

# The University of New Mexico



## **2025 Medicare-Eligible Retiree Open Enrollment Guide**

**Monday, October 21 - Friday, November 15, 2024**

**UNM Benefits & Employee Wellness  
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Albuquerque, NM 87131-0001  
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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 21, 2024**

**From: Benefits & Employee Wellness**

**Re: 2025 UNM Medicare-Eligible Retiree Open Enrollment**

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The 2025 UNM Medicare-eligible Retiree Open Enrollment begins **Monday, October 21, 2024** and ends **Friday, November 15, 2024**.

**UNM BENEFITS & EMPLOYEE WELLNESS IS PROVIDES  
SUPPORT MONDAY- FRIDAY 8 A.M. – 4:30 P.M. MT**

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

- Claudia Velasquez: **A, D, L - Q**                      505-277-5810
- Lana Robinson: **B, E – K and X - Z**              505-277-1857
- Laverne Brooks: **C, 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) by phone 505-277-5251, email [oeounm@unm.edu](mailto:oeounm@unm.edu), or the Accessibility Resource email [arcrvs@unm.edu](mailto: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* 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. Retirees will be unable to make changes between annual UNM Medicare-eligible Retiree Open Enrollment unless there is a Qualifying Change in Status Event (see page 19 for more information).

**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 **2025 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](http://policy.unm.edu/university-policies/3000/3790.html)

You may download the Affidavit at [hr.unm.edu/docs/benefits/affidavit-of-domestic-partnership.pdf](http://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](mailto: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 **2025 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 **2025 UNM Medicare-eligible Retiree Open Enrollment Change Form**. The insurance carrier's enrollment forms will NOT be processed without a completed **2025 UNM Medicare Eligible Open Enrollment Change Form**. Medical and dental insurance carrier's enrollment forms are available from Benefits & Employee Wellness at [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu) or you can call your designated **Benefits Representative** (see page 5).

**IMPORTANT:** 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.

**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 113-116 of this Guide. Enrollment in an AARP Medicare Supplement Plan F, G, or N *with* a MedicareRx Preferred or Saver 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 15, 2024**

**Choose one of the three following options to submit documents:**

- **ELECTRONICALLY**: The **2025 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/secure-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  
MSC01 1220 PO BOX 27814  
Attn: Benefits Representative  
Albuquerque, NM 87131

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](mailto:hrfiles@unm.edu). If you do not have access to email, call your designated Benefits Representative (see page 5).



## 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 2025.

### **NEW IN 2025 - Notice of important change to Medicare Part D coverage under the Inflation Reduction Act (IRA)**

**What is the Inflation Reduction Act (IRA)?** The IRA was signed in to law in 2022 and impacts all Medicare Part D plans (both Medicare Advantage and Prescription Drug Plans(PDP)) are impacted.

#### **What does this mean? Effective January 1, 2025:**

- The Part D coverage gap stage (donut hole) is eliminated, and the drug stages will be deductible, initial coverage stage, and catastrophic coverage stage.
- The 2025 total out of pocket costs for Part D prescription costs will be limited to \$2,000. Which means after you have paid a combined total of \$2,000 for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- All Medicare Part D enrollees will have the option to pay their out-of-pocket prescription drugs in monthly installments over the course of the year. This is referred to as the Medicare Prescription Payment Plan (or M3P).

### **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** - 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 two MedicareRx Prescription Drug Plans (PDP) available nationwide:**

- AARP Medicare Supplement Plans **F, G, or N**, and MedicareRx **Preferred or Saver** Prescription Drug Plans (PDPs), underwritten by UnitedHealthcare
- One of these three AARP Medicare Supplement Plan *must* be purchased with one of these two 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 PPO<sup>SM</sup> 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 2025, 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 [hfiles@unm.edu](mailto:hfiles@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, 2024 - June 30, 2025

\*\*\* UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred or Saver PDPs. The Walgreen plan will not be offered in 2025 and all participants will be moved in the Preferred plan or may consider changing to the Saver plan.

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 1-866-425-6523 for rate quotes or follow the online instructions on pages 91 - 92 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 113 - 116 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 65+ Retiree Medicare & Dental Plan Rates**  
 Effective January 1, 2025 - December 31, 2025 \*\*

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

**MONTHLY MEDICAL PREMIUMS**

Plan Options/Coverage	65+ Single		65+ Double		65+ Family		65+ Dependent of Pre-65 Retiree - Single		65+ Widow / Widower - Single
	65+ Retiree Pays (70%)	UNM Pays (30%)	65+ Retiree Pays (70%)	UNM Pays (30%)	65+ Retiree Pays (70%)	UNM Pays (30%)	Pre-65 Retiree Pays (60%)	UNM Pays (40%)	Widow/Widower Pays (100%)
Aetna PPO ESA UNM Advantage Plan	\$146.53	\$62.80	\$293.06	\$125.60	\$439.59	\$188.40	\$125.60	\$14.80	\$209.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$204.75	\$87.75	\$409.50	\$175.50	\$614.25	\$263.25	\$175.50	\$117.00	\$292.50
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$163.59	\$70.11	\$327.18	\$140.22	\$490.77	\$210.33	\$140.22	\$93.48	\$233.70
Humana PPO UNM Advantage Plan	\$111.40	\$47.74	\$222.80	\$95.48	\$334.19	\$143.23	\$95.48	\$63.66	\$159.14
Presbyterian Premier HMO-POS UNM Advantage Plan	\$245.00	\$105.00	\$490.00	\$210.00	\$735.00	\$315.00	\$210.00	\$140.00	\$350.00
Presbyterian Select HMO-POS UNM Advantage Plan	\$171.50	\$73.50	\$343.00	\$147.00	\$514.50	\$220.50	\$147.00	\$98.00	\$245.00
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	<p align="center"><u>Retiree and/or Dependent must enroll in <b>both</b> an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx* Preferred or Saver PDP to receive UNM's contribution to premium -</u>  <b>Call AARP/United Health Care at 1-800-545-1797 for Plan F, G or N, and call 1-888-556-7049 for Rx PDP quotes.</b></p>								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***	<p align="center">*In 2025, AARP MedicareRx will not longer offer the Walgreens or Basic plan. The Basic Rx plan will be consolidated into the Savers Rx Plan offering, while the Walgreens Rx Plan participants will be moved to the Preferred plan.</p>								

**MONTHLY DENTAL RATES\*\* Jan 1, 2025 - Jun 30,2025**

Plan Options/Coverage	65+ Single		65+ Double		65+ Retiree Family		65+ Dependent + Pre-65 Retiree Double		65+ Widow / Widower - Single
	65+ Retiree Pays 70%	UNM Pays 30%	65+ Retiree Pays 70%	UNM Pays 30%	65+ Retiree Pays 70%	UNM Pays 30%	Pre-65 Retiree Pays 60%	UNM Pays 40%	Pays 100%
Delta Dental - UNM Premier® Plan (High)	\$28.00	\$12.00	\$54.60	\$23.40	\$89.60	\$38.40	\$46.80	\$31.20	\$40.00
Delta Dental - UNM PPO Plan (Low)	\$13.30	\$5.70	\$26.60	\$11.40	\$39.90	\$17.10	\$22.80	\$15.20	\$19.00

**VEBA 5-9 Years of Service Credits (Non-Grandfathered)\***

**UNM 65+ Retiree Medicare & Dental Plan Rates**

Effective January 1, 2025 - December 31, 2025 \*\*

\* Rates apply if you retired after July 1, 2013 with 5-9 Years of VEBA Service Credits

**MONTHLY MEDICAL PREMIUMS**

Plan Options/Coverage	65+ Single		65+ Double		65+ Family		65+ Dependent of Pre-65 Retiree - Single		65+ Widow / Widower - Single
	65+ Retiree Pays (90%)	UNM Pays (10%)	65+ Retiree Pays (90%)	UNM Pays (10%)	65+ Retiree Pays (90%)	UNM Pays (10%)	Pre-65 Retiree Pays (85%)	UNM Pays (15%)	Widow/Widower Pays (100%)
Aetna PPO ESA UNM Advantage Plan	\$188.40	\$20.93	\$376.79	\$41.87	\$565.19	\$62.80	\$177.93	\$31.40	\$209.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$263.25	\$29.25	\$526.50	\$58.50	\$789.75	\$87.75	\$248.63	\$43.88	\$292.50
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$210.33	\$23.37	\$420.66	\$46.74	\$630.99	\$70.11	\$198.65	\$35.06	\$233.70
Humana PPO UNM Advantage Plan	\$143.23	\$15.91	\$286.45	\$31.83	\$429.68	\$47.74	\$135.27	\$23.87	\$159.14
Presbyterian Premier HMO-POS UNM Advantage Plan	\$315.00	\$35.00	\$630.00	\$70.00	\$945.00	\$105.00	\$297.50	\$52.50	\$350.00
Presbyterian Select HMO-POS UNM Advantage Plan	\$220.50	\$24.50	\$441.00	\$49.00	\$661.50	\$73.50	\$208.25	\$36.75	\$245.00
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	Retiree and/or Dependent must enroll in <b>both</b> an AARP Medicare Supplement Plan F, G, or N <b>and</b> an AARP MedicareRx* Preferred or Saver PDP to receive UNM's contribution to premium -								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***	<b>Call AARP/United Health Care at 1-800-545-1797 for Plan F, G or N, and call 1-888-556-7049 for Rx PDP quotes.</b> *In 2025, AARP MedicareRx will not longer offer the Walgreens or Basic plan. The Basic Rx plan will be consolidated into the Savers Rx Plan offering, while the Walgreens Rx Plan participants will be moved to the Preferred plan.								

**MONTHLY DENTAL RATES\*\* Jan 1, 2025 - Jun 30,2025**

Plan Options/Coverage	65+ Single		65+ Double		65+ Retiree Family		65+ Dependent + Pre-65 Retiree Double		65+ Widow / Widower - Single
	65+ Retiree Pays (90%)	UNM Pays (10%)	65+ Retiree Pays (90%)	UNM Pays (10%)	65+ Retiree Pays (90%)	UNM Pays (10%)	Pre-65 Retiree Pays (85%)	UNM Pays (15%)	Widow/Widower Pays (100%)
Delta Dental - UNM Premier® Plan (High)	\$36.00	\$4.00	\$70.20	\$7.80	\$115.20	\$12.80	\$66.30	\$11.70	\$40.00
Delta Dental - UNM PPO Plan (Low)	\$17.10	\$1.90	\$34.20	\$3.80	\$51.30	\$5.70	\$32.30	\$5.70	\$19.00

## VEBA 10-14 Years of Service Credits (Non-Grandfathered)\*

### UNM 65+ Retiree Medicare & Dental Plan Rates

Effective January 1, 2025 - December 31, 2025 \*\*

\* Rates apply if you retired after July 1, 2013 with 10-14 Years of VEBA Service Credits

#### MONTHLY MEDICAL PREMIUMS

Plan Options/Coverage	65+ Single		65+ Double		65+ Family		65+ Dependent of Pre-65 Retiree - Single		65+ Widow / Widower - Single
	65+ Retiree Pays (85%)	UNM Pays (15%)	65+ Retiree Pays (85%)	UNM Pays (15%)	65+ Retiree Pays (85%)	UNM Pays (15%)	Pre-65 Retiree Pays (80%)	UNM Pays (20%)	Widow/Widower Pays (100%)
Aetna PPO ESA UNM Advantage Plan	\$177.93	\$31.40	\$355.86	\$62.80	\$533.79	\$94.20	\$167.46	\$41.87	\$209.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$248.63	\$43.88	\$497.25	\$87.75	\$745.88	\$131.63	\$234.00	\$58.50	\$292.50
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$198.65	\$35.06	\$397.29	\$70.11	\$595.94	\$105.17	\$186.96	\$46.74	\$233.70
Humana PPO UNM Advantage Plan	\$135.27	\$15.91	\$270.54	\$47.74	\$405.81	\$71.61	\$127.31	\$31.83	\$159.14
Presbyterian Premier HMO-POS UNM Advantage Plan	\$297.50	\$52.50	\$595.00	\$105.00	\$892.50	\$157.50	\$280.00	\$70.00	\$350.00
Presbyterian Select HMO-POS UNM Advantage Plan	\$208.25	\$36.75	\$416.50	\$73.50	\$624.75	\$110.25	\$196.00	\$49.00	\$245.00
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	Retiree and/or Dependent must enroll in <b>both</b> an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx* Preferred or Saver PDP to receive UNM's contribution to premium -								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***	<b>Call AARP/United Health Care at 1-800-545-1797 for Plan F, G or N, and call 1-888-556-7049 for Rx PDP quotes.</b> *In 2025, AARP MedicareRx will not longer offer the Walgreens or Basic plan. The Basic Rx plan will be consolidated into the Savers Rx Plan offering, while the Walgreens Rx Plan participants will be moved to the Preferred plan.								

