Open Enrollment Starts With a Healthy U

Take advantage of all the great wellness services available to faculty and staff through Employee Health Promotion

- Wellness Competitions
- Individual Consulting
- Department Programming
- University-Wide Initiatives

Healthy Eating Fitness

Manage Stress

...and more!

Connect with us at http://hr.unm.edu/ehp



Expanded Preventive Health Checkups for UNM Employees!



hr.unm.edu/checkups

You must schedule an appointment in advance using the above web address.

EARN A \$200 PREMIUM DISCOUNT!

Approved by the Board of Regents, employees participating in UNM medical plans can earn a \$200 discount on their premiums.

IT'S FREE!

Your preventive care is covered at 100%. No out-of-pocket co-pays or co-insurance.

IT'S PRIVATE!

Your personal results are not shared with your employer. However, with your permission your results are sent securely to your Primary Care Provider.

IT'S EASY!

Choose a time that works for you. The checkup requires approximately 30 minutes and is available at or near where you work.

EMPLOYEE HEALTH PROMOTION COORDINATED ON-SITE HEALTH CHECKUPS!

We are offering expanded preventive health checkups with more convenient locations this year. Visit hr.unm.edu/checkups for more information.

WHY PARTICIPATE?

Know your health status related to diabetes, heart disease, and stroke. Lab-accurate results are produced in minutes. Review your results with a board certified Nurse Practitioner and develop a personal action plan.

INCLUDED IN EACH CHECKUP:

- + Total Cholesterol Panel
- + Body Mass Index
- + Comprehensive Personal Health Report
- + Weight
- + Glucose and A1C
- + One-on-One Tele-Consult with Nurse Practitioner



Employee Health
Promotion

HEALTH CHECKUPS PERFORMED BY:



University of New Mexico

FY17 Open Enrollment Guide for Active Benefits-Eligible Employees



Dates: April 27 – May 13, 2016

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

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MEMORANDUM

TO: All Benefits-Eligible UNM Employees

FROM: Division of Human Resources

DATE: April 21, 2016

SUBJECT: Open Enrollment and Voluntary Employee Beneficiary Association (VEBA)

Opt-Out Period

2016 - 2017 OPEN ENROLLMENT

WHEN?

Open Enrollment for medical, dental, vision, life, accidental death and dismemberment (AD&D), and long-term disability (LTD) benefits will occur from **April 27, 2016 through May 13, 2016.**

Please review all of the information carefully to ensure you make the best decisions to meet your personal benefit needs. If you do not make any changes during Open Enrollment, your current benefits elections will continue for next year.

If your "Benefit Statement" reflects the benefit elections you want to continue as of July 1, 2016, no action is necessary.

WHAT IS OPEN ENROLLMENT?

This is the one opportunity you have each year to enroll in new coverage or change existing coverage without experiencing a Qualifying Change in Status event. Changes made during the Open Enrollment period will be effective July 1, 2016. You must make all medical, dental, and vision changes during this time period using LoboWeb, which can be accessed 24 hours a day, seven days a week by logging into myUNM at my.unm.edu.

Open Enrollment is also your opportunity to enroll in or make changes to Life, AD&D, and LTD insurance, up to certain coverage limits and without medical underwriting approval. Life, AD&D, and LTD changes must be completed online from April 27, 2016 through May 13, 2016 using Standard's employee/member website at https://www.standard.com/enroll/.

Please review all of the materials in this packet carefully. There are many resources available to assist you in making your choices during Open Enrollment on the UNM HR website at hr.unm.edu/benefits/open-enrollment. You are encouraged to take advantage of these resources to ensure you enroll in benefits that meet your needs.

2016 - 2017 OPEN ENROLLMENT CHANGES

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

Medical/Prescription Drug Coverage

Medical Plan:

In-Network Out-of-Pocket Maximum:

 Will 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

Active Medical Plan premium rates for the 2016 – 2017 Plan Year will increase by an overall average of 4.8%. Premiums vary based on the three medical coverage options, FTE, and salary.

Active employee medical rates are included with this mailing and are also available online (hr.unm.edu/benefits/open-enrollment) under the Medical section.

