

2017 Age 65+ Open Enrollment Instructions – PLEASE READ CAREFULLY!

UNM 2017 65+ Open Enrollment is ONLY for retirees over 65, eligible 65+ employees retiring *and* turning 65 before January 1, 2017, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare part A and part B. For Age 65+ Medicare-eligible retirees with Pre-65 dependents, be advised the next Open Enrollment period for Pre-65 coverage changes will be in April and/or May, 2017. **NOTE: Retirees or dependents who will not be 65 or Medicare-eligible as of January 1, 2017 are NOT eligible to enroll in 65+ Retiree Medical and Dental plans, nor eligible to make coverage changes during the October 19 – November 8, 2016 65+ Open Enrollment.**

All 2017 UNM 65+ Open Enrollment forms **must be completed, signed BY THE RETIREE**, and include the *retiree's* information including current address, phone number, and current email address. **IMPORTANT: All required 2017 UNM 65+ Open Enrollment forms must be submitted to the UNM HR Service Center by 5:00 pm on or before Tuesday November 8, 2016 for changes to be effective January 1, 2017. Late or incomplete forms will NOT be processed.** To enroll, follow the instructions below based upon the change(s) you wish to make to your and your dependent's coverage.

IF YOU ARE NOT MAKING CHANGES TO YOUR CURRENT MEDICAL OR DENTAL COVERAGE:

No action is required. Your and your dependent's coverage will continue and will only be updated for changes in premium(s) as outlined on Page 7 of the 2017 UNM 65+ Retiree Medical and Dental Open Enrollment Guide.

IF YOU ARE CANCELLING MEDICAL OR DENTAL COVERAGE FOR YOURSELF:*

1. Select **CANCEL COVERAGE** and indicate which coverage (medical or dental) you are cancelling. (Note: You must contact AARP/United Health Care directly at 800-545-1797 to cancel your UNM AARP Medicare Supplement Plan F and (888) 867-5575 to cancel your UNM AARP MedicareRx Preferred PDP plan.)
2. Sign, date, and submit a 2017 UNM 65+ Medical and Dental Open Enrollment Change form to the HR Service Center by November 8, 2016. (See address and phone number on page 2 of this form)

***PLEASE NOTE: If you, as the retiree, cancel your coverage and you are also covering a dependent spouse, domestic partner, and/or child, their coverage will be cancelled as well, regardless of your dependent's age.**

IF YOU ARE ADDING A MEDICARE-ELIGIBLE DEPENDENT TO YOUR MEDICAL OR DENTAL COVERAGE:

1. Select **ADD/DROP DEPENDENT COVERAGE**, then select **ADD DEPENDENT COVERAGE**.
2. Select the appropriate plan under **MEDICAL PLAN ELECTION AND/OR DENTAL PLAN ELECTION**.
3. Complete the **DEPENDENT INFORMATION** section of the 2017 UNM 65+ Open Enrollment Change Form (page 2).
4. If adding a dependent to your *medical coverage*, submit a copy of **dependent's Medicare card** showing part A and B coverage to the HR Service Center. Request enrollment forms for the vendor(s) you are selecting for them.
PLEASE NOTE: Dependents MUST enroll in the same plan(s) as the RETIREE, if the retiree is also enrolled.
5. Submit your 2017 UNM 65+ Open Enrollment Change Form (signed and dated), completed vendor enrollment form(s) (*completed by dependent*), and a copy of your dependent's Medicare A & B card to the HR Service Center by November 8, 2016. (See the HR Service Center address on Page 2 – **hand delivery is preferred.**)

IF YOU ARE DROPPING A MEDICARE-ELIGIBLE DEPENDENT FROM YOUR MEDICAL OR DENTAL COVERAGE:

1. Select **ADD/DROP DEPENDENT COVERAGE**, then select **DROP DEPENDENT COVERAGE**.
2. Select the appropriate plan under **MEDICAL PLAN ELECTION AND/OR DENTAL PLAN ELECTION**.
3. Complete the **DEPENDENT INFORMATION** section of the 2017 UNM 65+ Open Enrollment Change Form on page 2.
4. Sign, date, and submit your 2017 65+ Open Enrollment Change Form to HR Service Center by November 8, 2016. (See the HR Service Center address on Page 2 of this form – **hand delivery is preferred.**)

IF YOU ARE CHANGING YOUR MEDICAL AND/OR DENTAL COVERAGE TO A DIFFERENT UNM 65+ RETIREE PLAN:

1. Select **CHANGE PLAN-MEDICAL and/or CHANGE PLAN-DENTAL**, then indicate which **NEW coverage** you are enrolling in under the **MEDICAL PLAN ELECTION** and/or **DENTAL PLAN ELECTION** section(s) of the change form.
2. If changing **MEDICAL** coverage, submit a photocopy of **your and/or your dependent's Medicare card showing Parts A & B coverage** to the HR Service Center. Request vendor enrollment form(s). If changing to AARP plans, follow the AARP Enrollment instructions on pages 42 and 43 of the Open Enrollment Guide, and complete the AARP Authorization Form on page 45 of the Guide.
3. Submit the completed **2017 65+ MEDICAL AND DENTAL OPEN ENROLLMENT CHANGE FORM (see page 2)**, completed vendor enrollment form(s) (available at the HR Service Center), and the AARP Authorization form (if changing to AARP) to the HR Service Center by November 8, 2016. (See next page for Enrollment Change Form)

2017 UNM 65+ MEDICAL & DENTAL OPEN ENROLLMENT CHANGE FORM

*******IF YOU DO NOT WISH TO CHANGE YOUR CURRENT MEDICAL AND/OR DENTAL COVERAGE, YOU DO NOT NEED TO COMPLETE THIS FORM OR TAKE ANY ACTION*******

UNM Retiree Information		
UNM Retiree Name (Last, First, Middle Initial)	Date of Birth	Banner ID or SSN
Street Address, City, State, and Zip Code _____	Primary Phone (With Area Code) ()	Secondary Phone (With Area Code) ()

Type of Action			
<input type="checkbox"/> CHANGE PLAN MEDICAL (Vendor enrollment form(s) for new plan, along with copy of Medicare card showing part A & B coverage MUST be attached to this form) (SELECT NEW PLAN BELOW)	<input type="checkbox"/> CHANGE PLAN DENTAL (SELECT NEW PLAN BELOW)	<input type="checkbox"/> CANCEL COVERAGE <input type="checkbox"/> CANCEL MEDICAL* <input type="checkbox"/> CANCEL DENTAL* *Cancellation of coverage is an irrevocable decision. You will never be allowed to re-enroll in UNM plans at a future point.	<input type="checkbox"/> ADD/DROP DEPENDENT COVERAGE <input type="checkbox"/> ADD DEPENDENT COVERAGE <input type="checkbox"/> DROP DEPENDENT COVERAGE (Dependent information MUST be completed below)

MEDICAL PLAN ELECTION	DENTAL PLAN ELECTION**
<input type="checkbox"/> BlueCross BlueShield (BCBS) PPO Plan <input type="checkbox"/> BCBS HMO Plan I (High) <input type="checkbox"/> BCBS HMO Plan II (Low) (Formerly Lovelace Enhanced and Lovelace Standard Plans) <input type="checkbox"/> Presbyterian HMO-POS Premier Plan (High) <input type="checkbox"/> Presbyterian HMO-POS Select Plan (Low) <input type="checkbox"/> AARP Medicare Supplement Plan F AND AARP MedicareRx Preferred Prescription Drug Plan (PDP) IMPORTANT: You <i>must</i> enroll in both the AARP Medicare Supplement Plan F AND AARP MedicareRx Preferred PDP using the enclosed Authorization Form (see page 45 of the 65+ Open Enrollment Guide) to be eligible for the 30% premium contribution from UNM.	<input type="checkbox"/> Delta Dental Premier® (High) <input type="checkbox"/> Delta Dental PPO SM (Low) **Delta Dental annual benefit period is from July 1, 2016 thru June 30, 2017. If there is a rate increase for dental coverage, your July 1, 2017 Bursar's statement will reflect the new dental premium rate. Note: Pre-65 Retirees (turning 65 after 12/31/16) with Age 65+ or Medicare-eligible dependents will be eligible to make changes to dependent(s) dental coverage during the UNM Pre-65 Open Enrollment in April and/or May of 2017.

DEPENDENT INFORMATION					
Dependents	Name (Last, First, MI)	DOB	Gender M/F	Add or Remove	Coverage dependent is being added to or removed from
Spouse or Domestic Partner				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental
Eligible Child(ren)				<input type="checkbox"/> Add <input type="checkbox"/> Remove	<input type="checkbox"/> Medical <input type="checkbox"/> Dental

RETIREE Certification – Must be signed by the UNM Retiree

I understand my signature authorizes the University of New Mexico to make the above changes, effective January 1, 2017.

Signature _____ Date _____

Submit or mail this form to:
UNM HR Division
MSC 01 1220, Suite 1400
One University of New Mexico
1700 Lomas Blvd. NE, Albuquerque, NM 87131
(505) 277-MyHR (6947)
The UNM HR Service Center is located in the John & June Perovich Business Center on the corner of Lomas and University Blvd.