#### MONTHLY DENTAL RATES\*\* Jan 1, 2025 - Jun 30,2025

Plan Options/Coverage	65+ Single		65+ Double		65+ Retiree Family		65+ Dependent + Pre-65 Retiree Double		65+ Widow / Widower - Single
	65+ Retiree Pays (85%)	UNM Pays (15%)	65+ Retiree Pays (85%)	UNM Pays (15%)	65+ Retiree Pays (85%)	UNM Pays (15%)	Pre-65 Retiree Pays (80%)	UNM Pays (20%)	Widow/Widower Pays (100%)
Delta Dental - UNM Premier® Plan (High)	\$34.00	\$6.00	\$66.30	\$11.70	\$108.80	\$19.20	\$62.40	\$15.60	\$40.00
Delta Dental - UNM PPO Plan (Low)	\$16.15	\$2.85	\$32.30	\$5.70	\$48.45	\$8.55	\$30.40	\$7.60	\$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: **877-842-7564**
  - Online: [www.bcbsnm.com/medicare](http://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
  - Provider Directories Online: [www.humana.com](http://www.humana.com) and [www.CenterWellPharmacy.com](http://www.CenterWellPharmacy.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](http://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](http://www.deltadentalnm.com)



## Pre- Recorded Virtual Presentations

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

# Summary Comparison of UNM Dental Plan Options

Benefit Period: July 1, 2024, through June 30, 2025

Benefits administered by Delta Dental of New Mexico

	High Option		Low Option	
	Networks: Delta Dental PPO <sup>SM</sup> and Delta Dental Premier <sup>®</sup>		Network: Delta Dental PPO <sup>SM</sup>	
	The Plan Pays	You Pay	The Plan Pays	You Pay
<b>Diagnostic and Preventive Services</b>				
Oral Examinations – twice in a calendar year	100%	0%	90%	10%
Routine or Periodontal Cleanings – twice in a calendar year	100%	0%	90%	10%
Radiographic images – full mouth series once every 5 years; Bitewing images – twice in a calendar year	100%	0%	90%	10%
Topical Fluoride – up to age 19, twice in a calendar year	100%	0%	90%	10%
Emergency Palliative Treatment – for relief of pain	100%	0%	90%	10%
Sealants – up to age 16, permanent molars only, 2 year limitation	100%	0%	90%	10%
Space Maintainers – up to age 14	100%	0%	90%	10%
<b>Restorative and Basic Services</b>				
Amalgam and Composite resin fillings – all teeth	85%	15%	50%	50%
Stainless steel crowns	85%	15%	50%	50%
Extractions – non-surgical	85%	15%	50%	50%
Oral Surgery – maxillofacial surgical procedures of the oral cavity, including surgical extractions	85%	15%	50%	50%
Endodontics – pulp therapy and root canal filling	85%	15%	50%	50%
Periodontics – Non-surgical and surgical	85%	15%	50%	50%
General Anesthesia – intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	85%	15%	50%	50%
<b>Major Services</b>				
Crowns and Cast Restorations – when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%

Summary Comparison of UNM Dental Plan Options – 2024

Prosthodontics – Procedures for construction or repair of fixed bridges, partials, or complete dentures	50%	50%	50%	50%
Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%	50%
<b>Orthodontic Services</b>				
Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	0%	100%
<b>Deductibles, Plan Maximums, and Special Benefit Provisions</b>				
Deductible – Per benefit year Does not apply to Diagnostic, Preventive, or Orthodontic Services.	\$50/person to maximum of \$150/family.		\$25/person to maximum of \$75/family.	
Maximum Benefit – Per benefit year	\$1,500 per enrolled person		\$750 per enrolled person	
Orthodontic Services Maximum – Per Lifetime	\$1,000 per enrolled person		Orthodontic Services not covered under this plan.	
<b>Benefit Waiting Period</b>	Not applicable		A six (6) month Benefit Waiting Period on Major Services applies. If employee was previously covered under a UNM dental plan, credit toward waiting period will be given for time on prior plan.	

This summary has been prepared to provide an overview of benefit differences between the two options. Limitations and plan provisions, which are not included here, are the same for both options.



# 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	Delta Dental Premier® Provider <sup>1</sup>	Non-Participating Provider <sup>2</sup>
	You Pay	You Pay <sup>1</sup>	You Pay <sup>2</sup>
<b>Diagnostic and Preventive Services</b>			
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
<b>Basic Services</b>			
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%
<b>Major Services</b>			
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](http://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](http://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](http://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 <sup>1</sup>	Non-Participating Provider <sup>2</sup>
	You Pay	You Pay <sup>1</sup>	You Pay <sup>2</sup>
<b>Diagnostic and Preventive Services</b>			
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%
<b>Basic Services</b>			
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%
<b>Major Services</b>			
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](http://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.

## 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.

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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](http://www.osi.state.nm.us)



BENEFITS  
& EMPLOYEE  
WELLNESS

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

***Two Options:  
Plan I (Enhanced) or  
Plan II (Standard)***

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

***Participants must reside in New Mexico***





**University of New Mexico**

# 2025 Summary of Benefits

**Blue Cross Group Medicare Advantage (HMO)<sup>SM</sup>**

January 1, 2025 – December 31, 2025

This booklet gives you 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. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

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# 2025 Blue Cross and Blue Shield of New Mexico Medicare Advantage – HMO

## Blue Cross Group Medicare Advantage

Benefit Effective Date	1/1/2025	1/1/2025
Plan Name	HMO Plan I (Enhanced)	HMO Plan II (Standard)
Monthly Premium	See Pages 11-13	See Pages 11-13
	<b>In-Network</b>	<b>In-Network</b>
Annual <b>Medical</b> Deductible <sup>1</sup>	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,500	\$5,000
Referral Requirement	None	None
<b>Inpatient Hospital</b>		
Inpatient Hospital - Acute	\$100/day (days 1-5) \$0/day (days 6+)	\$100/day (days 1-5) \$0/day (days 6+)
Inpatient Mental Health Care <i>Limited to 190 lifetime days</i>	\$100/day (days 1-5) \$0/day (days 6+)	\$100/day (days 1-5) \$0/day (days 6+)
<b>Skilled Nursing Facility</b>		
Benefit Period 1-20 days <i>No prior hospitalization required</i>	\$0 copay /per day	\$0 copay /per day
Benefit Period 21-100 days <sup>2</sup> <i>Limited to 100 days per Medicare Benefit Period*</i>	\$0 copay /per day	\$0 copay /per day
<b>Home Health / Hospice</b>		
Home Health	\$0 copay	\$0 copay
Hospice (Medicare-covered) <sup>3</sup>	Covered by Original Medicare at a Medicare certified hospice	Covered by Original Medicare at a Medicare certified hospice
<b>Emergent &amp; Urgent Care</b>		
Emergency Care (Worldwide) <i>Cost share waived if admitted within 3 days for the same condition.</i>	\$65 copay	\$75 copay
Urgently Needed Services <i>Cost share waived if admitted within 3 days for the same condition.</i>	\$10 copay	\$10 copay
Virtual Urgent Care - <i>Visit through MDLive</i>	\$5 copay (through MDLive only)	\$5 copay (through MDLive only)
Ambulance Services (Ground)	\$75 copay	\$75 copay
Ambulance Services (Air)	\$75 copay	\$75 copay
<b>Health Care Professional Services</b>		
Primary Care Physician Services	\$10 copay	\$10 copay
Physician Specialist Services <i>Excluding Psychiatric and Radiology Services</i>	\$30 copay	\$40 copay
Other Health Care Professional Services	\$10 copay/PCP \$30 copay/SPC	\$10 copay/PCP \$40 copay/SPC
<b>Medicare-Covered Specialist Visits</b>		
Chiropractic Services (Medicare-covered) <i>Coverage is limited to manual manipulation of the spine to correct for subluxation.</i>	\$20 copay	\$20 copay

Podiatry Services (Medicare- <i>Coverage is limited to foot exams or treatment for diabetes-related nerve damage or medically necessary treatment for foot injuries or diseases.</i> )	\$0 copay	\$0 copay
Acupuncture (Medicare-covered) <i>Coverage for chronic low back pain up to 12 visits in 90 days. No more than 20 acupuncture treatments may be administered annually.</i>	\$0 copay	\$0 copay
Dental Services (Medicare-covered) <i>Coverage for inpatient hospital care for emergency or complicated dental procedures.</i>	\$20 copay	\$40 copay
Eye Exam (Medicare-covered) <i>Coverage for eye exams limited to specific condition.</i>	\$20 copay	\$40 copay
Eyewear (Medicare-covered) <i>Coverage for corrective lenses if you have cataract surgery to implant an intraocular lens - one pair of eyeglasses with standard frames or one set of contact lenses.</i>	\$0 copay	\$0 copay
Hearing Exam (Medicare-covered) <i>Coverage for diagnostic hearing and balance evaluations to determine if you need medical treatment.</i>	\$20 copay	\$40 copay

#### Outpatient Rehabilitation Services

Cardiac Rehabilitation Services <i>Maximum of 2 one-hour sessions per day up to 36 sessions in 36 weeks. Limit to 36 per year. Medicare-covered Intensive Cardiac Rehab up to 72 sessions per year</i>	\$0 copay Medicare-Covered Cardiac Rehab / \$10 copay for Medicare-Covered Intensive Cardiac Rehab / \$10 copay Supplemental Cardiac Rehab - No limits	\$0 copay Medicare-Covered Cardiac Rehab / \$10 copay for Medicare-Covered Intensive Cardiac Rehab / \$10 copay Supplemental Cardiac Rehab - No limits
Pulmonary Rehabilitation Services <i>Limit to 36 sessions per year</i>	\$0 copay Medicare Covered \$0 copay Supplemental - No limits	\$0 copay Medicare Covered \$0 copay Supplemental - No limits
Supervised Exercise Therapy for <i>Up to 36 sessions in 12 weeks</i>	\$0 copay	\$0 copay
Occupational Therapy Services	\$20 copay	\$20 copay
Physical Therapy and Speech Language Pathology Services	\$20 copay	\$20 copay

#### Outpatient Mental Health Services

Mental Health Specialty Services - <i>Individual Visit</i>	\$20 copay	\$20 copay
Mental Health Specialty Services - <i>Group Visit</i>	\$20 copay	\$20 copay
Virtual Mental Health Specialty Services - <i>Visit through MDLive</i>	\$20 copay (through MDLive only)	\$20 copay (through MDLive only)
Psychiatric Services - <i>Individual Visit</i>	\$30 copay	\$40 copay
Psychiatric Services - <i>Group Visit</i>	\$30 copay	\$40 copay
Virtual Psychiatric Services - <i>Visit through MDLive</i>	\$30 copay (through MDLive only)	\$40 copay (through MDLive only)
Partial Hospitalization	\$0 copay	\$0 copay

<b>Outpatient Substance Abuse Services</b>		
Outpatient Substance Abuse: <i>Individual Visit</i>	\$30 copay	\$40 copay
Outpatient Substance Abuse: <i>Group Visit</i>	\$30 copay	\$40 copay
Opioid Services	\$0 copay	\$0 copay
<b>Outpatient Diagnostic/Therapeutic Radiation Services</b>		
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
<b>Other Outpatient Services</b>		
Outpatient Observation	\$0 copay	\$0 copay
Outpatient Hospital Services	\$150 copay	\$175 copay
Ambulatory Surgical Center (ASC) Services	\$150 copay	\$175 copay
OP Blood Services - <i>Coverage begins with the first pint of blood</i>	\$0 copay	\$0 copay
End-Stage Renal Disease/Dialysis Services	\$0 copay	\$0 copay
Kidney Disease Education Services	\$0 copay	\$0 copay
<b>DME, Prosthetics, Diabetic Supplies</b>		
Durable Medical Equipment (DME)	\$20 copay	20%
Prosthetics/Orthotics	\$20 copay	20%
<i>Wig(s) w/Cancer Diagnosis</i>	Not Covered	Not Covered
Medical Supplies	\$20 copay	20%
Diabetes Supplies and Services - <i>Preferred Testing Supplies</i> <sup>4</sup>	0%	0%
Diabetes Supplies and Services - <i>Non Preferred Testing Supplies</i>	0%	0%
Diabetes Supplies and Services - <i>All other supplies</i> <sup>5</sup>	0%	0%
Therapeutic Shoes and Inserts <i>Limit to 1 pair of diabetic shoes per year; Limit to 2 pairs of inserts per year for custom fitted shoes; Limit to 3 pairs of inserts per year for off the shelf shoes</i>	0%	0%
<b>Medicare Preventive Services</b>		
Medicare-covered Preventive Services	\$0 copay	\$0 copay
<b>Medicare Part B Rx Drugs</b>		
Medicare Part B Rx Drugs: Chemotherapy/Radiation	\$10 copay	\$10 copay
Medicare Part B Rx Drugs: Other	0%	0%
Home Infusion Therapy Administration	\$0 copay	\$0 copay
<b>Supplemental Benefits</b>		
<i>Routine Dental (Vendor: DNoA)</i>		
Preventive & Diagnostic <i>2x exams, 2x cleaning, 1 x-ray each year</i>	Not Covered	Not Covered
Basic Restorative <i>Example; cavities, non-surgical extractions, dental pain relief</i>	Not Covered	Not Covered