• Prescription Drug Plan:

Employees enrolled in UNM Medical coverage are automatically enrolled in 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 the 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 the minimum coinsurance, the retail cost will be charged.

The 90-day supply prescription for preferred and non-preferred brand drugs will change from 2 times to 2.5 times the 30-day 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.

DEPENDENT ELIGIBILITY VERIFICATION (DEV)

When adding a dependent to your UNM medical coverage, UNM requires you to validate that your dependent is eligible for coverage. UNM works with Aon Hewitt, UNM's contracted Benefits Consultant, to verify 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 all individuals enrolled in any of the UNM Medical Plans to the IRS. The IRS also requires that UNM request the Social Security Numbers (SSNs) of each individual enrolled in UNM Medical Plans. In order to meet these reporting requirements, Aon Hewitt will request 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.**

Other Health Coverage with No Plan or Rate Changes

Dental Coverage:

Delta Dental (High and Low Options) – no plan or rate changes

Vision Coverage:

Vision Service Plan (VSP) – no plan or rate changes

• <u>Life Insurance and Disability</u>

Life Insurance, AD&D, and Disability – no plan or rate changes

TO REVIEW YOUR CURRENT BENEFITS STATEMENT

- 1. Go to myUNM (my.unm.edu)
- 2. Log In with your UNM NetID and password
- 3. Enter LoboWeb (center of the screen)
- 4. Click "Benefits and Deductions"
- 5. Click "Benefit Statement"

If your "Benefit Statement" reflects the benefit elections you want to continue as of July 1, 2016, no action is necessary.

HOW TO MAKE CHANGES

<u>For Medical, Dental, and Vision – login to LoboWeb to access Open</u> Enrollment:

- 1. Go to myUNM (my.unm.edu)
- 2. Log In with your UNM NetID and password
- 3. Enter LoboWeb (center of the screen)
- 4. Click "Benefits and Deductions"
- 5. Click "Open Enrollment"
- 6. Follow the prompts to enroll in, cancel, or make changes to your benefits
- 7. Print and retain your Open Enrollment "Confirmation Statement" for your records and as proof of enrollment

For Life, Disability, and AD&D plans – login to the Standard's enrollment site to access Open Enrollment

- Login requires employee's UNM Banner ID and date of birth, and a Company Key ("thestandard").
- Visit the Standard Enrollment/Member site at www.standard.com/enroll/
- To log in as a first-time user, please review the instructions at: hr.unm.edu/docs/benefits/standard-insurance-web-instructions.pdf
- Enroll over the phone by calling 1-866-623-0622

July 1, 2016 CHANGES – NOT PART OF OPEN ENROLLMENT

• NEW! Onsite Preventive Health Checkups and Medical Premium Discount

Employees who qualify will have a chance to participate in preventive health checkups, and in return will receive a one-time \$200 discount on their UNM medical plan premium. Please Note: the discount may be distributed over multiple pay periods.

The preventive health checkup screenings are free and will be provided July 1 – October 15, 2016. Approved premium discounts will be applied within three months following completion of the employee's screening.

To qualify, employees must be enrolled in a UNM medical plan during the screening period throughout the application of the premium discount.

Further details will be shared as they become available.

• Long-Term Care Changing to a Voluntary 100% Employee Paid Benefit

Effective July 1, 2016, the Basic Long-Term Care benefit will no longer be sponsored by UNM, and will change to a 100% voluntary benefit.

Currently, after one year of benefits-eligible employment, UNM provides a Long-Term Care base benefit of \$2,000 per month for three years, at no cost to all full-time, benefits-eligible employees.

Further details will be shared as they become available.

Elimination of the 15-Day Benefit Eligibility Wait Period

Effective July 1, 2016, the 15-day Benefit Eligibility Waiting Period will be eliminated. Employees hired into a benefits-eligible position on or after July 1, 2016 may complete their benefits enrollment as early as the first day in their benefits-eligible position.

