

The University of New Mexico



2023 Medicare-Eligible Retiree Open Enrollment Guide

Monday, October 17 - Friday, November 4, 2022

**UNM Benefits & Employee Wellness
1700 Lomas Blvd NE, Suite 1400
MSC 01 1220
1 University of New Mexico
Albuquerque, NM 87131-0001
hrbenefits@unm.edu
505-277-6947**

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Disability Retirement: If you or your eligible dependent are under age 65 and are eligible for Medicare due to disability, to enroll in one of UNM's Medicare Advantage or Medicare Supplement plans, you/your dependent must contact the Benefits & Employee Wellness department at HRBenefits@unm.edu or call your designated [Benefits Representative](#) (see page 5).

IMPORTANT NOTE: Retirees who choose to waive or discontinue enrollment in UNM Retiree Medicare and/or Dental benefits will never be allowed to re-enroll in UNM's Retiree benefits for themselves or for dependents at a later date. This is an irrevocable decision.

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Introduction

Date: October 17, 2022

From: Benefits & Employee Wellness

Re: 2023 UNM Medicare-Eligible Retiree Open Enrollment

The 2023 UNM Medicare-eligible Retiree Open Enrollment begins **Monday, October 17, 2022** and ends **Friday, November 4, 2022**.

UNM BENEFITS & EMPLOYEE WELLNESS IS PROVIDING SUPPORT MONDAY- FRIDAY 8 A.M. – 5 P.M. MT

Email hrbenefits@unm.edu or call your designated Benefits Representative according to the first letter of your last name:

- Claudia Velasquez: **A – D** 505-277-5810
- Lana Robinson: **E – K and X - Z** 505-277-1857
- Jane Brantley: **L - Q** 505-277-5847
- Laverne Brooks: **R - W** 505-277-1705

During Open Enrollment, eligible UNM Retirees may change or cancel UNM medical and/or dental plan benefits, as well as add/drop eligible dependents or make changes to dependents' coverage.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of should contact the Office of Equal Opportunity (OEO) ADA Coordinator, Francie Cordova, bby phone 505-277-5251, email fcordova3@unm.edu, or the Accessibility Resource email arcrvs@unm.edu.

Please Note: If you do not wish to make changes to your current UNM medical or dental coverage, or to your Medicare-eligible dependent's coverage, ***you DO NOT need to take any action or submit an Open Enrollment Change Form***. If you take no action, your (and your dependent's) coverage will continue and will only be updated for changes in premium(s) as outlined in this Guide.

Eligible Retirees and Dependents

Retirees who are eligible for UNM's medical plan coverage must also be *Medicare-eligible* and may add the following *Medicare-eligible* dependents during Open Enrollment:

Retiree's legal spouse, eligible or becoming eligible for Medicare – turning age 65 or over age 65 with Medicare A and B card, mentally and/or physically disabled*, or with end-stage renal disease.

Retiree's qualified domestic partner, eligible or becoming eligible for Medicare – turning age 65 or over age 65 with Medicare A and B card, mentally and/or physically disabled*, or with end-stage renal disease.

You must mail, fax, or upload a signed and notarized **Affidavit of Domestic Partnership** and one (1) proof of shared financial obligation, such as a joint checking account, along with your completed 2023 UNM Medicare-eligible Open Enrollment Change Form. *(This step is not necessary if Benefits & Employee Wellness already has documents on file to verify domestic partnership.)*

For details about Domestic Partnership proof requirements, go to UNM Policy 3790, Section 2 and 3 at: policy.unm.edu/university-policies/3000/3790.html

You may download the Affidavit at hr.unm.edu/docs/benefits/affidavit-of-domestic-partnership.pdf . You may also request the Form by emailing Benefits & Employee Wellness at hrbenefits@unm.edu or by calling your designated [Benefits Representative](#) (see page 5).

Retiree's unmarried child(ren) who is (are) eligible or becoming eligible for Medicare (mentally and/or physically disabled* with a Medicare A and B card).

* When Medicare eligibility is due to mental and/or physical disability, please include a **Social Security Disability Award Certificate** along with your completed 2023 UNM Medicare-eligible Open Enrollment Change Form, unless Benefits & Employee Wellness already has these documents on file for you or your dependent(s)

Important Information and Enrollment Changes

If you are changing your medical insurance coverage, you and your dependent(s) (if applicable) will each need to complete the insurance carrier's enrollment forms. As the retiree, you need to complete one **2023 UNM Medicare-eligible Retiree Open Enrollment Change Form**. The insurance carrier's enrollment forms will NOT be processed without a completed 2023 UNM Medicare Eligible Open Enrollment Change Form. Medical and dental insurance carrier's enrollment forms are available from Benefits & Employee Wellness at hrcbenefits@unm.edu or you can call your designated **Benefits Representative** (see page 5).

Note: Retirees and covered dependents who change from AARP Medicare Supplement Plans and MedicareRx PDPs to any other non-UNM sponsored Medicare Supplement, PDP, or Medicare Advantage Plan **must** contact UnitedHealthcare directly to **cancel** the AARP plans. AARP Medicare Supplement Plans and AARP MedicareRx PDPs are individually owned policies (vs. the UNM group Medicare Advantage (MAPD) plans). UNM will discontinue paying a premium contribution from the University for retirees and covered dependents who move from UNM-approved AARP plans to a non-UNM sponsored plan, but UNM cannot cancel the existing AARP coverage for you. UnitedHealthcare only allows the insured to cancel their AARP plan coverage.

Applicants who elect to enroll in a Medicare Supplement Plan and Part D MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to underwriting, higher premiums, and a waiting period for pre-existing conditions. Contact UnitedHealthcare to ask if medical underwriting will apply to you.

UNM BlueCross BlueShield, Presbyterian, Humana, and Aetna Medicare Advantage Plan (MAPD) enrollment forms must be submitted to Benefits & Employee Wellness for processing.

See the AARP/UnitedHealthcare Enrollment Instructions & Authorization Form on pages 108 – 112 of this Guide. Enrollment in an AARP Medicare Supplement Plan F, G, or N *with* a MedicareRx Walgreens, Preferred, or Saver Plus PDP is a different process than enrolling in a UNM Medicare Advantage Plan with BCBS, Presbyterian, Humana, or Aetna.

**ALL FORMS AND DOCUMENTATION MUST BE RECEIVED BY UNM BENEFITS
& EMPLOYEE WELLNESS NO LATER THAN NOVEMBER 4, 2022**

Choose one of the three following options to submit documents:

- **ELECTRONICALLY**: The 2023 UNM Open Enrollment Change Form and AARP Authorization Form are available in fillable format (see <https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment>). Complete and UPLOAD these forms and any other required documentation electronically to the Benefits Secure Document Upload portal at <https://hr.unm.edu/upload>. *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.*
- **FAX** 505-277-2278
- **MAIL**: (Prepaid return envelope provided)

University of New Mexico
Benefits & Employee Wellness
MSC 01 1220 PO BOX 27814
Attn: Benefits Representative
Albuquerque, NM 87131

UNM Medicare-eligible Retiree and Dependent Plan Overview

UNM continues to offer the following Medicare Advantage Plans, Medicare Supplement Plans with Part D Rx, and Dental Plans to eligible retirees and dependents in 2023.

Four Medicare Advantage with Prescription Drug (MAPD) HMO plans with *in-network providers* in New Mexico only, and urgent/emergency care worldwide:

- Presbyterian Medicare Advantage **HMO-POS Premier** and **Select** (with out-of-network providers in all states) - Participants must reside in New Mexico
- BlueCross BlueShield (BCBS) Medicare Advantage **HMO I (Enhanced)** and **II (Standard)** (with no providers beyond New Mexico) - Participants must reside in New Mexico

Two Medicare Advantage with Prescription Drug (MAPD) PPO plans *with in-network providers* nationwide and urgent/emergency care worldwide:

- Aetna Medicare Advantage Plan **PPO ESA** (Extended Service Area)
- Humana Medicare Advantage **PPO**

Three Medicare Supplement Plans *with three MedicareRx Prescription Drug Plans (PDP)* available nationwide:

- AARP **Medicare Supplement Plans F, G, or N**, and **MedicareRx Preferred, Walgreens, or Saver Plus** Prescription Drug Plans (PDPs), underwritten by UnitedHealthcare
- One of these three AARP Medicare Supplement Plan *must* be purchased with one of these three AARP MedicareRx PDPs, and enrollment maintained in both plans continuously to receive UNM's contribution to premium

TWO DENTAL PLANS

Delta Dental Premier[®] or Delta Dental PPOSM Plan with in-network providers nationwide.

Please Note: Pre-65 Retirees with Medicare-eligible dependents will be able to make changes to dental coverage for those dependents during UNM's annual Pre-65 Retiree Open Enrollment in April/May.

To access UNM's Medicare-eligible Retiree medical plans, you and/or your dependent(s) must be enrolled or provide proof of application for enrollment in Medicare Parts A and B. If you are changing UNM medical plans in 2023, you will need to provide copies of your (and your dependents', if applicable) Medicare Card.

Enrollment on all applications and paperwork must match the name as it appears on your and your dependent's Medicare Card.

If your name does not match as it appears on your Medicare Card, contact UNM HR Service Center at hrfiles@unm.edu. If you do not have access to email, call your designated [Benefits Representative](#) (see page 5).

BENEFITS CHANGES DURING THE YEAR: You will be **unable to make changes** between annual UNM Medicare-eligible Retiree Open Enrollments **unless you experience a Qualifying Change in Status Event.**

IMPORTANT NOTE: Retirees who choose to *discontinue* enrollment in UNM Retiree Medicare and/or Dental benefits will *never* be allowed to re-enroll in these benefits for themselves or for dependents at a later date. This is an irrevocable decision.

Plan Rates

** Dental Rates are effective July 1, 2022 - June 30, 2023

*** UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. These policies are individually owned and priced (vs. UNM's group Medicare Advantage Plans with Prescription Drug coverage). AARP plan rates are based on each retiree or dependent's individual age, zip code, and smoking status within the United States and US Territories. Please contact UnitedHealthcare at 1-888-556-7049 for rate quotes, or follow the online instructions on pages 72 - 112 of this Guide to obtain an *approximate quote* based on available rates.

Note: If you obtain AARP Medicare Supplement and MedicareRx rates online or by phone, remember to multiply the full rates from UnitedHealthcare by the applicable percentage shown for your share of the premiums.

If you choose to enroll in the AARP Medicare Supplement and MedicareRX plans, you MUST coordinate enrollment with Benefits & Employee Wellness using the UNM UnitedHealthcare Authorization Form on pages 108 - 112 of this Guide. Request both an AARP Medicare Supplement Insurance Plan enrollment kit and a MedicareRx PDP enrollment kit for yourself, and if applicable for your dependent(s).

IMPORTANT:

- Qualifying UNM widows and widowers will continue to receive UNM's medical and dental premium contribution for one year from the date of the retiree's death, and then pay 100% of premiums to continue participation in UNM's retiree medical and dental plans. *Widow and widowers may not add a new spouse (if applicable) to their existing UNM medical and/or dental coverage.* For transition to widow and widower coverage, the surviving spouse or qualified domestic partner must contact Benefits & Employee Wellness within 60 days of date of death.
- Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to medical underwriting (review of your health & medical records), higher premiums, and a waiting period for any pre-existing conditions. Applicants moving from Medicare Supplement Plans to Medicare Advantage Plans are not subject to medical underwriting. Contact UnitedHealthcare to learn if medical underwriting will apply to you

Grandfathered with 25+ VEBA Service Credits* UNM Medicare Eligible Medical & Dental

Plan Rates Effective January 1, 2023 - December 31, 2023 **

* Rates apply if you retired on or prior to June 30, 2013, or on or after July 1, 2013 with 25+ VEBA Service Credits

UNM 65+ Plan	% Retiree Contribution	70%	70%	60%	100%
Medical Rates		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
UNM Aetna Advantage Plan PPO ESA		\$98.72	\$197.44	\$84.62	\$141.03
UNM Blue Cross BlueShield I (Enhanced) Advantage Plan HMO		\$165.34	\$330.68	\$141.72	\$236.20
UNM Blue Cross BlueShield II (Standard) Advantage Plan HMO		\$127.61	\$255.22	\$109.38	\$182.30
UNM Humana Advantage Plan PPO		\$94.93	\$189.85	\$81.37	\$135.61
UNM Presbyterian Premier UNM Advantage Plan HMO-POS		\$213.50	\$427.00	\$183.00	\$305.00
UNM Presbyterian Select Advantage Plan HMO-POS		\$128.80	\$257.60	\$110.40	\$184.00
AARP Medicare Supplement Plan F, G, or N ***		Retiree and/or Dependent must enroll in an AARP Medicare Supplement Plan F, G, or N <i>and</i> an AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP to receive UNM's contribution to premium. Call UnitedHealthcare at 1-888-556-7049 for quotes.			
AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP ***					
Dental Rates** **July 1, 2022 - June 30, 2023		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
Delta Dental - UNM Premier® Plan		\$28.00	\$54.60	\$24.00	\$40.00
Delta Dental - UNM PPO Plan		\$13.30	\$26.60	\$11.40	\$19.00

**Non-Grandfathered with 5-9 Years of VEBA Service Credits* UNM Medicare Eligible Medical & Dental
Plan Rates Effective January 1, 2023 - December 31, 2023 ****

* Rates apply if you retired on or prior to June 30, 2018, or on or after July 1, 2013 with 5-9 Years of VEBA Service Credits