Major Restorative				
<i>Example; Surgical tooth extractions, root canals, includes crowns and dentures</i>	Not Covered		Not Covered	
Dental Deductible / Waiting Periods	n/a		n/a	
<i>Implants</i>	n/a		n/a	
Dental Annual Calendar Maximum	n/a		n/a	
<b>Routine Vision (Vendor: EyeMed)</b>				
Routine Eye Exam	\$0 copay		\$0 copay	
<i>1 routine eye exam each year</i>				
Eyewear Allowance	\$0 copay standard eyeglass lens and \$150 materials allowance	Not Covered	\$0 copay standard eyeglass lens and \$150 materials allowance	Not Covered
Eyewear Allowance Benefit Period	12 months		12 months	
<b>Routine Hearing (Vendor: TruHearing)</b>				
Routine Hearing Exam	\$20 copay		\$40 copay	
<i>1 routine hearing exam each year</i>				
Hearing Aids Allowance	\$900 allowance		\$900 allowance	
<i>Benefit Per Ear or Both Ears</i>	Both Ears		Both Ears	
Hearing Aid Allowance Benefit Period	36 months		36 months	
<b>Other Supplemental Benefits</b>				
Annual Physical Exam	\$0 copay		\$0 copay	
Routine Podiatry Services	Not Covered		Not Covered	
Routine Chiropractic Services	\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)		\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)	
Routine Acupuncture	\$15 copay (for 20 visits, acupuncture and other alternative therapies every year)		\$15 copay (for 20 visits, acupuncture and other alternative therapies every year)	
Private Duty Nursing	Not Covered		Not Covered	
Over-the-Counter Rx Allowance <i>(Provided by Convey Health Solutions)</i>	Not Covered		Not Covered	
Post-Discharge Meal Benefit <i>(Provided by Mom's Meals)</i>	Not Covered		Not Covered	
Non-Emergency Transportation Services <i>(Provided by Modivcare Solutions LLC)</i>	\$0 copay 4 one-way trip(s) to plan approved location per year		\$0 copay 4 one-way trip(s) to plan-approved location every year	

## Wellness/Clinical Programs

Fitness Program <i>(Provided by SilverSneakers®)</i>	Included	Included
Member Rewards Program <i>(Provided by Healthmine)</i>	Up to \$100 per year	Up to \$100 per year
NurseLine	Included	Included
Blue365® <i>Discount Platform</i>	Included	Included
Intensive Case Management	Included	Included
Complex Care Management Program	Included	Included
Transplants Management Program	Included	Included
Preferred Diabetic Supply Program	Included	Included
Tru Hearing Aid Discount Program	Included	Included
In-Home Health Evaluations (Signify)	Included	Included

## Footnotes

### Deductible:

Only applicable to coinsurance, not copay. Deductible counts toward out of pocket maximum. Deductible does not apply to Medicare Preventive Service, Ambulance Services, ER, and Urgent Care Services.

Skilled Nursing Facility - 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.

Hospice - When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare, not Blue Cross Group Medicare Advantage. Your plan will pay for a consultative visit before you select hospice.

### Diabetes:

**0%** cost sharing for all diabetic testing supplies (meters, strips and lancets) obtained through the pharmacy.

Continuous Glucose Monitoring (CGM) products obtained through the pharmacy are subject to Prior Authorization, Quantity Limit and **0%** cost sharing. Continuous Glucose Monitoring (CGM) preferred products are Dexcom G6, Dexcom G7 when used with a Dexcom Receiver, and Abbott Freestyle Libre and Freestyle Libre 2 products, and Freestyle Libre 3 when used with a Freestyle Libre receiver. Prior approval and trial and failure of a preferred CGM product will be required for all other continuous glucose monitoring products.

Complex Care Management Programs include: Alcohol and substance abuse disorders, Anxiety and panic disorders, Asthma/chronic obstructive pulmonary disease, Cancer, Congestive heart failure, Coronary artery disease, Depression, Diabetes, Hypertension, Schizophrenia, other psychotic disorders and ESRD (End Stage Renal Disease)

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). PPO plan in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.

		Prescription Drug Benefits	
		Plan I	Plan II
<b>Annual Deductible</b>		\$0	\$0
<b>Your Drug List/Formulary Name</b>		5 Tier <b>Standard</b> Formulary	
<b>Initial Coverage Period Copays</b> Annual drug costs up to \$2,000 (30-day supply is shown)	<b>Tier</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>	<b>Preferred Pharmacy / Standard Pharmacy</b>
	<b>1</b>	\$4 / \$9	\$4 / \$9
	<b>2</b>	\$10 / \$15	\$10 / \$15
	<b>3</b>	\$42 / \$47	\$42 / \$47
	<b>4</b>	\$95 / \$100	\$95 / \$100
	<b>5</b>	33% coinsurance (Maximum of \$250)	33% coinsurance (Maximum of \$250)
<b>Catastrophic Coverage</b>		You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,000. This includes drugs purchased through retail and mail order pharmacies but does not apply to out-of-pocket spending on Part B drugs or your monthly premium.	
<b>Network Pharmacies</b>		Albertsons, Safeway, Smith's, Walgreens, Walmart and independents	
<b>Tier 1</b> — Preferred Generic Drugs <b>Tier 2</b> — Generic Drugs <b>Tier 3</b> — Preferred Brand Drugs		<b>Tier 4</b> — Non-Preferred Brand Drugs <b>Tier 5</b> — Specialty Drugs	

## The following mail order and specialty pharmacies are in the network:

Once you enroll in your new plan, you will want to bookmark these websites and save the numbers to your phone:

### Mail-Order Pharmacies

#### Walgreens Mail Service

Visit <https://walgreensmailservice.com/>

Call **1-877-277-7895** TTY 711

#### Amazon Pharmacy

Visit <https://pharmacy.amazon.com>

Call **1-855-393-4279** TTY 711

#### Express Scripts Pharmacy

Visit [www.express-scripts.com/rx](http://www.express-scripts.com/rx)

Call **1-833-599-0729** TTY 711

### Specialty Pharmacies

#### Walgreens Specialty Pharmacy

Visit <https://walgreensspecialtyrx.com/>

Call **1-877-627-6337** TTY 711

#### Accredo

Visit [www.accredo.com](http://www.accredo.com)

Call **1-833-721-1619** TTY 711

**Please note:** Federal law forbids people who have Medicare from using coupons or other discounts with their Part D plan. These may only be used outside of your Part D benefit.

Prime Therapeutics LLC is a pharmacy benefit management company, contracted by Blue Cross and Blue Shield of New Mexico (BCBSNM) to provide pharmacy benefit management services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of New Mexico. Accredo is a trademark of Express Scripts Strategic Development, Inc.

Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of New Mexico.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of New Mexico. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of New Mexico and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico. Prime Therapeutics LLC provides pharmacy benefit management services for Blue Cross and Blue Shield of New Mexico and is owned by 19 Blue Cross and Blue Shield Plans, subsidiaries or affiliates of those plans.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico. Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.





## Managing your medications.

Your prescription drug plan includes programs designed to encourage safe, cost-effective and appropriate use of medications. These include prior authorization, step therapy and quantity limits. If a drug requires one or more of these programs, it will be noted in the formulary.

## Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a new payment option starting in 2025 to help you manage your budget when it comes to out-of-pocket drug costs. It spreads them across monthly payments vary throughout the plan year, instead of you paying all at once at the pharmacy. The new payment option might help you manage your expenses, it doesn't save you money or lower your drug costs. While the program is for anyone with Part D, it might not be right for everyone.

## Do you need financial support for your drugs?

You can apply for Extra Help any time before or after you enroll in Part D. Visit Social Security to learn more at [www.ssa.gov](http://www.ssa.gov). Choose "Medicare," then 'Apply for Part D Extra Help.'



Before you enroll, you can search for your medicines online at [www.myprime.com](http://www.myprime.com).\*

### Select 'Medicines,' then:

- 'Find medicines,' followed by
- 'Continue without sign in.'

### Under 'Select Your Health Plan':

- Select BCBS New Mexico.
- Answer 'Yes.'
- Select the Blue Cross Group Medicare Advantage (HMO) plan with your drug list.\*\*
- Click 'Continue.'

### Type your medicine and dosage.

- Review the drug tier and requirements.
- Refer to the enclosed Summary of Benefits for your cost.

\* MyPrime.com is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

\*\* Your drug list name is located on the Plan Chart in your Enrollment Kit. Call the Education Helpline if you don't have a chart or need help finding out your drug list name.

## Health & Wellness Benefits

These extra health and wellness benefits complete your coverage and are important to staying well. These benefits are in addition to those listed in the enrollment brochure:

- 24/7 Nurseline
- Rewards Program
- SilverSneakers®
- Virtual Visits

If you choose to enroll in the plan, keep this document so you can easily find the contact information for these benefits. Check your plan documents for more information or call the Education Helpline at **1-877-842-7564 (TTY 711)**.

We are open October 1 – March 31: Daily, 8:00 a.m. to 8:00 p.m., local time. April 1 – September 30: 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.

### Blue365® Discount Program

With Blue365, you may save money on health and wellness products and services such as contacts, dental care, fitness devices, glasses, healthy meals, hearing aids, clothes and shoes, and more from trusted retailers. Availability of discounts is subject to change.

See all the deals and learn more at [www.blue365deals.com/bcbsnm](http://www.blue365deals.com/bcbsnm).

### Hearing Care

Through our partnership with TruHearing®, your plan covers routine hearing exams and may include an allowance on hearing aids. Check your Summary of Benefits for details about what your plan covers.

Visit the TruHearing website at [www.truhearing.com](http://www.truhearing.com) or call **1-844-855-9536 (TTY 711)** to learn more.

### Modivcare | Non-Emergency Transportation Services

Getting to the doctor or pharmacy is easier with transportation services through Modivcare. Check your Summary of Benefits for details about how many one-way rides are covered each year.

Arrange trips by calling the Customer Service number on the back of your member ID card.

### Vision Care

Look good and see better with your vision benefit. Beyond an annual routine exam and glaucoma screening, your plan may include an allowance for eyewear including frames, lenses and contacts.

Need to find vision providers near you? Visit Provider Finder at [www.bcbsnm.com/retiree-medicare-tools](http://www.bcbsnm.com/retiree-medicare-tools).

## DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-299-1008 (TTY: 711). Someone who speaks Spanish/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-299-1008 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of New Mexico members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. 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.



BENEFITS  
& EMPLOYEE  
WELLNESS

# **UNM Presbyterian Medicare Advantage HMO-POS Plans**

## **Two Plan Options: Premier or Select**

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

***Participants must reside in New Mexico***

# ABOUT US

## Our Integrated System



As an integrated healthcare system, Presbyterian is determined to simplify the overall care experience.

We offer patients throughout New Mexico access to health plan coverage that is there for you when you need it, access to dedicated primary care providers, as well as highly specialized care, including cancer care, heart and vascular care, and behavioral health.

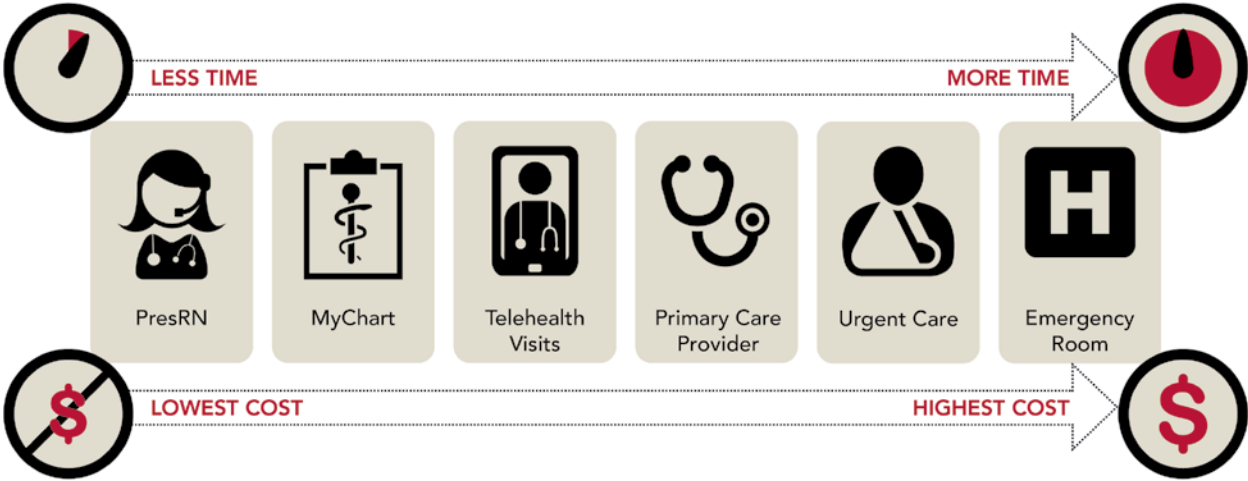
# ABOUT US

## No-cost Ways to Access Care Virtually

**PresRN** is a great starting point, giving you direct, local access to medical advice 24 hours a day, seven days a week, including holidays. There is no charge to call our experienced registered nurses (RNs) for answers to your health or wellness questions. Call (505) 923-5573 or 1-800-887-9917.