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

• The 31-day Enrollment Period extended to 60 days

Effective July 1, 2016, employees hired into a benefits-eligible position **on or after July** 1, 2016 may complete their benefits enrollment within a 60-day enrollment period, starting with the date of hire into the new position.

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

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

<u>2016 – 2017 VOLUNTARY EMPLOYEE BENEFICIARY ASSOCIATION</u> (VEBA) CONTRIBUTIONS/OPT-OUT

VEBA Opt-Out Period – Applies only to Faculty and Staff employed in a benefitseligible position between June 30, 2013 and June 30 2015, who are actively participating in VEBA.

- <u>The Board of Regents approved the deferral of FY17 VEBA contribution increase</u> Contributions will remain at Employee ³/₄% and UNM ³/₄%.
- Voluntary Employee Beneficiary Association (VEBA) Opt-Out Period

The VEBA Opt-Out period runs parallel to Open Enrollment, from April 27, 2016 through May 13, 2016.

All properly submitted VEBA Opt-Out elections will be effective July 1, 2016.

During this time, current eligible VEBA participants have the opportunity to opt out of VEBA contributions. If you decide to opt-out of VEBA, your changes will be effective July 1, 2016. Opting out of VEBA participation is only permitted during this period.

PLEASE *NOTE:* If you choose to opt-out of VEBA, you are choosing to forfeit any applicable grandfathered VEBA service credits, and to relinquish access to UNM's Post-Retirement medical and dental coverage.

HOW TO OPT-OUT OF VEBA

If you choose to opt-out, you must follow these steps during the VEBA Opt-Out period:

- 1. Go to MyUNM (my.unm.edu)
- 2. Log in with your NetID and password
- 3. Click on "Enter Lobo Web"
- 4. Select Benefits and Deductions
- 5. Select Voluntary Employee Beneficiary Association (VEBA) Opt-Out
- 6. Review the opt-out form, especially the certification details in the highlighted area
- 7. Check the box to certify that you understand your opt-out election
- 8. Click Submit
- 9. You will then see a screen that provides a record of your opt-out election. Print this page for your records. A copy of your opt-out election will also be emailed to you.

Subsequent opportunities to opt-out of the VEBA will occur annually during Benefits Open Enrollment.

