

The University of New Mexico



2027 Medicare-Eligible Retiree Open Enrollment Guide

Monday, October 19 - Friday, November 13, 2026

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

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

IMPORTANT NOTE: Retirees who waive or discontinue their enrollment in UNM Retiree Medicare and/or Dental benefits will permanently lose eligibility to re-enroll in these benefits for themselves and any covered dependents. This decision is irrevocable and cannot be changed at a later date.

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Introduction

Date: October 19, 2026

From: Benefits & Employee Wellness

Re: 2027 UNM Medicare-Eligible Retiree Open Enrollment

The 2027 UNM Medicare-eligible Retiree Open Enrollment begins ***Monday, October 19, 2026***, and ends ***Friday, November 13, 2026***.

UNM Benefits & Employee Wellness Representatives are available:

MONDAY- FRIDAY 8 A.M. – 4:30 P.M.

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

- Elizabeth Morin: A - L 505-277-1866
- Stephen Hayden: M - Z 505-277-5845

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, should contact the Office of Equal Opportunity (OEO) by phone at 505-277-5251, email at oeounm@unm.edu, or the Accessibility Resource email at 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).

Retirees and legal spouses or qualified domestic partners must be enrolled in the same Medicare Advantage Plan, unless one of them is not eligible for Medicare Part A and/or Part B. In such cases, the ineligible individual will be enrolled in the UNM Active Plan that they were enrolled in before retirement. Except for the AARP/UHC Medicare Supplement plan, the individuals enrolled in may choose **Plan F, G, or N** (Plan F is only available to eligible applicants with a 65th birthday before January 1, 2020, or with a Medicare Part A Effective Date before January 1, 2020).

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 **2027 UNM Medicare-Eligible Open Enrollment Change Form**. *(This step is not necessary if Benefits & Employee Wellness already has documents on file to verify domestic partnership.)*

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

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

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

* When Medicare eligibility is due to mental and/or physical disability, please include a **Social Security Disability Award Certificate** along with your completed **2027 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

Important Change to the UNM Presbyterian Medicare Advantage Plan

Effective January 1, 2027

The UNM Presbyterian Medicare Advantage Plan will no longer be available beginning January 1, 2027.

This information is provided for retirees and covered dependents currently enrolled in the UNM Presbyterian Medicare Advantage Plan. UNM recognizes that changes to healthcare coverage can raise questions, particularly regarding continued access to healthcare providers and the availability of affordable coverage options.

Earlier this year, Presbyterian announced that it would discontinue most of its Medicare Advantage plans in New Mexico for 2027. Although Presbyterian offered to renew the UNM-sponsored plan for 2027, the proposed renewal included premium increases of 22% to 32%. Given these significant increases and the uncertainty surrounding Presbyterian's continued participation in the Medicare Advantage market, UNM made the decision not to renew the Presbyterian Medicare Advantage Plan for 2027.

This decision helps avoid substantial premium increases for retirees and UNM while providing an opportunity for members to transition to other UNM Medicare plan options, including plans that continue to include Presbyterian providers and facilities.

Automatic Coverage Transition

To help ensure continuous Medicare coverage, retirees and dependents enrolled in the UNM Presbyterian Medicare Advantage Plan as of December 31, 2026, will be automatically enrolled in the UNM Aetna Medicare Advantage PPO Plan effective January 1, 2027, unless another UNM Medicare plan is elected during Annual Enrollment.

The Aetna Medicare Advantage PPO Plan includes Presbyterian Medical Group physicians and Presbyterian hospitals in its network, allowing many members to continue receiving care from Presbyterian providers.

Automatic enrollment is intended to prevent a gap in coverage. Retirees are not required to remain enrolled in the Aetna plan and may elect any available UNM Medicare plan during Annual Enrollment.

As you review your Open Enrollment options for 2027, we encourage you to:

- ✓ Review the Annual Enrollment materials carefully.
- ✓ Compare plan premiums, provider networks, prescription drug coverage, and out-of-pocket costs.
- ✓ Confirm that your preferred doctors, hospitals, and medications are covered under the plan you select.
- ✓ Determine whether to remain enrolled in the Aetna Medicare PPO or elect a different UNM Medicare plan during Open Enrollment.

No Action Required to be auto enrolled in the Aetna Medicare PPO effective January 1, 2027, when your Presbyterian Medicare coverage ends.

Action is Required: If you wish to enroll in a different UNM Medicare plan, add a dependent or make other election changes, you must submit an election change during Open Enrollment. Alternative plan options include: BCBS NM Medicare Advantage HMO Enhanced or Standard Plans, Humana Medicare Advantage PPO Plan, and AARP/UHC Medicare Supplement & Prescription Drug Plan.

Important Information and Enrollment Changes-Continued

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 **2027 UNM Medicare-Eligible Retiree Open Enrollment Change Form**. The insurance carrier's enrollment forms will NOT be processed without a completed **2027 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, or you can call your designated **Benefits Representative** (see page 5).

IMPORTANT: Retirees who waive or discontinue their enrollment in UNM Retiree Medicare and/or Dental benefits will permanently lose eligibility to re-enroll in these benefits for themselves and any covered dependents. This decision is irrevocable and cannot be changed at a later date.

Note: Retirees and covered dependents who change from AARP/United Healthcare (UHC) 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/UHC 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, Humana, and Aetna Medicare Advantage Plan (MAPD) enrollment forms must be submitted to Benefits & Employee Wellness for processing.

See the AARP/UnitedHealthcare(UHC) Enrollment Steps on pages 103-104 of this Guide. Enrollment in an AARP/UHC 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, Humana, or Aetna.

ENROLLMENT FORM SUBMISSION

**ALL FORMS AND DOCUMENTATION MUST BE RECEIVED BY
UNM BENEFITS & EMPLOYEE WELLNESS
NO LATER THAN NOVEMBER 13, 2026**

Choose one of the three following options to submit documents:

- **ELECTRONICALLY:** The **2027 UNM Open Enrollment Change 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. 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 2027.

NEW IN 2027 - Notice of important change to Medicare Part D coverage

Effective January 1, 2027:

- The **2027** total out of pocket costs for Part D prescription costs will be limited to **\$2,400**. Which means after you have paid a combined total of **\$2,400** for your Medicare Part D covered drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- The **2027** Part D prescription drug deductible amount is **\$700, for applicable plans**.

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

- BlueCross BlueShield (BCBS) Medicare Advantage **HMO I (Enhanced)** and **II (Standard)** (with no providers beyond New Mexico) - *Participants must reside in New Mexico*

- **Presbyterian Medicare Advantage Plans will no longer be offered through UNM effective January 1, 2027.** Members who take no action to select another plan will be defaulted to the Aetna Medicare Advantage plan, for more details see page 7

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/United Healthcare (UHC) **Medicare Supplement Plans F, G, or N**, and **MedicareRx Preferred or Saver** Prescription Drug Plans (PDPs), underwritten by UnitedHealthcare
- One of these three AARP/UHC 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 PPOSM Plan with in-network providers nationwide.

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

To access UNM's Medicare-eligible Retiree medical plans, you and/or your dependent(s) must be enrolled or provide proof of application for enrollment in Medicare Parts A and B. If you are changing UNM medical plans in 2027, 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. 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 waive or discontinue their enrollment in UNM Retiree Medicare and/or Dental benefits will permanently lose eligibility to re-enroll in these benefits for themselves and any covered dependents. This decision is irrevocable and cannot be changed at a later date.

Plan Rates

** Dental Rates are effective July 1, 2026 - June 30, 2027

*** UNM is unable to provide rate quotes for AARP/UHC Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred or Saver PDPs. These policies are individually owned and priced (vs. UNM's group Medicare Advantage Plans with Prescription Drug coverage). AARP plan rates are based on each retiree or dependent's individual age, zip code, and smoking status within the United States and U.S. territories. Please contact UnitedHealthcare at 1-866-425-6523 for rate quotes or follow the online instructions on pages 86 - 87 of this Guide to obtain an *approximate quote* based on available rates.

Note: If you obtain AARP/UHC 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 choosing to enroll in the AARP/UHC Medicare Supplement and MedicareRX plans, follow the AARP/UnitedHealthcare Enrollment Instructions included in the 2027 UNM Medicare-Eligible Retiree Open Enrollment Guide on pages 103-104.