**MyChart** is a secure, web-based portal allowing members with a Presbyterian Medical Group provider to send electronic messages to their care team, request prescription renewals, view medical records or test reports, and schedule office or telephone visits.

**Virtual care/Telehealth** provides access to healthcare providers anytime from the comfort of your own home, office or other location with mobile data or Wi-Fi access. Get care with an in-network provider at \$0, including Primary Care, Specialist, Urgent Care or Behavioral Health visits. To learn more about these virtual care options, visit [p hs.org/getcare](http://phs.org/getcare).



## Managing the Health of Our Members

- **Health Plan Place** – We will educate and guide you no matter where you are in your health journey to build a strong foundation. Our resources, services and classes are open to all, at no cost and regardless of insurance.



- **Medicare Advantage Clinics** – We are dedicated to prioritizing timely care, offering extended appointments, and providing a personalized approach to to enhance your overall well-being and healthcare experience.
- **Healthy Solutions Program** – A health coach provides education and telephonic or video lifestyle coaching to assist you in managing your chronic condition for asthma, coronary artery disease, diabetes or hypertension.
- **Case management** – Nurses and social workers help you manage your complex medical needs and will help link you with appropriate providers that will work to keep you out of the hospital or emergency room.
- **Utilization management reviews** – Pre-service, urgent concurrent and post-service reviews ensure you are receiving the most appropriate covered treatments and services for you.
- **Complete Care Clinic** – This program provides comprehensive primary care services for adults with chronic or complex illnesses and helps these patients access care and navigate the medical system. The clinic works closely with other programs such as Presbyterian Home Care, Hospital at Home and Palliative Care.
- **National Diabetes Prevention Program** – This is a year-long program for eligible members that encourages lifestyle changes to prevent or delay Type 2 diabetes.



# 2025 SUMMARY OF BENEFITS

**Presbyterian Senior Care (HMO-POS)  
University of New Mexico (UNM)  
Premier Plan and  
Select Plan**

This is a summary of health and drug services covered by Presbyterian Senior Care (HMO-POS) University of New Mexico (UNM) Premier Plan and Select Plan, January 1, 2025 to December 31, 2025.

### **To enroll in Presbyterian Senior Care (HMO-POS):**

- You must be entitled to Medicare Part A and enrolled in Medicare Part B.
- You must live in New Mexico.

This plan covers services from either in-network or out-of-network providers, as long as the services are covered benefits and are medically necessary. If you choose to receive care from out-of-network providers, there will likely be a higher out-of-pocket cost for you.

### **\$0 copay for these valuable benefits and more!**

- Hearing exam
- Telehealth visits with in-network providers
- Preferred generic drugs
- PresRN nurse advice line
- Lab services
- Diagnostic tests
- Foot care
- Diabetic test strips and lancets
- Outpatient mental health visits

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# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

	Premier Plan In-Network You pay	Select Plan In-Network You pay	Out-of- Network You pay
<b>Maximum Annual Out-of-Pocket Responsibility</b> <i>(This is the most you pay in a calendar year for covered medical and hospital services. It does not include prescription drugs.)</i>	<b>\$2,500</b>	<b>\$3,000</b>	<b>\$10,000 (combined)</b>
<b>Inpatient Hospital Care*</b> <i>(per admission)</i> <ul style="list-style-type: none"> <li>• Days 1 – 3</li> <li>• Additional Days</li> </ul>	\$175 per day \$0	\$225 per day \$0	\$1,000 per admission
<b>Ambulatory Surgery Center / Outpatient Surgery*</b>	\$150	\$200	20%
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• Specialists</li> <li>• Telehealth visits (video, telephone or online visits for primary care, specialists and urgent care)</li> </ul>	\$10 \$30 \$0	\$10 \$40 \$0	\$35 \$55 Out-of-network copays apply
<b>Preventive Care and Routine Physicals</b>	\$0	\$0	\$35
<b>Emergency Care</b> <i>(worldwide)</i> <i>(This copay is waived if admitted to the hospital.)</i>	\$65	\$75	\$65-\$75
<b>Urgently Needed Services</b>	\$10	\$10	\$65
<b>Diagnostic Services/Labs/ Imaging</b> <i>(Prior authorization may be required.)</i> <ul style="list-style-type: none"> <li>• Lab services</li> <li>• Diagnostic tests and procedures</li> <li>• Outpatient x-rays</li> <li>• Diagnostic radiology service (such as CT, MRA, MRI, PET scans)</li> </ul>	0% 0% 0% \$150	0% 0% 0% \$250	20% 10% 10% 20%

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

	Premier Plan In-Network You pay	Select Plan In-Network You pay	Out-of- Network You pay
<b>Hearing Services</b> <i>(does not go toward maximum out-of-pocket responsibility)</i> <ul style="list-style-type: none"> <li>Hearing exam</li> <li>Hearing aid <i>(from TruHearing®)</i></li> </ul>	\$0 \$499 - \$999	\$0 \$499 - \$999	\$55 Not covered
<b>Dental Services</b> <ul style="list-style-type: none"> <li>Medicare covered</li> <li>Routine</li> </ul>	\$30 Not covered	\$40 Not covered	\$55 Not covered
<b>Vision Services</b> <ul style="list-style-type: none"> <li>Annual routine exam</li> <li>Diagnosis/treatment of diseases and conditions of eye</li> <li>Eyewear after cataract surgery</li> </ul>	\$0 \$10 \$20	\$0 \$10 20%	\$55 \$55 25%
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient visit (Days 1 - 3)* – Additional days</li> <li>Outpatient group therapy visit</li> <li>Outpatient individual therapy visit (including virtual)</li> </ul>	\$175 per day \$0 \$0 \$0	\$225 per day \$0 \$0 \$0	\$1,000 per admission 50% 50%
<b>Skilled Nursing Facility (SNF)*</b> <ul style="list-style-type: none"> <li>Days 1 - 20</li> <li>Days 21 - 100 <i>(Our plan covers up to 100 days in a SNF.)</i></li> </ul>	\$0 \$0 per day	\$0 \$40 per day	\$0 \$125 per day
<b>Rehabilitation Services</b> <ul style="list-style-type: none"> <li>Cardiac and Pulmonary rehab <i>(limit 36 visits)</i></li> <li>Occupational, Physical, and Speech and Language therapy visits <i>(\$0 for telehealth visits)</i></li> </ul>	\$0 \$20	\$0 \$20	\$35 \$35
<b>Ambulance</b> <i>(ground and air)</i>	\$75	\$75	\$75
<b>Transportation</b>	Not covered	Not covered	Not covered

\* Prior authorization required.

# SUMMARY OF BENEFITS

## Presbyterian Senior Care (HMO-POS) UNM Premier Plan and Select Plan

	Premier Plan In-Network You pay	Select Plan In-Network You pay	Out-of- Network You pay
<b>Medicare Part B Drugs:</b> *			
• Chemotherapy Drugs and other drugs administered by a medical professional	\$50	\$50	20%
• Purchased at a retail pharmacy	\$0	\$0	20%
<b>Foot Care</b> ( <i>podiatry services</i> )			
• Foot exams and treatment ( <i>Medicare covered</i> )	\$0	\$0	\$55
• Routine foot care	Not covered	Not covered	Not covered
<b>Medical Equipment/Supplies*</b>			
• Durable Medical Equipment ( <i>e.g., wheelchairs, oxygen</i> )	\$20	20%	25%
• Prosthetics	\$20	20%	25%
<b>Diabetic Services and Supplies</b>			
• Test strips, lancets and meters ( <i>coverage limited to Accu-Chek branded products</i> )	\$0	\$0	20%
• Continuous Glucose Monitors (CGM) ( <i>coverage limited to Freestyle Libre products</i> )	\$0	\$0	10%
<b>Wellness Programs</b> ( <i>e.g., fitness</i> )	\$0 SilverSneakers® Fitness Program is included. For participating locations visit <b><a href="http://www.silversneakers.com">www.silversneakers.com</a></b>		
<b>Acupuncture</b>			
• Medicare covered	\$15	\$15	\$55
• Routine ( <i>limited to 25 visits/year</i> )	\$15	\$15	\$55
<b>Chiropractic</b>			
• To correct subluxation ( <i>limited to 20 visits/year</i> )	\$20	\$20	\$55
• Routine ( <i>limited to 25 visits/year</i> )	\$20	\$20	\$55
<b>Home Health Care*</b>	\$0	\$0	\$0

\* Prior authorization required.

# SUMMARY OF BENEFITS

## UNM Premier and Select Plan Prescription Drug Benefit

There is no coverage limit and no coverage gap with the Premier and Select Plan.

Part D Covered Drugs	Coverage Starts		Catastrophic Coverage
	30-day supply	90-day mail order (preferred)	
<b>Tier 1:</b> Preferred Generic	\$0	\$0	\$0 for generics and for brand names  Catastrophic coverage begins once you have paid \$2,000 out of pocket for Part D drugs
<b>Tier 2:</b> Non-Preferred Generic	\$10	\$20	
<b>Tier 3:</b> Preferred Brand	\$45	\$90	
<b>Tier 4:</b> Non-Preferred Brand	\$95	\$190	
<b>Tier 5:</b> Specialty Drugs	33% with a \$250 maximum	NA	

- For both the Premier and Select plans, your copay will be no more than \$35 for a 30-day supply of covered insulins.
- You may get your drugs at network retail pharmacies and mail order pharmacies.
- Your plan does have a preferred mail order pharmacy that offers a cost savings for 90-day supplies.
- If you reside in a long term care facility, you pay the same as at a retail pharmacy.
- You may get drugs from an out of network pharmacy at the same cost as an in-network pharmacy.
- **Medicare Prescription Payment Plan** – The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January - December). To learn more, go to [phs.org/Medicare](http://phs.org/Medicare) or call (505) 923-6060.

# SUMMARY OF BENEFITS

## Learn more about savings programs and how to qualify.

### Low-Income Subsidy (LIS) and Other Medicare/Medicaid Savings Programs

If you qualify for Low-Income Subsidy (LIS), also known as "Extra Help," you may pay reduced copays and deductibles for your Part D drugs. Those who qualify for Extra Help may also qualify for Medicare Savings Programs that help pay Part A and/or Part B premiums. Medicaid programs may also lower your copays, depending on the level for which you qualify.

Monthly Premium (LIS Level 100%)	
\$0	
LIS Qualifying Income Levels for 2024 Your income and resources/assets need to be at or below:	
INDIVIDUAL 2024 Annually Income: \$22,590 Resources/Assets: \$15,720	MARRIED 2024 Annually Income: \$30,660 Resources/Assets: \$31,360

### Important:

- The house you live in, your vehicle(s), life insurance policies, and burial expenses do not count toward the resource/asset limit. Contact Social Security Administration for other income/resource exclusions.
- Income limits may increase in 2025. Income limits may be higher if household size is larger than two.

### Find Out If You Qualify for Assistance

- 1-800-Medicare (1-800-633-4227), 24 hours a day, seven days a week (TTY 1-877-486-2048)
- Social Security, 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. (TTY 1-800-325-0778). Automated messages are available 24 hours a day.
- NM State Human Services Department, 1-888-997-2583 (TTY 1-855-227-5485)
- New Mexico Health Care Authority, 1-800-283-4465 (TTY 711)

## VALUE-ADDED ITEMS AND SERVICES

### Travel Worldwide and Be Protected with Assist America®

Enjoy the protection of Assist America's global emergency travel assistance services 24 hours a day, 365 days a year, for up to 90 days. This unique program immediately connects you to doctors, hospitals, pharmacies and other services when experiencing a medical emergency while traveling 100 miles or more away from your permanent residence or in another country.

Services include:

- Emergency medical evacuation and repatriation
- Prescription assistance
- Medical monitoring
- Interpreter and legal referrals
- Return of mortal remains
- Free mobile app and much more



For benefit details, visit [www.assistamerica.com](http://www.assistamerica.com) or call 1-800-872-1414.

*These additional services/items are not part of the plan benefit package or the Medicare benefit.*



# SUMMARY OF BENEFITS

For more information about Presbyterian Medicare Advantage plans, please call us at the phone numbers below or visit us at [www.phs.org/medicare](http://www.phs.org/medicare).

## Multi-language Interpreter Services

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711).

## Presbyterian Customer Service Center (for members)

(505) 923-6060 or 1-800-797-5343 (TTY 711)

Hours: 8 a.m. to 8 p.m., 7 days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.

You can see our plan's provider and pharmacy directory if you visit our website at [www.phs.org/medicare](http://www.phs.org/medicare) and select **Provider Directory** from the **Resources** panel.