UNM 65+ Plan	% Retiree Contribution	90%	90%	85%	100%
Medical Rates		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
UNM Aetna Advantage Plan PPO ESA		\$126.93	\$253.85	\$119.88	\$141.03
UNM Blue Cross BlueShield I (Enhanced) Advantage Plan HMO		\$212.58	\$425.16	\$200.77	\$236.20
UNM Blue Cross BlueShield II (Standard) Advantage Plan HMO		\$164.07	\$328.14	\$154.96	\$182.30
UNM Humana Advantage Plan PPO		\$122.05	\$244.10	\$115.27	\$135.61
UNM Presbyterian Premier UNM Advantage Plan HMO-POS		\$274.50	\$549.00	\$259.25	\$305.00
UNM Presbyterian Select Advantage Plan HMO-POS		\$165.60	\$331.20	\$156.40	\$184.00
AARP Medicare Supplement Plan F, G, or N ***		Retiree and/or Dependent must enroll in an AARP Medicare Supplement Plan F, G, or N <i>and</i> an AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP to receive UNM's contribution to premium. Call UnitedHealthcare at 1-888-556-7049 for quotes.			
AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP ***					
Dental Rates** **July 1, 2022 - June 30, 2023		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
Delta Dental - UNM Premier® Plan		\$36.00	\$70.20	\$34.00	\$40.00
Delta Dental - UNM PPO Plan		\$17.10	\$34.20	\$16.15	\$19.00

Resources and Vendor Contact Information

- *UNM BlueCross BlueShield NM Medicare Advantage HMO Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
 - Customer Service: Toll Free **877- 299-1008**, TTY/TTD **711**
 - Education/Plan Information Line: **855-324-0120**
 - Online: www.bcbsnm.com/medicare

- *UNM Presbyterian Medicare Advantage HMO-POS Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
 - Call 8 a.m. to 8 p.m., seven days a week October 1 - March 31, Monday to Friday (except holidays) from April 1 - September 30.
 - Presbyterian Customer Service **(505) 923-6060** or **800-797-5343 (TTY 711)**

- *UNM Humana Medicare Advantage PPO Plan*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
 - Customer Service: Toll Free **866-396-8810**, TTY: **711**, Monday-Friday, 6 a.m. - 7 p.m. Mountain time
 - Pharmacy Mail Order: Toll Free **800-379-0092**, TTY: **711**, Monday-Friday, 6 a.m. - 9 p.m., and Saturday, 6 a.m. - 4:30 p.m. Mountain time
 - Specialty Pharmacy: Toll Free **800-486-2668**, TTY: **711**, Monday-Friday, 6 a.m. - 9 p.m. and Saturday, 6 a.m. - 4:30 p.m. Mountain time
 - Online: www.humana.com and www.humanapharmacy.com
As a member, register online for your secure MyHumana website

- *UNM Aetna Medicare Advantage PPO ESA (Extended Service Area) Plan*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
 - Pre-Enrollment Questions: Medical and Rx Toll Free **800-307-4830**, TTY **711**
 - Aetna Members: Medical and Rx Toll Free **888-267-2637**, TTY **711**
 - Online: www.aetnamedicare.com

- *AARP Medicare Supplement Insurance Plans and AARP MedicareRx Plans*
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)

UnitedHealthcare/AARP Medicare Supplemental Plans:

- Phone: **1-800-545-1797**, Monday - Friday 9 a.m. - 1 a.m. MT; Saturday 11 a.m. - 7 p.m. MT.
- Online: <https://www.aarpmedicareplans.com/shop/medicare-supplement-plans.html>

UnitedHealthcare/AARP Medicare Part D Rx Plans:

- Phone: **1-888-556-7049**, Monday - Sunday 8 a.m. - 8 p.m. MT.
- Online: <https://www.aarpmedicareplans.com/shop/prescription-drug-plans.html>

UNM Delta Dental Plans

(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)

- Customer Service: **505-855-7111**, Toll-Free: **877-395-9420**
- Online: www.deltadentalnm.com

Pre- Recorded Virtual Presentations

<p style="text-align: center;">UnitedHealthcare for AARP plans</p> <p style="text-align: center;">Medicare Supplement Insurance and MedicareRx Plans</p>	<p style="text-align: center;">See access info at https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment</p>
<p style="text-align: center;">Aetna</p> <p style="text-align: center;">Medicare Advantage PPO ESA Plan</p>	<p style="text-align: center;">See access info at https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment</p>
<p style="text-align: center;">Humana</p> <p style="text-align: center;">Medicare Advantage PPO Plan</p>	<p style="text-align: center;">See access info at https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment</p>
<p style="text-align: center;">BCBS</p> <p style="text-align: center;">Medicare Advantage HMO Plans)</p>	<p style="text-align: center;">See access info at https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment</p>
<p style="text-align: center;">Presbyterian</p> <p style="text-align: center;">(Medicare HMO-POS Advantage Plans)</p>	<p style="text-align: center;">See access info at https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment</p>

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Appendix



Qualifying Change in Status Events – Defined

Once enrolled in UNM-sponsored retiree medical and/or dental plans, you cannot make changes to those benefits outside of UNM Medicare-eligible Open Enrollment unless you experience a Qualifying Change in Status Event. **To make changes to your UNM-sponsored retiree medical and/or dental benefits, you must do so within sixty (60) calendar days of a Qualifying Change in Status Event.**

Qualifying Change in Status events include:

- Marriage or divorce
- Establishment or dissolution of qualified domestic partnership
- Death of your spouse, eligible domestic partner, or dependent
- Change in your spouse's, or eligible domestic partner's employment from part-time to full-time, or full-time to part-time
- Significant changes in health insurance coverage for your spouse or your eligible domestic partner, attributable to your spouse's or eligible domestic partner's employment
- Birth or adoption of a child
- Move out of the New Mexico coverage area if enrolled in UNM's BCBS HMO or Presbyterian HMO-POS Medicare Advantage Plans (MAPDs)



BENEFITS
& EMPLOYEE
WELLNESS

Delta Dental



Delta Dental PPO™ Point of Service Summary of Dental Plan Benefits

For Group #8532
University of New Mexico - Active Employees -
High Option

Benefit Period: July 1 through June 30

Deductible: \$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period

Maximum Benefit Amount: \$1,500 per person total per Benefit Period

Orthodontic Lifetime Maximum: \$1,000 per person total per lifetime

Covered Services

	Delta Dental PPO™ Provider You Pay	Delta Dental Premier® Provider ¹ You Pay ¹	Non-Participating Provider ² You Pay ²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services - exams, cleanings, and topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment - to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants - to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy - to detect oral cancer	No Charge	No Charge	No Charge
Radiographs - images	No Charge	No Charge	No Charge
Periodontal Maintenance - cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services - fillings	15%	15%	15%
Endodontic Services - root canals	15%	15%	15%
Periodontic Services - to treat gum disease	15%	15%	15%
Oral Surgery Services - extractions and dental surgery	15%	15%	15%
Other Basic Services - misc. services	15%	15%	15%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthetic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging	50%	50%	50%

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109

Web Site, Including Provider Search: www.deltadentalnm.com

Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

Orthodontic Services			
Orthodontic Services - braces (lifetime max.)	50%	50%	50%
Orthodontic Age Limit - child and adult	No Age Limit	No Age Limit	No Age Limit

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Maximum Benefit Amount: The Maximum Benefit Amount applies to all services except, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

Eligible Employees may enroll subject to the Eligibility Waiting Period(s) defined by the University of New Mexico and approved by Delta Dental, subject to any additional requirements which may apply.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for

	services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.
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Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via www.memberportal.com, for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance

Phone: 1-855-4-ASK-OSI

www.osi.state.nm.us



Delta Dental PPO™ Summary of Dental Plan Benefits

For Group #8532
University of New Mexico - Active Employees -
Low Option

Benefit Period: July 1 through June 30

Deductible: \$25 Deductible per person total per Benefit Period limited to a maximum Deductible of \$75 per family per Benefit Period

Maximum Benefit Amount: \$750 per person total per Benefit Period

Covered Services

	Delta Dental PPO™ Provider	Delta Dental Premier® Provider ¹	Non-Participating Provider ²
	You Pay	You Pay ¹	You Pay ²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services - exams, cleanings, and topical fluoride, and space maintainers	10%	10%	10%
Emergency Palliative Treatment - to temporarily relieve pain	10%	10%	10%
Sealants - to prevent decay of permanent teeth	10%	10%	10%
Brush Biopsy - to detect oral cancer	10%	10%	10%
Radiographs - images	10%	10%	10%
Periodontal Maintenance - cleanings following periodontal therapy	10%	10%	10%
Basic Services			
Minor Restorative Services - fillings and crown repair	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Oral Surgery Services - extractions and dental surgery	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging	50%	50%	50%

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109

Web Site, Including Provider Search: www.deltadentalnm.com

Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

1) Balance billing applies. Delta Dental Premier Providers may bill you above the Delta Dental PPO Maximum Approved Fees they receive from Delta Dental. You will have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This will be true even if the Coinsurance percentages are the same for these two types of Providers. You will have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

- Oral exams (including evaluations by a specialist) are payable twice times per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice times per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, emergency palliative treatment, and consultations.

Maximum Benefit Amount: The Maximum Benefit Amount applies to all services.

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

Eligible Employees may enroll subject to the Eligibility Waiting Period(s) defined by the University of New Mexico and approved by Delta Dental, subject to any additional requirements which may apply.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

There is a six (6) month Benefit waiting period for certain services. Crown Repair, Major Restorative Services, Relines and Repairs, TMD Treatment and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for six (6) consecutive months.

Your Network: Delta Dental PPO

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Delta Dental Premier Maximum Approved Fees
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for the difference between the Delta Dental PPO Maximum Approved Fees and the Delta Dental Premier Maximum Approved Fees.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

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Office of Superintendent of Insurance
Phone: 1-855-4-ASK-OSI
www.osi.state.nm.us



BENEFITS
& EMPLOYEE
WELLNESS

***UNM BlueCross BlueShield NM
Medicare Advantage HMO Plans***

2023 UNM BlueCross BlueShield NM Medicare Advantage HMO Plan I (Enhanced) and Plan II (Standard)

- No premium increases for Plan I and Plan II in 2023
- Prescription benefit provided by Prime Therapeutics
- See BCBS Flyer for highlights

- In-network providers in New Mexico only, urgent/emergency care worldwide

- The following New Mexico facilities *do not* participate in the UNM BCBSNM Medicare Advantage HMO Plans:

Presbyterian Albuquerque Facilities
PHS ACL Indian Hospital
PHS Indian Hospital Santa Fe
PHS Indian Hospital Zuni
NMBH Institute at Las Vegas

For a complete list of participating providers, visit
<https://www.bcbsnm.com/medicare/in-network-providers>



Your University of New Mexico HMO plan bundles benefits for your total health with your Original Medicare coverage.



Hearing Care

Routine hearing exams are available through TruHearing[®] and you may be able to save 30–50% on hearing aids. Your plan also includes a hearing aid allowance.



Vision Care

Vision exams and eyewear are available through EyeMed Vision Care. Your plan covers routine eye exams and include an allowance toward frames and contacts.



Fitness Designed for You

The SilverSneakers[®] Fitness Program is included in your plan. It helps you achieve your health and fitness goals with access to more than 15,000 fitness locations and online classes lead by certified instructors.



Virtual Visits

Virtual Visits powered by MDLIVE, allows you to consult an independently contracted, board-certified doctor or therapist for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.



Transportation Service

Getting to the doctor is easier with transportation services to and from your medical appointments.



Rewards Program*

Put up to \$100 worth of gift cards in your pocket for choosing healthy activities. Earn gift cards for completing Healthy Actions throughout the year, like having your Annual Wellness Visit, getting your flu shot or taking a Fall Risk Assessment. Gift card options include retailers like Amazon, Barnes and Noble, iTunes, Starbucks, Walgreens and Walmart. Retailers may offer physical and/or eCards. The maximum annual rewards you can earn is \$100 worth of gift cards. Please note: Healthy Actions are subject to change.



Questions about your plan?

Refer to the Summary of Benefits for details or call the Education Helpline at: **1-855-324-0120 TTY 711**

We are open September 1 – January 31: Daily, 8:00 a.m. to 9:00 p.m. CT

February 1 – August 31: Monday through Friday, 8:00 a.m. to 8:00 p.m. local time. Alternate technologies (for example, voicemail) will be used on weekends and holidays.

These services may be part of your plan. Read the Summary of Benefits for details about the specific benefits included in your retiree group plan.

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TruHearing[®] is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

EyeMed Vision Care, LLC, an independent company, provides customer service and network administration services for BCBSNM. BCBSNM has contracted with First American Administrators (FAA), an independent company, to provide claims administration. The relationship between BCBSNM, FAA, and EyeMed is that of independent contractors.

HealthMine, Inc., is an independent company that provides digital health and personal clinical engagement tools and services for Blue Cross and Blue Shield of New Mexico. The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that provides digital health and personal clinical engagement tools and services for Blue Cross and Blue Shield of New Mexico members.

* Registration is required to participate. Visit www.BlueRewardsNM.com to register and see what Healthy Actions

earn rewards. If you do not have internet access, call Customer Service using the phone number on the back of your insurance card. Maximum annual rewards of \$100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

SilverSneakers[®] is a wellness program owned and operated by Tivity Health, Inc., an independent company. Tivity Health and SilverSneakers[®] are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

HMO plans provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract. Enrollment in HCSC's plans depends on contract renewal.

