

**2018 UNM Age 65+ Open Enrollment Instructions – PLEASE READ**

UNM 2018 65+ Open Enrollment is ONLY for retirees over 65, eligible 65+ employees retiring *and* turning 65 before January 1, 2018, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare parts 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, 2018. **NOTE: Retirees or dependents who will not be 65 or Medicare-eligible as of January 1, 2018 are NOT eligible to enroll in 65+ Retiree Medical and Dental plans, nor eligible to make medical or dental coverage changes during the October 23 – November 10, 2017 65+ Open Enrollment.**

All 2018 UNM 65+ Open Enrollment Change Forms **must be completed, signed BY THE RETIREE**, and include the retiree's current information (address, phone number, and email address). **IMPORTANT: All required 2018 UNM 65+ Open Enrollment paperwork must be submitted to UNM HR Service Center on or before 5:00 pm on Friday, November 10, 2017 for changes to be effective January 1, 2018. 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 13 – 15 of the enclosed 2018 UNM 65+ Medical and Dental Open Enrollment Guide.

**IF 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 and 888-867-5575 to cancel your UNM AARP MedicareRx Prescription Drug Plan (PDP).
2. Sign, date, and submit a salmon-colored 2018 UNM 65+ Medical and Dental Open Enrollment Change form to the HR Service Center by **Friday, November 10, 2017**. (See address, fax, and phone number on page 2 of this form)

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

**IF 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 desired plan under **MEDICAL PLAN ELECTION AND/OR DENTAL PLAN ELECTION**.
3. Complete **DEPENDENT INFORMATION** on 2018 UNM 65+ Open Enrollment Change Form.
4. If adding a dependent to your *medical coverage*, bring a photocopy of *dependent's Medicare card* showing A & B coverage to the HR Service Center. Request enrollment forms for the medical and/or dental insurance vendor(s) you are selecting. **NOTE: Dependents MUST enroll in the same plan(s) as the RETIREE, if the retiree is also enrolled, except AARP.**

*Continued on next page.....*

5. Submit the 2018 UNM 65+ Open Enrollment Change Form (signed and dated), insurance 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 10, 2017. (See HR Service Center address on Page 4 of this form – **hand delivery or secure fax is preferred.**)

IF DROPPING A MEDICARE-ELIGIBLE DEPENDENT FROM 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 **DEPENDENT INFORMATION** on 2018 UNM 65+ Open Enrollment Change Form.
4. Sign, date, and submit your 2018 65+ Open Enrollment Change Form to the HR Service Center by 5:00 pm on November 10, 2017. (See the HR Service Center address on Page 4 of this form – **hand delivery or secure fax is preferred.**)

IF CHANGING MEDICAL 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, bring a photocopy of **your and/or your dependent's Medicare card showing part A & B coverage** to the HR Service Center. Request vendor enrollment form(s) for each insured. If changing to AARP plans, follow the AARP Enrollment instructions on pages 64 – 66 of the enclosed UNM 65+ Open Enrollment Guide, and complete the AARP Authorization Form on page 67 – 68 of the Guide.
3. Submit one salmon-colored **2018 65+ MEDICAL AND DENTAL OPEN ENROLLMENT CHANGE FORM (see pages 3 – 4)**, 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 5:00 pm on Friday November 10, 2017.**

## 2018 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)  (    )
Email address: _____		

Type of Action			
<input type="checkbox"/> <b>CHANGE PLAN MEDICAL</b>  (Vendor enrollment form(s) for new plan, along with copy of Medicare card showing part A & B coverage or proof of enrollment <b>MUST</b> be attached to this form) (SELECT NEW PLAN BELOW)	<input type="checkbox"/> <b>CHANGE PLAN DENTAL</b>  (SELECT NEW PLAN BELOW)	<input type="checkbox"/> <b>CANCEL COVERAGE</b>  <input type="checkbox"/> CANCEL MEDICAL* <input type="checkbox"/> CANCEL DENTAL*  *Cancellation of coverage is an irrevocable decision. <b>You will never be allowed to re-enroll in UNM plans at a future point.</b>	<input type="checkbox"/> <b>ADD/DROP DEPENDENT COVERAGE</b>  <input type="checkbox"/> ADD DEPENDENT COVERAGE <input type="checkbox"/> DROP DEPENDENT COVERAGE (Dependent information <b>MUST</b> 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 <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> N  ... <b>AND</b> <input type="checkbox"/> AARP MedicareRx Prescription Drug Plan (PDP) <input type="checkbox"/> Walgreens <input type="checkbox"/> Preferred <input type="checkbox"/> Saver Plus  <b>IMPORTANT:</b> You <i>must</i> enroll in both an AARP Medicare Supplement Plan <b>AND</b> an AARP MedicareRx PDP using the enclosed Authorization Form (see page 67 - 68 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 <sup>SM</sup> (Low)  **Delta Dental annual benefit period is from July 1, 2017 thru June 30, 2018. If there is a rate increase for dental coverage, your July 1, 2018 Bursar's statement will reflect the new dental premium rate.  <b>Note:</b> Pre-65 Retirees (turning 65 after 12/31/17) 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 2018.

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

**\*\*\* UNM Retiree Must Sign and Date Page 2 of this Form or benefit changes will not be processed \*\*\***

**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, 2018.**

I understand and accept that if I fail to pay my account the University may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on percentage, at a maximum of 40% of my delinquent account, together with all costs and expenses, including reasonable attorney's fees, necessary of the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit reporting bureaus.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit or mail this form to:**

**UNM HR Service Center  
Attention: Retiree Benefits  
MSC 01 1220, Suite 1400  
1700 Lomas Blvd. NE, Albuquerque, NM 87131  
(505) 277-MyHR (6947)  
Secure Fax 505-277-2278**

*UNM HR Service Center is located in the John & June Perovich Business Center at Lomas and University Blvd.*

**\*\*\* UNM Retiree Must Sign and Date Page 2 of this Form or benefit changes will not be processed \*\*\***

**IMPORTANT NOTE:** If changing to AARP plans, both the AARP 2018 Medicare Supplement and MedicareRx enrollment kits must be received by AARP/UnitedHealthcare **no later than December 7, 2017.**

*UNM Retirees and dependents who fail to meet this deadline will permanently lose UNM's contribution to premiums and the ability to participate in UNM's 65+ Open Enrollment in future.*