For coverage and costs of Original Medicare, look in your current **Medicare & You** handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

To learn how we safeguard your Protected Health Information and your rights, call us at (505) 923-6060 or 1-800-797-5343 (TTY 711) or visit [www.phs.org/medicare](http://www.phs.org/medicare) and select **Privacy** at the bottom of the page.

Out-of-network/non-contracted providers are under no obligation to treat Presbyterian Senior Care (HMO-POS) 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.

To get a complete list of services we cover, please contact the plan or refer to the Evidence of Coverage. You may easily download a copy of the Evidence of Coverage from our website, [www.phs.org/medicare](http://www.phs.org/medicare), and select **Forms, Plan Information, Policies** from the **Resources** panel. You may also request a copy by calling customer service.

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in the plan depends on contract renewal.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. If you need language assistance, services are available at no cost. Call (505) 923-5420, 1-855-592-7737 (TTY: 711). ATENCIÓN: Si usted prefiere hablar en español, están a su disposición servicios gratuitos de ayuda lingüística. Llame al (505) 923-5420, 1-855-592-7737 (TTY: 711). Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'eh, éí ná hóló, kojí' hódílnih (505) 923-5420, 1-855-592-7737 (TTY: 711). For more information, visit [phs.org/nondiscrimination](http://phs.org/nondiscrimination).

# PRESCRIPTION DRUG FORMULARY

A formulary is a list of drugs selected by Presbyterian Health Plan, Inc. which represents the prescription therapies believed to be a necessary part of a quality treatment program.

Drugs listed on the formulary are generally covered as long as the drug is medically necessary.

## What if your drug is not on our formulary?

- Call us and ask for a list of similar drugs that are covered.
- You can ask us to make an exception to cover your drug. Generally, we will approve your request for an exception as a Tier 5 drug if drugs on our formulary are not as effective at treating your condition.

Quantity limitations and restrictions may apply and are noted in the formulary with the following abbreviations:

PA = Prior Authorization	LA = Limited Access
QL = Quantity Limits	NDS = Non-Extended Day Supply
ST = Step Therapy	

For more information or to download the formulary drug list, visit [phs.org/medicare](https://phs.org/medicare) and click Prescription Drugs.

# PROVIDERS AND PHARMACIES

## Ways to find your provider

- **Call us** – If you would like a copy of the full printed directory mailed to you, or need help finding your provider, please call (505) 923-6060 or 1-800-797-5343 (TTY 711).
- **Online** – View our online directory at [phs.org/medicare/providers](https://phs.org/medicare/providers). Since our network providers can change daily, our online listing can help you find the most current information.

## Presbyterian Customer Service Center (for members)

(505) 923-6060 or 1-800-797-5343 (TTY 711)

Hours: 8 a.m. to 8 p.m., seven days a week from October 1 through March 31 and Monday to Friday (except holidays) from April 1 through September 30.

Presbyterian Senior Care (HMO-POS) is a Medicare Advantage plan with a Medicare contract. Enrollment in this plan depends on contract renewal.





BENEFITS  
& EMPLOYEE  
WELLNESS

# UNM Humana Medicare Advantage PPO Plan

PPO 079/415

*Plans with In-Network providers Nationwide and  
Urgent/Emergency Care Worldwide*

*Participants are not required to reside in New Mexico and must reside in the  
Humana Medicare service area to enroll in the plan*

*Easily confirm your preferred providers are participating in the UNM Humana PPO plan,  
please identify yourself as a University of New Mexico retiree for plan information.:*

[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.**

## Medicare Advantage provides additional support, at no additional cost to you

### Go365 by Humana®

A wellness program that rewards you for completing eligible healthy activities like working out or getting your Annual Wellness Visit. You can earn rewards to redeem for gift cards in the Go365 Mall.

### SilverSneakers®

A health and fitness program designed for senior adults that offers fun and engaging classes and activities. Available at no additional cost through your Humana Medicare Advantage plan.

### Humana Health Coaching

Available to all Humana Group Medicare members, our health coaching program provides guidance to help you develop a plan of action that supports your health and well-being goals.

### In-home Health and Well-being Assessment

This free, annual detailed health review is conducted in your home to give your physician an extra set of eyes and ears so we can help you get the best care.

### 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.

### Advance Care Planning with MyDirectives®

An online advance care plan platform, MyDirectives helps you ensure your wishes are met in case unexpected medical emergencies happen or as illnesses progress. With MyDirectives, you can identify the people you trust to speak for you.

### Post-discharge Transportation

After an inpatient stay in a hospital or skilled nursing facility, members are eligible for up to 12 one-way trip(s) to plan approved locations (per facility discharge) by car, van or wheelchair access vehicle.

### Post-discharge Personal Home Care Services (PHCS)

After an inpatient stay in a hospital or skilled nursing facility, members may receive certain in-home support services of up to 4 hours per day, up to a maximum of 8 hours total per discharge event. Qualified aides can offer assistance performing activities of daily living (ADLs) within the home (assistance with bathing, dressing, toileting, walking, eating, and preparing meals).

### Post-discharge Meal Program

Humana's post-discharge meal program delivers fully prepared meals to eligible plan members. After your overnight inpatient stay in a hospital or nursing facility, you're eligible to receive up to 28 nutritious meals (2 meals per day for 14 days), delivered to your door.

For more information on any of these services, visit [Humana.com](https://www.humana.com), login to your secure account at [MyHumana.com](https://www.myhumana.com) or call the number on the back of your Humana member ID card.

# Summary of Benefits

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**Humana Group Medicare Advantage PPO Plan  
PPO 079/415**

**University of New Mexico**

**Humana®**



# Monthly Premium, Deductible and Limits

	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN COSTS</b>		
<b>Monthly premium</b> You must keep paying your Medicare Part B premium.	For information concerning the actual premiums you will pay, please contact your employer/union group.	
<b>Medical deductible</b>	This plan does not have a deductible.	
<b>Maximum out-of-pocket responsibility</b> The most you pay for copays, coinsurance and other costs for medical services for the year.	<p><b>In-Network Maximum Out-of-Pocket</b>  <b>\$2,500</b> out-of-pocket limit for Medicare-covered services. The following services do not apply to the maximum out-of-pocket: Part D Pharmacy; Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; OTC Drugs and Supplies; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Vision Services (Routine) and the Plan Premium do not apply to the in-network maximum out-of-pocket.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>	<p><b>Combined In and Out-of-Network Maximum Out-of-Pocket</b>  <b>\$2,500</b> out-of-pocket limit for Medicare-covered services. In-Network Exclusions: Part D Pharmacy; Fitness Program; Health Education Services; Hearing Services (Routine); Meal Benefit; OTC Drugs and Supplies; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Smoking Cessation (Additional); Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Out-of-Network Exclusions: Part D Pharmacy; Hearing Services (Routine); Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.</p> <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, we will pay the full cost for the rest of the year on covered hospital and medical services.</p>

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUTE INPATIENT HOSPITAL CARE</b>		
This plan covers an unlimited number of days for an inpatient hospital stay. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.	<b>\$100</b> copay per day for days 1-4	<b>\$100</b> copay per day for days 1-4
<b>OUTPATIENT HOSPITAL COVERAGE</b>		
<b>Outpatient hospital visits</b>	<b>\$0</b> to <b>\$50</b> copay or <b>0%</b> of the cost	<b>\$0</b> to <b>\$50</b> copay or <b>0%</b> of the cost
<b>Observation services</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Ambulatory surgical center</b>	<b>\$50</b> copay	<b>\$50</b> copay
<b>DOCTOR OFFICE VISITS</b>		
<b>Primary care provider (PCP)</b>	<b>\$10</b> copay	<b>\$10</b> copay
<b>Specialists</b>	<b>\$25</b> copay	<b>\$25</b> copay
<b>PREVENTIVE CARE</b>		
Including: Annual Wellness Visit, flu vaccine, colorectal cancer and breast cancer screenings. Any additional preventive services approved by Medicare during the contract year will be covered.	<b>Covered at no cost</b>	<b>Covered at no cost</b>
<b>EMERGENCY CARE</b>		
<b>Emergency room</b> If you are admitted to the hospital within 24 hours for the same condition, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	<b>\$65</b> copay for Medicare-covered emergency room visit(s)	<b>\$65</b> copay for Medicare-covered emergency room visit(s)
<b>Urgently needed services</b> Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	<b>\$10</b> to <b>\$25</b> copay	<b>\$10</b> to <b>\$25</b> copay
<b>DIAGNOSTIC SERVICES, LABS AND IMAGING</b>		
<b>Diagnostic radiology</b>	<b>\$0</b> to <b>\$25</b> copay	<b>\$0</b> to <b>\$25</b> copay
<b>Lab services</b>	<b>\$0</b> copay	<b>\$0</b> copay

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>Diagnostic tests and procedures</b>	<b>\$0 to \$25</b> copay	<b>\$0 to \$25</b> copay
<b>Outpatient x-rays</b>	<b>\$0 to \$25</b> copay	<b>\$0 to \$25</b> copay
<b>Radiation therapy</b>	<b>\$0 to \$25</b> copay	<b>\$0 to \$25</b> copay
<b>HEARING SERVICES</b>		
<b>Medicare-covered hearing: diagnostic hearing and balance exams</b>	<b>\$25</b> copay	<b>\$25</b> copay
<b>Routine hearing</b>	<b>\$15</b> copay for routine hearing exams up to 1 per year. <b>\$1,000</b> combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.	<b>\$15</b> copay for routine hearing exams up to 1 per year. <b>\$1,000</b> combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>DENTAL SERVICES</b>		
<b>Medicare-covered dental</b>	<b>\$25</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)	<b>\$25</b> copay (services include surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments or neoplastic disease)
<b>VISION SERVICES</b>		
<b>Medicare-covered vision services</b>	<b>\$25</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)	<b>\$25</b> copay (services include diagnosis and treatment of diseases and injuries of the eye)
<b>Medicare-covered diabetic eye exam (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered glaucoma screening (1 per year)</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>Medicare-covered eyewear (post-cataract)</b>	<b>\$25</b> copay	<b>\$25</b> copay
<b>Routine vision</b>	<b>\$10</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$150</b> combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses	<b>\$10</b> copay for routine exam (includes refraction) up to 1 per year. <b>\$150</b> combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
	(lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	(lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>MENTAL HEALTH SERVICES</b>		
<b>Inpatient</b> The inpatient hospital care limit applies to inpatient mental services provided in a general hospital or a psychiatric facility. Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. 190 day lifetime limit in a psychiatric facility.	<b>\$100</b> copay per day for days 1-4	<b>\$100</b> copay per day for days 1-4
<b>Outpatient group and individual therapy visits</b>	<b>Outpatient therapy visit:</b> <b>\$10 to \$20</b> copay <b>Partial Hospitalization:</b> <b>\$20</b> copay	<b>Outpatient therapy visit:</b> <b>\$10 to \$20</b> copay <b>Partial Hospitalization:</b> <b>\$20</b> copay
<b>SKILLED NURSING FACILITY</b>		
This plan covers up to 100 days in a SNF.  No 3-day hospital stay is required. Plan pays \$0 after 100 days.	<b>\$0</b> copay per day for days 1-100	<b>\$0</b> copay per day for days 1-100
<b>PHYSICAL THERAPY</b>		
	<b>\$20 to \$25</b> copay	<b>\$20 to \$25</b> copay
<b>AMBULANCE</b>		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	<b>\$75</b> copay	<b>\$75</b> copay
<b>PART B PRESCRIPTION DRUGS</b>		
<b>Medicare Part B covered drugs</b>	<b>\$0</b> copay or <b>0%</b> of the cost	<b>\$0</b> copay or <b>0%</b> of the cost
<b>Medicare Part B insulin drugs</b>	<b>\$0</b> copay or <b>0%</b> of the cost	<b>\$0</b> copay or <b>0%</b> of the cost

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>ACUPUNCTURE SERVICES</b>		
<b>Medicare-covered acupuncture visit(s) for chronic low back pain</b>  This plan allows services to be received by a provider licensed to perform acupuncture or by providers meeting the Original Medicare provider requirements.	<b>\$25</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	<b>\$25</b> copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>Routine acupuncture</b>	<b>\$15</b> copay for acupuncture visits up to 20 combined in and out of network visit(s) per year.	<b>\$15</b> copay for acupuncture visits up to 20 combined in and out of network visit(s) per year. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
<b>ALLERGY</b>		
<b>Allergy shots &amp; serum</b>	<b>\$10 to \$25</b> copay	<b>\$10 to \$25</b> copay
<b>CHIROPRACTIC SERVICES</b>		
<b>Medicare-covered chiropractic visit(s)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>DIABETES MANAGEMENT TRAINING</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>FOOT CARE (PODIATRY)</b>		
<b>Medicare-covered foot care</b>	<b>\$0</b> copay	<b>\$0</b> copay
<b>HOME HEALTH CARE</b>		
	<b>\$0</b> copay	<b>\$0</b> copay
<b>MEDICAL EQUIPMENT/SUPPLIES</b>		
<b>Durable medical equipment (like wheelchairs or oxygen)</b>	<b>\$20</b> copay or <b>0%</b> of the cost	<b>\$20</b> copay or <b>0%</b> of the cost
<b>Medical supplies (includes but not limited to: catheters, IV set-up and supplies)</b>	<b>\$2</b> copay or <b>0%</b> of the cost	<b>\$2</b> copay or <b>0%</b> of the cost
<b>Prosthetics (artificial limbs or braces)</b>	<b>\$20</b> copay	<b>\$20</b> copay
<b>Diabetes monitoring supplies</b>	<b>\$0 to \$20</b> copay	<b>\$0 to \$20</b> copay
<b>Continuous glucose monitors</b>	<b>\$20</b> copay or <b>0%</b> of the cost	<b>\$20</b> copay or <b>0%</b> of the cost

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.