2023 Blue Cross and Blue Shield of New Mexico Medicare Advantage – HMO

2023 BCBS NM MAPD HMO	Plan I (Enhanced)	Plan II (Standard)
Monthly Premium	See pages 11-13	See pages 11-13
Benefit Description		
Deductible	\$0	\$0
MOOP (Maximum Out-of-Pocket)	\$2,500	\$5,000
Combined OOP Max	\$0	\$0
Inpatient Hospital – Acute	\$100/day (days 1 - 5)	\$100/day (days 1 - 5)
Inpatient Mental Health Care	\$100/day (days 1 - 5)	\$100/day (days 1 - 5)
Skilled Nursing Facility	\$0/day (days 1 - 100)	\$0/day (days 1 - 100)
Cardiac Rehabilitation Services	<p>\$0 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for Supplemental Cardiac Rehabilitation Services</p> <p>NO LIMIT on the number of Supplemental Cardiac Rehabilitation Services</p>	<p>\$0 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for Supplemental Cardiac Rehabilitation Services</p> <p>NO LIMIT on the number of Supplemental Cardiac Rehabilitation Services</p>
Pulmonary Rehabilitation Services	<p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services</p> <p>\$0 copay for Supplemental Pulmonary Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Pulmonary Rehabilitation Services</p>	<p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services</p> <p>\$0 copay for Supplemental Pulmonary Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Pulmonary Rehabilitation Services</p>
Emergency Care	<p>\$65 copay for Medicare-covered emergency room visits (including worldwide coverage). Admitted within 24 hour(s) for the same condition, \$0 copay for emergency room visit.</p>	<p>\$75 copay for Medicare-covered emergency room visits (including worldwide coverage). Admitted within 24 hour(s) for the same condition, \$0 copay for emergency room visit.</p>
Urgently Needed Services	<p>\$10 copay for Medicare-covered urgently-needed-care visits (including worldwide coverage). (\$5 copay Virtual Visits)</p>	<p>\$10 copay for Medicare-covered urgently-needed-care visits (including worldwide coverage). (\$5 copay Virtual Visits)</p>
Partial Hospitalization	\$0 copay	\$0 copay
Home Health Service	\$0 copay	\$0 copay
Primary Care Physician Services	\$10 copay	\$10 copay
Chiropractic Services	<p>\$20 copay Medicare-covered</p> <p>\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)</p>	<p>\$20 copay Medicare-covered</p> <p>\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)</p>
Formulary	Please go to: www.bcbsnm.com/retiree-medicare-tools	
Network	Please go to: www.bcbsnm.com/retiree-medicare-tools	

2023 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
Occupational Therapy Services	\$20 copay (limit to \$2,110 annually)	\$20 copay (limit to \$2,110 annually)
Physician Specialist Services Excluding Psychiatric Services (excludes Radiology)	\$30 copay	\$40 copay
Outpatient Mental Healthcare Visit	\$20 copay (\$20 copay Virtual Visits)	\$20 copay (\$20 copay Virtual Visits)
Podiatry Services	\$0 copay Medicare-covered	\$0 copay Medicare-covered
Other Health Care Professional Services	PCP \$10 SPC \$30	PCP \$10 SPC \$40
Outpatient Mental Healthcare Psychiatric Visit	\$30 copay (\$30 copay Virtual Visits)	\$40 copay (\$40 copay Virtual Visits)
Physical Therapy and Speech Language Pathology Services	\$20 copay (limit to \$2,110 annually combined)	\$20 copay (limit to \$2,110 annually combined)
Lab Services	\$0 copay	\$0 copay
Diagnostic Procedures	\$0 copay	\$0 copay
Therapeutic Radiology	\$10 copay	\$10 copay
Diagnostic Radiology Services / X-Ray	\$0 copay	\$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay	\$100 copay
Outpatient Hospital Services	\$150 copay	\$175 copay
Ambulatory Surgical Center (ASC) Services	\$150 copay	\$175 copay
Outpatient Substance Abuse: Individual Therapy	\$30 copay (\$0 copay Opioid Treatment Services)	\$40 copay (\$0 copay Opioid Treatment Services)
Outpatient Substance Abuse: Group Therapy	\$30 copay (\$0 copay Opioid Treatment Services)	\$40 copay (\$0 copay Opioid Treatment Services)
OP Blood Services	\$0 copay	\$0 copay
Ambulance Services	\$75 copay	\$75 copay
Transportation Services	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year
Durable Medical Equipment (DME)	\$20 copay	20% coinsurance
Prosthetics / Medical Supplies	\$20 copay	20% coinsurance
Diabetes Supplies and Services	0%	0%
End-Stage Renal Disease / Dialysis Services	\$0 copay	\$0 copay
Acupuncture	\$0 copay Medicare-covered (chronic low back pain - up to 12 visits in 90 days) \$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year	\$0 copay Medicare-covered (chronic low back pain - up to 12 visits in 90 days) \$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year
Meal Benefit	Not covered	Not covered
Over-the-Counter Rx	Not covered	Not covered
Medicare-Covered Preventive Services	\$0 copay	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Supplemental Education / Wellness Programs	SilverSneakers	SilverSneakers
Kidney Disease Education Services	\$0 copay	\$0 copay
Formulary	Please go to: www.bcbsnm.com/retiree-medicare-tools	
Network	Please go to: www.bcbsnm.com/retiree-medicare-tools	

2023 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
Diabetes Self-Management Training	\$0 copay	\$0 copay
Medicare Part B Rx Drugs: Chemotherapy / Radiation	\$10 copay	\$10 copay
Medicare Part B Rx Drugs: Other	\$0 copay	\$0 copay
Preventive Dental	Not covered	Not covered
Dental Services	\$20 copay Medicare-covered	\$40 copay Medicare-covered
Eye Exams	\$20 copay Medicare-covered \$0 copay supp 1 routine eye exam every calendar year	\$40 copay Medicare-covered \$0 copay supp 1 routine eye exam every calendar year
Eyewear	\$0 copay Medicare-covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery \$150 allowance toward routine eyewear every year	\$0 copay Medicare-covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery \$150 allowance toward routine eyewear every year
Hearing Exams	\$20 copay – diagnostic hearing exam \$20 copay 1 supp routine hearing exam every year	\$40 copay – diagnostic hearing exam \$40 copay 1 supp routine hearing exam every year
Hearing Aids	\$900 allowance every 3 years	\$900 allowance every 3 years
Travel Benefit	For members that are outside of the service area for up to 6 months	For members that are outside of the service area for up to 6 months
Worldwide Emergency	Urgent / Emergent Care only; No annual limit; \$65 copay	Urgent / Emergent Care only; No annual limit; \$75 copay
Rewards	\$25 in gift cards up to 4 times per year	\$25 in gift cards up to 4 times per year
Part D – Prescription Drugs		
Deductible	\$0	\$0
Initial Coverage	Unlimited	Up to \$4,660
Initial Coverage Stage: Standard Retail Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$9	One-month supply: \$9
	Three-month supply: \$27	Three-month supply: \$27
Tier 2: Generic	One-month supply: \$15	One-month supply: \$15
	Three-month supply: \$45	Three-month supply: \$45
Tier 3: Preferred Brand	One-month supply: \$47	One-month supply: \$47
	Three-month supply: \$141	Three-month supply: \$141
Tier 4: Non-Preferred Brand	One-month supply: \$100	One-month supply: \$100
	Three-month supply: \$300	Three-month supply: \$300
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
Formulary	Please go to: www.bcbsnm.com/retiree-medicare-tools	
Network	Please go to: www.bcbsnm.com/retiree-medicare-tools	

2023 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
Initial Coverage Stage: Preferred Retail Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$12	Three-month supply: \$12
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$30	Three-month supply: \$30
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: \$42
	Three-month supply: \$126	Three-month supply: \$126
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: \$95
	Three-month supply: \$285	Three-month supply: \$285
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
Initial Coverage Stage: Mail Order Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$8	Three-month supply: \$8
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$20	Three-month supply: \$20
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: \$42
	Three-month supply: \$84	Three-month supply: \$84
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: \$95
	Three-month supply: \$190	Three-month supply: \$190
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
Coverage Gap	You pay the same copays as the Initial Coverage Limit	The following copays will apply for the Coverage Gap until the member reaches the True Out of Pocket (TrOOP) amount of \$7,400
Coverage Gap: Standard Retail Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$9	One-month supply: \$9
	Three-month supply: \$27	Three-month supply: \$27
Tier 2: Generic	One-month supply: \$15	One-month supply: \$15
	Three-month supply: \$45	Three-month supply: \$45
Tier 3: Preferred Brand	One-month supply: \$47	One-month supply: 25%
	Three-month supply: \$141	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$100	One-month supply: 25%
	Three-month supply: \$300	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 15% (max of \$250)	One-month supply: 25%
	Three-month supply: 15% (max of \$250)	Three-month supply: 25%
Formulary	Please go to: www.bcbsnm.com/retiree-medicare-tools	
Network	Please go to: www.bcbsnm.com/retiree-medicare-tools	

2023 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
Coverage Gap: Preferred Retail Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$12	Three-month supply: \$12
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$30	Three-month supply: \$30
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: 25%
	Three-month supply: \$126	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: 25%
	Three-month supply: \$285	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 15% (max of \$250)	One-month supply: 25%
	Three-month supply: 15% (max of \$250)	Three-month supply: 25%
Coverage Gap: Mail Order Pharmacy		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$8	Three-month supply: \$8
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$20	Three-month supply: \$20
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: 25%
	Three-month supply: \$84	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: 25%
	Three-month supply: \$190	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 15% (max of \$250)	One-month supply: 25%
	Three-month supply: 15% (max of \$250)	Three-month supply: 25%
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through your mail-order) reach \$7,400, you pay the greater of: 5% of the total cost, or \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through your mail-order) reach \$7,400, you pay the greater of: 5% of the total cost, or \$4.15 copay for generic (including brand drugs treated as generic) and a \$10.35 copayment for all other drugs.
Formulary	Please go to: www.bcbsnm.com/retiree-medicare-tools	
Network	Please go to: www.bcbsnm.com/retiree-medicare-tools	

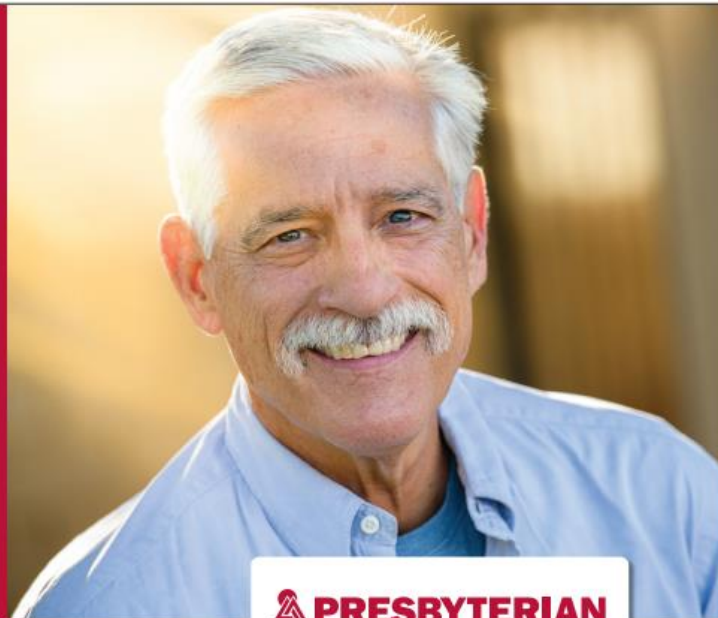
Blue Cross and Blue Shield of New Mexico (BCBSNM) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.





UNM Presbyterian Medicare Advantage HMO-POS Plans

UNM Retirees with Medicare can choose Presbyterian Senior Care



- **New in 2023** – Presbyterian Health Plan has partnered with Babylon to give UNM Medicare members access to Babylon 360 at no cost.

Here's what UNM members will get, all at no cost.

- Unlimited, 24/7 virtual appointments for when you're not feeling well
- A personal care advisor to help members navigate healthcare needs
- Customized wellness goals to help members live a healthy life
- Behavioral and mental health to help members take on life's challenges
- Local referrals to specialists for the in-person care members need now
- Care from anywhere – book an appointment at a time and place that suits members
- A range of digital health tools focused on nutrition, activity, mood and lifestyle, available 24/7
- Access to care to compliment your existing healthcare provider relationship

How Members Register:

1. Download the **Babylon app** – Search Babylon in the App Store or on Google Play
2. Register using your personal Information
3. Add code **PHP** when prompted



To watch a pre-recorded video seminar, visit <https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment> and look for the seminar link.

If you prefer a virtual face-to-face meeting, please contact Barbara Herrera at bherrera10@phs.org or (505) 923-5380 to schedule an appointment.

2023 UNM Presbyterian Medicare Advantage Premier and Select HMO-POS

- Nearly 20,000 in-network contracted providers in New Mexico
- UNM providers are in-network
- Benefits available for services from either in-network or out-of-network providers
- Out-of-network providers include any Medicare-approved provider anywhere in all states
- Medicare Part D is included in both the Premier and Select Plans
- Available to residents of New Mexico
- Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)
- Emergency and urgent care coverage anywhere in the world
- Acupuncture services (25 visits per year)
- Routine Chiropractic services (25 visits per year)
- Hearing Aid benefit from TruHearing
- Annual Eye Exam \$0 copay
- Referrals are not required
- Silver Sneakers fitness center membership - Visit more than 10,000 participating locations at no additional cost to you
- Assist America travel worldwide and be protected – Global emergency travel assistance services 24 hours a day, 365 days a year, for up to 90 days. Emergency medical evacuation and repatriation, prescription assistance, medical monitoring, return of mortal remains, and more.

