

The University of New Mexico

**FY19 Open Enrollment Guide
For Pre-65 Retirees**



Open Enrollment Dates:

May 9 – May 25, 2018

Coverage Effective:

July 1, 2018 – June 30, 2019

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Date: May 9, 2018

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

Pre-65 Retiree Open Enrollment for the 2018-2019 Plan Year begins on Wednesday May 9, 2018 and ends on Friday, May 25, 2018.

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 2018 – 2019 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)
- ✓ Cancel 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)

All approved changes made during Open Enrollment will be effective July 1, 2018.

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, 2018.
- ✓ 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 25, 2018.**

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

No action is required, and your current coverage *will continue* for the 2018 – 2019 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:

- Wednesday, May 16, 10 a.m. – 1 p.m. at the UNM Cancer Center, 1st Floor Boardroom, 1201 Camino de Salud NE, Albuquerque, NM 87102

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, 2018:

**The Board of Regents approved the following changes for
Fiscal Year 2019 (July 1, 2018 – June 30, 2019):**

PRE-65 MEDICAL COVERAGE

No change to current medical deductibles, coinsurance, copays, or medical plan design.

Medical premiums will increase 1.75% across all plans for pre-65 retirees.

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

No plan design changes or premium increases to Life Insurance (offered through Standard Life Insurance Company).

For questions on life insurance, please contact Standard Life Insurance at 844.573.0229. Have your UNM Banner ID available when you call, as Standard Life Insurance Company cannot identify you by your Social Security number.

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 7/1/2018 - 6/30/2019

UNM Health	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)	\$293.65	\$195.77	\$244.71	\$244.71	\$195.77	\$293.65
Retiree + Spouse	\$602.56	\$401.71	\$502.14	\$502.14	\$401.71	\$602.56
Retiree + Children	\$543.35	\$362.23	\$452.79	\$452.79	\$362.23	\$543.35
Family	\$855.31	\$570.21	\$712.76	\$712.76	\$570.21	\$855.31
BlueCross BlueShield of New Mexico	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)	\$302.81	\$201.87	\$252.34	\$252.34	\$201.87	\$302.81
Retiree + Spouse	\$620.88	\$413.92	\$517.40	\$517.40	\$413.92	\$620.88
Retiree + Children	\$561.05	\$374.03	\$467.54	\$467.54	\$374.03	\$561.05
Family	\$881.56	\$587.71	\$734.64	\$734.64	\$587.71	\$881.56
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)	\$384.01	\$256.00	\$320.01	\$320.01	\$256.00	\$384.01
Retiree + Spouse	\$788.77	\$525.84	\$657.31	\$657.31	\$525.84	\$788.77
Retiree + Children	\$711.85	\$474.56	\$593.21	\$593.21	\$474.56	\$711.85
Family	\$1,119.05	\$746.03	\$932.54	\$932.54	\$746.03	\$1,119.05
Pre-65 Dependents of 65+ Retirees Monthly Rates						
	UNM Health		BlueCross BlueShield of NM		Presbyterian Health	
	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)	\$146.83	\$342.59	\$151.40	\$353.28	\$192.00	\$448.01
Spouse + Child(ren)	\$271.67	\$633.91	\$280.52	\$654.56	\$355.92	\$830.49
UNM Widow Rates						
	UNM Health		BlueCross BlueShield of NM		Presbyterian Health	
Single (Spouse/Child Only)		\$489.42		\$504.68		\$640.01
Spouse + Child(ren)		\$905.58		\$935.08		\$1,186.41



PRE-65 RETIREE MONTHLY DENTAL RATES

Effective 7/1/2018 - 6/30/2019

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 Medical Plan Summary: Administered by
BCBS of NM or Presbyterian Health Plan
July 1, 2018 to June 30, 2019**

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 \$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				

**UNM Medical Plan Summary Administered by
UNM Health
July 1, 2018 to June 30, 2019**

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		
		UNM Health Network	Extended Network (Benefit Determination 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, , Prescription Copayments and Coinsurance 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 Outpatient Residential Treatment Centers (Up to 60 days per Annual Plan Year)		10% \$35 Copay* Coverage available under Extended Network	30% \$45 Copay* 30%	40%*** 40%*** 40%***
Home Health Care (100 days per Plan Year)		10%	30%	40%***
Skilled Nursing Care (60 days per 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 I Extended Network Benefit**	30%	Applies to Extended 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 \$55 Co-Pay		Not Available
Not Subject to Deductible				
**Combined UNM Health Network and Extended 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, 2018 through June 30, 2019
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 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.