# Covered Medical and Hospital Benefits

	IN-NETWORK	OUT-OF-NETWORK
<b>OUTPATIENT SUBSTANCE ABUSE</b>		
<b>Outpatient group and individual substance abuse treatment visits</b>	<b>Outpatient therapy visit:</b> \$10 to \$20 copay <b>Partial Hospitalization:</b> \$20 copay	<b>Outpatient therapy visit:</b> \$10 to \$20 copay <b>Partial Hospitalization:</b> \$20 copay
<b>OVER-THE-COUNTER ITEMS</b>		
\$20 maximum benefit coverage amount per month for select over-the-counter health and wellness products. Unused amount expires at the end of the month.		
<b>REHABILITATION SERVICES</b>		
<b>Occupational and speech therapy</b>	\$20 to \$25 copay	\$20 to \$25 copay
<b>Cardiac rehabilitation</b>	\$0 to \$25 copay	\$0 to \$25 copay
<b>Pulmonary rehabilitation</b>	\$0 to \$20 copay	\$0 to \$20 copay
<b>RENAL DIALYSIS</b>		
<b>Renal dialysis</b>	\$0 copay	\$0 copay
<b>Kidney disease education services</b>	\$0 copay	\$0 copay
<b>HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)</b>		
<b>Primary care provider (PCP)</b>	\$0 copay	Not Covered
<b>Specialist</b>	\$25 copay	Not Covered
<b>Urgent care services</b>	\$0 copay	Not Covered
<b>Substance abuse or behavioral health services</b>	\$0 copay	Not Covered

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.



# Covered Medical and Hospital Benefits

## IN-NETWORK

## OUT-OF-NETWORK

### FITNESS AND WELLNESS

Live a healthier, more active life through fitness and social connection at participating SilverSneakers® locations and online.

### HEALTH EDUCATION SERVICES

Personal Health Coaching is an interactive inbound and outreach on-line and telephonic wellness coaching for Medicare participants who elect to participate, for wellness improvement, including weight management, nutrition, exercise, back care, blood pressure management, and blood sugar management.

### MEAL BENEFIT

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are eligible for nutritious meals delivered to their door at no cost.

### POST-DISCHARGE PERSONAL HOME CARE

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members may receive assistance performing activities of daily living within the home. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals.

### POST-DISCHARGE TRANSPORTATION SERVICES

After a member's overnight inpatient stay in a hospital or skilled nursing facility, members are provided transportation to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle at no cost.

### SMOKING CESSATION (ADDITIONAL)

A comprehensive smoking cessation program available online, email and phone. Personal coaches assist via establishing goals and providing articles and resources to aid in the effort to quit smoking.

### HOSPICE

You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.

**Note:** A cost share range may display, depending on the service and where the service is provided. Some services require prior authorization.

# Routine Hearing

\$15 exam / \$1,000 allowance

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
<b>Routine hearing exam</b> <ul style="list-style-type: none"><li>• 1 exam every calendar year</li></ul>	\$15 copayment	\$15 copayment
<b>Fitting/evaluation</b> <ul style="list-style-type: none"><li>• Up to 1 per year</li></ul>	Included with exam	Included with exam
<b>Hearing aids</b> <ul style="list-style-type: none"><li>• Combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) every 3 years</li><li>• (\$1,000 total combined in and out of network maximum annual benefit)</li></ul>	\$1,000 combined in and out of network maximum benefit coverage amount	\$1,000 combined in and out of network maximum benefit coverage amount

\*Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

GCHJV5REN 0721

# Routine Vision

\$10 exam / \$150 allowance

Routine Vision Benefit Summary		
Vision services	In-network	Out-of-network
<b>Routine eye exam</b> (includes refraction)	\$10 copayment; up to 1 per year.	\$10 copayment; up to 1 per year.
<b>Frame, lenses or contact lens options</b>	\$150 combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses (lenses and frames), including fitting and lens options such as ultraviolet protection and scratch resistant coating.	\$150 combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses (lenses and frames), including fitting and lens options such as ultraviolet protection and scratch resistant coating.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.





## Deductible

### Pharmacy (Part D) deductible

This plan does not have a deductible.



## Prescription Drug Benefits

Initial coverage (after you pay your deductible, if applicable)

You pay the following until your total out-of-pocket drug costs reach **\$2,000**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
<b>30-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$3</b> copay	<b>\$3</b> copay
<b>2 (Preferred Brand)</b>	<b>\$39</b> copay	<b>\$39</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$85</b> copay	<b>\$85</b> copay
<b>4 (Specialty Tier)</b>	<b>33%</b> of the cost	<b>33%</b> of the cost
<b>90-day supply</b>		
<b>1 (Generic or Preferred Generic)</b>	<b>\$9</b> copay	<b>\$9</b> copay
<b>2 (Preferred Brand)</b>	<b>\$117</b> copay	<b>\$117</b> copay
<b>3 (Non-Preferred Drug)</b>	<b>\$255</b> copay	<b>\$255</b> copay
<b>4 (Specialty Tier)</b>	N/A	N/A

There may be generic and brand-name drugs, as well as Medicare-covered drugs, in each of the tiers. To identify commonly prescribed drugs in each tier, see the Prescription Drug Guide/Formulary. To view the most complete and current Drug Guide information online, visit [www.humana.com/SearchResources](http://www.humana.com/SearchResources), locate Prescription Drug section, select [www.humana.com/MedicareDrugList](http://www.humana.com/MedicareDrugList) link; under Printable drug lists, click Printable Drug lists, select future plan year, select Group Medicare under Plan Type and search for GRP2.

**Important Message About What You Pay for Vaccines** – This plan covers most Part D vaccines at no cost to you (even if you haven't paid your deductible, if applicable). Call Humana Group Medicare Customer Care for more information.

**Important Message About What You Pay for Insulin** – You won't pay more than **\$35** for a one-month supply of each insulin product covered by this plan, no matter what cost-sharing tier it's on.

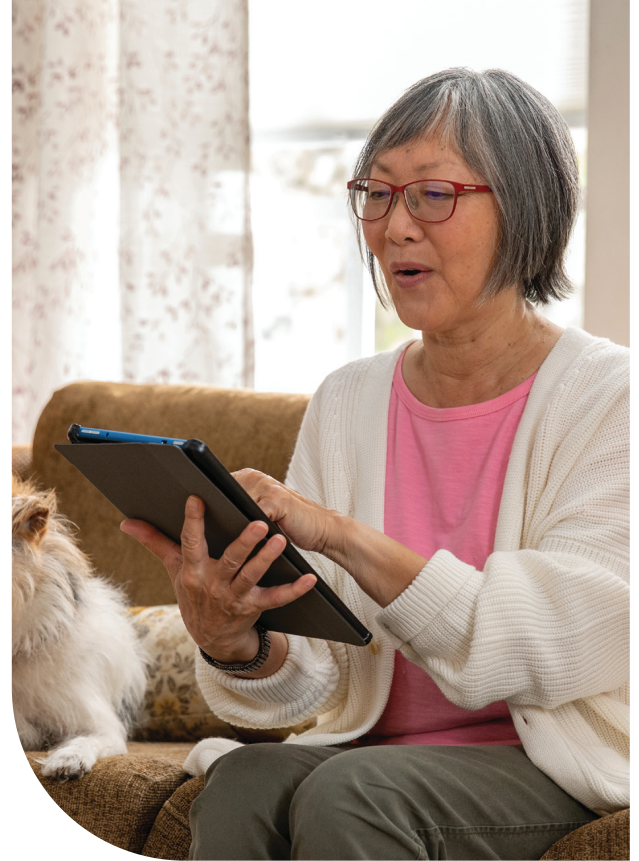
### Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,000**, you pay **\$0** for plan-covered Part D drugs.



## Get to know your coverage with your Prescription Drug Guide

Your Humana Medicare Advantage plan includes prescription coverage—and plenty of support. One way we help you make the most of your plan is with your Prescription Drug Guide, also called a formulary or drug list. It’s the robust list of prescription drugs or medications that your plan covers. That way, you can confirm coverage for the medication you need.



Complete list of generic and brand-name drugs covered in your plan.



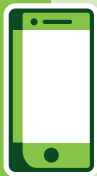
Can be printed from, viewed on and downloaded to your phone, tablet or computer.\*



Created and regularly updated by doctors and pharmacists.



Available in multiple languages.



View your plan’s Prescription Drug Guide at [Humana.com/pharmacy/prescription-coverages/medicare-drug-list](https://www.humana.com/pharmacy/prescription-coverages/medicare-drug-list) or scan the QR code with your phone or tablet’s camera.



- Scroll to “**Required Fields**”; from the “**Select plan type**” menu, choose **Group Medicare**; then “**Select plan year**” and then select the “**Find Drug Guide**” button.
- Scroll and locate PDG **GRP 02** within the drug list.

If you have questions about medications or would like additional assistance, you may contact Humana Group Medicare Customer Care at the number listed on the back of your member ID card.

\*Standard data rates may apply.



**BENEFITS  
& EMPLOYEE  
WELLNESS**

# **UNM Aetna Medicare Advantage PPO ESA**

*Plans with In-Network providers Nationwide and  
Urgent/Emergency Care Worldwide*

*Participants are not required to reside in New Mexico*





# 2025 Summary of Benefits

## THE UNIVERSITY OF NEW MEXICO

Sponsored by Aetna Medicare Plan (PPO)  
Medicare (P02) ESA PPO Plan, RX \$4 \$10 \$45 \$95 24%

### Keep in mind

This is just a summary. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage (EOC)*. You can request a copy of the SOC/EOC by contacting:

#### Member Services

**1-888-267-2637** (TTY: [711](tel:711))

Hours are 8 AM to 9 PM ET, Monday through Friday.



This is a summary of the services we cover from January 1, 2025 through December 31, 2025.

### Are you eligible to enroll?

**To join Aetna Medicare Plan (PPO), you must:**

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area



Service area: A complete list of service areas can be found in the *Evidence of Coverage (EOC)*.





## What You Should Know

**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 costs & information	Network & Out-of-network providers
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	\$2,800 The maximum out-of-pocket (MOOP) is the <b>most you'll pay</b> for the medical services we cover each year. <b>It's in place to protect you.</b> Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drug costs don't count toward your MOOP.

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## 2025 Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
<b>Hospital Care*</b>	
Inpatient Hospital Care	<p>\$100 per day, days 1-5; \$0 unlimited additional days</p> <p>The member cost sharing applies to covered benefits incurred during a member's inpatient stay.</p>
Observation Stay	Your cost share for Observation Care is based upon the services you receive.
Frequency:	per stay
Outpatient Hospital Services and Surgery	\$150
Ambulatory Surgery Center	\$150
<b>Physician Services</b>	
Primary Care Physician Visits	<p>\$10</p> <p>Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.</p>
Physician Specialist Visits	\$30

## 2025 Summary of Benefits

### PRIMARY BENEFITS

Your costs for in and  
out-of-network care

#### Preventive Services

##### Medicare-covered Preventive Services

\$0

- Abdominal aortic aneurysm screenings
- Alcohol misuse screenings and counseling
- Annual Wellness visit
- Bone mass measurements
- Breast cancer screening: mammogram
- Cardiovascular behavior therapy
- Cardiovascular disease screenings
- Cervical and vaginal cancer screenings
- Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- Depression screenings
- Diabetes screenings
- HIV screenings
- Lung cancer screenings and counseling
- Medicare Diabetes Prevention Program
- Medical nutrition therapy
- Obesity behavior therapy
- Prostate cancer screenings (PSA)
- Sexually transmitted infections screenings and counseling
- Tobacco use cessation counseling
- Welcome to Medicare preventive visit

##### Immunizations

\$0

- Flu
- Hepatitis B
- Pneumococcal

##### Additional Medicare Preventive Services

\$0

- Barium enema
- Diabetes self-management training
- Digital rectal exam
- EKG following welcome exam
- Glaucoma screening

#### Emergency and Urgent Medical Care

Emergency Care (includes services worldwide)

\$65 (waived if admitted immediately)

Urgent Care (includes services worldwide)

