

The University of New Mexico

**Open Enrollment Guide
For Pre-65 Retirees
2019 - 2020**



Open Enrollment Dates:

May 08 – May 24, 2019

Coverage Effective:

July 1, 2019 – June 30, 2020

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Date: May 08, 2019

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

Pre-65 Retiree Open Enrollment for the 2019-2020 Plan Year begins on Wednesday May 08, 2019 and ends on Friday, May 24, 2019.

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 2019 – 2020 UNM Open Enrollment process. Open Enrollment is your opportunity to make changes to the medical and dental plans in which you are **currently** enrolled. The following types of changes are allowed during this period:

- ✓ Change your medical carrier
- ✓ Cancel medical and/or dental plan coverage
- ✓ 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)

All approved changes made during Open Enrollment will be effective July 1, 2019.

NEW, effective July 1, 2019!

Beginning July 1, employees and **pre-65 retirees** enrolled in **Blue Cross Blue Shield (BCBS)** and **UNM Team Health (UNMTH)** **will be automatically enrolled** in a new plan called **UNM LoboHEALTH** that combines the BCBS and UNMTH plans into one Plan, unless they elect to change to the Presbyterian Health Plan. The Presbyterian Health Plan will remain the same.

Look for more information coming soon on the UNM Open Enrollment website at <https://hr.unm.edu/benefits/open-enrollment-pre-65-retirees>.

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 changes made during Open Enrollment will be effective July 1, 2019.
- ✓ 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 the time of retirement and continuous enrollment.

*For more information on what constitutes a Qualifying Change of Status event, visit hr.unm.edu/benefits/qualifying-change-in-status.

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

Return the enclosed PRE-65 OPEN ENROLLMENT CHANGE FORM** to the UNM Human Resources Benefits office **no later than 5 p.m. on Friday, May 24, 2019.**

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

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 DO NOT take action during this Open Enrollment:

- If you are enrolled in UNM BlueCross Blue Shield or UNM Team Health Plan, you will be **automatically enrolled in the NEW UNM LoboHEALTH Plan effective July 1, 2019**
- If you are enrolled in the Presbyterian Health Plan your current coverage *will continue* for the 2019 – 2020 Plan Year
- If you are enrolled in the Delta Dental High or Low Plan, your current election will continue for the 2019 – 2020 Plan Year

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

Attend a Pre-65 Retiree Open Enrollment Vendor Fair:

- Wednesday, May 15, 2019 9:00 a.m. – noon at the UNM Cancer Center, Atrium Lobby
1201 Camino de Salud NE, Albuquerque, NM 87102
- Presentation from 10:00 – 11:00 a.m. in the Education Center Auditorium

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

Summary of Benefit Changes effective July 1, 2019:

**The Board of Regents approved the following changes for
Fiscal Year 2019 (July 1, 2019 – June 30, 2020):**

PRE-65 MEDICAL COVERAGE

- Premiums for UNM medical plans will see an overall average rate increase of 5%.
- **NEW!** Beginning July 1, 2019, there will be a new health plan in place for employees and pre-65 retirees who are enrolled in BlueCross BlueShield (BCBS) or UNM Team Health (UNMTH).

UNM is combining the current UNMTH and BCBS medical insurance plans into one new plan – the UNM LoboHEALTH plan.

The new plan – UNM LoboHEALTH – will continue to provide UNM employees, pre-65 retirees and covered dependents with expanded health care choices.

UNM LoboHEALTH will also increase utilization of the Tier 1 with **lower out-of-pocket expenses** (see one-page UNM LoboHEALTH summary included in this packet).

- Tier 1: Includes UNM Health System, DaVita, First Choice Community Health and various additional BCBS providers
 - Additional BCBS providers primarily include Lab and X-ray, Medical Supplies, Mental Health, Rehab/PT, Fertility
- Tier 2: BlueCross BlueShield National PPO, which includes Lovelace Health System providers and hospitals. You may choose Tier 2 providers at time of service without approval.
 - No other changes to Tier 2 medical deductibles, coinsurance, copays, or medical plan design
- Tier 3: Out of network
- The Presbyterian Health Plan will remain the same.
 - No other changes to Tier 2 medical deductibles, coinsurance, copays, or medical plan design.

PRE-65 DENTAL COVERAGE

No plan design or rate changes to Dental Coverage (offered through Delta Dental with High and Low Options).

LIFE INSURANCE COVERAGE

Effective July 1, 2019, UNM's life insurance carrier is changing from the Standard to **The Hartford** insurance company.

New lower premiums, no plan design changes.

To decrease or cancel your life insurance, or to obtain rates, contact HR Benefits at 505-277-6947 to complete the Hartford Enrollment/Change Form and submit.

For questions UNM life insurance benefits, contact The Hartford at 1-877-426-6483

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

Visit hr.unm.edu/benefits/open-enrollment for detailed information about Pre-65 retiree Open Enrollment, including booklets and dependent proof document requirements.