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	2023		2023	
Service Area	New Mexico		New Mexico	
Total Premium	See pages 11 - 13		See pages 11 - 13	
Deductible (Medical)	\$0.00		\$0.00	
Out of Pocket Maximum	\$2,500	\$10,000	\$3,000	\$10,000
Inpatient Hospital Care (per admission)	\$175 per day for days 1-3	\$1,000	\$225 per day for days 1-3	\$1,000
Inpatient Mental Health Care	\$175 per day for days 1-3 (per admit)	\$1000 (per admit)	\$225 per day for days 1-3 (per admit)	\$1000 (per admit)
SNF Days 1-20	\$0	\$0	\$0	\$0
Days 21-100 per day	\$0	\$125	\$40	\$125
Cardiac and Pulmonary Rehabilitation Services (36 visit limit)	\$0	\$35	\$0	\$35
Emergency Care (waived if admitted)	\$65	\$65	\$75	\$75
Urgently Needed Care (In-network/Out-of-network)	\$10	\$65	\$10	\$65
World-wide Coverage (Emergency/Urgent Care)	\$65	\$65	\$75	\$75
Outpatient Mental Health Care				
Partial Hospitalization (Psychiatric Treatment)	\$30	50%	\$40	50%
Psychiatric Services				
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Opioid Treatment Services	\$0	50%	\$0	50%
Mental Health Specialty Services	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Outpatient Substance Abuse Care	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Home Health Care	\$0	\$0	\$0	\$0
Primary Care Physician Services	\$10	\$35	\$10	\$35

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
- Other Health Care Professionals	\$10	\$35	\$10	\$35
Specialist Services	\$30	\$55	\$40	\$55
Chiropractic Services (Medicare covered)	\$20	\$55	\$20	\$55
Chiropractic Services (Routine 25 visits)	\$20	\$55	\$20	\$55
Occupational Therapy Services	\$20	\$35	\$20	\$35
Physical Therapy and/or Speech/Language Therapy visit (including Biofeedback therapy)	\$20	\$35	\$20	\$35
Podiatry Services/Foot Care	\$0	\$55	\$0	\$55
Outpatient Diagnostic Procedures and Tests	0%	10%	0%	10%
Lab Services	0%	20%	0%	20%
Outpatient Diagnostic Radiological Services	0%	20%	0%	20%
Therapeutic Radiological Services	0%	20%	\$250	20%
X-ray	0%	10%	0%	10%
MRI/MRA, CT Scan and Pet Scan	0%	20%	\$250	20%
Outpatient Hospital Services/Surgery	\$150	20%	\$200	20%
ASC/ Services Outpatient Hospital Facility	\$150	20%	\$200	20%
Blood (No Limit)	\$0	\$35	\$0	\$35
Ambulance Services (Ground and Air)	\$75	\$75	\$75	\$75
Transportation	No	No	No	No
Durable Medical Equipment	\$20	25%	20%	25%
Ostomy Supplies	\$0	25%	\$0	25%
Prosthetic Devices	\$20	25%	20%	25%
Prosthetic Medical Supplies	\$20	25%	20%	25%
Surgical dressings, splints, casts and other devices	\$0	0%	\$0	0%
Diabetes Self-management Training	0%	10%	0%	10%
Diabetes glucose monitors	0%	10%	0%	10%
Diabetic test strips	0%	10%	0%	10%
Diabetic lancets	0%	10%	0%	10%
Diabetic Therapeutic shoes and inserts	0%	10%	0%	10%
Kidney Disease and Conditions				
Renal Dialysis (ESRD)	\$0	\$0	\$0	\$0

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Kidney Disease Education Services	\$0	\$0	\$0	\$0
Medicare-Covered Acupuncture - 12 visits in 90 days for lower back pain. Additional 8 if demonstrating improvement. Limit 20 per year.	\$15	\$55	\$15	\$55
Routine Acupuncture (25 visits per year)	\$15	\$55	\$15	\$55
Meal Benefit (55 meals)	No	No	No	No
Over the Counter Items	No	No	No	No
<ul style="list-style-type: none"> • Preventive Services (Routine) • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening, Colonoscopy • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and supplies • Health and wellness education programs • HIV screening • Immunizations, Flu and Hepatitis B, Pneumonia • Medical nutrition therapy • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop use) • Vision care • Welcome to Medicare Preventive Visit 	\$0	\$35	\$0	\$35
Vaccinations: Flu, Pneumonia, Hepatitis B shots	\$0	\$35	\$0	\$35
Annual Physical Exam	\$0	\$35	\$0	\$35
Pap Smears & Pelvic Exams	\$0	\$35	\$0	\$35
Wellness/Education and Other Supplemental Benefits & Services	\$0	No	\$0	No
Supplemental Benefits as defined in Chapter 4				
Health Education	\$0	\$35	\$0	\$35

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Nutritional/Dietary Benefit	\$0	\$35	\$0	\$35
Additional Smoking and Tobacco	\$0	\$35	\$0	\$35
Fitness Benefit	\$0	\$35	\$0	\$35
Enhanced Disease Management	\$0	\$35	\$0	\$35
Tele-monitoring Services	\$0	\$35	\$0	\$35
Remote Access Technologies (Video Visit & Nursing Hotline)	\$0	\$35	\$0	\$35
Counseling Services	\$0	\$35	\$0	\$35
Medical Nutrition Therapy (MNT)	\$0	\$35	\$0	\$35
Re-Admission Prevention Benefits Include	\$0	No	\$0	No
Bathroom Safety Devices	\$0	No	\$0	No
In-Home Safety Assessment	\$0	No	\$0	No
Meal Benefit (30 meals)	\$0	No	\$0	No
Medication Reconciliation	\$0	No	\$0	No
Personal Emergency Response System (PERS)	No	No	No	No
Post discharge In-Home Medication Reconciliation	\$0	No	\$0	No
Part B - Drugs				
Chemotherapy and other drugs administered by a medical professional.	\$50	20%	\$50	20%
Part B - Drugs purchased at a retail pharmacy	\$0	20%	\$0	20%
Part D home infusion drugs as part of a bundled service	No		No	
Part D - Prescription Drugs				
Deductible	\$0		\$0	
Initial Coverage	Unlimited		\$4,660	
Tier 1: Preferred Generic (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
Standard Mail Order (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
Preferred Mail Order (30 days)	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic (Mail Order)	\$0		\$0	
OON (34) & Long-Term Pharmacy (31)	\$0		\$0	

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 2: Generic (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Standard Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Preferred Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$20		\$20	
OON (34) & Long-Term Pharmacy (31)	\$10		\$10	
Tier 3: Preferred Brand (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Standard Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Preferred Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$90		\$90	
OON (34) & Long-Term Pharmacy (31)	\$45		\$45	
Tier 4: Non-Preferred Drug (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Standard Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Preferred Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$190		\$190	
OON (34) & Long-Term Pharmacy (31)	\$95		\$95	
Tier 5: Specialty (34 days)	33% with a \$250 max		33% with a \$250 max	
Standard Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
Preferred Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
OON (34) & Long-Term Pharmacy (31)	33% with a \$250 max		33% with a \$250 max	
Generic through Gap (member pays)	Yes		Yes	
Brand through Gap (member pays)	Yes		25%	
Catastrophic Begins	\$7,400		\$7,400	

2023 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Catastrophic Begins	\$7,400		\$7,400	
Catastrophic Coverage (Generic drugs) Greater of:	5% or \$4.15		5% or \$4.15	
Catastrophic Coverage (Brand drugs) Greater of:	5% or \$10.35		5% or \$10.35	
Preventive and Comprehensive Dental Services	No	No	No	No
Medicare Covered Dental	\$30	\$55	\$40	\$55
Routine Annual Eye Exam	\$0	\$55	\$0	\$55
Vision Services Diagnosis and treatment of diseases and conditions of the eye	\$10	\$55	\$10	\$55
One diabetic retinopathy screening per year	\$0	\$55	\$0	\$55
Eyeglasses (lenses and frames) or contact lenses after cataract surgery	\$20	25%	20%	25%
Routine Hearing Exam and Medicare covered hearing	\$0	\$55	\$0	\$55
Hearing Aids (hearing aid costs does not go toward MOOP)	\$699 - \$999	No	\$699 - \$999	No
US Visitor/Travel Program	No	No	No	No



BENEFITS
& EMPLOYEE
WELLNESS

UNM Humana Medicare Advantage PPO Plan

Humana's Medicare Advantage PPO for University of New Mexico includes these extras that may help you improve your overall well-being, at no additional cost

Go365

Go365 by Humana® is your wellness program that rewards you for completing eligible healthy activities like walking, getting your Annual Wellness Visit or volunteering, and you can earn rewards to redeem for gift cards. Once you've earned at least \$10 in rewards, choose your gift card in the Go365 Mall.

- Visit [Go365.com](https://www.go365.com) or [Humana.com](https://www.humana.com), or call the number on the back of your Humana ID card.

SilverSneakers

SilverSneakers® gives you access to exercise equipment, group fitness classes and social events.

- Use thousands of fitness locations nationwide, with weights, swimming, classes and cardio equipment
- Make friends and enjoy social activities
- Work towards improving muscle strength, bone density, flexibility and balance
- Start workout programs tailored to your level with the SilverSneakers GO™ app
- Try SilverSneakers On-Demand™ online workout videos that feature tips on fitness and nutrition

Visit [SilverSneakers.com/StartHere](https://www.silversneakers.com/starthere) to get your SilverSneakers ID number and find a convenient location near you, or call 1-888-423-4632 (TTY: 711), Monday-Friday, 6 a.m.-6 p.m., Mountain time.

Humana Care Management

Humana care management programs support qualifying members to help them remain independent at home, by providing education about chronic conditions and medication adherence, help with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no extra cost.

Post Discharge Transportation

- 12 one-way trips by car, van or wheelchair access vehicle

Post Discharge Personal Home Care

- Qualified aides offer assistance performing activities of daily living within the home
- Minimum of 4 hours per day, maximum of 8 hours per discharge

To find out more about how this service can help you, call 1-800-432-4803 (TTY: 711), Monday-Friday, 6:30 a.m.-3:30 p.m., Eastern time.

Humana Well Dine®

After your overnight inpatient stay in a hospital or nursing facility, you're eligible for up to 28 nutritious meals (2 meals per day for 14 days). The meals will be delivered to your door at no additional cost to you.

Humana Well Dine meal plans include:

General Wellness	Vegetarian	Renal-friendly	Heart-friendly
Diabetes friendly	Gluten-free	Lower Sodium	Pureed and Cancer support

For more information, please contact the number on the back of your Humana member ID card.

2023 UNM Humana Medicare Advantage PPO Plan

About the UNM Humana Medicare Advantage PPO Plan

✓ **New in 2023!** –

- Your member cost share is the same for both In- and Out-of-Network services
- Reduced member cost share for Inpatient hospital care, emergency room services, urgent care services and more!

✓ **As a part of the Inflation Reduction Act, starting on January 1, 2023 the Humana plans includes reduced out-of-pocket costs for Part D vaccines and this plan's covered insulin, as follows –**

- \$0 vaccines: your cost share of all Part D vaccines listed on the Advisory Committee on Immunization Practices (ACIP) list¹ will be \$0
- \$35 insulin copay: your cost share of this plan's covered insulin products covered under Part D will be no more than \$35 for every one-month (up to a 30-day) supply
- Part B insulin coverage: will be no more than \$35 for a one-month (up to a 30-day) supply starting July 1, 2023.

Easily confirm your preferred providers are participating in the UNM Humana PPO plan:

[Humana.com](https://www.humana.com), **click:** (Find a Doctor), **Network:** (Medicare PPO/Employer PPO Network) or by calling **Humana: 1-866-396-8810 (TTY: 711), Monday - Friday, 6 a.m. - 7 p.m. Mountain time.**

**Please identify yourself as a University of New Mexico retiree for plan information.

IMPORTANT:

- ✓ Humana has an extensive PPO network of participating providers throughout the state of New Mexico that includes Lovelace Hospitals, Lovelace Medical Group, and UNM Health system, to name a few, for UNM Medicare Advantage Plan participants who reside in New Mexico and in the Albuquerque area. For those who reside in states outside New Mexico, participants are able to access a comprehensive network of providers within Humana's PPO network available nationwide. Urgent and emergency care is available worldwide.
- ✓ Presbyterian hospitals in Albuquerque and Rio Rancho will see Humana members for Emergency services only.
- ✓ Presbyterian Healthcare Services physicians and facilities outside of Albuquerque and Rio Rancho are participating in the Humana Medicare Advantage PPO network.
- ✓ You must reside in the Humana Medicare service area to enroll in the plan.