\$10

## 2025 Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
<b>Diagnostic Procedures*</b>	
Diagnostic Radiology (CT scans)	\$0
Diagnostic Radiology (other than CT scans)	\$0
Diagnostic Testing and Procedures	\$0
Lab Services	\$0
Outpatient X-rays	\$0
<b>Hearing Services</b>	
Hearing Exam (routine)	\$0
	Coverage: one exam every twelve months
Hearing Exam (Medicare-covered)	\$30
Hearing Aid Reimbursement	\$300 once every 12 months
<b>Dental Services*</b>	
Dental Services	\$30
	Medicare-covered benefits only
<b>Vision Services</b>	
Eye Exam (routine)	\$0
	Coverage: one exam every twelve months
Diabetic Eye Exam	\$0
Eye Exam (Medicare-covered)	\$30
Eyewear Reimbursement	\$150 once every 12 months

## 2025 Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
<b>Mental Health Services*</b>	
Inpatient Mental Health Care	<p>\$100 per day, days 1-5; \$0 unlimited additional days</p> <p>The member cost sharing applies to covered benefits incurred during a member's inpatient stay.</p>
Outpatient Mental Health Care	<p>\$20 (individual sessions)</p> <p>\$20 (group sessions)</p>
Partial Hospitalization Services and Intensive Outpatient Services	\$20
Inpatient Substance Use Disorder Services	<p>\$100 per day, days 1-5; \$0 unlimited additional days</p> <p>The member cost sharing applies to covered benefits incurred during a member's inpatient stay.</p>
Outpatient Substance Use Disorder Services	<p>\$20 (individual sessions)</p> <p>\$20 (group sessions)</p>
<b>Skilled Nursing Services*</b>	
Skilled Nursing Facility (SNF) Care	<p>\$0 per day, days 1-100</p> <p>Limited to 100 days per Medicare benefit period. See the <i>Evidence of Coverage</i> for details on the benefit periods.</p>
<b>Outpatient Rehabilitation Services</b>	
Occupational Therapy Rehabilitation Services	\$20
Physical and Speech Therapy Rehabilitation Services	\$20
<b>Ambulance* and Transportation Services</b>	
Ambulance Services	<p>\$75</p> <p>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.</p>
Transportation (non-emergency)	<p>Covered</p> <p>Coverage: up to 24 one-way rides per year with 60 miles allowed per trip.</p>

## 2025 Summary of Benefits

PRIMARY BENEFITS	Your costs for in and out-of-network care
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### Medicare Part B Prescription Drugs\*

Medicare Part B Prescription Drugs	\$0
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### Medicare Part D Prescription Drugs

Part D drugs are covered. See PHARMACY - PRESCRIPTION DRUG BENEFITS section on page [10](#) for your plan benefits at each Part D phase, including cost share and other important pharmacy benefit information.

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
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Acupuncture Services	\$15 Medicare-covered benefits only
Allergy Shots	\$0
Allergy Testing	\$30
Blood NMC	\$0 All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$0
Chiropractic Services*	\$20 Medicare-covered benefits only
Diabetic Supplies*	\$0 Includes supplies to monitor your blood glucose from LifeScan, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	\$20
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	\$0
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$0 Medicare-covered benefits only
Prosthetic Devices*	\$20

\*These benefits may require prior authorization.

## 2025 Summary of Benefits

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Pulmonary Rehabilitation Services	\$0
Supervised Exercise Therapy (SET) for PAD	\$0
Radiation Therapy*	\$0
Acupuncture Services	\$15 Medicare-covered benefits only
Allergy Shots	\$0
Allergy Testing	\$30
Blood NMC	\$0 All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$0
Chiropractic Services*	\$20 Medicare-covered benefits only
Diabetic Supplies*	\$0 Includes supplies to monitor your blood glucose from LifeScan, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	\$20
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	\$0
Medical Supplies*	Your cost share is based upon the provider of services
Outpatient Dialysis Treatments*	\$0
Podiatry Services	\$0 Medicare-covered benefits only
Prosthetic Devices*	\$20
Pulmonary Rehabilitation Services	\$0
Supervised Exercise Therapy (SET) for PAD	\$0
Radiation Therapy*	\$0

**\*These benefits may require prior authorization.**



## 2025 Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Fitness Program	SilverSneakers®
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Acupuncture Services (non-Medicare covered)	\$15  Supplemental acupuncture services are covered under the following circumstance(s): in lieu of anesthesia and for treatment of chronic pain.
Frequency	unlimited visits every year
Teladoc™	\$0  Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	\$10
Telehealth Specialist	\$30
Telehealth Occupational Therapy Service	\$20
Telehealth PT and SP Services	\$20
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 Individual Substance Use Disorder Services*	\$20
Telehealth Group Substance Use Disorder Services*	\$20
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$20
Telehealth Urgent Care	\$10
Routine Physical	\$0  A routine physical exam is offered once per calendar year.
Wigs	\$0
Maximum	\$400
Frequency	every year

**\*These benefits may require prior authorization.**

**PHARMACY - PRESCRIPTION DRUG BENEFITS**

**Deductible** **\$0**

**Pharmacy Network** **S2**

Your Medicare Part D plan uses the network above. To find a network pharmacy, you can visit our website ([AetnaRetireePlans.com](http://AetnaRetireePlans.com)).

**Formulary (Drug List)** **Classic**

**INITIAL COVERAGE PHASE**

This is your cost sharing until covered Medicare prescription drug expenses reach the annual out-of-pocket limit:

	30-day Supply through Network Retail		90-day Supply through Network Retail or Mail	
	Standard	Preferred Mail	Standard Retail or Mail	
<b>5 Tier plan</b>				
<b>Tier 1</b> Preferred Generic drugs - Includes low-cost generic drugs	You pay \$4	You pay \$12	You pay \$12	
<b>Tier 2</b> Generic drugs - Includes generic drugs	You pay \$10	You pay \$30	You pay \$30	
<b>Tier 3</b> Preferred Brand drugs - Includes preferred brand drugs and some high-cost generic drugs	You pay \$45	You pay \$135	You pay \$135	
<b>Tier 4</b> Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay \$95	You pay \$285	You pay \$285	
<b>Tier 5</b> Specialty drugs - Includes high-cost/unique brand and generic drugs	You pay 24%, but not more than \$250, for your drug	Limited to one-month supply	Limited to one-month supply	

You won't pay more than \$0 for a one-month supply of a covered insulin product on the preferred brand tier or \$35 for a one-month supply of a covered non-preferred insulin product.

**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.**

## 2025 Summary of Benefits

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### CATASTROPHIC COVERAGE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of \$2,000 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this payment stage, you pay nothing for your covered Part D drugs.

### REQUIREMENTS

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Precertification	Applies
Step Therapy	Does Not Apply

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# MEDICAL DISCLAIMERS

For more information about Aetna plans, go to [AetnaRetireePlans.com](https://www.aetna.com/retireeplans) or call Member Services toll-free at **1-888-267-2637** (TTY: [711](tel:711)). Hours are 8 AM to 9 PM ET, Monday through Friday.

Participating 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](tel:711)). Hours are 8 AM to 9 PM ET, Monday through Friday.

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

- 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 plan members, except in emergency situations. Please call our Member Services 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).

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.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 7-10 days. You can call 1-866-241-0357 (TTY users should call [711](#)), 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign up for automated mail-order delivery.

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.
- 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 an 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 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 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.

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

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2024 Tivity Health, Inc. All rights reserved.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call [1-877-486-2048](tel:1-877-486-2048)), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

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 2025 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 ([www.medicare.gov](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](tel:1-877-486-2048).

You can also visit our website at [AetnaRetireePlans.com](http://AetnaRetireePlans.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).

We have free multi-language interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-307-4830.

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



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 Preferred and Saver 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\* Preferred and Saver PDP are available in all states. UNM's AARP Plans are accepted by any provider who accepts Medicare.

**Note of Change on the Rx plans:** *The Walgreen and Basic plans will not be offered in 2025. Participants enrolled in the Walgreens plan will be moved into the Preferred plan option, while participants in the Basic plan will be consolidated with the Saver plan.*

***Retirees and dependents who change their primary state of residence must re-enroll in the AARP MedicareRx Preferred or Saver 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 1-866-425-6523 TTY 711 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. Members may call 1-888-556-7049 TTY 711 for MedicareRx plans.

**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 Preferred or Saver 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 Preferred or Saver 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 Preferred or Saver 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.**

**\*Note of Change:** *The Walgreen and Basic plan will not be offered in 2025. Participants enrolled in the Walgreens plan will be moved into the Preferred plan option, while participants in the Basic plan will be consolidated with the Save plan.*

**IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred and Saver 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 Preferred and Saver PDPs

*(Note in 2025 Walgreens & Basic PDP will not be offered)*

\*\*\*\***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 113 - 116) 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](http://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 2024 (2025 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 - 14). 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 Preferred and Saver Prescription Drug Plans (also shown in the Section of this Guide).

Online Pricing Instructions continued...

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 Preferred or Saver PDPs. Page 100-111 lists rates for 2025.
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 Preferred or Saver Part D PDP coverage via UNM's retiree benefits.

Questions? Call UnitedHealthcare at 1-866-425-6523 TTY711 (specify that you are a University of New Mexico retiree), email Benefits & Employee Wellness at [hrbenefits@unm.edu](mailto: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 Preferred or Saver 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 and Saver 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, the 2025 Benefit Summaries for Medicare Supplement Plans F, G, N were not available from UnitedHealthcare, pages 94-99 reflect 2024 detail. See page 92 of this guide for Online Instructions to obtain pricing for your zip code or to view plan benefit summaries***

***Pages 100-111 reflect the 2025 MedicareRx Preferred and Saver information available for from UnitedHealthcare.***

A woman with short, styled grey hair is looking down with a thoughtful expression. She is wearing a light blue button-down shirt. The background is a blurred indoor setting, possibly a home or office. A large blue diagonal graphic element 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.


...AARP Medicare Supplement  
UnitedHealthcare

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# Plan Benefit Tables: Plan F

## Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan F Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> 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 \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> 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 F (continued)


Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Medical Expenses</b> 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 \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$240 (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
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of 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

<sup>3</sup> Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan G

Medicare Part A: Hospital Services per Benefit Period <sup>1</sup>				
Service		Medicare Pays	Plan G Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> 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 \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> 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)

<b>Medicare Part B: Medical Services per Calendar Year</b>				
<b>Service</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Medical Expenses</b> 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 \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
<b>Parts A and B</b>				
<b>Service</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Unless Part B deductible has been met)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Other Benefits not covered by Medicare</b>				
<b>Service</b>		<b>Medicare Pays</b>	<b>Plan G Pays</b>	<b>You Pay</b>
<b>Foreign Travel</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the 60 days of each trip outside the USA.	First \$250 of 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 \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan N

### Medicare Part A: Hospital Services per Benefit Period<sup>1</sup>

Service		Medicare Pays	Plan N Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
	Days 61-90	All but \$408 per day	\$408 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> 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 \$204 per day	Up to \$204 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> 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 N (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Medical Expenses</b> 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 \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (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.
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

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### Notes

**3** Once you have been billed \$240 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

# AARP Medicare Prescription Drug Plans\*

## Summary of Benefits

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myAARPMedicare.com](https://myAARPMedicare.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

### AARP® Medicare Rx Preferred from UHC (PDP)

Premium, deductible and limits	
Monthly plan premium	\$85.10
Annual Prescription Drug Deductible	This plan does not have a deductible.

### Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

Prescription drug payment stages						
Deductible	This plan does not have a prescription drug deductible. Your coverage starts in the Initial Coverage stage.					
Initial Coverage	In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000, you move to the Catastrophic Coverage stage.					
Tier drug coverage	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	\$13 copay	\$39 copay	\$0 copay	\$39 copay
Tier 2: Generic <sup>1</sup>	\$10 copay	\$30 copay	\$18 copay	\$54 copay	\$0 copay	\$54 copay
Tier 3: Preferred Brand	\$47 copay	\$141 copay	\$47 copay	\$141 copay	\$126 copay	\$141 copay

## Prescription drug payment stages

Tier drug coverage	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply <sup>^</sup>	90-day supply	30-day supply <sup>^</sup>	90-day supply	90-day supply	90-day supply
<b>Tier 3:</b> Covered Insulin Drugs <sup>2</sup>	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
<b>Tier 4:</b> Non-Preferred Drug <sup>3</sup>	40% coinsurance	N/A	45% coinsurance	N/A	N/A	N/A
<b>Tier 5:</b> Specialty Tier <sup>3</sup>	33% coinsurance	N/A	33% coinsurance	N/A	N/A	N/A

**Catastrophic Coverage** Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.

**Additional covered drugs** This plan covers these additional drugs as Tier 2 medications.

- Vitamin D (50,000)
- Sildenafil (generic Viagra)
- Cyanocobalamin (Vitamin B-12)
- Folic Acid (1 mg)

These drugs are not covered by Medicare Part D and not on the plan's Drug List.

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

<sup>1</sup> Tier includes enhanced drug coverage.

<sup>2</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

<sup>3</sup> Limited to a 30-day supply

## About this plan

AARP® Medicare Rx Preferred from UHC (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® Medicare Rx Preferred from UHC (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® Medicare Rx Preferred from UHC (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 **[AARPMedicarePlans.com](https://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.