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, 2027 - December 31, 2027 **

* 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	\$206.03	\$88.30	\$412.06	\$176.60	\$618.09	\$264.90	\$176.60	\$117.73	\$294.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$238.97	\$102.41	\$477.93	\$204.83	\$716.90	\$307.24	\$204.83	\$136.55	\$341.38
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$193.18	\$82.79	\$386.36	\$165.58	\$579.54	\$248.37	\$165.58	\$110.39	\$275.97
Humana PPO UNM Advantage Plan	\$125.40	\$53.74	\$250.80	\$107.48	\$376.19	\$161.23	\$107.48	\$71.66	\$179.14
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	<u>Retiree and/or Dependent must</u> enroll in both an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx Preferred or Saver PDP to receive UNM's contribution to premium. 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.								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***									

MONTHLY DENTAL RATES Jan 1, 2027 - Jun 30, 2027**

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, 2027 - December 31, 2027 **

* 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	\$264.90	\$29.43	\$529.79	\$58.87	\$794.69	\$88.30	\$250.18	\$44.15	\$294.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$307.24	\$34.14	\$614.48	\$68.28	\$921.73	\$102.41	\$290.17	\$51.21	\$341.38
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$248.37	\$27.60	\$496.75	\$55.19	\$745.12	\$82.79	\$234.57	\$41.40	\$275.97
Humana PPO UNM Advantage Plan	\$161.23	\$17.91	\$322.45	\$35.83	\$483.68	\$53.74	\$152.27	\$26.87	\$179.14
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	<u>Retiree and/or Dependent must</u> enroll in both an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx Preferred or Saver PDP to receive UNM's contribution to premium. 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.								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***									

MONTHLY DENTAL RATES** Jan 1, 2027 - Jun 30, 2027

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, 2027 - December 31, 2027 **

* 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	\$250.18	\$44.15	\$500.36	\$88.30	\$750.54	\$132.45	\$235.46	\$58.87	\$294.33
Blue Cross BlueShield I (Enhanced) HMO UNM Advantage Plan	\$290.17	\$51.21	\$580.35	\$102.41	\$870.52	\$153.62	\$273.10	\$68.28	\$341.38
Blue Cross BlueShield II (Standard) HMO UNM Advantage Plan	\$234.57	\$41.40	\$469.15	\$82.79	\$703.72	\$124.19	\$220.78	\$55.19	\$275.97
Humana PPO UNM Advantage Plan	\$152.27	\$17.91	\$304.54	\$53.74	\$456.81	\$80.61	\$143.31	\$35.83	\$179.14
AARP Unitedhealthcare UNM Medicare Supplement Plan F, G, or N ***	<u>Retiree and/or Dependent must enroll in both 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> 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.								
AARP Unitedhealthcare UNM MedicareRx Preferred or Saver PDP ***									

MONTHLY DENTAL RATES** Jan 1, 2027 - Jun 30,2027

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

Resources:

2027 UNM Medicare-Eligible Retiree Open Enrollment Vendor Fair

Thursday, November 5, 2026, 9:00 am to 1:00 pm

UNM Science & Technology Rotunda – 801 University Blvd SE

Online Pre-Recorded Presentations for 65+ UNM Medicare Advantage & Medicare Supplement/RX: <https://hr.unm.edu/retiree/benefits/65-plus-open-enrollment>

- **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
- **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 and 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
- **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)
 - AARP/UnitedHealthcare 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>
 - AARP/UnitedHealthcare 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

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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 a 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 Medicare Advantage Plans (MAPDs)

IMPORTANT NOTE:

It is **critical** that you submit your Enrollment Change Form(s) within 60-calendar days of your Qualifying Change in Status Event, **even if you are still waiting for your supporting documentation of the event** (i.e. birth certificate/proof of birth, proof of loss/gain of other coverage from the other insurance entity, marriage certificate etc.). **Do not wait** for your documentation or you risk missing your 60-calendar day deadline.



BENEFITS
& EMPLOYEE
WELLNESS

Delta Dental

Summary Comparison of UNM Dental Plan Options

Benefit Period: July 1, 2026 , through June 30, 2027

Benefits administered by Delta Dental of New Mexico

	High Option		Low Option	
	Networks: Delta Dental PPO SM and Delta Dental Premier [®]		Network: Delta Dental PPO SM	
	The Plan Pays	You Pay	The Plan Pays	You Pay
Diagnostic and Preventive Services				
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%
Restorative and Basic Services				
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%
Major Services				
Crowns and Cast Restorations – when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%

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%
Orthodontic Services				
Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	0%	100%
Deductibles, Plan Maximums, and Special Benefit Provisions				
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.	
Benefit Waiting Period	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.

Enrollees may view and download a Summary of Dental Plan Benefits and Dental Benefit Handbook online at hr.unm.edu/benefits/dental.

For additional information, call Delta Dental's Customer Service Department at **(505) 855-7111** or toll free **(877) 395-9420**.

To search for dentists by network, specialty, last name, and/or location, visit www.deltadentalnm.com and click "Find a Dentist."





Delta Dental PPO™ Point of Service

Summary of Dental Plan Benefits

For Group #8532

University of New Mexico – 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® Provider¹	Non-Participating Provider²
	You Pay	You Pay¹	You Pay²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants – to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy – to detect oral cancer	No Charge	No Charge	No Charge
Radiographs – images	No Charge	No Charge	No Charge
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services – fillings	15%	15%	15%
Endodontic Services – root canals	15%	15%	15%
Periodontic Services – to treat gum disease	15%	15%	15%
Oral Surgery Services – extractions and dental surgery	15%	15%	15%
Other Basic Services – misc. services	15%	15%	15%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services – bridges, dentures, and implants	50%	50%	50%
TMD Treatment – Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging	50%	50%	50%
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

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

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

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

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

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

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

Additional Plan Information

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

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

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

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

Eligibility Provisions

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

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

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

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

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

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

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

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

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

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

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

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



Delta Dental PPO™
Summary of Dental Plan Benefits
For Group #8532
University of New Mexico - Active Employees -
Low Option

Benefit Period: July 1 through June 30

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

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

Covered Services

	Delta Dental PPO™ Provider You Pay	Delta Dental Premier® Provider¹ You Pay¹	Non- Participating Provider² You Pay²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services - exams, cleanings, topical fluoride and space maintainers	10%	10%	10%
Emergency Palliative Treatment - to temporarily relieve pain	10%	10%	10%
Sealants - to prevent decay of permanent teeth	10%	10%	10%
Brush Biopsy - to detect oral cancer	10%	10%	10%
Radiographs - images	10%	10%	10%
Periodontal Maintenance - cleanings following periodontal therapy	10%	10%	10%
Basic Services			
Minor Restorative Services - fillings	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%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Other Basic Services - misc. services	50%	50%	50%
Major Services			
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging	50%	50%	50%

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.

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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.
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- 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, 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.

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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

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

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

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

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



***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

2027 Blue Cross and Blue Shield of New Mexico Medicare Advantage – HMO

Blue Cross Group Medicare Advantage

Benefit Effective Date	1/1/2027	1/1/2027
Plan Name	HMO Plan I (Enhanced)	HMO Plan II (Standard)
Monthly Premium	See Pages 12-15	See Pages 12-15
	In-Network	In-Network
Annual Medical Deductible ¹	\$0	\$0
Annual Out-of-Pocket Maximum	\$2,500	\$5,000
Referral Requirement	None	None
Inpatient Hospital		
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+)
Skilled Nursing Facility		
Benefit Period 1-20 days <i>No prior hospitalization required</i>	\$0 copay /per day	\$0 copay /per day
Benefit Period 21-100 days ² <i>Limited to 100 days per Medicare Benefit Period *</i>	\$0 copay /per day	\$0 copay /per day
Home Health / Hospice		
Home Health	\$0 copay	\$0 copay
Hospice (Medicare-covered) ³	Covered by Original Medicare at a Medicare certified hospice	Covered by Original Medicare at a Medicare certified hospice
Emergent & Urgent Care		
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
Health Care Professional Services		
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
Medicare-Covered Specialist Visits		
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

Outpatient Substance Abuse Services		
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
Outpatient Diagnostic/Therapeutic Radiation Services		
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
Other Outpatient Services		
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
DME, Prosthetics, Diabetic Supplies		
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>	0%	0%
Diabetes Supplies and Services - <i>Non Preferred Testing Supplies</i>	0%	0%
Diabetes Supplies and Services - <i>All other supplies</i>	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%
Medicare Preventive Services		
Medicare-covered Preventive Services	\$0 copay	\$0 copay
Medicare Part B Rx Drugs		
Medicare Part B Rx Drugs: Chemotherapy/Radiation	\$10 copay	\$10 copay
Medicare Part B Rx Drugs: Other	0%	0%
Part B Insulin Drugs		'0% with a maximum copay per month of \$35 for Part B insulins. Lesser copays will be applied as required by the IRA.
Home Infusion Therapy Administration	\$0 copay	\$0 copay

Supplemental Benefits					
Routine Dental (Vendor: DNoA)					
Preventive & Diagnostic		Not Covered		Not Covered	
2x exams, 2x cleaning, 1 x-ray each year					
Basic Restorative		Not Covered		Not Covered	
Example; cavities, non-surgical extractions, dental pain relief					
Major Restorative		Not Covered		Not Covered	
Example; Surgical tooth extractions, root canals, includes crowns and dentures					
Dental Deductible / Waiting Periods		n/a		n/a	
Implants		n/a		n/a	
Dental Annual Calendar Maximum		n/a		n/a	
Routine Vision (Vendor: EyeMed)					
Routine Eye Exam		\$0 copay		\$0 copay	
1 routine eye exam each year					
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	
Routine Hearing (Vendor: TruHearing)					
Routine Hearing Exam		\$20 copay		\$40 copay	
1 routine hearing exam each year					
Hearing Aids Allowance		\$900 allowance		\$900 allowance	
Benefit Per Ear or Both Ears		Both Ears		Both Ears	
Hearing Aid Allowance Benefit Period		36 months		36 months	
Other Supplemental Benefits					
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 (Provided by Convey Health Solutions)		Not Covered		Not Covered	
Post-Discharge Meal Benefit (Provided by Mom's Meals)		Not Covered		Not Covered	

Non-Emergency Transportation Services (Provided by Medical Transportation Management (MTM))	\$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
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Wellness/Clinical Programs

Fitness Program (Provided by SilverSneakers®)	Included	Included
Member Rewards Program (Provided by Healthmine)	Up to \$100 per year	Up to \$100 per year
NurseLine	Included	Included
Blue365® Discount Platform	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

1 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.