Visit https://www.nc.edu/benefits/open-enrollment for detailed information about Open Enrollment, including rate changes, enrollment instructions, 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		Please refer to your Participal coverage including limitations				
Lifetime Maximum: NO	NE	LoboCare Network In-Network		Out-of-Network***		
Deductible		\$600 Per Pe	rson (\$1,200 Family)		\$1,800 Per Person (\$3,600 Family)	
Out-of-Pocket Maximums		\$3,000 Per Per	son (\$6,000 Family)**		\$7,500 Per Person (\$15,000 Family)(Deductible not included)	
Inpatient Hospitalization	on	15%	25%		40%***	
Outpatient Procedures		15%	25%		40%***	
Physician Services: Primary Care (PC) Office Specialist Office Visits Preventive Exams/Service Outpatient Diagnostic Trincluding CT/ PET Scan Medicine)	ices ests/lab/X-Ray (not	\$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, Nu	ıclear Medicine	15%	25%		40%***	
Durable Medical Equip (Includes prosthetics; or		Not Available	25%		40%***	
Mental Health/Substan Inpatient Outpatient	ce Addiction	15% \$35 Copay*	25% \$45 Copay*		40%*** 40%***	
Home Health Care (100 Visits Per Plan Ye	ar)	Not Available	25%		40%***	
Skilled Nursing Care (60 days/plan year)		Not Available	25%		40%***	
Speech / Physical / Occ visits Physical/ 20 visit Occupational Therapy		\$35 Copay*	\$45 Copay*		40%***	
Hospice		Not Available	25%		40%***	
Ambulance		Applies to In-Network Benefit**	25%		Applies to In-Network Benefit**	
World-Wide Emergenc	y 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 Orde	er/Pharmacy 90 Day Supply**	
	Generic*:	\$10 Copay		\$20 Copay		
	Preferred Brand*:	25% Coinsurance (Min \$35 - M	lax \$70)	25% Coinsur	ance (Min \$87.50-Max \$175)	
Administered by Express Scripts, Inc.	Non-Preferred Brand*:	25% Coinsurance (Min \$55 – Max \$110) 25% C			6% 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 Availa			9	
	L	*Not Subject to De	ductible			
**Combined	I LoboCare and In-Netwo	rk Out-of-Pocket Maximums inc		ollar copays, a	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		- Contract Deutlelines	. D. C. D. aldet for d	. II al la famo		
Pre-existing condition e	exclusions: NONE	Please refer to your Participal coverage including limitations			ation about UNM Medical Plan n requirements	
Lifetime Maximum: NO	NE		<u> </u>		·	
Note: Services outside require prior authorizati		LoboCare Network	Extended Tier 2 N (Prior Authorization		Out-of-Network***	
Deductible		\$600 Per Pe	rson (\$1,200 Family)		\$1,800 Per Person (\$3,600 Family)	
Out-of-Pocket Maximur	ms	\$3,000 Per Per	son (\$6,000 Family)**		\$7,500 Per Person (\$15,000 Family) (Deductible not included)	
Inpatient Hospitalizatio	n	10%	30%		40%***	
Outpatient Procedures		10%	30%		40%***	
Physician Services: Primary Care (PC) Office Specialist Office Visits Preventive Exams/Servi Outpatient Diagnostic Te including CT/ PET Scan Medicine)	ices ests/lab/X-Ray(not	\$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, Nu	clear Medicine	10%	30%		40%***	
Durable Medical Equipa (Includes prosthetics; ort		10%	30%		40%***	
Mental Health/Substance Addiction Inpatient Outpatient		10% \$35 Copay*	30% \$45 Copay*		40%*** 40%***	
Home Health Care (100 Visits Per Plan Yea	ar)	10%	30%		40%***	
Skilled Nursing Care (60 days/plan year)		10%	30%		40%***	
Speech / Physical / Occ visits Physical/ 20 visit Occupational Therapy	s Speech and	\$35 Copay*	\$45 Copay*		40%***	
Hospice		10%	30%		40%***	
Ambulance		Applies to In-Network Benefit**	30%		Applies to In-Network Benefit**	
World-Wide Emergency	y 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 Ord	er/Pharmacy 90 Day Supply**	
	Generic*:	\$10 Copay		\$20 Copay		
	Preferred Brand*:	25% Coinsurance (Min \$35 - M	ax \$70)	25% Coinsurance (Min \$87.50-Max \$175)		
Administered by Express Scripts, Inc. Non-Preferred 25% Coinsurance (Min \$55 – Max \$110) 25% Coinsurance (Min \$55 – Max \$110)		25% Coinsui	rance (Min \$137.50-Max \$275.00)			
	Specialty*:	20% to maximum \$250/prescrip \$1,250 out of pocket within plan				
		*Not Subject to De	ductible			

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 O	ption	Low Option		
△ DELTA DENTAL	Featuring Delta D	-	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%	
	85%	15%	50%	50%	
• Extractions - non-surgical					
 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 covere		not covered		
Benefit Waiting Period	under this plan. Not applicable A six (6) month Benefit Waiting on Major Services applies. If en was previously covered under a dental plan, credit toward waiting period will be given for time on plan.		olies. If employee ed under a UNM ward waiting		

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 Dental Plan Benefits will be provided to enrollees with a Dental Benefit Handbook.

For additional information call the Delta Dental's Customer 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.

MEDICAL RATES UNM HEALTH

for Active Employees Effective 7/01/2016 - 6/30/2017

Note: If you are part-time, your base salary is calculated on the full-time equivalent. For example, if you are at an appointment percentage of 50% and earn \$12,000 per year, your base salary is \$24,000 and UNM would contribute 40%.