For a pre-recorded presentation, visit
<https://hr.unm.edu/retiree/benefits/65-plus-medical>

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan

2023 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Deductible	N/A	N/A
MOOP (Maximum out of Pocket)	\$2,500	\$2,500
Combined OOP Max	\$2,500 (excludes Part D Pharmacy, Extra Services, Routine Hearing, Routine Vision, OTC Rx, Routine Vision, Worldwide Coverage and the Plan Premium)	
Inpatient Hospital - Acute	\$100/day (1-4) then \$0 copay	\$100/day (1-4) then \$0 copay
Inpatient Hospital - Psychiatric	\$100/day (1-4) then \$0 copay *190-day lifetime limit	\$100/day (1-4) then \$0 copay *190-day lifetime limit
Skilled Nursing Facility	\$0 copay (days 1-100) *Plan pays \$0 after 100 days	\$0 copay (days 1-100) *Plan pays \$0 after 100 days
Cardiac Rehabilitation Services	\$25 copay (Specialist) \$0 copay (Outpatient)	\$25 copay (Specialist) \$0 copay (Outpatient)
Pulmonary Rehabilitation Services	\$20 copay (Specialist) \$0 copay (Outpatient)	\$20 copay (Specialist) \$0 copay (Outpatient)
Emergency Care	\$65 copay; waived if admitted within 24 hours	
Urgent Care Facility	\$10 copay	\$10 copay
Partial Hospitalization	\$20 copay	\$20 copay
Home Health Service	\$0 copay (excludes personal care)	
Primary Care Physician (PCP) Services	\$10 copay (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$10 copay (\$0 copay - Labs & Administration of Drugs in a Physician's office)
Chiropractic Services (Medicare covered)	\$20 copay	\$20 copay
Occupational Therapy Services	\$25 copay (Specialist & Outpatient Rehab Facility) \$20 copay (Outpatient)	\$25 copay (Specialist & Outpatient Rehab Facility) \$20 copay (Outpatient)
Physician Specialist Services	\$25 copay (Specialist Office Visit) (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$25 copay (Specialist Office Visit) (\$0 copay - Labs & Administration of Drugs in a Physician's office)
Mental Health/Substance Abuse Services	\$10 copay (PCP) \$25 copay (Specialist)	\$10 copay (PCP) \$25 copay (Specialist)

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan

2023 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Podiatry Services (Medicare covered)	\$0 copay	\$0 copay
Physical Therapy and Speech Language Pathology Services	\$25 copay (Specialist & Outpatient Rehab Facility) \$20 copay (Outpatient)	\$25 copay (Specialist & Outpatient Rehab Facility) \$20 copay (Outpatient)
Lab Services	\$0 copay	\$0 copay
Diagnostic Procedures and Tests (including X-Rays)	\$10 copay (PCP) \$25 copay (Specialist) \$0 copay (Outpatient Hospital & Freestanding Radiological Facility)	\$10 copay (PCP) \$25 copay (Specialist) \$0 copay (Outpatient Hospital & Freestanding Radiological Facility)
Colorectal Cancer Screening (Preventive) for members age 50 & older: Colonoscopy (One every two years if at high risk or one every 10 years if not at high risk)	\$0 copay	\$0 copay
Diagnostic Colonoscopy	\$25 copay (Specialist) \$50 copay (Outpatient Hospital and Ambulatory Surgical Center)	\$25 copay (Specialist) \$50 copay (Outpatient Hospital and Ambulatory Surgical Center)
Bone Mass Measurement (Preventive)	\$0 copay (One every 24 months; more often if medically necessary)	\$0 copay (One every 24 months; more often if medically necessary)
Breast Cancer Screening - Mammogram (Preventive)	\$0 copay (One per year for members age 40 and older)	\$0 copay (One per year for members age 40 and older)
Therapeutic Radiology - (Radiation Therapy)	\$25 copay (Specialist) \$0 copay (Outpatient Hospital and Freestanding Radiological Facility)	\$25 copay (Specialist) \$0 copay (Outpatient Hospital and Freestanding Radiological Facility)
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$25 copay (Specialist) \$0 copay (Outpatient Hospital and Freestanding Radiological Facility)	\$25 copay (Specialist) \$0 copay (Outpatient Hospital and Freestanding Radiological Facility)
Outpatient Hospital Services	\$0 - \$50 copay	\$0 - \$50 copay

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan

2023 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Chemotherapy Drugs	\$0 copay (Specialist and Outpatient Hospital)	\$0 copay (Specialist and Outpatient Hospital)
Ambulatory Surgical Center (ASC) Services	\$50 copay (Surgical Services)	\$50 copay (Surgical Services)
Outpatient Mental Health/Substance Abuse Services	\$20 copay	\$20 copay
Ambulance Services - *Limited to Medicare-covered transportation	\$75 copay (per date of service)	\$75 copay (per date of service)
Transportation Services **	Post-Discharge Transportation (see plan for more detail)	Not Covered
Durable Medical Equipment (DME)	\$20 copay (DME provider) \$20 copay (Pharmacy)	\$20 copay (DME provider) \$20 copay (Pharmacy)
Prosthetics	\$20 copay	\$20 copay
Medical Supplies	\$2 copay	\$2 copay
Diabetes Supplies and Services	Diabetic Monitoring Supplies \$0 copay (Pharmacy) \$20 copay (DME)	Diabetic Monitoring Supplies \$0 copay (Pharmacy) \$20 copay (DME)
Renal Dialysis	\$0 copay	\$0 copay
Acupuncture (Routine)	\$15 copay per visit (up to 20 visits per year)	\$15 copay per visit (up to 20 visits per year)
Over-the-Counter Rx	\$20 per month (select over-the-counter health and wellness products through Humana Pharmacy)	Not Covered
Meal Benefit	\$0 copay (after inpatient hospital or nursing facility stay, up to 28 pre-cooked frozen meals, delivered to your home)	Not Covered
Preventive Services (Medicare covered)	\$0 copay	\$0 copay
Immunizations (One per year)	\$0 copay	\$0 copay
Kidney Disease Education Services	\$0 copay (PCP, Specialist and Outpatient Hospital)	\$0 copay (PCP, Specialist and Outpatient Hospital)
Routine Physical (One per year) - Annual Physical Exam	\$0 copay *Routine physical must be obtained from a PCP	\$0 copay *Routine physical must be obtained from a PCP
Wellness Programs	SilverSneakers and Go365	
Diabetes Self-Management Training	\$0 copay	\$0 copay

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan

2023 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Medicare Part B Rx Drugs	\$0 copay	\$0 copay
Virtual Visits - Telehealth Services	\$0 copay (PCP & Urgent Care)	Not Covered
Virtual Visits - Telehealth Services (Behavioral Health & Substance Abuse)	\$0 copay (Behavioral Health & Substance Abuse Specialist)	Not Covered
Preventive Dental	Not Covered	Not Covered
Dental (Medicare-covered)	\$25 copay	\$25 copay
Vision (Medicare-covered)	\$25 copay	\$25 copay
Routine Vision Exam	\$10 copay (routine exam, includes refraction, up to 1 per year)	\$10 copay (routine exam, includes refraction, up to 1 per year)
Eyewear for Post-Cataract Surgery	\$25 copay (for eyeglasses and contacts following cataract surgery)	\$25 copay (for eyeglasses and contacts following cataract surgery)
Vision Eyewear (Routine)	\$150 maximum benefit coverage amount every 2 years for Contact Lenses, Eyeglasses - Lenses and Frames. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Hearing (Medicare-covered)	\$25 copay (Specialist)	\$25 copay (Specialist)
Hearing Exam (Routine)	\$15 copay (routine hearing exam, up to 1 per year)	\$15 copay (routine hearing exam, up to 1 per year)
Hearing Aids	\$1,000 maximum benefit coverage amount every 3 year for hearing aids (all types). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Rx	See Humana PPO Part D information on the next page	
Travel Benefit (US)	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area	N/A
Worldwide Emergency	N/A	\$100 Deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first (Limited to emergency Medicare-covered services)

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan (Rx)

2023 Humana Medicare Advantage PPO Plan (Part D Rx Benefit Summary)			
Prescription Tier	Retail Pharmacy (30 Day Supply)	CenterWell Pharmacy Mail Order (90 Day Supply)	Retail Pharmacy (90 Day Supply)
Part D Phase: Deductible	No Deductible		
Part D Phase: Initial Coverage Limit (ICL)	From \$0 to \$4,660 (ICL) Initial Coverage Limit (ICL): When total drug cost (the amount you pay plus the amount Humana plan pays) reaches \$4,660		
Tier 1 Generics or Preferred Generics	\$3	\$9	\$9
Tier 2 Preferred Brand	\$39	\$117	\$117
Tier 3 Non-Preferred Brand	\$85	\$255	\$255
Tier 4 Specialty	33%	N/A	N/A
Part D Phase: Coverage Gap	From \$4,660 to True-Out-of-Pocket cost of \$7,400 Coverage Gap: The coverage gap begins after the total yearly drug cost (including what the Humana plan has paid and what you have paid) reaches \$4,660. After you enter the Coverage Gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total \$7,400 (True-Out-of-Pocket cost), which is the end of the coverage gap.		
Tier 1 Generics or Preferred Generics	\$3	\$9	\$9
Tier 2 Preferred Brand	\$39	\$117	\$117
Tier 3 Non-Preferred Brand	\$85	\$255	\$255
Tier 4 Specialty	24%	N/A	N/A
Part D Phase: Catastrophic	Catastrophic Phase After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,400, you pay the greater of:		
Retail, Specialty and Mail Order Pharmacies	Greater of \$4.15 for Generic/Multiple Source Drugs (\$10.35 for all others) or 5% coinsurance		

University of New Mexico – 2023 Humana Medicare Advantage PPO Plan

2023 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Post-Discharge Transportation	\$0 copay 12 one-way trips by car, van or wheelchair access vehicle	Not covered
Post-Discharge Personal Home Care	\$0 copay Qualified aides offer assistance performing activities of daily living within the home. Minimum of 4 hours per day, maximum of 8 hours per discharge	Not covered
Medical Network (online and by phone)	<u>Humana.com</u> ; click on Find a Doctor under Member Resources; select Medicare-Medicaid as the Coverage Type; enter Zip Code and then Medicare PPO/Employer PPO Network.	
	Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.	
Pharmacy Network (online)	<u>Humana.com</u> ; click on Find a Doctor under Member Resources; at Search Type select Pharmacy; enter Zip Code and then select Humana Medicare Employer Plan (Group) Network	
Formulary & Pharmacy Network (by phone)	Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.	



UNM Aetna Medicare Advantage PPO ESA



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Aetna MedicareSM Plan (PPO)

Medicare (P02) ESA PPO Plan

RX \$4 \$10 \$45 \$95 24%

Benefits and Premiums are effective January 1, 2023 through December 31, 2023

SUMMARY OF BENEFITS
PROVIDED BY AETNA LIFE INSURANCE COMPANY

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PLAN FEATURES	Network & out-of-network providers.
Monthly Premium	Please contact your former employer/union/trust for more information on your plan premium.

Annual Deductible	\$0
This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.	

Annual Maximum Out-of-Pocket Amount	Annual maximum out-of-pocket limit \$2,500 amount includes any deductible, copayment or coinsurance that you pay.
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It will apply to all medical expenses except Hearing Aid Reimbursement, Vision Reimbursement and Medicare prescription drug coverage that may be available on your plan.

HOSPITAL CARE*	This is what you pay for network & out-of-network providers.
Inpatient Hospital Care	\$100 per day, days 1-5; \$0 Unlimited Additional Days



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Medicare (P02) ESA PPO Plan

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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Observation Stay	Your cost share for Observation Care is based upon the services you receive
Frequency:	per stay

Outpatient Services & Surgery	\$150
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Ambulatory Surgery Center	\$150
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PHYSICIAN SERVICES	This is what you pay for network & out-of-network providers.
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Primary Care Physician Visits	\$10
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Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

Physician Specialist Visits	\$30
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PREVENTIVE CARE	This is what you pay for network & out-of-network providers.
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Medicare-covered Preventive Services	\$0
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- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Annual Well Visit - One exam every 12 months.
- Bone mass measurements
- Breast exams
- Breast cancer screening: mammogram - one baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.
- Cardiovascular behavior therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings (Pap) - one routine GYN visit and pap smear every 24 months.
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screenings



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- Diabetes screenings
- HBV infection screening
- Hepatitis C screening tests
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program - 12 months of core session for program eligible members with an indication of pre-diabetes.

- Nutrition therapy services
- Obesity behavior therapy
- Pelvic Exams - one routine GYN visit and pap smear every 24 months.

- Prolonged Preventive Services - prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service

- Prostate cancer screenings (PSA) - for all male patients aged 50 and older (coverage begins the day after 50th birthday)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

Immunizations \$0

- Flu
- Hepatitis B
- Pneumococcal

Additional Medicare Preventive \$0

Services

- Barium enema - one exam every 12 months.
- Diabetes self-management training (DSMT)
- Digital rectal exam (DRE)
- EKG following welcome exam
- Glaucoma screening

EMERGENCY AND URGENT MEDICAL CARE **This is what you pay for network & out-of-network providers.**

Emergency Care; Worldwide \$65
(waived if admitted)



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Urgently Needed Care; Worldwide \$10

DIAGNOSTIC PROCEDURES* This is what you pay for network & out-of-network providers.

Diagnostic Radiology \$0
MRI and CT scans

Lab Services \$0

Diagnostic testing & procedures \$0

Outpatient X-rays \$0

HEARING SERVICES This is what you pay for network & out-of-network providers.

Routine Hearing Screening \$0

We cover one every twelve months

Medicare Covered Hearing Examination \$30

Hearing Aid Reimbursement \$300 once every 12 months

Applies to in or out of network

DENTAL SERVICES This is what you pay for network & out-of-network providers.

Medicare Covered Dental* \$30

Non-routine care covered by Medicare.

VISION SERVICES This is what you pay for network & out-of-network providers.

Routine Eye Exams \$0
One annual exam every 12 months.

Diabetic Eye Exams \$0

Vision Eyewear Reimbursement \$150 once every 12 months

Applies to in or out of network

MENTAL HEALTH SERVICES* This is what you pay for network & out-of-network providers.

Inpatient Mental Health Care \$100 per day, days 1-5; \$0 Unlimited Additional Days

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.



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Outpatient Mental Health Care \$20

Individual visit

Partial Hospitalization \$20

Inpatient Substance Abuse \$100 per day, days 1-5; \$0 Unlimited Additional Days

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Outpatient Substance Abuse \$20

Individual visit

SKILLED NURSING SERVICES* **This is what you pay for network & out-of-network providers.**

Skilled Nursing Facility (SNF) Care \$0 per day, days 1-100

Limited to 100 days per Medicare Benefit Period.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

PHYSICAL THERAPY SERVICES* **This is what you pay for network & out-of-network providers.**

Outpatient Rehabilitation Services \$20

(Speech, physical, and occupational therapy)

AMBULANCE SERVICES **This is what you pay for network & out-of-network providers.**

Ambulance Services \$75

Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.