2 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.

3 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.

4 Diabetes:

You will pay **0%** for all diabetic testing supplies (meters, test 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.

5 Continuous Glucose Monitoring (CGM) products obtained through the pharmacy require prior authorization, are subject to quantity limits, and have 0% cost sharing. Preferred CGM products include Dexcom G6, Dexcom G7 when used with a Dexcom receiver, and Abbott FreeStyle Libre 2/Plus and FreeStyle Libre 3/Plus when used with a FreeStyle Libre receiver. All other CGM products require prior approval, including trial and failure of a preferred CGM product first.

6 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.

For more information, call **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.

		Prescription Drug Benefits	
		Plan I	Plan II
Annual Deductible		\$0	\$0
Your Drug List/Formulary Name		5 Tier Standard Formulary	
Initial Coverage Period Copays Annual drug costs up to \$2,400 (30-day supply is shown)	Tier	Preferred Pharmacy / Standard Pharmacy	Preferred Pharmacy / Standard Pharmacy
	1	\$4 / \$9	\$4 / \$9
	2	\$10 / \$15	\$10 / \$15
	3	\$42 / \$47	\$42 / \$47
	4	\$95 / \$100	\$95 / \$100
	5	33% coinsurance (Maximum of \$250)	33% coinsurance (Maximum of \$250)
Catastrophic Coverage		You pay \$0 after your Part D maximum out-of-pocket costs reach \$2,400. 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.	
Network Pharmacies		Albertsons, Safeway, Smith's, Walgreens, Walmart and independents	
Tier 1 — Preferred Generic Drugs Tier 2 — Generic Drugs Tier 3 — Preferred Brand Drugs		Tier 4 — Non-Preferred Brand Drugs Tier 5 — Specialty Drugs	

This information is not a complete description of benefits.

The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide digital health and personal clinical engagement tools and services for members with coverage through BCBSNM. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them. Registration is required to participate. Visit www.BlueRewardsNM.com to register and see what Healthy Actions earn rewards. Maximum annual rewards of \$100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

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

Blue Cross Group Medicare Advantage (HMO)

HMO employer/union group plans are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC)-H3822, HCSC Insurance Services Company (HISC)-H9706 and GHS Insurance Company (GHSIC)-H8133 and H8544. HCSC, HISC and GHSIC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC, HISC and GHSIC are Medicare Advantage organizations with Medicare contracts. Enrollment in these plans depends on contract renewal.



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 2026 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



Before you enroll, you can search for your medicines online at 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.**

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.



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.**

Know your numbers

Find important numbers anytime you need them*

Humana Group Medicare Customer Care
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Health and Well-being Assessment
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

MyHumana
Sign in to or register for MyHumana to access your personal, secure plan information and check your Go365 wellness rewards balance and find more ways to earn at [MyHumana.com](https://www.humana.com).

MyHumana mobile app
[MyHumana.com/mobile-apps](https://www.humana.com/mobile-apps)

Doctors in your network
[FindCare.Humana.com](https://www.humana.com/find-care)

Telehealth
Contact your local provider to ask about virtual visit options, or use Humana's "Find Care" tool at [FindCare.Humana.com](https://www.humana.com/find-care). You can also call the number on the back of your member ID to connect with a provider offering telehealth services.

SilverSneakers®
888-423-4632 (TTY: 711),
Monday – Friday, 8 a.m. – 8 p.m., Eastern time
[SilverSneakers.com](https://www.silversneakers.com)

Humana Care Management
800-558-0187 (TTY: 711),
Monday – Friday, 8:30 a.m. – 5:30 p.m., Eastern time

Post-discharge Transportation
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time

Post-discharge Personal Home Care Services (PHCS)
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
<https://www.humana.com/home-care/home-health-personal-care>

Post-discharge Meal Program
866-396-8810 (TTY: 711),
Monday – Friday, 8 a.m. – 9 p.m., Eastern time
[Humana.com/home-care/well-dine](https://www.humana.com/home-care/well-dine)

Wellness Coaching
877-567-6450 (TTY: 711),
Monday – Friday, 8 a.m. – 6 p.m., Eastern time

Caregiver Support
[Humana.com/caregiver](https://www.humana.com/caregiver)

Medication Therapy Management
833-349-4114 (TTY: 711),
Monday – Friday, 9 a.m. – 5:30 p.m., Eastern time

CenterWell Pharmacy™
800-379-0092 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
[CenterWellPharmacy.com](https://www.CenterWellPharmacy.com)

CenterWell Specialty Pharmacy™
800-486-2668 (TTY: 711),
Monday – Friday, 8 a.m. – 11 p.m., and
Saturday, 8 a.m. – 6:30 p.m., Eastern time
[CenterWellSpecialtyPharmacy.com](https://www.CenterWellSpecialtyPharmacy.com)

State health insurance program offices
800-633-4227 (TTY: 711), daily
www.cms.gov/apps/contacts/#

**You must be a Humana member to use these services.*

2027

Summary of Benefits

Humana Group Medicare Advantage PPO Plan
PPO 079/415

University of New Mexico

Humana[®]

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SB079415EN27

Our service area includes specific counties within the United States, Puerto Rico and all other major U.S. territories.



Let's talk about the **Humana Group Medicare Advantage PPO Plan.**

Find out more about the Humana Group Medicare Advantage PPO plan – including the services it covers – in this easy-to-use guide.

The benefit information provided is a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. For a complete list of services we cover, refer to the "Evidence of Coverage."

To be eligible

To join the Humana Group Medicare Advantage PPO plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Plan name:

Humana Group Medicare Advantage PPO plan

How to reach us:

Members should call toll-free
1-866-396-8810 for questions
(TTY/TDD: 711)

Call Monday – Friday, 8 a.m. – 9 p.m.,
Eastern time.

Or visit our website: **Humana.com**

Humana Group Medicare Advantage PPO plan has a network of doctors, hospitals, and other providers. For more information, please call Humana Group Medicare Customer Care.



A healthy partnership

Get more from this plan — with extra services and resources provided by Humana!



Monthly Premium, Deductible and Limits

PLAN COSTS

Monthly premium

You must keep paying your Medicare Part B premium.

For information concerning the actual premiums you will pay, please contact your employer/union group.

Medical deductible

This plan does not have a deductible.

Medical Maximum out-of-pocket responsibility

The most you pay for copays, coinsurance and other costs for medical services for the year.

In-Network Maximum Out-of-Pocket

\$2,500 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); Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine) and the Plan Premium do not apply to the in-network maximum out-of-pocket.

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.

Combined In and Out-of-Network Maximum Out-of-Pocket

\$2,500 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); Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine) and the Plan Premium do not apply to the combined maximum out-of-pocket.
Out-of-Network Exclusions: Part D Pharmacy; Fitness Program; Hearing Services (Routine); Meal Benefit; OTC Drugs and Supplies; Post-Discharge Personal Home Care; Post-Discharge Transportation Services; Uniform Flexibility Non-Emergency Medical Transportation; Uniform Flexibility Virtual Cardiac Recovery Program; Vision Services (Routine); Worldwide Coverage and the Plan Premium do not apply to the combined maximum out-of-pocket.

Your limit for services received from in-network providers will count toward this limit.

