copay*	40%***
Hospice	10%	30%	40%***
Ambulance	Applies to In-Network Benefit**	30%	Applies to In-Network Benefit**
World-Wide Emergency Services	\$150 Copay*	\$150 Copay*	\$150 Copay*
Urgent Care	\$75 Copay*	\$75 Copay*	40%***
Chiropractic (20 visits each per plan year)	\$35 Copay*	\$45 Copay*	40%***
Acupuncture (20 visits each per plan year)	\$35 Copay*	\$45 Copay*	40%***

Prescription Drugs	Pharmacy/30 Day Supply (DS)**		Mail Order/Pharmacy 90 Day Supply (DS)**
Administered by Express Scripts, Inc.	Generic*:	\$10 Copay	\$20 Copay
	Preferred Brand*:	25% Coinsurance (Min \$35 – Max \$70)	25% Coinsurance (Min \$87.50–Max \$175)
	Non-Preferred Brand*:	25% Coinsurance (Min \$55 – Max \$110)	25% Coinsurance (Min \$137.50–Max \$275)
	Specialty*:	20% to maximum \$250/prescription; after reaching \$1,250 out of pocket within plan year, then \$55 Co-Pay	Not Available


*Not Subject to Deductible

**Combined LoboCare and In-Network Out-of-Pocket Maximums include deductibles, flat dollar copays, and coinsurance paid

***Applies to Out-of-Network Deductible and Out-of-Pocket Maximum

****Amounts above Reasonable and Customary are not covered

Summary Comparison of UNM Dental Plan Options – Benefit Period July 1, 2016 through June 30, 2017
Benefits administered by Delta Dental of New Mexico

	High Option		Low Option	
	Featuring Delta Dental Premier®		Featuring Delta Dental PPO SM	
	The Plan Pays	You Pay	The Plan Pays	You Pay
Diagnostic and Preventive Services				
• Oral Evaluations - twice in a calendar year	100%	0%	90%	10%
• Routine or Periodontal Cleanings - twice in a calendar year	100%	0%	90%	10%
• X-rays - full mouth series once every 5 years/Bitewings - twice in a calendar year	100%	0%	90%	10%
• Fluoride Application - through age 18, twice in a calendar year	100%	0%	90%	10%
• Emergency Treatment - for relief of pain	100%	0%	90%	10%
• Sealants - through age 15, permanent molars only, 3 year limitation	100%	0%	90%	10%
• Space Maintainers - through age 13	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%
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	\$50/person to maximum of \$150/family. Does not apply to Diagnostic and Preventive Services.		\$25/person to maximum of \$75/family. Does not apply to Diagnostic and Preventive Services.	
• 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. Upon inception of coverage, if applicable, a Summary of Benefits will be provided to enrollees with a Dental Benefit Handbook.

For additional information call the Delta Dental Benefit Service Department at **(505) 855-7111** or toll free **(877) 395-9420**.
 For easy access to the provider directory applicable to each option, log onto DeltaDentalNM.com.

PRE-65 RETIREE MONTHLY MEDICAL RATES

Effective 7/1/2016 - 6/30/2017

UNM HEALTH PLAN	Annualized Salary \$24,999 and below		Annualized Salary \$25,000 - \$34,999		Annualized Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (65%)	Retiree Pays (35%)	UNM Pays (55%)	Retiree Pays (45%)	UNM Pays (45%)	Retiree Pays (55%)
Single (Retiree Only)	\$317.85	\$171.15	\$268.95	\$220.05	\$220.05	\$268.95
Retiree + Spouse	\$653.25	\$351.75	\$552.75	\$452.25	\$452.25	\$552.75
Retiree + Children	\$588.90	\$317.10	\$498.30	\$407.70	\$407.70	\$498.30
Family	\$925.60	\$498.40	\$783.20	\$640.80	\$640.80	\$783.20

PRESBYTERIAN HEALTH PLAN	Annualized Salary \$24,999 and below		Annualized Salary \$25,000 - \$34,999		Annualized Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (65%)	Retiree Pays (35%)	UNM Pays (55%)	Retiree Pays (45%)	UNM Pays (45%)	Retiree Pays (55%)
Single (Retiree Only)	\$415.35	\$223.65	\$351.45	\$287.55	\$287.55	\$351.45
Retiree + Spouse	\$854.10	\$459.90	\$722.70	\$591.30	\$591.30	\$722.70
Retiree + Children	\$770.90	\$415.10	\$652.30	\$533.70	\$533.70	\$652.30
Family	\$1,212.25	\$652.75	\$1,025.75	\$839.25	\$839.25	\$1,025.75