UNM Health-Monthly Rates							
	Annualiz	ed Salary	Annualiz	ed Salary	Annualiz	ed Salary	
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above	
	Monthly Co	ontribution	Monthly Co	ontribution	Monthly Co	ontribution	
4.0.555	UNM	Employee	UNM	Employee	UNM	Employee	
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)	
Single (Employee Only)	\$364.00	\$91.00	\$318.50	\$136.50	\$273.00	\$182.00	
Employee + Spouse	\$747.20	\$186.80	\$653.80	\$280.20	\$560.40	\$373.60	
Employee + Child(ren)	\$673.60	\$168.40	\$589.40	\$252.60	\$505.20	\$336.80	
Family	\$1,060.00	\$265.00	\$927.50	\$397.50	\$795.00	\$530.00	
75 575 00 575	UNM	Employee	UNM	Employee	UNM	Employee	
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)	
Single (Employee Only)	\$273.00	\$182.00	\$238.88	\$216.13	\$204.75	\$250.25	
Employee + Spouse	\$560.40	\$373.60	\$490.35	\$443.65	\$420.30	\$513.70	
Employee + Child(ren)	\$505.20	\$336.80	\$442.05	\$399.95	\$378.90	\$463.10	
Family	\$795.00	\$530.00	\$695.63	\$629.38	\$596.25	\$728.75	
	UNM	Employee	UNM	Employee	UNM	Employee	
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)	
Single (Employee Only)	\$182.00	\$273.00	\$159.25	\$295.75	\$136.50	\$318.50	
Employee + Spouse	\$373.60	\$560.40	\$326.90	\$607.10	\$280.20	\$653.80	
Employee + Child(ren)	\$336.80	\$505.20	\$294.70	\$547.30	\$252.60	\$589.40	
Family	\$530.00	\$795.00	\$463.75	\$861.25	\$397.50	\$927.50	

	UNI	∕I Health-E	Bi-Weekly R	Rates			
	Annualiz	ed Salary	Annualiz	ed Salary	Annualiz	Annualized Salary	
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above	
	Bi-Weekly C	ontribution	Bi-Weekly C	ontribution	Bi-Weekly C	Contribution	
	UNM	Employee	UNM	Employee	UNM	Employee	
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)	
Single (Employee Only)	\$182.00	\$45.50	\$159.25	\$68.25	\$136.50	\$91.00	
Employee + Spouse	\$373.60	\$93.40	\$326.90	\$140.10	\$280.20	\$186.80	
Employee + Child(ren)	\$336.80	\$84.20	\$294.70	\$126.30	\$252.60	\$168.40	
Family	\$530.00	\$132.50	\$463.75	\$198.75	\$397.50	\$265.00	
	UNM	Employee	UNM	Employee	UNM	Employee	
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)	
Single (Employee Only)	\$136.50	\$91.00	\$119.44	\$108.06	\$102.38	\$125.13	
Employee + Spouse	\$280.20	\$186.80	\$245.18	\$221.83	\$210.15	\$256.85	
Employee + Child(ren)	\$252.60	\$168.40	\$221.03	\$199.98	\$189.45	\$231.55	
Family	\$397.50	\$265.00	\$347.81	\$314.69	\$298.13	\$364.38	
	UNM	Employee	UNM	Employee	UNM	Employee	
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)	
Single (Employee Only)	\$91.00	\$136.50	\$79.63	\$147.88	\$68.25	\$159.25	
Employee + Spouse	\$186.80	\$280.20	\$163.45	\$303.55	\$140.10	\$326.90	
Employee + Child(ren)	\$168.40	\$252.60	\$147.35	\$273.65	\$126.30	\$294.70	
Family	\$265.00	\$397.50	\$231.88	\$430.63	\$198.75	\$463.75	

MEDICAL RATES BLUE CROSS BLUE SHIELD

for Active Employees
Effective 7/01/2016 - 6/30/2017

Note: If you are part-time, your base salary is calculated on the full-time equivalent. For example, if you are at an appointment percentage of 50% and earn \$12,000 per year, your base salary is \$24,000 and UNM would contribute 40%.