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.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUTE INPATIENT HOSPITAL CARE		
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.	\$100 copay per day for days 1-4	\$100 copay per day for days 1-4
OUTPATIENT HOSPITAL COVERAGE		
Diagnostic colonoscopy	\$50 copay	\$50 copay
Diagnostic mammography	\$0 copay	\$0 copay
Observation services	\$0 copay	\$0 copay
Surgery services	\$50 copay	\$50 copay
AMBULATORY SURGICAL CENTER		
Diagnostic colonoscopy	\$50 copay	\$50 copay
Surgery services	\$50 copay	\$50 copay
DOCTOR OFFICE VISITS		
Primary care provider (PCP)	\$10 copay	\$10 copay
Specialists	\$25 copay	\$25 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE CARE		
This plan covers all Medicare preventative services including: • Abdominal aortic aneurysm screening • Alcohol misuse screening & counseling • Annual wellness visit • Bone mass measurement • Breast cancer screening • Cardiovascular disease behavioral therapy • Cardiovascular disease screening • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes self-management training • Diabetes screening • Glaucoma screening • Hepatitis C screening • HIV screening • Kidney disease education services • Lung cancer screening • Medical nutrition therapy • Obesity screening and therapy • Physical exams (routine) • Prostate cancer screening exam • Smoking and tobacco use cessation • STI screening and counseling • "Welcome to Medicare" preventative visit	Covered at no cost	Covered at no cost
• Immunizations • Medicare diabetes prevention program (MDPP) Any additional preventative services approved by Medicare during the contract year will be covered.	Covered at no cost	Covered at no cost

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
EMERGENCY CARE		
Emergency room 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.	\$65 copay for Medicare-covered emergency room visit(s)	\$65 copay for Medicare-covered emergency room visit(s)
Urgently needed services • Primary care provider (PCP) • Specialist's office • Urgent care center Urgently needed services are care provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.	\$10 copay \$25 copay \$10 copay	\$10 copay \$25 copay \$10 copay
DIAGNOSTIC SERVICES, LABS AND IMAGING		
Advanced imaging services (MRI, MRA, PET and CT Scan) • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital	\$10 copay \$25 copay \$0 copay \$0 copay	\$10 copay \$25 copay \$0 copay \$0 copay
Diagnostic mammography • Primary care provider (PCP) • Specialist's office • Freestanding radiological facility • Outpatient Hospital	\$10 copay \$25 copay \$0 copay \$0 copay	\$10 copay \$25 copay \$0 copay \$0 copay
Diagnostic procedures and tests • Primary care provider (PCP) • Specialist's office • Urgent care center • Freestanding radiological facility • Outpatient Hospital	\$10 copay \$25 copay \$10 copay \$0 copay \$0 copay	\$10 copay \$25 copay \$10 copay \$0 copay \$0 copay
EKG screening • Primary care provider (PCP) • Specialist's office	\$0 copay \$0 copay	\$0 copay \$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Lab services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Urgent care center	\$0 copay	\$0 copay
• Freestanding laboratory	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Nuclear medicine services		
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Outpatient x-rays		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$25 copay	\$25 copay
• Urgent care center	\$10 copay	\$10 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
Radiation therapy		
• Specialist's office	\$25 copay	\$25 copay
• Freestanding radiological facility	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay



HEARING SERVICES

Medicare-covered hearing: diagnostic hearing and balance exams	\$25 copay	\$25 copay
Routine hearing	\$15 copay for routine hearing exams up to 1 per year. \$1,000 combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types) up to 2 every 3 years.	\$15 copay for routine hearing exams up to 1 per year. \$1,000 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.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
 DENTAL SERVICES		
Medicare-covered dental	\$25 copay	\$25 copay
 VISION SERVICES		
Medicare-covered vision services	\$25 copay	\$25 copay
Medicare-covered diabetic eye exam (1 per year)	\$0 copay	\$0 copay
Medicare-covered glaucoma screening (1 per year)	\$0 copay	\$0 copay
Medicare-covered eyewear (post-cataract)	\$25 copay	\$25 copay
Routine vision	\$10 copay for routine exam (includes refraction) up to 1 per year. \$150 combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses (lenses and frames), including lens options such as ultraviolet protection and scratch resistant coating, fitting for eyeglasses (lenses and frames).	\$10 copay for routine exam (includes refraction) up to 1 per year. \$150 combined maximum benefit coverage amount every 2 years for contact lenses, eyeglasses (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.
MENTAL HEALTH SERVICES		
Inpatient 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.	\$100 copay per day for days 1-4	\$100 copay per day for days 1-4
Partial Hospitalization	\$20 copay	\$20 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Intensive Outpatient Services	\$20 copay	\$20 copay
Outpatient group and individual therapy visits		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$20 copay	\$20 copay
• Urgent care	\$10 copay	\$10 copay
• Outpatient Hospital	\$20 copay	\$20 copay
SKILLED NURSING FACILITY (SNF)		
This plan covers up to 100 days in a SNF.	\$0 copay per day for days 1-100	\$0 copay per day for days 1-100
No 3-day hospital stay is required. Plan pays \$0 after 100 days.		
AMBULANCE		
Per date of service regardless of the number of trips. Limited to Medicare-covered transportation.	\$75 copay	\$75 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
TRANSPORTATION		
Uniformity Flexibility Non-Emergency Medical Transportation	\$0 copay for plan approved location up to unlimited one-way trip(s) per year by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip.	95% coinsurance for plan approved location by car, rideshare services, van, wheelchair access vehicle for members with a Chronic Kidney Disease (CKD), End Stage Renal Disease (ESRD), or Cancer Diagnosis. This benefit is not to exceed 50 miles per trip. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
MEDICARE PART B PRESCRIPTION DRUGS		
Chemotherapy drugs		
• Specialist's office	0% of the cost	0% of the cost
• Outpatient Hospital	0% of the cost	0% of the cost
Medicare Part B covered drugs		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
• Pharmacy	0% of the cost	0% of the cost
Medicare Part B insulin drugs		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient Hospital	\$0 copay	\$0 copay
• Pharmacy	0% of the cost	0% of the cost

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
ACUPUNCTURE SERVICES		
Medicare-covered acupuncture visit(s) for chronic low back pain	\$25 copay for acupuncture for chronic low back pain visits up to 20 combined in and out of network visit(s) per year.	\$25 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.
Routine acupuncture	\$15 copay for acupuncture visits up to 20 combined in and out of network visit(s) per year.	\$15 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.
ALLERGY		
Allergy shots & serum		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$25 copay	\$25 copay
CHIROPRACTIC SERVICES		
Medicare-covered chiropractic visit(s)	\$20 copay	\$20 copay
DIABETES SERVICES AND SUPPLIES		
Continuous glucose monitor (CGM)		
• Durable medical equipment provider	\$0 copay	\$0 copay
• Pharmacy	0% of the cost	0% of the cost
• Preferred Pharmacy	\$0 copay	Not Covered
Diabetes management training		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Diabetes monitoring supplies		
• Durable medical equipment provider	\$20 copay	\$20 copay
• Pharmacy	\$0 copay	\$0 copay
• Preferred diabetic supplier	\$0 copay	Not Covered
Diabetes screening		
• Primary care provider (PCP)	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
• Specialist's office	\$0 copay	\$0 copay
FOOT CARE (PODIATRY)		
Medicare-covered foot care	\$0 copay	\$0 copay
HOME HEALTH CARE		
	\$0 copay	\$0 copay
HOSPICE You must get care from a Medicare-certified hospice. You must consult with this plan before you select hospice.		
MEDICAL EQUIPMENT/SUPPLIES		
Durable medical equipment		
• Durable medical equipment provider	\$20 copay	\$20 copay
• Pharmacy	0% of the cost	0% of the cost
Medical supplies (includes but not limited to: catheters, IV set-up and supplies)		
• Medical supply provider	\$2 copay	\$2 copay
• Pharmacy	0% of the cost	0% of the cost
Prosthetics (artificial limbs or braces)		
• Prosthetics provider	\$20 copay	\$20 copay
OUTPATIENT SUBSTANCE ABUSE		
Outpatient group and individual substance abuse treatment visits		
• Primary care provider (PCP)	\$10 copay	\$10 copay
• Specialist's office	\$20 copay	\$20 copay
• Urgent care	\$10 copay	\$10 copay
• Outpatient hospital	\$20 copay	\$20 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
OVER-THE-COUNTER ITEMS		
	\$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.	95% coinsurance for select over-the-counter health and wellness products. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
REHABILITATION SERVICES		
Audiology Therapy		
• Specialist's office	\$25 copay	\$25 copay
• Comprehensive outpatient rehab facility	\$25 copay	\$25 copay
• Outpatient hospital	\$20 copay	\$20 copay
Cardiac rehabilitation		
• Specialist's office	\$25 copay	\$25 copay
• Outpatient hospital	\$0 copay	\$0 copay
Occupational therapy		
• Specialist's office	\$25 copay	\$25 copay
• Comprehensive outpatient rehab facility	\$25 copay	\$25 copay
• Outpatient hospital	\$20 copay	\$20 copay
Physical therapy		
• Specialist's office	\$25 copay	\$25 copay
• Comprehensive outpatient rehab facility	\$25 copay	\$25 copay
• Outpatient hospital	\$20 copay	\$20 copay
Pulmonary rehabilitation		
• Specialist's office	\$20 copay	\$20 copay
• Comprehensive outpatient rehab facility	\$20 copay	\$20 copay
• Outpatient hospital	\$0 copay	\$0 copay

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Covered Medical Benefits

	IN-NETWORK	OUT-OF-NETWORK
Speech therapy		
• Specialist's office	\$25 copay	\$25 copay
• Comprehensive outpatient rehab facility	\$25 copay	\$25 copay
• Outpatient hospital	\$20 copay	\$20 copay
RENAL DIALYSIS		
Renal dialysis services		
• Dialysis center	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
Kidney disease education services		
• Primary care provider (PCP)	\$0 copay	\$0 copay
• Specialist's office	\$0 copay	\$0 copay
• Outpatient hospital	\$0 copay	\$0 copay
HUMANA IN-NETWORK TELEHEALTH VENDORS, i.e. MDLive (in addition to Original Medicare)		
Primary care provider (PCP)	\$0 copay	Not Covered
Specialist	\$25 copay	Not Covered
Urgent care services	\$0 copay	Not Covered
Substance abuse or behavioral health services	\$0 copay	Not Covered