## Required Information

AARP® Medicare Rx Preferred from UHC (PDP) is 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. 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](http://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 documents 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 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos 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 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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® Medicare Rx Preferred from UHC (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.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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

**January 1, 2025 - December 31, 2025**

This is a summary of what we cover and what you pay. For a complete list of covered services, limitations and exclusions, review the Evidence of Coverage (EOC) at [myAARP Medicare.com](https://myAARPmedicare.com) or call Customer Service for help. After you enroll in the plan, you will get more information on how to view your plan details online.

## AARP® Medicare Rx Saver from UHC (PDP)

### Premium, deductible and limits

<b>Monthly plan premium</b>	\$0
<b>Annual Prescription Drug Deductible</b>	\$590 per year for Part D prescription drugs.

### Good news for 2025

The Coverage Gap, or "donut hole", has been eliminated and your out-of-pocket maximum cost is lower than ever. That means you're more protected from high drug costs in 2025.

### Prescription drug payment stages

**Deductible** Your plan has a \$590 prescription drug deductible. You pay the full cost for your drugs until you reach the deductible amount. Then you move to the Initial Coverage stage.

**Initial Coverage** In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you, and others on your behalf, have paid a combined total of \$2,000, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage.

Tier drug coverage	Retail		Mail Order			
	Preferred		Standard		Preferred	Standard
	30-day supply <sup>^</sup>	90-day supply	30-day supply <sup>^</sup>	90-day supply	90-day supply	90-day supply
<b>Tier 1:</b> Preferred Generic	\$2 copay	\$6 copay	\$8 copay	\$24 copay	\$6 copay	\$24 copay
<b>Tier 2:</b> Generic	\$6 copay	\$18 copay	\$9 copay	\$27 copay	\$18 copay	\$27 copay
<b>Tier 3:</b> Preferred Brand	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance	17% coinsurance



Prescription drug payment stages						
Tier drug coverage	Retail				Mail Order	
	Preferred		Standard		Preferred	Standard
	30-day supply <sup>^</sup>	90-day supply	30-day supply <sup>^</sup>	90-day supply	90-day supply	90-day supply
<b>Tier 3:</b> Covered Insulin Drugs <sup>1</sup>	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
<b>Tier 4:</b> Non-Preferred Drug <sup>2</sup>	40% coinsurance	N/A	43% coinsurance	N/A	N/A	N/A
<b>Tier 5:</b> Specialty Tier <sup>2</sup>	25% coinsurance	N/A	25% coinsurance	N/A	N/A	N/A
<b>Catastrophic Coverage</b>	Once you're in this stage, you won't pay anything for your Medicare-covered Part D drugs for the rest of the plan year.					

<sup>^</sup>Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

<sup>1</sup> You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

<sup>2</sup> Limited to a 30-day supply

## About this plan

AARP® Medicare Rx Saver from UHC (PDP) is a Medicare Prescription Drug Plan with a Medicare contract.

To join AARP® Medicare Rx Saver from UHC (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® Medicare Rx Saver from UHC (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 [AARP Medicare Plans.com](https://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.

## Required Information

AARP® Medicare Rx Saver from UHC (PDP) is 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. 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](http://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 documents 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 8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept.

UnitedHealthcare ofrece servicios gratuitos para ayudarle a que se comunique con nosotros. Por ejemplo, documentos 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 8 a.m. a 8 p.m.: los 7 días de la semana, de octubre a marzo; de lunes a viernes, de abril a septiembre.

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® Medicare Rx Saver from UHC (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.

Optum® Home Delivery Pharmacy and Optum Rx are affiliates of UnitedHealthcare Insurance Company. You are not required to use Optum Home Delivery Pharmacy for medications you take regularly. If you have not used Optum Home Delivery Pharmacy, you must approve the first prescription order sent directly from your doctor to the pharmacy before it can be filled. Prescriptions from the pharmacy should arrive within 5 business days after we receive the complete order. There may be other pharmacies in our network.

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.

# Offer peace of mind to your retirees

AARP® MedicareRx plans, insured through UnitedHealthcare®, may help you offer your eligible retirees peace of mind from unexpected changes in prescription drug costs. Our plans cover thousands of drugs and provide access to more than 67,000 pharmacies nationwide. They also provide the service and support your retirees may need to get the most from their benefits.

**2025 plan highlights:** In 2025, UnitedHealthcare will consolidate the four plans offered in 2024 into two AARP MedicareRx prescription drug plans: AARP® MedicareRx Saver & AARP® MedicareRx Preferred.

The existing AARP® MedicareRx Saver & AARP® MedicareRx Basic plans will be consolidated into one offering in 2025 called AARP® MedicareRx Saver.

The AARP® MedicareRx Walgreens plan will not be offered in 2025. Current AARP® MedicareRx Walgreens members will be moved to the AARP® MedicareRx Preferred plan.

See the charts below for 2025 premium and preferred retail copay or coinsurance information by state and territory.\*

State	AARP MedicareRx Plans	Monthly Premium	Tier 1 Preferred Generic	Tier 2 Non-Preferred Generic	Tier 3 Preferred Brand	Tier 4* Non-Preferred Brand	Tier 5 Specialty
Alabama	Preferred	\$94.60	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$54.60	\$2.00	\$8.00	16%	45%	25%
Alaska	Preferred	\$84.90	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$81.80	\$2.00	\$8.00	18%	41%	25%
Arizona	Preferred	\$82.10	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$47.90	\$2.00	\$8.00	18%	42%	25%
Arkansas	Preferred	\$80.90	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$26.20	\$2.00	\$7.00	17%	42%	25%
California	Preferred	\$115.40	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$124.80	\$2.00	\$7.00	17%	36%	25%
Colorado	Preferred	\$104.70	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$96.30	\$2.00	\$8.00	18%	43%	25%
Connecticut	Preferred	\$107.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$69.50	\$2.00	\$8.00	16%	42%	25%



State	AARP MedicareRx Plans	Monthly Premium	Tier 1 Preferred Generic	Tier 2 Non-Preferred Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Delaware	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$60.50	\$2.00	\$8.00	17%	43%	25%
District of Columbia	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$60.50	\$2.00	\$8.00	17%	43%	25%
Florida	Preferred	\$92.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$112.60	\$2.00	\$8.00	17%	44%	25%
Georgia	Preferred	\$100.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$82.00	\$2.00	\$8.00	17%	44%	25%
Hawaii	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$0.00	\$2.00	\$8.00	17%	37%	25%
Idaho	Preferred	\$86.80	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$71.90	\$2.00	\$8.00	17%	40%	25%
Illinois	Preferred	\$81.10	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$42.20	\$2.00	\$8.00	17%	45%	25%
Indiana	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$75.00	\$2.00	\$7.00	17%	43%	25%
Iowa	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Kansas	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$96.90	\$2.00	\$7.00	17%	39%	25%
Kentucky	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$75.00	\$2.00	\$7.00	17%	43%	25%
Louisiana	Preferred	\$90.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$71.40	\$2.00	\$6.00	16%	40%	25%
Maine	Preferred	\$105.30	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$111.00	\$2.00	\$7.00	17%	43%	25%
Maryland	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$60.50	\$2.00	\$8.00	17%	43%	25%
Massachusetts	Preferred	\$107.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$69.50	\$2.00	\$8.00	16%	42%	25%

State	AARP MedicareRx Plans	Monthly Premium	Tier 1 Preferred Generic	Tier 2 Non-Preferred Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Michigan	Preferred	\$86.40	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$32.80	\$2.00	\$8.00	17%	43%	25%
Minnesota	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Mississippi	Preferred	\$98.10	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$78.30	\$2.00	\$6.00	17%	42%	25%
Missouri	Preferred	\$91.30	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$54.80	\$2.00	\$8.00	17%	40%	25%
Montana	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Nebraska	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Nevada	Preferred	\$89.10	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$111.60	\$2.00	\$6.00	17%	43%	25%
New Hampshire	Preferred	\$105.30	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$111.00	\$2.00	\$7.00	17%	43%	25%
New Jersey	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$93.10	\$2.00	\$8.00	16%	44%	25%
New Mexico	Preferred	\$85.10	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$0.00	\$2.00	\$6.00	17%	40%	25%
New York	Preferred	\$113.70	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$128.10	\$2.00	\$8.00	16%	40%	25%
North Carolina	Preferred	\$93.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$76.60	\$2.00	\$8.00	17%	42%	25%
North Dakota	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Ohio	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$74.70	\$2.00	\$8.00	18%	40%	25%
Oklahoma	Preferred	\$71.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$57.60	\$2.00	\$7.00	17%	41%	25%

State	AARP MedicareRx Plans	Monthly Premium	Tier 1 Preferred Generic	Tier 2 Non-Preferred Generic	Tier 3 Preferred Brand	Tier 4 Non-Preferred Brand	Tier 5 Specialty
Oregon	Preferred	\$83.80	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$37.40	\$2.00	\$8.00	18%	40%	25
Pennsylvania	Preferred	\$103.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$64.00	\$2.00	\$7.00	17%	40%	25%
Rhode Island	Preferred	\$107.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$69.50	\$2.00	\$8.00	16%	42%	25%
South Carolina	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$113.80	\$2.00	\$7.00	17%	43%	25%
South Dakota	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%
Tennessee	Preferred	\$94.60	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$54.60	\$2.00	\$8.00	16%	45%	25%
Texas	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$76.30	\$2.00	\$7.00	17%	43%	25%
Utah	Preferred	\$86.80	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$71.90	\$2.00	\$8.00	17%	40%	25%
Vermont	Preferred	\$107.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$69.50	\$2.00	\$8.00	16%	42%	25%
Virginia	Preferred	\$84.30	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$59.50	\$2.00	\$8.00	17%	43%	25%
Washington	Preferred	\$83.80	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$37.40	\$2.00	\$8.00	18%	40%	25%
West Virginia	Preferred	\$103.50	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$64.00	\$2.00	\$7.00	17%	40%	25%
Wisconsin	Preferred	\$89.20	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$5.00	\$2.00	\$7.00	16%	40%	25%
Wyoming	Preferred	\$97.00	\$5.00	\$10.00	\$47.00	40%	33%
	Saver	\$36.20	\$2.00	\$7.00	17%	40%	25%

<b>Territories &amp; Commonwealths</b>	<b>AARP MedicareRx Plans</b>	<b>Premium</b>	<b>Tier 1 Preferred Generic</b>	<b>Tier 2 Non-Preferred Generic</b>	<b>Tier 3 Preferred Brand</b>	<b>Tier 4 Non-Preferred Brand</b>	<b>Tier 5 Specialty Tier</b>
<b>American Samoa</b>	Preferred	\$4.90	25%	25%	25%	25%	25%
<b>Guam</b>	Preferred	\$0.80	25%	25%	25%	25%	25%
<b>Northern Mariana Islands</b>	Preferred	\$6.80	25%	25%	25%	25%	25%
<b>Puerto Rico</b>	Preferred	\$109.50	25%	25%	25%	25%	25%
<b>U.S. Virgin Islands</b>	Preferred	\$94.00	25%	25%	25%	25%	25%

\*Member cost sharing shown applies during the initial coverage period. Members may pay different amounts in the catastrophic phase of coverage. Tier 1–3 copayments shown apply at preferred retail network locations for a 30 day supply. Members will pay higher tier 1–3 copayments when using standard pharmacies. Tier 4 medications will be limited to 30-day supplies for PDP plans.

AARP® Medicare Rx Preferred from UHC (PDP)'s and AARP Medicare Rx Saver from UHC (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.

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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 Preferred Saver 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 Preferred or Saver PDP:***

1. Complete the salmon-colored **2025 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 2025 UNM UnitedHealthcare Enrollment Authorization Form.
3. Submit a fully completed and signed **2025 UNM Medicare-Eligible Retiree Open Enrollment Change Form**, the 2025 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/secure-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 or Saver PDP. 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 Thursday December 7, 2024**. *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 Preferred or Saver 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](mailto:hrbenefits@unm.edu) or call your designated Benefits Representative according to the first letter of your last name:
  - *Claudia Velasquez: A, D, L - Q*                      505-277-5810
  - *Lana Robinson: B, E – K, X - Z*                      505-277-1857
  - *Laverne Brooks: C, 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.

***Subject to Change – At time of publication, the 2025 Benefit Summaries for Medicare Supplement Plans F, G, N were not available from UnitedHealthcare, pages 95-100 reflect 2024 detail. See page 91 of this guide for Online Instructions to obtain pricing for your zip code or to view plan benefit summaries***

***Pages 105-112 reflect the 2025 MedicareRx Preferred and Saver information available for from UnitedHealthcare.***

# 2025 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 or Saver). 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.**

Retiree Initials \_\_\_\_\_

- 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 113 of the 2025 Medicare-Eligible Open Enrollment Guide)

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**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 or Saver 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 or Saver 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:

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Mailing Address

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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.**

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UNM Retiree / Dependent Signature

Date