TRANSPORTATION SERVICES **This is what you pay for network & out-of-network providers.**



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Medicare (P02) ESA PPO Plan

RX \$4 \$10 \$45 \$95 24%

Transportation (non-emergency)	24 trips with 60 miles allowed per trip
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MEDICARE PART B PRESCRIPTION DRUGS*	This is what you pay for network & out-of-network providers.
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Medicare Part B Prescription Drugs	\$0
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MEDICARE PART D PRESCRIPTION DRUGS	This is what you pay for network & out-of-network providers.
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Part D drugs are covered. See **PHARMACY - PRESCRIPTION DRUG BENEFITS** section below for your plan benefits at each part D stage, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES	This is what you pay for network & out-of-network providers.
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Allergy Shots	\$0
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Allergy Testing	\$30
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Blood	\$0
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All components of blood are covered beginning with the first pint.

Cardiac Rehabilitation Services	\$0
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Chiropractic Services*	\$20
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Medicare covered benefits only.

Diabetic Supplies*	\$0
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Includes supplies to monitor your blood glucose from LifeScan.

Durable Medical Equipment/	\$20
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Prosthetic Devices*

Home Health Agency Care*	\$0
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Hospice Care	Covered by Original Medicare at a Medicare certified hospice.
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Medical Supplies*	Your cost share is based upon the provider of services
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Medicare Covered Acupuncture	\$15
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Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$0
Medicare covered benefits only.	
Pulmonary Rehabilitation Services	\$0
Radiation Therapy*	\$0
ADDITIONAL PROGRAMS (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Fitness Benefit	SilverSneakers
Resources For Living®	Covered
For help locating resources for every day needs.	
Teladoc™	\$0
Telemedicine services with a Teladoc™ provider. State mandates may apply.	
Telehealth	Covered
Telemedicine Services. Member cost share will apply based on services rendered.	
Telehealth PCP	\$10
Telehealth Specialist	\$30
Telehealth Other Health care Providers	\$30
Telehealth Individual Mental Health	\$20
Telehealth Group Mental Health	\$20
Telehealth Individual Psychiatric Services	\$20
Telehealth Group Psychiatric Services	\$20
Telehealth Urgent care	\$10
ADDITIONAL SERVICES (NOT COVERED BY ORIGINAL MEDICARE)	This is what you pay for network & out-of-network providers.
Acupuncture	\$15
unlimited. In lieu of anesthesia and for treatment of chronic pain.	



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Routine Physical Exams \$0

One exam per calendar year

Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

PHARMACY - PRESCRIPTION DRUG BENEFITS

Calendar-Year deductible for Prescription drugs \$0

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

Pharmacy Network S2

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website (<http://www.aetnaretireplans.com>.)

Formulary (Drug List) Classic

Initial Coverage Limit (ICL) \$4,660

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible):

5 Tier Plan	30-day Supply through Retail	90-day Supply through Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 - Preferred Generic Generic Drugs	\$4	\$12	\$12
Tier 2 - Generic Generic Drugs	\$10	\$30	\$30



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Tier 3 - Preferred Brand Includes some high-cost generic and preferred brand drugs	\$45	\$135	\$135
Tier 4 - Non-Preferred Drug Includes some high-cost generic and non-preferred brand drugs	\$95	\$285	\$285
Tier 5 - Specialty Includes high-cost/unique generic and brand drugs	24%, but not more than \$250	Limited to one-month supply	Limited to one-month supply

If you reside in a long-term care facility, your cost share is the same as a 30 day supply at a retail pharmacy and you may receive up to a 31 day supply.

Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Your cost-sharing for covered Part D drugs after the Initial Coverage Limit and until you reach \$7,400 in prescription drug expenses is indicated below.

Your former employer/union/trust provides additional coverage during the Coverage Gap stage for covered drugs. This means that you will generally continue to pay the same amount for covered drugs throughout the Coverage Gap stage of the plan as you paid in the Initial Coverage stage. Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.



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Catastrophic Coverage:

You pay the greater of 5% of the cost of the drug - or - \$4.15 for a generic drug or a drug that is treated like a generic and \$10.35 for all other drugs.

Catastrophic Coverage benefits start once \$7,400 in true out-of-pocket costs is incurred.

Requirements:

Precertification

Applies

Step-Therapy

Does Not Apply

Non-Part D Supplemental Benefit

- Not Covered

Medical Disclaimers

For more information about Aetna plans, go to www.AetnaRetireePlans.com or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The provider network may change at any time. You will receive notice when necessary.

Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the Evidence of Coverage (EOC). You can request a copy of the EOC by contacting Member Services at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 9 p.m. EST, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:



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- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your Evidence of Coverage
 - Plastic or cosmetic surgery unless it is covered by Original Medicare
 - Custodial care
 - Experimental procedures or treatments that Original Medicare doesn't cover
 - Outpatient prescription drugs unless covered under Original Medicare Part B

You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat Aetna members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare covered services under the plan.

Pharmacy Disclaimers

Aetna's retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).



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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

You must use network pharmacies to receive plan benefits except in limited, non-routine circumstances as defined in the EOC. In these situations, you are limited to a 30 day supply.

Pharmacy clinical programs such as precertification, step therapy and quantity limits may apply to your prescription drug coverage.

Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-241-0357, 24 hours a day, 7 days a week. TTY users call 711.

The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs. The amount you pay and the amount discounted by the manufacturer count toward your out-of-pocket costs as if you had paid them and moves you through the coverage gap.

Coinsurance-based cost-sharing is applied against the overall cost of the drug, prior to the application of any discounts or benefits.

There are three general rules about drugs that Medicare drug plans will not cover under Part D. This plan cannot:

- Cover a drug that would be covered under Medicare Part A or Part B.
- Cover a drug purchased outside the United States and its territories.



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RX \$4 \$10 \$45 \$95 24%

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- Generally cover drugs prescribed for “off label” use, (any use of the drug other than indicated on a drug's label as approved by the Food and Drug Administration) unless supported by criteria included in certain reference books like the American Hospital Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

Additionally, by law, the following categories of drugs are not normally covered by a Medicare prescription drug plan unless we offer enhanced drug coverage for which additional premium may be charged. These drugs are not considered Part D drugs and may be referred to as “exclusions” or “non-Part D drugs”. These drugs include:

- Drugs used for the treatment of weight loss, weight gain or anorexia
- Drugs used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Outpatient drugs that the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale
- Drugs used to promote fertility
- Drugs used to relieve the symptoms of cough and colds
- Non-prescription drugs, also called over-the-counter (OTC) drugs
- Drugs when used for the treatment of sexual or erectile dysfunction

Plan Disclaimers

Aetna Medicare is a HMO and PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.



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RX \$4 \$10 \$45 \$95 24%

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

If there is a difference between this document and the Evidence of Coverage (EOC), the EOC is considered correct.

You can read the Medicare & You 2023 Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<http://www.medicare.gov>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-267-2637 (TTY: 711). Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-267-2637 (TTY: 711). Traditional Chinese: 注意：如果您使用中文，您可以免費獲得語言援助服務。請致電 1-888-267-2637 (TTY: 711).

You can also visit our website at <http://www.aetnaretireplans.com>. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

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BENEFITS
& EMPLOYEE
WELLNESS

***AARP Medicare Supplement
Insurance Plans and
AARP MedicareRx Plans***

AARP Medicare Supplement Plans F, G, and N Insured by UnitedHealthcare* AND AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plan (PDP)*

Receive Medical and Prescription Drug Coverage Nationwide*

UNM will contribute toward the premiums for eligible retirees and dependents for AARP Medicare Supplement Insurance Plans F, G, or N. Medicare supplement plans vary in MA, MN, and WI. In MA, MN, and WI, alternate plans are available. AARP MedicareRx Walgreens, Preferred, and Saver-Plus PDP are available in all states. UNM's AARP Plans are accepted by any provider who accepts Medicare.

Retirees and dependents who change their primary state of residence must re-enroll in the AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP in their new primary state of residence, but may retain the AARP Medicare Supplement Plan F, G, or N in which they are enrolled. Retirees must use a physical address as their permanent address on AARP's Medicare Supplement and MedicareRx applications. P.O. Boxes may only be used as a mailing address, not as a permanent address.

Some states, including New Mexico, do not mandate Medicare supplement insurance coverage for **pre-65 Medicare-eligible individuals**. As a result, *pre-65* Medicare supplement plan availability will vary by state. Contact UnitedHealthcare at 1-888-556-7049 for more information about AARP Medicare supplement plan availability for pre-65 Medicare-eligible retirees and dependents. Please specify that you are a University of New Mexico Retiree with access to UNM-sponsored plans.

Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to medical underwriting, higher premiums, and a waiting period for any pre-existing conditions.

IMPORTANT: An AARP Medicare Supplement Plan and an AARP MedicareRx PDP must be purchased together and enrollment maintained continuously in both plans for UNM's premium contribution to apply. Additional AARP Medicare Supplement Plans may be available in your state, but you must enroll in AARP Medicare Supplement plan F, G, or N and in AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP to receive the UNM premium contribution. **Plan F is only available to eligible applicants who turned 65 prior to 1/1/2020 or with a Medicare Part A effective date prior to 1/1/2020.**

IMPORTANT INFORMATION – Please Read Carefully!

- You (and your dependent(s) if applicable) must complete an AARP Medicare Supplement Insurance Plan F, G, or N **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus enrollment kit and return them to UnitedHealthcare. **NOTE:** If you fail to enroll in both AARP Medicare Supplement Plan F, G, or N **and** AARP MedicareRx Walgreens, Preferred, or Saver Plus plans concurrently, **you risk cancellation of UNM’s medical benefits and UNM’s premium contribution, with no opportunity for reinstatement.**
- If you enroll directly with UnitedHealthcare without coordinating enrollment through Benefits & Employee Wellness, you risk having ***duplicate*** coverage. UnitedHealthcare will ***not*** notify UNM of your enrollment. UnitedHealthcare may not enroll you in the correct plans to ensure that your UNM retiree medical benefits continue. **As a result, your current coverage will remain in place and you will be responsible for the premiums of your current plan in addition to any premium charged by UnitedHealthcare for duplicate coverage. Please work with your Benefits & Employee Wellness Representative.**

IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred, Walgreens, and Saver Plus PDPs are the only AARP Plans for which UNM contributes to premiums. Retirees and dependents must enroll in and continuously retain ***one of each of the offered plans*** concurrently to be covered under UNM’s retiree benefits and receive the premium contribution from UNM.

ONLINE INSTRUCTIONS:

How to obtain **approximate pricing*** for AARP Medicare Supplement Plan F, G, and N and AARP MedicareRx Walgreens, Preferred, and Saver Plus PDPs

******DO NOT ENROLL** USING THE STEPS BELOW – THEY ARE FOR YOUR CONVENIENCE TO OBTAIN **APPROXIMATE** PREMIUM PRICING ONLY – YOU MUST USE THE UNM UnitedHealthcare ENROLLMENT AUTHORIZATION FORM (pages 108 - 112) TO RECEIVE UNM'S CONTRIBUTION TOWARD YOUR AND YOUR DEPENDENT'S AARP PLAN PREMIUMS ****

1. Go to www.aarpmedicareplans.com/health-plans/medicare-supplement-plans.html
2. Enter your zip code, click Find Plans, scroll down and enter your date of birth (dd/mm/yyyy), gender, and tobacco use information.
3. Select your Medicare Part A and Part B enrollment effective month and year from the drop-down tabs.
4. Select your Medicare plan start date from the drop-down tab. Then, click on the orange **“View Plans”** button.
5. Scroll down to view **Plan F, G and N** in the list of plans insured by UnitedHealthcare. Click the “Add to compare” box in the Plan F, G and N boxes. Then click the blue “Compare Plans” button for a high-level comparison overview for these three UNM premium contributions-eligible plans. The Standard premium rates for 2022 (2023 rates were not available at the time of this publishing) are displayed for AARP Medicare Supplement Insurance Plans F, G, and N for your birth date and zip code. **These are the only Medicare Supplement Insurance plans available to eligible UNM participants who wish to receive a premium contribution from UNM. (Note: Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.)**
6. Multiply the Plan F, G, or N Estimated Monthly Rate in Step 5 by the UNM Contribution % applicable to you (see premium rate %s on pages 11 - 13). This step provides **an approximate estimate** of your portion of the AARP Medicare Supplement Plan F, G or N monthly premium. Click on the “Benefit Table” link above the **Plan F, G and N** Benefits table to view AARP Plan F, G, and N Medicare Supplement Plan benefits (also shown in this Guide). Compare with Summaries of Benefits for UNM’s BCBS PPO, BCBS HMO, and Presbyterian HMO-POS Medicare Advantage Plans (also provided in this Enrollment Guide).
7. Click on **Shop For A Plan** (in blue banner at top of Medicare supplement plans webpage). Click on **View Plans** in the **Medicare Prescription Drug Plans** box for your county of residence. Scroll down and review the information on the page. Click on the box to select all three plans for Add to Compare, and click on the blue Compare Plans box. Scroll down to review the AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plans (also shown in the Section of this Guide).

8. Multiply the desired monthly AARP MedicareRx plan premium by the % used in step 6 above to find your retiree portion of the monthly premium for the AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. Rates listed are for 2022. (2023 premiums were not available at time of publication)
9. Add the results in Step 6 and Step 8 for **an approximate estimate** of what your total monthly retiree portion of the premiums will be for AARP Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus Part D PDP coverage via UNM's retiree benefits.