BENEFITS

PRE-65 RETIREE MONTHLY MEDICAL RATES

Effective 7/1/2019 - 6/30/2020

UNM LoboHEALTH	Annualized Salary \$24,999 and below		Annualized Salary \$25, - \$34,999		Annualized Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (60%)	Retiree Pays (40%)	UNM Pays (50%)	Retiree Pays (50%)	UNM Pays (40%)	Retiree Pays (60%)
Single (Retiree Only)	\$316.20	\$210.80	\$263.50	\$263.50	\$210.80	\$316.20
Retiree + Spouse	\$648.60	\$432.40	\$540.50	\$540.50	\$432.40	\$648.60
Retiree + Children	\$585.60	\$390.40	\$488.00	\$488.00	\$390.40	\$585.60
Family	\$920.40	\$613.60	\$767.00	\$767.00	\$613.60	\$920.40

Presbyterian Health Plan	Annualized Salary \$24,999 and below		Annualized Salary \$25, - \$34,999		Annualized Salary \$35,000 and above	
	Monthly Contribution		Monthly Contribution		Monthly Contribution	
	UNM Pays (60%)	Retiree Pays (40%)	UNM Pays (50%)	Retiree Pays (50%)	UNM Pays (40%)	Retiree Pays (60%)
Single (Retiree Only)	\$400.80	\$267.20	\$334.00	\$334.00	\$267.20	\$400.80
Retiree + Spouse	\$823.80	\$549.20	\$686.50	\$686.50	\$549.20	\$823.80
Retiree + Children	\$743.40	\$495.60	\$619.50	\$619.50	\$495.60	\$743.40
Family	\$1,168.80	\$779.20	\$974.00	\$974.00	\$779.20	\$1,168.80

Pre-65 Dependents of 65+ Retirees Monthly Rates					
	UNM LoboHEALTH Contribution			Presbyterian Health Contribution	
	UNM Pays (30%)	Retiree Pays (70%)		UNM Pays (30%)	Retiree Pays (70%)
	Single (Spouse/Child Only)	\$158.10		\$368.90	
Spouse + Child(ren)	\$292.80	\$683.20		\$371.70	\$867.30
UNM Widow Rates					
	UNM LoboHEALTH			Presbyterian Health	
Single (Spouse/Child Only)		\$527.00			\$668.00
Spouse + Child(ren)		\$976.00			\$1,239.00

PRE-65 RETIREE MONTHLY DENTAL RATES

Effective 7/1/2019 - 6/30/2020

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 (60%)	Retiree Pays (40%)	UNM Pays (50%)	Retiree Pays (50%)	UNM Pays (40%)	Retiree Pays (60%)
Single (Retiree Only)	\$11.40	\$7.60	\$9.50	\$9.50	\$7.60	\$11.40
Retiree + Spouse (Double)	\$22.80	\$15.20	\$19.00	\$19.00	\$15.20	\$22.80
Family	\$34.20	\$22.80	\$28.50	\$28.50	\$22.80	\$34.20

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 (60%)	Retiree Pays (40%)	UNM Pays (50%)	Retiree Pays (50%)	UNM Pays (40%)	Retiree Pays (60%)
Single (Retiree Only)	\$24.00	\$16.00	\$20.00	\$20.00	\$16.00	\$24.00
Retiree + Spouse (Double)	\$46.80	\$31.20	\$39.00	\$39.00	\$31.20	\$46.80
Family	\$76.80	\$51.20	\$64.00	\$64.00	\$51.20	\$76.80

Pre-65 Dependents of 65+ Retirees

	Delta Dental Preferred (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 two or more children)	\$17.10	\$39.90	\$38.40	\$89.60

UNM Widow Rates

	Delta Dental Preferred (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

UNM LoboHealth Plan
Administered by BCBS of New Mexico
July 1, 2019 to June 30, 2020

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		
		UNM LoboHealth Network (Tier 1)	In-Network (Tier 2)	Out-of-Network**** (Tier 3)
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		\$500 Copay*	25%	40%***
Outpatient Procedures		\$250 Copay*	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)		\$10 Copay* \$20 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		\$150 Copay*	25%	40%***
Durable Medical Equipment (Includes prosthetics; orthotics not covered)		10% after deductible	25%	40%***
Mental Health/Substance Addiction Inpatient Outpatient		\$500 Copay* \$35 Copay*	25% \$45 Copay*	40%*** 40%***
Home Health Care (100 days/Plan Year)		\$250 Copay*	25%	40%***
Skilled Nursing Care (60 days/plan year)		\$250 Copay*	25%	40%***
Speech / Physical / Occupational Therapy (70 visits combined each per plan year)		\$35 Copay*	\$45 Copay*	40%***
Hospice		\$500 Copay*	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**		Mail Order/Pharmacy 90 Day Supply**	
Administered by Express Scripts, Inc.	Generic*:	\$10 Copay	\$20 Copay	
	Formulary Brand*:	25% coinsurance (Min \$35 – Max \$70)	25% coinsurance (Min \$87.50–Max \$175)	
	Non-Formulary*:	25% coinsurance (Min \$55 – Max \$110)	25% coinsurance (Min \$137.50–Max \$275.00)	
	Specialty*:	20% to maximum \$250/prescription; after reaching \$1,250 out of pocket within plan year no specialty copay applies	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				

**UNM Medical Plan Summary: Administered by
Presbyterian Health Plan
July 1, 2019 to June 30, 2020**

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, Prescription Copayments and Coinsurance not included)
Inpatient Hospitalization		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 Residential Treatment Centers (Up to 60 days per Annual Plan Year)		15% \$35 Copay* Not available	25% \$45 Copay* 25% Coinsurance	40%*** 40%*** 40% Coinsurance
Home Health Care (100 days/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**		Mail Order/Pharmacy 90 Day Supply**	
Administered by Express Scripts, Inc.	Generic*:	\$10 Copay		\$20 Copay
	Formulary Brand*:	25% coinsurance (Min \$35 – Max \$70)		25% coinsurance (Min \$87.50–Max \$175)
	Non-Formulary*:	25% coinsurance (Min \$55 – Max \$110)		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 no Copay		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				