Blue Cross Blue Shield of New Mexico-Monthly Rates								
	Annualiz	ed Salary	Annualiz	ed Salary	Annualized Salary			
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above		
	Monthly Co	ontribution	Monthly Co	ontribution	Monthly Co	ontribution		
4.0.575	UNM	Employee	UNM	Employee	UNM	Employee		
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)		
Single (Employee Only)	\$375.20	\$93.80	\$328.30	\$140.70	\$281.40	\$187.60		
Employee + Spouse	\$769.60	\$192.40	\$673.40	\$288.60	\$577.20	\$384.80		
Employee + Child(ren)	\$695.20	\$173.80	\$608.30	\$260.70	\$521.40	\$347.60		
Family	\$1,092.80	\$273.20	\$956.20	\$409.80	\$819.60	\$546.40		
	UNM	Employee	UNM	Employee	MNU	Employee		
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)		
Single (Employee Only)	\$281.40	\$187.60	\$246.23	\$222.78	\$211.05	\$257.95		
Employee + Spouse	\$577.20	\$384.80	\$505.05	\$456.95	\$432.90	\$529.10		
Employee + Child(ren)	\$521.40	\$347.60	\$456.23	\$412.78	\$391.05	\$477.95		
Family	\$819.60	\$546.40	\$717.15	\$648.85	\$614.70	\$751.30		
50 575 74 575	UNM	Employee	UNM	Employee	UNM	Employee		
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)		
Single (Employee Only)	\$187.60	\$281.40	\$164.15	\$304.85	\$140.70	\$328.30		
Employee + Spouse	\$384.80	\$577.20	\$336.70	\$625.30	\$288.60	\$673.40		
Employee + Child(ren)	\$347.60	\$521.40	\$304.15	\$564.85	\$260.70	\$608.30		
Family	\$546.40	\$819.60	\$478.10	\$887.90	\$409.80	\$956.20		

Blue Cross Blue Shield of New Mexico-Bi-Weekly Rates								
	Annualiz	ed Salary	Annualiz	ed Salary	Annualiz	ed Salary		
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above		
	Bi-Weekly C	Contribution	Bi-Weekly C	ontribution	Bi-Weekly C	ontribution		
	UNM	Employee	UNM	Employee	UNM	Employee		
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)		
Single (Employee Only)	\$187.60	\$46.90	\$164.15	\$70.35	\$140.70	\$93.80		
Employee + Spouse	\$384.80	\$96.20	\$336.70	\$144.30	\$288.60	\$192.40		
Employee + Child(ren)	\$347.60	\$86.90	\$304.15	\$130.35	\$260.70	\$173.80		
Family	\$546.40	\$136.60	\$478.10	\$204.90	\$409.80	\$273.20		
	UNM	Employee	UNM	Employee	UNM	Employee		
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)		
Single (Employee Only)	\$140.70	\$93.80	\$123.11	\$111.39	\$105.53	\$128.98		
Employee + Spouse	\$288.60	\$192.40	\$252.53	\$228.48	\$216.45	\$264.55		
Employee + Child(ren)	\$260.70	\$173.80	\$228.11	\$206.39	\$195.53	\$238.98		
Family	\$409.80	\$273.20	\$358.58	\$324.43	\$307.35	\$375.65		
	UNM	Employee	UNM	Employee	UNM	Employee		
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)		
Single (Employee Only)	\$93.80	\$140.70	\$82.08	\$152.43	\$70.35	\$164.15		
Employee + Spouse	\$192.40	\$288.60	\$168.35	\$312.65	\$144.30	\$336.70		
Employee + Child(ren)	\$173.80	\$260.70	\$152.08	\$282.43	\$130.35	\$304.15		
Family	\$273.20	\$409.80	\$239.05	\$443.95	\$204.90	\$478.10		

MEDICAL RATES PRESBYTERIAN HEALTH PLAN

for Active Employees
Effective 7/01/2016 - 6/30/2017

Note: If you are part-time, your base salary is calculated on the full-time equivalent. For example, if you are at an appointment percentage of 50% and earn \$12,000 per year, your base salary is \$24,000 and UNM would contribute 40%.