Questions? Call UnitedHealthcare at 1-888-556-7049 (specify that you are a University of New Mexico retiree), email Benefits & Employee Wellness at hrbenefits@unm.edu, or call your designated [Benefits Representative](#) (see page 5).

Reminder: You and your Medicare-eligible dependent(s) must enroll at the same time in **both** an AARP Medicare Supplement Plan F, G, or N Supplement Plan **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus Prescription Drug Plan (PDP) to be covered under UNM health care benefits as a retiree. This is the only way to receive the UNM contribution toward your and your dependent(s) premiums. AARP Medicare Supplement Plans F, G, and N are available in most states. In MA, MN, and WI, alternate premium contribution-eligible AARP Medicare Supplement plans are available. AARP MedicareRx Preferred, Walgreens, and Saver Plus PDPs are available in every state.

Applicants who elect to enroll in a Medicare supplement plan and MedicareRx plan after being enrolled in a Medicare Advantage plan may be subject to medical underwriting, higher premiums, and a waiting period for pre-existing conditions.

Subject to Change – At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

A woman with short, styled grey hair is looking down thoughtfully. She is wearing a light blue button-down shirt. The background is a blurred indoor setting, possibly an office or a home. A large blue diagonal shape is overlaid on the left side of the image.

Choose the right plan for you.

Discover which AARP Medicare Supplement Insurance Plan best fits your needs and budget.

77/112

This presentation is for retirees of University of New Mexico who reside in New Mexico.

AARP | Medicare Supplement
from UnitedHealthcare

Plan Benefit Tables: Plan F

Subject to Change – At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan F Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 per day	\$389 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$778 per day	\$778 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 per day	Up to \$194.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page ►

Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan F Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$233 of Medicare-approved amounts ³	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare-approved amounts ³	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan F Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$233 of Medicare-approved amounts ³	\$0	\$233 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan F Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
Notes				

³ Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan G

Subject to Change – At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan G Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 per day	\$389 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$778 per day	\$778 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 per day	Up to \$194.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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Notes

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan G (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan G Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges Above Medicare-approved amounts		\$0	100%	\$0
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0

Parts A and B

Service		Medicare Pays	Plan G Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment Medicare-approved services	First \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

Other Benefits not covered by Medicare

Service		Medicare Pays	Plan G Pays	You Pay
Foreign Travel NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Notes

³ Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

Plan Benefit Tables: Plan N

Subject to Change – At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Medicare Part A: Hospital Services per Benefit Period¹

Service		Medicare Pays	Plan N Pays	You Pay
Hospitalization¹ Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,556	\$1,556 (Part A deductible)	\$0
	Days 61–90	All but \$389 per day	\$389 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$778 per day	\$778 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 ²
	Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care¹ You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$194.50 per day	Up to \$194.50 per day	\$0
	Days 101 and later	\$0	\$0	All costs
Blood	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
Hospice Care Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

Continued on next page **Notes**

1 A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

2 NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan Benefit Tables: Plan N (continued)

Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan N Pays	You Pay
Medical Expenses INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B Excess Charges Above Medicare-approved amounts		\$0	\$0	All costs
Blood	First 3 pints	\$0	All costs	\$0
	Next \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical Laboratory Services	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
Home Health Care Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

Notes 3 Once you have been billed \$233 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year

Continued on next page ►

Plan Benefit Tables: Plan N (continued)

Parts A and B, continued

Service		Medicare Pays	Plan N Pays	You Pay
Durable Medical Equipment Medicare-approved services	First \$233 of Medicare-approved amounts ³	\$0	\$0	\$233 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Foreign Travel NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Compare Medicare Prescription Drug Plans for 87131

**Estimate for Zip Code 87131, see the AARP Section of the Guide for Online Pricing Instructions*

3 Plans Available (No Hidden)	AARP MedicareRx Walgreens (PDP)	AARP MedicareRx Preferred (PDP)	AARP MedicareRx Saver Plus (PDP)
	Monthly Premium: \$29.40	Monthly Premium: \$97.90	Monthly Premium: \$31
Monthly Premium	\$29.40	\$97.90	\$31
Annual Deductible	\$0 for Tier 1 \$310 for Tiers 2-5	\$0	\$480
Estimated Annual Drug Cost	N/A	N/A	N/A

Your Drugs

Prescription Drug Benefits

Monthly Premium	\$29.40	\$97.90	\$31
Annual Prescription Deductible	\$0 for Tier 1 \$310 for Tiers 2-5	\$0	\$480

<p>Tier 1: Preferred Generic Drugs</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$0 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$15 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$0 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$45 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$5 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$15 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$0 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$45 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$1 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$6 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$3 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$18 copay</p>
<p>Tier 2: Generic Drugs</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$10 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$20 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$30 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$60 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$10 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$20 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$0 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$60 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$11 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$16 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$33 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$48 copay</p>

<p>Tier 3: Preferred Brand Drugs</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$40 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$45 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$120 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$135 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$45 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$47 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$120 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$141 copay</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$42 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$47 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$126 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$141 copay</p>
<p>Tier 3: Select Insulin Drugs</p>	<p>N/A</p>	<p>Preferred Pharmacy Network Cost Sharing (30 days) \$35 copay</p> <p>Standard Network Pharmacy Cost Sharing (30 days) \$35 copay</p> <p>Preferred Mail Order Pharmacy (90 days) \$105 copay</p> <p>Standard Mail Order Pharmacy (90 days) \$105 copay</p>	<p>N/A</p>

Tier 4: Non-Preferred Drugs	Preferred Pharmacy Network Cost Sharing (30 days) 40% of the cost	Preferred Pharmacy Network Cost Sharing (30 days) 40% of the cost	Preferred Pharmacy Network Cost Sharing (30 days) 40% of the cost
	Standard Network Pharmacy Cost Sharing (30 days) 45% of the cost	Standard Network Pharmacy Cost Sharing (30 days) 45% of the cost	Standard Network Pharmacy Cost Sharing (30 days) 40% of the cost
	Preferred Mail Order Pharmacy (90 days) 40% of the cost	Preferred Mail Order Pharmacy (90 days) 40% of the cost	Preferred Mail Order Pharmacy (90 days) 40% of the cost
	Standard Mail Order Pharmacy (90 days) 45% of the cost	Standard Mail Order Pharmacy (90 days) 45% of the cost	Standard Mail Order Pharmacy (90 days) 40% of the cost
Tier 5: Specialty Tier Drugs	Preferred Pharmacy Network Cost Sharing (30 days) 27% of the cost	Preferred Pharmacy Network Cost Sharing (30 days) 33% of the cost	Preferred Pharmacy Network Cost Sharing (30 days) 25% of the cost
	Standard Network Pharmacy Cost Sharing (30 days) 27% of the cost	Standard Network Pharmacy Cost Sharing (30 days) 33% of the cost	Standard Network Pharmacy Cost Sharing (30 days) 25% of the cost

Plan Costs

Plan Premium	\$29.40 Monthly \$352.80 Yearly	\$97.90 Monthly \$1,174.80 Yearly	\$31 Monthly \$372 Yearly
Drug Costs from Formulary	-- Monthly -- Yearly Estimate drug costs	-- Monthly -- Yearly Estimate drug costs	-- Monthly -- Yearly Estimate drug costs
Medical Benefits ⁴	N/A	N/A	N/A
Optional Rider	N/A	N/A	

Plan Documents

Summary of Benefits	Summary of Benefits Resumen de Beneficios	Summary of Benefits Resumen de Beneficios	Summary of Benefits Resumen de Beneficios
Evidence of Coverage	Evidence of Coverage Comprobante de Cobertura	Evidence of Coverage Comprobante de Cobertura	Evidence of Coverage Comprobante de Cobertura
Benefit Highlights	N/A N/A	N/A N/A	N/A N/A

*Once you reach the Coverage Gap Stage, you pay copays or coinsurance defined by your plan for all Tier 1 through Tier 5 drugs regardless of whether or not your full deductible has been met.

DISCLAIMERS

More Information

The list of covered drugs was last updated on 08/01/2022.

Copay or coinsurance amounts may change if you have a [limited income](#).

The drug costs displayed are estimates and may vary based on the specific quantity, strength and/or dosage of the medication and the pharmacy you use. It may be important to look beyond your current needs at the value of having Medicare prescription drug insurance. Enrolling when you become eligible will help give you peace of mind, should your drug needs become more significant in the future. It may also help you avoid the Medicare late enrollment penalty.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Amounts displayed do not include taxes or injection fees.

During the coverage gap, amounts displayed for brand name drugs include a 70% manufacturer discount. However, this discount is based on pharmaceutical manufacturers' participation and may not apply to all brand drugs. You pay 25% of the total cost for brand name drugs, for any drug tier during the coverage gap.

The 25% drug coinsurance within the coverage gap is based on an assessment that the drug is defined drug according to Part D rules. If your drug is not eligible for coverage under Medicare Part D, you will pay the full cost of the drug.

Preferred Mail Home Delivery through OptumRx

2022 Savings Benefit

Savings apply during the initial coverage period, which begins after the payment of your required deductible (if any) and ends when the total cost of your drugs (paid by UnitedHealthcare, you and others) reaches \$4,430.

NOTE: OptumRx home delivery is not available in Guam, American Samoa, U.S. Virgin Islands or Northern Mariana Islands.

AARP MedicareRx Walgreens prescription drug plan: Member may use any pharmacy in the network but may not receive the same pricing as Walgreens or Duane Reade, the plan's preferred retail pharmacies. Walgreens pharmacies may not be available in all areas. Duane Reade is only available in NY and NJ. Tier 2 copay, Tier 3 and Tier 4 coinsurance applies after deductible. \$15 or more savings for the AARP MedicareRx Walgreens (PDP) plan applies to Tier 1 when filled at a Walgreens or Duane Reade preferred retail pharmacy compared to a standard network pharmacy.

AARP MedicareRx Preferred and Saver Plus (PDP) plans: Member may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible. The Preferred Retail Pharmacy Network is not available in Guam, American Samoa, U.S. Virgin Islands or Northern Mariana Islands.

AARP[®] MedicareRx Preferred (PDP) and AARP[®] MedicareRx Saver Plus (PDP)'s pharmacy network includes limited lower-cost, preferred pharmacies in rural AK, MT, NE, ND, SD and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. AARP MedicareRx Walgreens (PDP)'s pharmacy network offers limited access to pharmacies with preferred cost sharing in urban ND; suburban HI, ND, PA and rural AK, AR, HI, IA, ID, KS, MN, MS, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory.

Enrollment Disclaimer Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. AARP MedicareRx Walgreens (PDP) plans: UnitedHealthcare contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

This information is not a complete description of benefits. Call [1-877-378-2067](tel:1-877-378-2067) (TTY: 711), 8 a.m. – 8 p.m., 7 days a week for more information. (Alaska and Hawaii: 8 a.m. - 8 p.m. Monday - Friday, 8 a.m. - 5 p.m. Saturday and Sunday).

This information is available for free in other languages. Please contact Customer Service for additional information.

Esta información está disponible sin costo en otros idiomas. Para obtener más información comuníquese con nuestro Servicio al Cliente.

本資訊可以其他語言免費提供。如需更多資訊，請聯絡客戶服務部。

Every year, Medicare evaluates plans based on a 5-star rating system.

Subject to Change – At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Summary of benefits 2022

AARP® MedicareRx Preferred (PDP)
S5820-025-000

Subject to change. At time of publication, 2023 benefit summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-888-867-5564**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP | Medicare Rx
from  UnitedHealthcare®

Y0066_SB_S5820_025_000_2022_M

Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® MedicareRx Preferred (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP® MedicareRx Preferred (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **New Mexico**.

Use network pharmacies.

AARP® MedicareRx Preferred (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® MedicareRx Preferred (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$97.90
Annual Prescription Drug Deductible	This plan does not have a deductible.

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	Since you have no deductible, this payment stage doesn't apply.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$5 copay	\$15 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic ¹	\$10 copay	\$30 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand	\$45 copay	\$135 copay	\$47 copay	\$141 copay	\$120 copay	\$141 copay
Select Insulin Drugs ²	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	33% coinsurance	N/A ³	33% coinsurance	N/A ³	N/A ³	N/A ³
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 					

¹ Tier includes enhanced drug coverage.

² For 2022, this plan participates in the Part D Senior Savings Model which offers lower, stable, and predictable out of pocket costs for covered insulin through the different Part D benefit coverage stages. You will pay a maximum of \$35 for a 1-month supply of Part D select insulin drugs during the deductible, initial coverage and coverage gap or "donut hole" stages of your benefit. You will pay 5% of the cost of your insulin in the catastrophic stage. This cost-sharing only applies to members who do not qualify for a program that helps pay for your drugs ("Extra Help").

³ Limited to a 30-day supply

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. You do not need to be an AARP member to enroll in a Medicare Advantage or Prescription Drug Plan. AARP and its affiliates are not insurers. AARP encourages you to consider your needs when selecting products and does not make specific product recommendations for individuals.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-888-867-5575 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-888-867-5575, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® MedicareRx Preferred (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas.

Summary of benefits 2022

AARP® MedicareRx Saver Plus (PDP)
S5921-371-000

Subject to change. At time of publication, 2023 benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free 1-888-867-5564, TTY 711
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP® | Medicare Rx
from  **UnitedHealthcare®**

Y0066_SB_S5921_371_000_2022_M

Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® MedicareRx Saver Plus (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP® MedicareRx Saver Plus (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **New Mexico**.

Use network pharmacies.

AARP® MedicareRx Saver Plus (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® MedicareRx Saver Plus (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$31
Annual Prescription Drug Deductible	\$480 per year for Part D prescription drugs.

