

2025 UNM Medicare-Eligible Retiree Open Enrollment Instructions
Open Enrollment: October 21 – November 15, 2024

- PLEASE READ CAREFULLY! -

IMPORTANT!

**ALL FORMS AND REQUIRED DOCUMENTS MUST BE RECEIVED OR DATE-STAMPED
NO LATER THAN November 15, 2024**

Late or incomplete forms will NOT be processed.

UNM's 2025 Medicare-eligible Retiree Open Enrollment is ONLY for Medicare-eligible retirees, eligible employees retiring *and* turning 65 before January 1, 2025, and their legal Medicare-eligible dependents who have enrolled in and are covered by Medicare parts A and B. See page 11 of the 2025 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, 2025. **NOTE: Retirees or dependents who will not be Medicare-eligible as of January 1, 2025 are NOT eligible to make medical and/or dental coverage changes during UNM's October 21 – November 15, 2024 Medicare Open Enrollment.**

The salmon-colored 2025 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 2025 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 2025 UNM Medicare-eligible Retiree Medical and Dental Open Enrollment Guide.

**HOW TO MAKE CHANGES ON THE 2025 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 2025 UNM Medicare-Eligible Retiree Open Enrollment Guide, and complete the 2025 UNM UnitedHealthcare Authorization Form.
3. Sign, date, and mail, fax or electronically upload the salmon-colored *2025 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 15th Open Enrollment deadline**. If changing to AARP plans, include the 2025 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 *2025 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form* to Benefits & Employee Wellness by UNM's **November 15th Open Enrollment deadline.**

*** PLEASE NOTE: Canceling 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 canceled 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 (Preferred or Saver). 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 *2025 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 15th 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 *2025 Medicare-Eligible Retiree Medical & Dental Open Enrollment Change Form* to Benefits & Employee Wellness by UNM's **November 15th Open Enrollment deadline.**

2025 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"/> CHANGE PLAN MEDICAL Insurance carrier enrollment form(s) for a newly selected plan will be provided by Benefits separately and MUST be submitted along with a photocopy of Medicare part A & B cards to make a plan change. (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 on page 2)
MEDICAL PLAN ELECTION		DENTAL PLAN ELECTION**	
Medicare Advantage Plans (Medical and Prescription Drug): <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 Medicare Supplement & Part D Rx Prescription Drug Plans: <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;">AND</p> <input type="checkbox"/> AARP MedicareRx Prescription Drug Plans (PDP) underwritten by UnitedHealthcare <input type="checkbox"/> Preferred <input type="checkbox"/> Saver IMPORTANT: You <i>must</i> enroll in both an AARP Medicare Supplement Plan AND 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.)		<input type="checkbox"/> Delta Dental Premier® <input type="checkbox"/> Delta Dental PPO SM ** The Delta Dental annual benefit period is from July 1, 2024 through June 30, 2025. If there is a rate increase for dental coverage, your July 1, 2025 Bursar's statement will reflect the new dental premium rate. Note: 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 2025.	

***** 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 15, 2024 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/secure-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, 2025.

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 2025 Medicare Supplement and AARP MedicareRx PDP enrollment kits **must be received by UnitedHealthcare no later than December 7, 2024.**

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.