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Additional 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.	\$0 copay	95% coinsurance for out-of-network fitness centers. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
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.	\$0 copay	Not Applicable

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
POST-DISCHARGE SERVICES		
- Assistance from a qualified aid to help perform activities of daily living within the home. Minimum of 4 hours per day, up to a maximum of 8 hours. Types of assistance include bathing, dressing, toileting, walking, eating and preparing meals. 2 meals per day for 14 days, up to 28 meals delivered to your door. - Transportation up to 12 one-way trips to plan approved locations by rideshare services, car, van or wheelchair accessible vehicle. - In-network services must be scheduled by approved vendors, scheduled within 30 days of discharge event and utilized within 60 days of discharge.	\$0 copay per discharge event following each inpatient or skilled nursing facility stay.	95% coinsurance for out-of-network post-discharge services. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.
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.	\$0 copay	Not Applicable

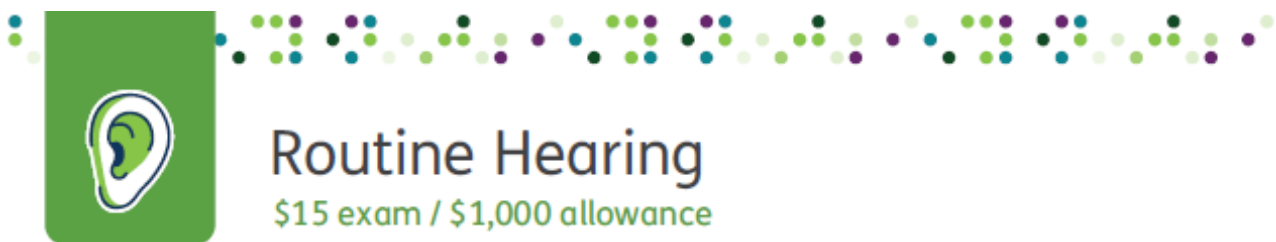
Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Additional Benefits

	IN-NETWORK	OUT-OF-NETWORK
UNIFORMITY FLEXIBILITY VIRTUAL CARDIAC RECOVERY		
Delivered via telehealth, virtual cardiac recovery program provides up to 36 covered sessions to support recovery and reduce the risk of hospital readmission.	\$0 copay	95% coinsurance for cardiac recovery services provided via telehealth under virtual supervision by a physician or qualified practitioner. Member is required to pay the full cost at the time of service when utilizing an out-of-network provider. To receive reimbursement from Humana for eligible items/services, the member must submit required documentation. Reimbursement will be limited to up to 5% of the allowed amount on eligible items/services. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.

Note: This plan requires prior authorization for certain items and services. The following link will take you to a list of items and services that may be subject to prior authorization: [Humana.com/PAL](https://www.humana.com/PAL).



Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
Routine hearing exam • 1 exam every calendar year	\$15 copayment	\$15 copayment
Fitting/evaluation • Up to 1 per year	Included with exam	Included with exam
Hearing aids • Combined in and out of network maximum benefit coverage amount for both hearing aid(s) (all types), up to 2 every 3 years • (\$1,000 total combined in and out of network maximum annual benefit)	\$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.



Routine Vision

\$10 exam / \$150 allowance

Routine Vision Benefit Summary

Vision services	In-network	Out-of-network
Routine eye exam (includes refraction)	• \$10 copayment; up to 1 per year	• \$10 copayment; up to 1 per year
Frame, lenses or contact lens options	• \$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 • Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions

Humana.

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

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2027

Summary of Benefits

Humana Group Medicare Advantage Plan
Rx 286

University of New Mexico

Humana[®]



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 **\$2,400**. Once you reach this amount, you will enter the Catastrophic Stage.

Tier	Standard Retail Pharmacy	Standard Mail Order
30-day supply		
1 (Generic or Preferred Generic)	\$3 copay	\$3 copay
2 (Preferred Brand)	\$39 copay	\$39 copay
3 (Non-Preferred Drug)	\$85 copay	\$85 copay
4 (Specialty Tier)	33% of the cost	33% of the cost
100-day supply		
1 (Generic or Preferred Generic)	\$9 copay	\$9 copay
2 (Preferred Brand)	\$117 copay	\$117 copay
3 (Non-Preferred Drug)	\$255 copay	\$255 copay
4 (Specialty Tier)	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, locate Prescription Drug section, select 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. Note: Not all tiers may include insulin. Please refer to your Prescription Drug Guide to confirm insulin coverage.

Catastrophic Coverage

After your total out-of-pocket costs reach **\$2,400**, you pay **\$0** for plan-covered Part D and plan-covered excluded 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 by your plan.



Created and regularly updated by doctors and pharmacists.



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



Available in multiple languages.

View your plan's Prescription Drug Guide

Visit [Humana.com/pharmacy/medicare-drug-list](https://www.humana.com/pharmacy/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.

*Standard data rates may apply.

Humana®

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PDGFLY27



Scan this QR code

Scan this QR code with your mobile device to view your plan's prescription drug guide.

Have questions?

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.

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **877-320-1235 (TTY: 711)**.

አማርኛ [Amharic]: ነፃ ቋንቋ፣ ኢንሹር ማዳረጃ፣ እና አማራጭ ቅርፅ ያላቸው አገልግሎቶችም ይገኛሉ። በ **877-320-1235 (TTY: 711)** ላይ ይደውሉ።

العربية [Arabic]: تتوفر خدمات اللغة والمساعدة الإضافية والتنسيق البديل مجاناً. اتصل على الرقم **877-320-1235 (الهاتف النصي: 711)**.

Հայերեն [Armenian]: Հասանելի են անվճար լեզվական, աջակցման և այլընտրանքային ձևաչափի ծառայություններ: Զանգահարե՛ք **877-320-1235 (TTY՝ 711)** հեռախոսահամարով:

Bàsà [Bassa]: Wuḍu-xwiniin-mú-zà-zà kùà, hwòdò-fónó-nyò,, kè nyo-bò-po-kà bě bē wa nyuesé wíḍí pée-péédò kò. Ðá **877-320-1235 (TTY: 711)**.

বাংলা [Bengali]: বিনামূল্যে ভাষা, আনুষঙ্গিক সহায়তা, এবং বিকল্প বিন্যাসে পরিষেবা উপলব্ধ। ফোন করুন **877-320-1235 (TTY: 711)** নম্বরে।

简体中文 [Simplified Chinese]: 我们可提供免费的语言、辅助设备以及其他格式版本服务。请致电 **877-320-1235 (听障专线: 711)**。

繁體中文 [Traditional Chinese]: 我們可提供免費的語言、輔助設備以及其他格式版本服務。請致電 **877-320-1235 (聽障專線: 711)**。

Kreyòl Ayisyen [Haitian Creole]: Gen sèvis lengwistik gratis, èd oksilyè, ak lòt fòma sèvis ki disponib. Rele **877-320-1235 (TTY: 711)**.

Hrvatski [Croatian]: Dostupne su besplatne jezične usluge, usluge dodatne pomoći i alternativnog formata. Nazovite **877-320-1235 (TTY: 711)**.

فارسی [Farsi]: خدمات زبان رایگان، کمک های اضافی و فرمت های جایگزین در دسترس است. یا **877-320-1235 (TTY: 711)** تماس بگیرید.

Français [French]: Des services gratuits d'assistance linguistique, d'aide auxiliaire et de format alternatif sont disponibles. Appelez le **877-320-1235 (ATS : 711)**.

Deutsch [German]: Es stehen kostenlose unterstützende Hilfs- und Sprachdienste sowie alternative Dokumentformate zur Verfügung. Telefon: **877-320-1235 (TTY: 711)**.

Ελληνικά [Greek]: Διατίθενται δωρεάν γλωσσικές υπηρεσίες, βοηθήματα και υπηρεσίες σε εναλλακτικές προσβάσιμες μορφές. Καλέστε στο **877-320-1235 (TTY: 711)**.

ગુજરાતી [Gujarati]: મફત ભાષા, સહાયક સહાય અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે. **877-320-1235 (TTY: 711)** પર કોલ કરો.

עברית [Hebrew]: שירותים אלה זמינים בחינם: שירותי תרגום, אביזרי עזר וטקסטים בפורמטים חלופיים. נא התקשר למוספר **877-320-1235 (TTY: 711)**

हिंदी [Hindi]: निःशुल्क भाषा, सहायक मदद और वैकल्पिक प्रारूप सेवाएं उपलब्ध हैं। **877-320-1235 (TTY:711)** पर कॉल करें।

Hmoob [Hmong]: Muaj kev pab txhais lus, pab kom hnov suab, thiab lwm tus qauv pab cuam. Hu **877-320-1235 (TTY: 711)**.

Bekee [Igbo]: Asụsụ n'efu, enyemaka nkwarụ, na ọrụ usoro ndị ọzọ dị. Kpọọ **877-320-1235 (TTY: 711)**.