Presbyterian Health Plan-Monthly Rates							
	Annualiz	ed Salary	Annualiz	ed Salary	Annualized Salary		
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above	
	Monthly Co	ontribution	Monthly Co	ontribution	Monthly Contribution		
4.0.575	MNU	Employee	UNM	Employee	UNM	Employee	
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)	
Single (Employee Only)	\$476.00	\$119.00	\$416.50	\$178.50	\$357.00	\$238.00	
Employee + Spouse	\$977.60	\$244.40	\$855.40	\$366.60	\$733.20	\$488.80	
Employee + Child(ren)	\$882.40	\$220.60	\$772.10	\$330.90	\$661.80	\$441.20	
Family	\$1,387.20	\$346.80	\$1,213.80	\$520.20	\$1,040.40	\$693.60	
75 575 00 575	UNM	Employee	UNM	Employee	UNM	Employee	
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)	
Single (Employee Only)	357.00	\$238.00	\$312.38	\$282.63	\$267.75	\$327.25	
Employee + Spouse	\$733.20	\$488.80	\$641.55	\$580.45	\$549.90	\$672.10	
Employee + Child(ren)	\$661.80	\$441.20	\$579.08	\$523.93	\$496.35	\$606.65	
Family	\$1,040.40	\$693.60	\$910.35	\$823.65	\$780.30	\$953.70	
	UNM	Employee	UNM	Employee	UNM	Employee	
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)	
Single (Employee Only)	\$238.00	\$357.00	\$208.25	\$386.75	\$178.50	\$416.50	
Employee + Spouse	\$488.80	\$733.20	\$427.70	\$794.30	\$366.60	\$855.40	
Employee + Child(ren)	\$441.20	\$661.80	\$386.05	\$716.95	\$330.90	\$772.10	
Family	\$693.60	\$1,040.40	\$606.90	\$1,127.10	\$520.20	\$1,213.80	

	Presbyteri	an Health	Plan-Bi-We	eekly Rates		
	Annualiz	ed Salary	Annualiz	ed Salary	Annualiz	ed Salary
	\$34,999 a	nd below	\$35,000 -	\$49,999	\$50,000 a	nd above
	Bi-Weekly C	Contribution	Bi-Weekly C	ontribution	Bi-Weekly C	Contribution
4.0.535	UNM	Employee	UNM	Employee	UNM	Employee
1.0 FTE	Pays (80%)	Pays (20%)	Pays (70%)	Pays (30%)	Pays (60%)	Pays (40%)
Single (Employee Only)	\$238.00	\$59.50	\$208.25	\$89.25	\$178.50	\$119.00
Employee + Spouse	\$488.80	\$122.20	\$427.70	\$183.30	\$366.60	\$244.40
Employee + Child(ren)	\$441.20	\$110.30	\$386.05	\$165.45	\$330.90	\$220.60
Family	\$693.60	\$173.40	\$606.90	\$260.10	\$520.20	\$346.80
75 575 00 575	UNM	Employee	UNM	Employee	UNM	Employee
.75 FTE99 FTE	Pays (60%)	Pays (40%)	Pays (52.5%)	Pays (47.5%)	Pays (45%)	Pays (55%)
Single (Employee Only)	\$178.50	\$119.00	\$156.19	\$141.31	\$133.88	\$163.63
Employee + Spouse	\$366.60	\$244.40	\$320.78	\$290.23	\$274.95	\$336.05
Employee + Child(ren)	\$330.90	\$220.60	\$289.54	\$261.96	\$248.18	\$303.33
Family	\$520.20	\$346.80	\$455.18	\$411.83	\$390.15	\$476.85
50 575 74 575	UNM	Employee	UNM	Employee	UNM	Employee
.50 FTE74 FTE	Pays (40%)	Pays (60%)	Pays (35%)	Pays (65%)	Pays (30%)	Pays (70%)
Single (Employee Only)	\$119.00	\$178.50	\$104.13	\$193.38	\$89.25	\$208.25
Employee + Spouse	\$244.40	\$366.60	\$213.85	\$397.15	\$183.30	\$427.70
Employee + Child(ren)	\$220.60	\$330.90	\$193.03	\$358.48	\$165.45	\$386.05
Family	\$346.80	\$520.20	\$303.45	\$563.55	\$260.10	\$606.90