

**2024 UNM Medicare-Eligible Retiree Open Enrollment Instructions**  
**Open Enrollment: October 16 – November 3, 2023**

**- PLEASE READ CAREFULLY! -**

**IMPORTANT!**

**ALL FORMS AND REQUIRED DOCUMENTS MUST BE RECEIVED OR DATE-STAMPED**

**NO LATER THAN November 3, 2023**

***Late or incomplete forms will NOT be processed.***

UNM's 2024 Medicare-eligible Retiree Open Enrollment is ONLY for Medicare-eligible retirees, eligible employees retiring *and* turning 65 before January 1, 2024, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare parts A and B. See page 11 of the 2024 Medicare-Eligible Retiree Open Enrollment Guide for details about widow/widower allowed changes. For Medicare-eligible retirees with dependents under the age of 65, be advised the next Open Enrollment period for Pre-65 Retiree coverage changes will be in April/May, 2024. **NOTE: Retirees or dependents who will not be Medicare-eligible as of January 1, 2024 are NOT eligible to make medical and/or dental coverage changes during UNM's October 16 – November 3, 2023 Medicare Open Enrollment.**

The salmon-colored 2024 UNM Medicare-eligible Retiree Open Enrollment Change Form **must be completed, signed BY THE RETIREE**, and include the *retiree's* current address, phone number, and email address.

Instructions for how to submit your completed **2024 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form** to Benefits & Employee Wellness can be found on **Page 2** of the Form.

★ **PLEASE NOTE: 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 in the 2024 UNM Medicare-eligible Retiree Medical and Dental Open Enrollment Guide.

**HOW TO MAKE CHANGES ON THE 2024 MEDICARE-ELIGIBLE RETIREE MEDICAL & DENTAL  
OPEN ENROLLMENT CHANGE FORM**

**IF CHANGING EXISTING MEDICAL OR DENTAL COVERAGE TO A DIFFERENT UNM RETIREE  
MEDICARE PLAN OR DENTAL 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, you must include a photocopy of **your and/or your dependent's Medicare card(s) showing part A & B coverage** to UNM's Benefits & Employee Wellness and request insurance carrier enrollment form(s) for each insured. And, if changing to AARP plans, follow the UnitedHealthcare Enrollment instructions included in the 2024 UNM Medicare-Eligible Retiree Open Enrollment Guide, and complete the 2024 UNM UnitedHealthcare Authorization Form.
3. Sign, date, and mail, fax or electronically upload the salmon-colored **2024 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form** along with completed and signed vendor enrollment form(s) (available upon request from Benefits & Employee Wellness) to Benefits & Employee Wellness by UNM's **November 3<sup>rd</sup> Open Enrollment deadline**. If changing to AARP plans, include the 2024 UnitedHealthcare Authorization form.

IF CANCELLING MEDICAL OR DENTAL COVERAGE FOR YOURSELF: \*

1. Select **CANCEL COVERAGE** and indicate which coverage (medical or dental) you are cancelling.  
**Note:** Additionally, if applicable to you, you must contact UnitedHealthcare directly at 800-545-1797 to cancel your UNM AARP Medicare Supplement Plan and 800-274-6777 to cancel your UNM AARP MedicareRx Prescription Drug Plan (PDP).
2. Sign, date, and mail, fax, or electronically upload the salmon-colored *2024 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form* to Benefits & Employee Wellness by UNM's **November 3<sup>rd</sup> Open Enrollment deadline.**

**\* PLEASE NOTE: Cancelling your UNM retiree benefits is an irrevocable decision and you may not elect coverage in the future. Also, if you, as the retiree, cancel your UNM-sponsored medical and/or dental coverage and you are also covering a dependent spouse, domestic partner, and/or child, your dependent's coverage will be cancelled as well, regardless of your dependent's age.**

IF ADDING A MEDICARE-ELIGIBLE DEPENDENT TO YOUR EXISTING 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**, indicate Add and Medical and/or Dental.
4. If adding a dependent to your *medical plan*, you must include a photocopy of your **dependent's Medicare card** showing A & B coverage to Benefits & Employee Wellness, and request enrollment forms for the medical and/or dental insurance vendor(s) you are selecting.