GHHNOA2026HUM_0526

Italiano [Italian]: Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Chiamare il numero **877-320-1235 (TTY: 711)**.

日本語 [Japanese]: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。 **877-320-1235 (TTY: 711)** までお電話ください。

ភាសាខ្មែរ [Khmer]: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយផ្សេងៗដល់អ្នកមានការពិការភាព។ ទូរសព្ទទៅលេខ **877-320-1235 (TTY: 711)** ។

한국어 [Korean]: 무료 언어, 보조 지원 및 대체 형식 서비스를 이용하실 수 있습니다. **877-320-1235 (TTY: 711)** 번으로 문의하십시오.

ພາສາລາວ [Lao]: ມີບໍລິການພາສາ, ອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ຮູບແບບທາງເລືອກອື່ນໆສ່ວຍຄົນທີ່. ໂທ **877-320-1235 (TTY: 711)**.

Diné [Navajo]: Saad bee áná'álwo', bee haz'áanii, dóó naaltsoos t'áá ajilí'ígíí bee ak'e'elyaaígíí t'áá jik'eh hólǫ́. **877-320-1235 (TTY: 711)** bich'í' hódíilnih.

नेपाली [Nepali]: निःशुल्क भाषा सेवा, सहायक सामग्री र वैकल्पिक ढाँचाका सेवाहरू उपलब्ध छन् । **877-320-1235 (TTY: 711)** मा कल गर्नुहोस् ।

Polski [Polish]: Dostępne są bezpłatne usługi językowe, pomocnicze i alternatywne formaty. Zadzwoń pod numer **877-320-1235 (TTY: 711)**.

Português [Brazilian Portuguese]: Estão disponíveis serviços gratuitos de ajuda linguística auxiliar e outros formatos alternativos. Ligue **877-320-1235 (TTY: 711)**.

ਪੰਜਾਬੀ [Punjabi]: ਮੁਫਤ ਭਾਸ਼ਾ, ਸਹਾਇਕ ਸਾਮਗਰੀ, ਅਤੇ ਵਿਕਲਪਿਕ ਢਾਂਚਾਕਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। **877-320-1235 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Русский [Russian]: Предоставляются бесплатные услуги языковой поддержки, вспомогательные средства и материалы в альтернативных форматах. Звоните по номеру **877-320-1235 (TTY: 711)**.

Español [Spanish]: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al **877-320-1235 (TTY: 711)**.

Tagalog [Tagalog]: Magagamit ang mga libreng serbisyon pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa **877-320-1235 (TTY: 711)**.

தமிழ் [Tamil]: மொழி,, உதவிப் பொருட்கள் மற்றும் மாற்று வடிவமைப்புச் சேவைகள் இலவசமாகக் கிடைக்கின்றன. **877-320-1235 (TTY: 711)** எண்ணை அழைக்கவும்.

తెలుగు [Telugu]: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. **877-320-1235 (TTY: 711)** కి కాల్ చేయండి.

[Urdu]: اردو مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ **877-320-1235 (TTY: 711)** کال

Tiếng Việt [Vietnamese]: Có sẵn miễn phí các dịch vụ ngôn ngữ, hỗ trợ phụ trợ và định dạng thay thế. Hãy gọi **877-320-1235 (TTY: 711)**.

Òyínbó [Yoruba]: Àwọn isẹ̀ àtìlẹ́hìn irànlọ́wọ̀ èdè, àtì ọ̀nà kíkà míràn wà lárọ̀wọ̀tó lófèfẹ̀. **Pe 877-320-1235 (TTY: 711)**.

This notice is available at <https://www.humana.com/legal/multi-language-support>.



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

Summary of Benefits 2027

THE UNIVERSITY OF NEW MEXICO

Sponsored by Aetna Medicare Plan (PPO)

Medicare (P02) ESA PPO Plan, Rx \$4/\$10/\$45/\$95/24%

Important Information

This is a summary of the services we cover from January 1, 2027 through December 31, 2027. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage (EOC)*. To request a copy, contact:

Member Services

[1-888-267-2637](tel:1-888-267-2637) (TTY: [711](tel:711)) Hours are 8 AM to 9 PM ET, Monday through Friday.

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



What You Should Know

Primary Care Provider (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 provider in order to see you.

Prior Authorizations: Your provider 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 most you'll pay for the medical services we cover each year. It's in place to protect you. 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.

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hospital Care*	
Inpatient Hospital Care	\$100 per day, days 1-5; \$0 unlimited additional days The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
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
Primary Care Provider and Specialist Services	
Primary Care Provider Visits	\$10 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.
Specialist Visits	\$30
Preventive Services	
Medicare-covered Preventive Services • Abdominal aortic aneurysm screenings • Alcohol misuse screenings and counseling • Annual Wellness visit • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular behavioral 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	\$0

This continues on the next page

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued)	
• Medical nutrition therapy • Obesity therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings and counseling • Tobacco use cessation counseling • Welcome to Medicare preventive visit	
Immunizations	\$0
• Flu/Influenza • Hepatitis B • Pneumonia	
Additional Medicare Preventive Services	\$0
• Diabetes self-management training • Digital rectal exam • EKG following welcome exam • Glaucoma screening	
Emergency and Urgent Medical Care	
Emergency Care	\$65 (waived if admitted immediately)
Emergency Care Worldwide	\$65 (waived if admitted)
Urgent Care	\$10
Urgent Care Worldwide	\$10
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	\$0
Diagnostic Radiology (other than CT scans)	\$0
Diagnostic Testing and Procedures	\$0
Lab Services	\$0
Outpatient X-rays	\$0
Hearing Services	
Hearing Exam (routine)	\$0
Coverage: 1 exam every 12 months	
Hearing Exam (Medicare-covered)	\$30

PRIMARY BENEFITS	Your costs for in and out-of-network care
Hearing Aid Reimbursement	\$300 once every 12 months
Dental Services*	
Dental Services	\$30
	Medicare-covered benefits only
Vision Services	
Eye Exam (routine)	\$0
	Coverage: one exam every year
Diabetic Eye Exam	\$0
Eye Exam (Medicare-covered)	\$30
Eyewear Reimbursement	\$150 once every 12 months
Mental Health Services*	
Inpatient Mental Health Care	\$100 per day, days 1-5; \$0 unlimited additional days
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care	\$20 (individual sessions)
	\$20 (group sessions)
Partial Hospitalization Services	\$20
Intensive Outpatient Service	\$20
Inpatient Substance Use Disorder	\$100 per day, days 1-5; \$0 unlimited additional days
	The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder	\$20 (individual sessions)
	\$20 (group sessions)
Skilled Nursing Services*	
Skilled Nursing Facility (SNF) Care	\$0 per day, days 1-100
	Limited to 100 days per Medicare benefit period. See the <i>Schedule of Cost Sharing</i> for details on the benefit periods.
Outpatient Rehabilitation Services	
Occupational Therapy Rehabilitation Services	\$20

PRIMARY BENEFITS	Your costs for in and out-of-network care
Physical and Speech Therapy Rehabilitation Services	\$20
Ambulance* and Transportation Services	
Ambulance Services	\$75
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Covered
	Coverage: up to 24 one-way trips per year with 60 miles allowed per trip. Services should be scheduled through our authorized vendor, MTM Health.
Worldwide Emergency Transportation (non-Medicare covered)	\$75
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	\$0
Medicare Part B Prescription Drugs - Insulin	\$0

*These benefits may require prior authorization.

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
Acupuncture Services	\$15
	Medicare-covered benefits only
Allergy Shots	\$0
Allergy Testing	\$30
Blood	\$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$0
Chiropractic Services*	\$20
	Medicare-covered benefits only
Continuous Glucose Monitor	\$0
Continuous Glucose Supplies	\$0
Diabetic Supplies*	\$0
	Includes supplies to monitor your blood glucose from Accu-Chek/Roche and TRUE/Trividia, 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.	

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
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.
Basic SilverSneakers® Program	You are covered for a basic membership to any SilverSneakers® authorized participating fitness facility. Additionally, online classes and at-home fitness kits are available. You may order one fitness kit per year through SilverSneakers.
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	\$0 A routine physical exam is offered once per calendar year.
Smoking and Tobacco Use Cessation Supplies	\$0
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 ST 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 Outpatient Substance Use Disorder*	\$20
Telehealth Group Outpatient Substance Use Disorder*	\$20
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$20
Telehealth Urgent Care	\$10
Wigs	\$0

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
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](https://www.aetna.com/retireeplans)).

Formulary (Drug List) Classic

INITIAL COVERAGE PHASE

This is your cost sharing until covered Medicare prescription drug expenses reach the \$2,400 annual out-of-pocket limit:

	30-day Supply through Network Retail	90-day Supply through Network Retail or Mail	
5 Tier plan	Standard	Preferred Mail	Standard Retail or Mail
Tier 1 Preferred Generic drugs - Includes low-cost generic drugs	You pay \$4	You pay \$12	You pay \$12
Tier 2 Generic drugs - Includes generic drugs	You pay \$10	You pay \$30	You pay \$30
Tier 3 Preferred Brand drugs - Includes preferred brand drugs and some high-cost generic drugs	You pay \$45	You pay \$135	You pay \$135
Tier 4 Non-Preferred drugs - Includes non-preferred brand drugs and some higher-cost generic drugs	You pay \$95	You pay \$285	You pay \$285
Tier 5 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 \$35 for a one-month supply or \$105 for up to a 90-day supply of each covered insulin product regardless of the cost-sharing tier.