BLUECROSS BLUESHIELD OF NEW MEXICO	Annualized Salary \$24,999 and below		Annualized Salary \$25,000 - \$34,999		Annualized Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (65%)	Retiree Pays (35%)	UNM Pays (55%)	Retiree Pays (45%)	UNM Pays (45%)	Retiree Pays (55%)
Single (Retiree Only)	\$326.95	\$176.05	\$276.65	\$226.35	\$226.35	\$276.65
Retiree + Spouse	\$672.75	\$362.25	\$569.25	\$465.75	\$465.75	\$569.25
Retiree + Children	\$607.10	\$326.90	\$513.70	\$420.30	\$420.30	\$513.70
Family	\$954.20	\$513.80	\$807.40	\$660.60	\$660.60	\$807.40

PRE-65 DEPENDENTS OF 65+ RETIREES MONTHLY RATES

	UNM HEALTH		PRESBYTERIAN HEALTH		BLUECROSS BLUE SHIELD OF NM	
	Contribution		Contribution		Contribution	
	UNM Pays (30%)	Retiree Pays (70%)	UNM Pays (30%)	Retiree Pays (70%)	UNM Pays (30%)	Retiree Pays (70%)
Single (Spouse/ Child Only)	\$146.70	\$342.30	\$191.70	\$447.30	\$150.90	\$352.10
Spouse + Child (ren)	\$271.80	\$634.20	\$355.80	\$830.20	\$280.20	\$653.80

UNM WIDOW RATES

	UNM HEALTH		PRESBYTERIAN HEALTH		BLUECROSS BLUE SHIELD OF NM	
Single (Spouse/ Child Only)		\$489.00		\$639.00		\$503.00
Spouse + Child (ren)		\$906.00		\$1,186.00		\$934.00

RETIREE MONTHLY DENTAL RATES

Effective 7/1/2016 - 6/30/2017

Delta Dental Preferred (Low Option)

	Retirement Salary \$24,999 and below		Retirement Salary \$25,000 - \$34,999		Retirement Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (65%)	Retiree Pays (35%)	UNM Pays (55%)	Retiree Pays (45%)	UNM Pays (45%)	Retiree Pays (55%)
Single (Retiree Only)	\$12.35	\$6.65	\$10.45	\$8.55	\$8.55	\$10.45
Retiree + Spouse (Double)	\$24.70	\$13.30	\$20.90	\$17.10	\$17.10	\$20.90
Family	\$37.05	\$19.95	\$31.35	\$25.65	\$25.65	\$31.35

Delta Dental Premier (High Option)

	Retirement Salary \$24,999 and below		Retirement Salary \$25,000 - \$34,999		Retirement Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (65%)	Retiree Pays (35%)	UNM Pays (55%)	Retiree Pays (45%)	UNM Pays (45%)	Retiree Pays (55%)
Single (Retiree Only)	\$26.00	\$14.00	\$22.00	\$18.00	\$18.00	\$22.00
Retiree + Spouse (Double)	\$50.70	\$27.30	\$42.90	\$35.10	\$35.10	\$42.90
Family	\$83.20	\$44.80	\$70.40	\$57.60	\$57.60	\$70.40

Pre-65 Dependents of 65+ Retirees

	Delta Dental PPO (Low Option)		Delta Dental Premier (High Option)	
	Monthly Contribution		Monthly Contribution	
	UNM Pays (30%)	Retiree Pays (70%)	UNM Pays (30%)	Retiree Pays (70%)
Single (Dependent Only)	\$5.70	\$13.30	\$12.00	\$28.00
Dependent + 1 Child (Double)	\$11.40	\$26.60	\$23.40	\$54.60
Family (Dependent and 2 or more children)	\$17.10	\$39.90	\$38.40	\$89.60

UNM Widow Rates

	Delta Dental PPO (Low Option)	Delta Dental Premier (High Option)
Single (Widow Only)	\$19.00	\$40.00
Double (Widow and one Child)	\$38.00	\$78.00
Family (Widow and two or more children)	\$57.00	\$128.00