**NOTE: Dependents MUST enroll in the same UNM Medicare Advantage Plan as the RETIREE, unless the dependent is under age 65 or is selecting a different AARP Medicare plan from among those offered by UNM.**

**AARP plans: Retirees and dependents may each enroll in a different UNM-sponsored AARP Medicare Supplement plan (F, G, or N) and AARP MedicareRx Prescription Drug plans (Walgreens, Preferred, or Basic (formerly Saver Plus). Plan F is only available to eligible applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A eligibility date prior to 1/1/2020.**

5. Sign, date, and mail, fax, or electronically upload the salmon-colored *2024 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form* (signed by the retiree), the insurance carrier enrollment form(s) (signed by the dependent), and **a copy of the dependent's Medicare A & B card** to Benefits & Employee Wellness by UNM's **November 3<sup>rd</sup> Open Enrollment deadline.**

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**, indicate Remove and Medical and/or Dental.
4. Sign, date, and mail, fax, or electronically upload the salmon-colored *2024 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form* to Benefits & Employee Wellness by UNM's **November 3<sup>rd</sup> Open Enrollment deadline.**

## 2024 UNM Medicare-Eligible RETIREE MEDICAL & DENTAL OPEN ENROLLMENT CHANGE FORM (Page 1 of 2)

**\*\*\*\*\* 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 last 4 digits of SSN
			Medicare Part A & B ID #
Street Address, City, State, and Zip Code  _____		Primary Phone (With Area Code)	Secondary Phone (With Area Code)
Email address:		(Required)	
Type of Action			
<input type="checkbox"/> <b>CHANGE PLAN MEDICAL</b> Insurance carrier enrollment form(s) for a newly selected plan will be provided by Benefits separately and <b>MUST</b> be submitted <b>along with a photocopy of Medicare part A &amp; B cards</b> to make a plan change. (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 on page 2)
MEDICAL PLAN ELECTION		DENTAL PLAN ELECTION**	
<b>Medicare Advantage Plans (Medical and Prescription Drug):</b> <input type="checkbox"/> Humana PPO <input type="checkbox"/> Aetna PPO ESA <input type="checkbox"/> BCBS HMO Plan I (Enhanced) <input type="checkbox"/> BCBS HMO Plan II (Standard) <input type="checkbox"/> Presbyterian HMO-POS Premier Plan <input type="checkbox"/> Presbyterian HMO-POS Select Plan  <b>Medicare Supplement &amp; Part D Rx Prescription Drug Plans:</b> <input type="checkbox"/> AARP Medicare Supplement Plans underwritten by UnitedHealthcare (See note on page 2 for Plan F eligibility) <input type="checkbox"/> Plan F <input type="checkbox"/> Plan G <input type="checkbox"/> Plan N <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> AARP MedicareRx Prescription Drug Plans (PDP) underwritten by UnitedHealthcare <input type="checkbox"/> Walgreens <input type="checkbox"/> Preferred <input type="checkbox"/> Basic (formerly Saver Plus)		<input type="checkbox"/> Delta Dental Premier®  <input type="checkbox"/> Delta Dental PPO <sup>SM</sup>  ** The Delta Dental annual benefit period is from July 1, 2023 through June 30, 2024. If there is a rate increase for dental coverage, your July 1, 2024 Bursar's statement will reflect the new dental premium rate.  <b>Note:</b> Pre-65 Retirees 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/May of 2024.	
<b>IMPORTANT:</b> You <i>must</i> enroll in both an AARP Medicare Supplement Plan <b>AND</b> an AARP MedicareRx PDP, underwritten by UnitedHealthcare, using the UnitedHealthcare Authorization Form to receive the premium contribution from UNM. (See AARP Section of the Guide.)			

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

**DEPENDENT INFORMATION**

Dependents	Name (Last, First, MI)	Medicare Part A&B ID Number	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

**ALL FORMS AND DOCUMENTATION MUST BE RECEIVED NO LATER THAN NOVEMBER 3, 2023 using one of the three following options:**

- **FAX:** 505-277-2278
- **MAIL:** Enclosed Pre-Paid Envelope to:  
**UNM Benefits & Employee Wellness**  
**MSC01 1220 ATTN: Benefits Representative**  
**The University Of New Mexico**  
**Po Box 27814**  
**Albuquerque, NM 87125-9703**
- **ELECTRONICALLY:** Complete and UPLOAD this form electronically to the Benefits Secure Document Submission portal at <https://hr.unm.edu/upload>. You may also go to <https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment> to download and complete a fillable version of this Form.

(Select Enter, then Benefits Forms, enter NetID & Password, Select Benefit Forms, enter email address & phone #, click Next, choose file from your computer, click Upload Document, & Done)

**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, 2024.**

I understand and accept that if I fail to pay my Bursar’s 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.

**IF UPLOADING ELECTRONICALLY TO HR’S SECURE DOCUMENT UPLOAD SITE, MY TYPED-IN NAME BELOW SERVES AS MY SIGNATURE. MY ACTUAL SIGNATURE IS REQUIRED IF PROVIDING PAPER FORM VIA FAX or MAIL.**

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

**IMPORTANT:** If changing to AARP plans, *both* the AARP 2024 Medicare Supplement and AARP MedicareRx PDP enrollment kits **must be received by UnitedHealthcare no later than Thursday, December 7, 2023.**

*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 Medicare-eligible Open Enrollment in future.*

**Note: Plan F is only available to eligible applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A eligibility date prior to 1/1/2020.**