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

CATASTROPHIC COVERAGE PHASE

Catastrophic Coverage benefits start once the annual out-of-pocket threshold of \$2,400 for covered Part D prescription drugs is reached. Once you are in the Catastrophic Coverage Phase, you will stay in this payment phase until the end of the calendar year.

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

REQUIREMENTS

Precertification	Applies
Step Therapy	Does Not Apply

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](tel: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](tel: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.

Members who get "extra help" don't need to fill prescriptions at preferred network pharmacies to get Low Income Subsidy (LIS) copays.

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](tel:1-866-241-0357) (TTY users should call [711](tel: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.

Out-of-network/non-contracted providers are under no obligation to treat plan 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.

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

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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**), 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 2027 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) 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**.

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

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

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AARP Medicare Supplement Insurance Plans and AARP MedicareRx Plans

Insured by United Healthcare(UHC)

Nationwide coverage

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

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/UHC Plans are accepted by any provider who accepts Medicare.

Retirees and dependents who change their primary state of residence must re-enroll in the AARP MedicareRx 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/UHC's 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.**

IMPORTANT: AARP/UHC's 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/UHC's Medicare Supplement Plan F, G, and N *and* AARP MedicareRx Preferred and Saver PDPs

******DO NOT ENROLL** USING THE STEPS BELOW – THEY ARE FOR YOUR CONVENIENCE TO OBTAIN **APPROXIMATE** PREMIUM PRICING ONLY – YOU MUST USE THE UNM AARP/UNITED HEALTHCARE(UHC) ENROLLMENT INSTRUCTIONS (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
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 2027 (2026 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 12 - 15). 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 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).

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. 2027 rates available online on October 15, 2026.
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.

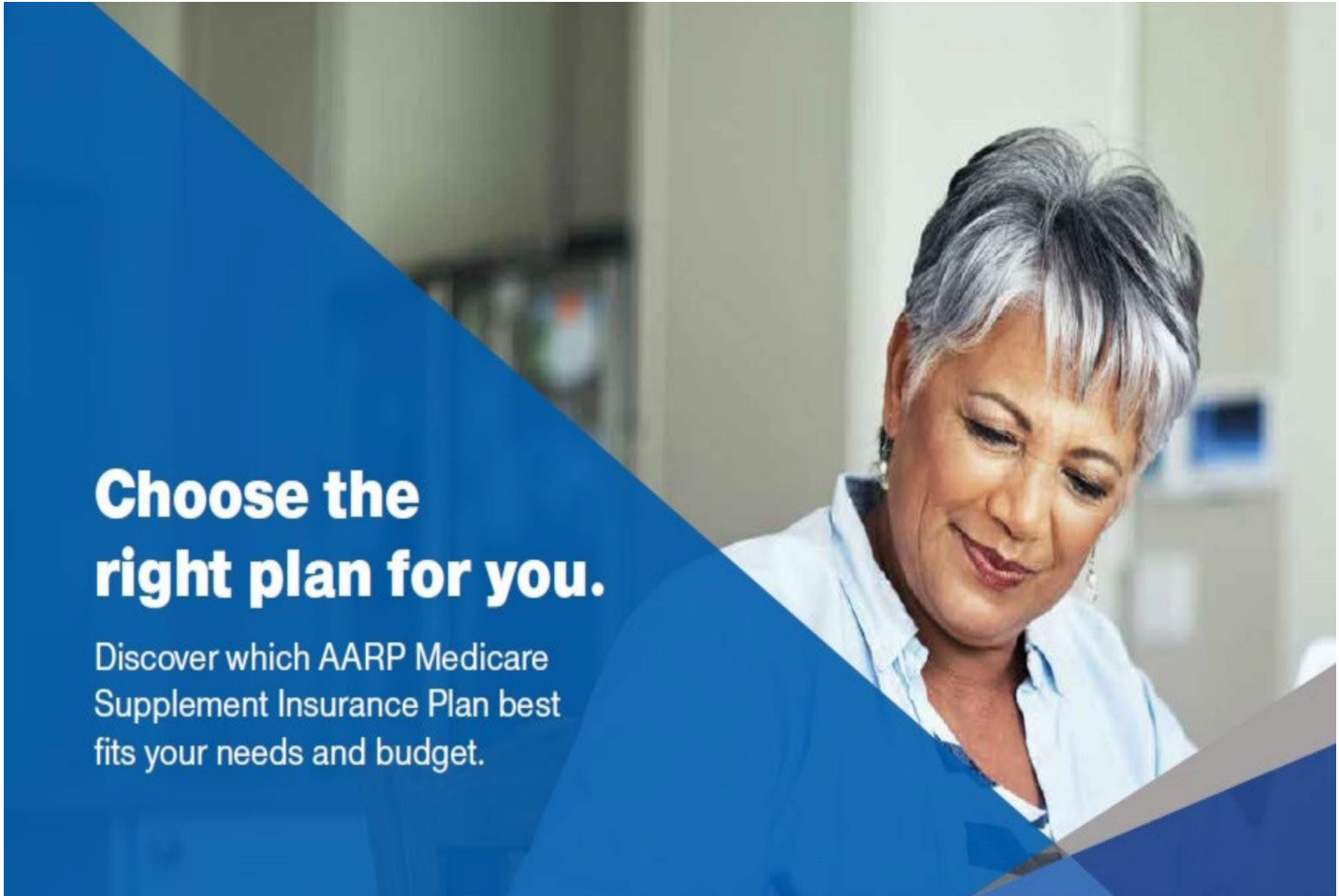
Questions? Call AARP/UnitedHealthcare at 1-866-425-6523 TTY711 (specify that you are a University of New Mexico retiree), email Benefits & Employee Wellness at hrbenefits@unm.edu, or call your designated [Benefits Representative](#) (see page 5).

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 2027 Benefit Summaries for Medicare Supplement Plans F, G, N were not available from UnitedHealthcare, pages 89-96 reflect 2026 detail. See page 86 of this guide for Online Instructions to obtain pricing for your zip code or to view plan benefit summaries

Pages 97-102 reflect the 2027 MedicareRx Preferred and Saver information available for from UnitedHealthcare.

A woman with short grey hair is looking down at a document. The image is partially covered by a blue diagonal overlay on the left side.

Choose the right plan for you.

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



AARP/UHC's Plans G, N, and F: Side-by-Side Benefit and Member Cost Comparison (pages 89 -96)

Subject to Change – At time of publication, 2027
Benefit Summaries for Plans
F, G, N were not available from UnitedHealthcare.
*Information is shown for 2026 and
by 87131 zip code*

< Back to Plan List

Plans for 87131 Bernalillo County

Email

Print

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

Add your information to get a personal rate quote. Premiums shown below are lowest available.

+ Add your information

	Comprehensive benefits plan Plan G	Copay plan Plan N	Most comprehensive benefits plan Plan F
	Monthly Premium Starting at: \$147.76¹ + Add your information to update the estimated monthly premium. Apply	Monthly Premium Starting at: \$123.99¹ + Add your information to update the estimated monthly premium. Apply	Monthly Premium Starting at: \$177.63¹ + Add your information to update the estimated monthly premium. Apply Plan F is only available to those first eligible for Medicare before 2020.
Doctor visits	\$0	Up to \$20 copay	\$0
Inpatient hospital care (Days 1-90 per benefit period) View Plan Details for beyond 90 days	\$0	\$0	\$0
Out-of-pocket maximum This is the amount of money you pay for covered services per calendar year.	\$283	Varies	\$0
Insurer	UnitedHealthcare Insurance Company (UnitedHealthcare)	UnitedHealthcare Insurance Company (UnitedHealthcare)	UnitedHealthcare Insurance Company (UnitedHealthcare)

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G Monthly Premium Starting at: \$147.76¹ Apply (UnitedHealthcare)	Plan N Monthly Premium Starting at: \$123.99¹ Apply (UnitedHealthcare)	Plan F Monthly Premium Starting at: \$177.63¹ Apply (UnitedHealthcare)

Basic costs

	You pay	You pay	You pay
Monthly premium starting at	\$147.76 ¹	\$123.99 ¹	\$177.63 ¹
Part A Inpatient hospital deductible	\$0	\$0	\$0
Annual Part B deductible	\$283	\$283	\$0
Out-of-pocket maximum This is the amount of money you pay for covered services per calendar year.	\$283	Varies ⁴	\$0
Part B excess charges If you have Original Medicare, and the amount a doctor or other health care provider is legally permitted to charge is higher than the Medicare-approved amount, the difference is called the excess charge.	✓ Covered	✗ Not covered	✓ Covered

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G Monthly Premium Starting at: \$147.76¹ Apply	Plan N Monthly Premium Starting at: \$123.99¹ Apply	Plan F Monthly Premium Starting at: \$177.63¹ Apply