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	\$480 per year.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$1 copay	\$3 copay	\$6 copay	\$18 copay	\$3 copay	\$18 copay
Tier 2: Generic	\$11 copay	\$33 copay	\$16 copay	\$48 copay	\$33 copay	\$48 copay
Tier 3: Preferred Brand	\$42 copay	\$126 copay	\$47 copay	\$141 copay	\$126 copay	\$141 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier	25% coinsurance	N/A ¹	25% coinsurance	N/A ¹	N/A ¹	N/A ¹
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 					

¹ Limited to a 30-day supply

Required Information

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If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-460-8854 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-460-8854, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® MedicareRx Saver Plus (PDP)'s pharmacy network includes limited lower-cost pharmacies in rural AK, MT, NE, ND, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

Summary of benefits 2022

AARP® MedicareRx Walgreens (PDP)
S5921-407-000

Subject to change. At time of publication, 2023 benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

Look inside to take advantage of the drug coverages the plan provides.
Call Customer Service or go online for more information about the plan.



Toll-free **1-800-753-8004**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.AARPMedicarePlans.com

AARP® | Medicare Rx *Walgreens*
from  UnitedHealthcare®

Summary of benefits

January 1st, 2022 - December 31st, 2022

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The Evidence of Coverage (EOC) provides a complete list of services we cover. You can see it online at www.AARPMedicarePlans.com or you can call Customer Service for help. When you enroll in the plan you will get information that tells you where you can go online to view your Evidence of Coverage.

About this plan.

AARP® MedicareRx Walgreens (PDP) is a Medicare Prescription Drug Plan plan with a Medicare contract.

To join AARP® MedicareRx Walgreens (PDP), you must be entitled to Medicare Part A, and/or be enrolled in Medicare Part B, live in our service area as listed below and be a United States citizen or lawfully present in the United States.

Our service area includes **New Mexico**.

Use network pharmacies.

AARP® MedicareRx Walgreens (PDP) has a network of pharmacies. If you use out-of-network pharmacies, the plan may not pay for those drugs or you may pay more than you pay at a network pharmacy.

You can go to www.AARPMedicarePlans.com to search for a network pharmacy using the online directory. You can also view the plan Drug List (Formulary) to see what drugs are covered, and if there are any restrictions.

AARP® MedicareRx Walgreens (PDP)

Premiums and Benefits

	Cost-Share
Monthly Plan Premium	\$29.40
Annual Prescription Drug Deductible	\$0 per year for Tier 1; \$310 for Tier 2, Tier 3, Tier 4 and Tier 5 Part D prescription drugs.

Prescription Drugs

If you reside in a long-term care facility, you pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

Stage 1: Annual Prescription (Part D) Deductible	\$0 per year for Tier 1; \$310 for Tier 2, Tier 3, Tier 4 and Tier 5.					
Stage 2: Initial Coverage (After you pay your deductible, if applicable)	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply	90-day supply	30-day supply	90-day supply	90-day supply	90-day supply
Tier 1: Preferred Generic	\$0 copay	\$0 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic ¹	\$10 copay	\$30 copay	\$20 copay	\$60 copay	\$30 copay	\$60 copay
Tier 3: Preferred Brand	\$40 copay	\$120 copay	\$45 copay	\$135 copay	\$120 copay	\$135 copay
Tier 4: Non-Preferred Drug	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier	27% coinsurance	N/A ²	27% coinsurance	N/A ²	N/A ²	N/A ²
Stage 3: Coverage Gap Stage	After your total drug costs reach \$4,430, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
Stage 4: Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 					

¹ Tier includes enhanced drug coverage.

² Limited to a 30-day supply

Required Information

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. You do not need to be an AARP member to enroll. AARP encourages you to consider your needs when selecting products and does not make specific product or pharmacy recommendations for individuals. UnitedHealthcare contracts directly with Walgreens for this plan; AARP and its affiliates are not parties to that contractual relationship.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, Braille, large print, audio, or you can ask for an interpreter. Please contact our Customer Service number at 1-866-870-3470 for additional information (TTY users should call 711). Hours are 24 hours a day, 7 days a week.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, cartas en otros idiomas, braille, letra grande, audio o bien, usted puede pedir un intérprete. Comuníquese con nuestro número de Servicio al Cliente al 1-866-870-3470, para obtener información adicional (los usuarios de TTY deben comunicarse al 711). Los horarios de atención son de 24 horas del día, los 7 días de la semana.

Benefits and features vary by plan. Limitations and exclusions may apply.

The Formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

AARP® MedicareRx Walgreens (PDP)'s pharmacy network includes limited lower-cost pharmacies in urban ND; suburban HI, ND, PA, and rural AK, AR, HI, IA, ID, KS, MN, MS, MT, NE, OK, OR, PA, SD, and WY. There are an extremely limited number of preferred cost share pharmacies in suburban MT and rural ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call us or consult the online pharmacy directory using the contact information that appears on the booklet cover.

OptumRx is an affiliate of UnitedHealthcare Insurance Company. You are not required to use OptumRx home delivery for a 90 day supply of your maintenance medication.

If you have not used OptumRx home delivery, you must approve the first prescription order sent directly from your doctor to OptumRx before it can be filled. New prescriptions from OptumRx should arrive within ten business days from the date the completed order is received, and refill orders should arrive in about seven business days. Contact OptumRx anytime at 1-877-266-4832, TTY 711.

Members may use any pharmacy in the network but may not receive preferred retail pharmacy pricing. Pharmacies in the Preferred Retail Pharmacy Network may not be available in all areas. Copays apply after deductible.

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ENROLLMENT INSTRUCTIONS – UNM AARP/UnitedHealthcare

Please read carefully!

If you (and dependent(s)) are currently enrolled in a UNM Medicare Advantage plan and are changing to or enrolling for the first time in an AARP Plan F, G, or N Medicare Supplement **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP, ***you MUST coordinate enrollment with Benefits & Employee Wellness***. Complete the UNM UnitedHealthcare Enrollment Authorization Form **and** the AARP Medicare Supplement Plan and AARP MedicareRx PDP enrollment kits (**as soon as they arrive by mail** from UnitedHealthcare). This will ensure you and your dependent(s) are properly enrolled in UNM's retiree benefits and remain eligible for the premium contribution from UNM. NOTE: Copies of Retiree (and dependent(s)) insurance cards are needed to make changes to your UNM Bursar's Account.

Follow these steps to enroll in AARP Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus PDP:

1. Complete the salmon-colored 2023 UNM Medicare-Eligible Retiree Open Enrollment Form. Select an AARP Medicare Supplement Plan *and* an AARP MedicareRx Prescription Drug Plan (PDP).
2. Complete, initial, sign, and date the 2023 UNM UnitedHealthcare Enrollment Authorization Form.
3. Submit a fully completed and signed 2023 UNM Medicare-Eligible Retiree Open Enrollment Change Form, the 2023 UNM UnitedHealthcare Enrollment Authorization Form, and a copy of your and/or your dependent's Medicare card showing Parts A and B coverage, to Benefits & Employee Wellness ***via one of the following three options:***
 - **ELECTRONICALLY** Complete and UPLOAD forms and any other required documentation to the Benefits Secure Document Submission upload portal at <https://hr.unm.edu/upload>. ***For fillable forms visit <https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment>.***
(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)
 - **FAX** 505-277-2278
 - **MAIL** (postage-paid envelope enclosed)
The University of New Mexico
Benefits & Employee Wellness
MSC 01 1220 PO BOX 27814
Attn: Benefits Representative
Albuquerque, NM 87131
4. When you receive enrollment packets from UnitedHealthcare, complete **BOTH** the AARP Medicare Supplement **and** MedicareRx PDP enrollment kits. Select an AARP Medicare Plan F, G or N **and** an AARP MedicareRx Preferred, Walgreens, or Saver Plus plan. These are the only AARP plans that qualify for premium contributions from UNM.

ENROLLMENT INSTRUCTIONS, continued...

The insured's name on enrollment applications and UNM's Banner system MUST match the insured's name on the Medicare Card to ensure proper claim handling and 65+ Open Enrollment mailings.

5. Mail both the Medicare Supplement and the Medicare Rx applications for each insured to UnitedHealthcare, using the appropriate mailing address.

IMPORTANT NOTE: ALL AARP enrollment kits must be received by UnitedHealthcare **no later than Friday December 7, 2022.** *Retirees and dependents who fail to meet this deadline will lose UNM's contribution to premiums and ability to participate in Medicare-Eligible Retiree Open Enrollment in the future.*

6. Contact your designated Benefits Representative (see step 7 below) to notify Benefits & Employee Wellness on what date the Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus plan enrollment kits were mailed to UnitedHealthcare. Please specify which mail service was used (First Class, Priority, UPS, Fed Ex, etc).
7. Email hrbenefits@unm.edu or call your designated Benefits Representative according to the first letter of your last name:
 - *Claudia Velasquez: A – D* 505-277-5810
 - *Lana Robinson: E – K and X - Z* 505-277-1857
 - *Jane Brantley: L - Q* 505-277-5847
 - *Laverne Brooks: R - W* 505-277-1705
8. When you receive your own and/or your dependent(s) AARP Medicare Supplement **and** MedicareRx PDP cards, please mail, fax, or upload a copy of **both** cards to Benefits & Employee Wellness to document coverage.

At time of publication, 2023 Benefit Summaries for Plans F, G, N and MedicareRx Walgreens, Preferred, and SaverPlus were not available from UnitedHealthcare. Those shown are for 2022.

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2023 UNM UnitedHealthcare Enrollment Authorization Form (Page 1 of 2)

The insured's name(s) on enrollment applications and UNM's Banner system MUST match the name(s) on the Medicare Card(s), to ensure all claims are processed on time and Open Enrollment mailings are received.

Name (please print) _____ Banner ID or last 4 digits of SS# _____

Date of Birth ___/___/___ Relationship to UNM Retiree: SELF DEPENDENT (*Select one*)

If DEPENDENT, please provide full name and Banner ID or last 4 digits of SS# of UNM Retiree carrying coverage:

Retiree (please print) _____ Banner ID or last 4 digits of SS# _____

I have elected to enroll in AARP Medicare Supplement Insurance, underwritten by UnitedHealthcare. I understand that by completing this form, I have read and agree to the terms below:

- I am currently enrolled in Part B of original Medicare or am in the process of enrolling. My part B Medicare is effective ___ / ___ / _____. A copy of my Medicare Part B card or proof of enrollment is attached. **(REQUIRED)**
- My enrollment in part B of Medicare ___ IS ___ IS NOT (*Select One*) due to a disability. **NOTE: AARP Medicare Supplement Insurance Plans may not be available to disabled pre-65 Medicare-eligible applicants in every US state.**
- Upon receiving my AARP enrollment kit(s), I agree to complete the Medicare Supplement and MedicareRx enrollment kits and return them to UnitedHealthcare as soon as possible. Failure to do so may result in duplicate coverage, a lapse in coverage, or having to pay double premiums until I am enrolled in BOTH AARP plans.
- **NOTE: I understand that I (and my dependent) do not qualify for a premium contribution from UNM unless I am (we are) enrolled in both an AARP Medicare Supplement Insurance Plan (F, G or N) AND an AARP MedicareRx PDP plan (Preferred, Walgreens, or Saver Plus). UNM is not obligated to refund my premiums if I (we) fail to enroll timely in one of the UNM-covered AARP Medicare Supplement Insurance plans AND a UNM-covered AARP MedicareRx plan concurrently.**
- Upon receipt of my (and my dependent(s)) UnitedHealthcare Medicare Supplement Insurance and MedicareRx Prescription Drug Plan cards, I will mail, fax, or upload a copy of the card(s) to UNM. (See instructions on page 108 of the 2023 Medicare-Eligible Open Enrollment Guide)

Retiree Initials _____

NOTE: Copies of my (and my dependent(s)) insurance cards are needed to make changes to my UNM Bursar's Account.

I will be billed directly by UnitedHealthcare for my share of premiums for my (and my dependent(s)) Medicare supplement plan and MedicareRx prescription drug coverage. If I (we) have other UNM-sponsored benefits (such as dental, life insurance, and/or a pre-65 dependent medical plan), I will continue to be billed monthly for my (our) share of these other premiums through UNM Bursar's office.

- **IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred, Walgreens, or Saver Plus PDPs are the only Medicare Supplement and PDP plans for which UNM contributes to premiums. Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.**
- Enroll in and retain **one of each** of these plans concurrently to be covered under UNM's retiree benefits. In *MA, MN, and WI*, alternate plans are approved as a substitute for Plans F, G and N. UNM's MedicareRx Preferred, Walgreens, and Saver Plus PDPs are available in all states. **Note: Retirees and dependents who change state of residence and are enrolled in AARP MedicareRx Preferred, Walgreens, or Saver Plus must re-enroll in the AARP MedicareRx plan in their new state of residence. UNM is not able to re-enroll retirees or dependents. AARP plan coverage is individual.**
- Some States, including New Mexico, do not provide Medicare Supplement coverage for **pre-65** Medicare-eligible retirees and dependents. Contact UnitedHealthcare at 1-888-556-7049 for more information (specify that you are a University of New Mexico Retiree).

Please ask AARP to mail enrollment kit(s) to me at the following address:

Mailing Address

City, State

Zip Code

IMPORTANT NOTE: All AARP enrollment kits must be completed and received by AARP/UnitedHealthcare to process your enrollment. Retirees and dependents who fail to complete this process will permanently lose UNM's contribution to premiums and ability to participate in Medicare-Eligible Retiree Open Enrollment in the future.

I agree to the above terms and authorize Benefits & Employee Wellness to order my enrollments from AARP.

UNM Retiree / Dependent Signature

Date