Doctor visits

	You pay	You pay	You pay
Primary care visits	\$0	Up to \$20 copay	\$0
Specialist visits	\$0	Up to \$20 copay	\$0
Referral to specialist required?	No	No	No
See any doctor who accepts Medicare patients?	Yes	Yes	Yes
Preventive services	\$0 for Medicare covered services	\$0 for Medicare covered services	\$0 for Medicare covered services

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G Monthly Premium Starting at: \$147.76¹ Apply for Medicare covered services	Plan N Monthly Premium Starting at: \$123.99¹ Apply for Medicare covered services	Plan F Monthly Premium Starting at: \$177.63¹ Apply for Medicare covered services

Urgent/Emergency care

	You pay	You pay	You pay
Urgent care	\$0	\$0	\$0
Emergency care	\$0	Up to \$50 copay	\$0
Ground ambulance services	\$0	\$0	\$0
Air ambulance services	\$0	\$0	\$0
Foreign travel emergency	20% after \$250 annual deductible with a \$50,000 lifetime maximum	20% after \$250 annual deductible with a \$50,000 lifetime maximum	20% after \$250 annual deductible with a \$50,000 lifetime maximum

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G	Plan N	Plan F
	Monthly Premium Starting at: \$147.76¹ Apply	Monthly Premium Starting at: \$123.99¹ Apply	Monthly Premium Starting at: \$177.63¹ Apply

Hospitalization & Skilled nursing facility care

	You pay	You pay	You pay
Inpatient hospital care ⁷	\$0 for days 1-60 \$0 for days 61-90 \$0 while using 60 lifetime reserve days for days 91 and later \$0 for an additional 365 days, after lifetime reserve days are used ⁸ All costs beyond the additional 365 days	\$0 for days 1-60 \$0 for days 61-90 \$0 while using 60 lifetime reserve days for days 91 and later \$0 for an additional 365 days, after lifetime reserve days are used ⁸ All costs beyond the additional 365 days	\$0 for days 1-60 \$0 for days 61-90 \$0 while using 60 lifetime reserve days for days 91 and later \$0 for an additional 365 days, after lifetime reserve days are used ⁸ All costs beyond the additional 365 days
Skilled nursing facility ⁷	\$0 for days 1-100 All costs for days 101 and later	\$0 for days 1-100 All costs for days 101 and later	\$0 for days 1-100 All costs for days 101 and later

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences

Showing 8 of 8 Plans

Plan G	Plan N	Plan F
Monthly Premium Starting at: \$147.76 ¹	Monthly Premium Starting at: \$123.99 ¹	Monthly Premium Starting at: \$177.63 ¹
Apply	Apply	Apply

Outpatient care

	You pay	You pay	You pay
Ambulatory surgical center	\$0	\$0	\$0
Outpatient hospital services	\$0	\$0	\$0
Mental health - outpatient	\$0	\$0	\$0

Lab/X-ray services & Equipment

	You pay	You pay	You pay
Lab services ⁹	\$0	\$0	\$0
Diagnostic radiology services (such as MRIs/CT scans, etc.)	\$0	\$0	\$0
Outpatient X-rays	\$0	\$0	\$0
Durable medical equipment	\$0	\$0	\$0

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G	Plan N	Plan F
	Monthly Premium Starting at: \$147.76¹ Apply	Monthly Premium Starting at: \$123.99¹ Apply	Monthly Premium Starting at: \$177.63¹ Apply

Wellness extras¹⁰

[Learn more >](#)

	Your discount	Your discount	Your discount
Gym membership	\$0 Gym membership at no additional cost to you. Access to a large network of national gyms and fitness locations with a wide variety of fitness classes. Access to thousands of on-demand workout videos and live streaming fitness classes. Renew Active® is a fitness program for body and mind and is focused on helping the Medicare population maintain functional mobility and cognitive health.	\$0 Gym membership at no additional cost to you. Access to a large network of national gyms and fitness locations with a wide variety of fitness classes. Access to thousands of on-demand workout videos and live streaming fitness classes. Renew Active® is a fitness program for body and mind and is focused on helping the Medicare population maintain functional mobility and cognitive health.	\$0 Gym membership at no additional cost to you. Access to a large network of national gyms and fitness locations with a wide variety of fitness classes. Access to thousands of on-demand workout videos and live streaming fitness classes. Renew Active® is a fitness program for body and mind and is focused on helping the Medicare population maintain functional mobility and cognitive health.
Dental discount	UHC Dental provides access to over 50,000+ in-Network providers. Discounts available on a range of dental services including: cleanings, exams, fillings, crowns, veneers, implants and teeth whitening.	UHC Dental provides access to over 50,000+ in-Network providers. Discounts available on a range of dental services including: cleanings, exams, fillings, crowns, veneers, implants and teeth whitening.	UHC Dental provides access to over 50,000+ in-Network providers. Discounts available on a range of dental services including: cleanings, exams, fillings, crowns, veneers, implants and teeth whitening.
Vision discount	Exclusive discounts on vision services, including exams, contact lenses, and eyewear, from various providers.	Exclusive discounts on vision services, including exams, contact lenses, and eyewear, from various providers.	Exclusive discounts on vision services, including exams, contact lenses, and eyewear, from various providers.

Comparing AARP® Medicare Supplement Insurance Plans insured by UnitedHealthcare just got a little easier.

☒ Highlight Differences Showing 8 of 8 Plans	Plan G	Plan N	Plan F
	Monthly Premium Starting at: \$147.76¹ Apply	Monthly Premium Starting at: \$123.99¹ Apply	Monthly Premium Starting at: \$177.63¹ Apply
Hearing discount	\$100 off per brand-name prescription hearing aid \$200 off per pair Additional \$100 off per brand-name prescription hearing aid on top of the already discounted AARP member rate — meaning \$200 off per pair. No-cost hearing exam, consultation, and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you. Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of technology options and helpful features.	\$100 off per brand-name prescription hearing aid \$200 off per pair Additional \$100 off per brand-name prescription hearing aid on top of the already discounted AARP member rate — meaning \$200 off per pair. No-cost hearing exam, consultation, and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you. Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of technology options and helpful features.	\$100 off per brand-name prescription hearing aid \$200 off per pair Additional \$100 off per brand-name prescription hearing aid on top of the already discounted AARP member rate — meaning \$200 off per pair. No-cost hearing exam, consultation, and expert support from UnitedHealthcare Hearing's nationwide network of experienced hearing providers near you. Access to Relate® prescription hearing aids, UnitedHealthcare Hearing's private-label brand, for an affordable, high-quality option with a variety of technology options and helpful features.

2027 AARP Medicare Prescription Drug Plans

- **AARP® Medicare Rx Preferred from UHC (PDP)-Pages 97-99**
- **AARP® Medicare Rx Saver from UHC (PDP)-Pages 100-102**

Summary of Benefits

January 1, 2027 - December 31, 2027

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 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	\$151.10
Annual Prescription Drug Deductible	\$0 per year for Tier 1 and Tier 2; \$300 for Tier 3, Tier 4 and Tier 5 Part D prescription drugs.

What is coinsurance?

Coinsurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages						
Deductible	There is no deductible for drugs in Tier 1 and 2. Your coverage for these drugs starts in the Initial Coverage stage. There is a \$300 deductible for drugs in Tier 3, 4 and 5. You pay the full cost for your drugs in these tiers 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 \$2,400, 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^	100-day supply	30-day supply^	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0	\$0	\$5	\$15	\$0	\$15
Tier 2: Generic ³	\$5	\$15	\$10	\$30	\$0	\$30
Tier 3:	21%	21%	21%	21%	21%	21%

Prescription drug payment stages						
Preferred Brand						
Covered Insulin Drugs ⁴	21%, up to \$35	21%, up to \$105	21%, up to \$35	21%, up to \$105	21%, up to \$105	21%, up to \$105
Tier 4: Non-Preferred Drug ⁵	30%	N/A	30%	N/A	N/A	N/A
Tier 5: Specialty Tier ⁵	30%	N/A	30%	N/A	N/A	N/A
Costs shown as copay (\$) or coinsurance (% of the cost)						
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 These drugs are not covered by Medicare Part D and not on the plan's Drug List.	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)					

[^]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.

³Tier includes enhanced drug coverage.

⁴You pay no more than 21% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

⁵Limited 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 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 [medicare.gov](https://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 7 a.m.-10 p.m. CT, 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 7 a.m. a 10 p.m. hora del centro, 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 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. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

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

Summary of Benefits

January 1, 2027 - December 31, 2027

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 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	
Monthly plan premium	\$10.30
Annual Prescription Drug Deductible	\$700 per year for Part D prescription drugs.

What is coinsurance?

Coinurance is a portion or part of the total cost, typically as a percentage. With this plan, you pay part of the cost of Tier 3, Tier 4 and Tier 5 drugs. For example, if your coinsurance is 25% and the total cost of your prescription is \$100, you would pay \$25. The plan pays the rest. You pay the full cost of your drugs until you meet the deductible, then you'll start paying the coinsurance amount.

Prescription drug payment stages						
Deductible	Your plan has a \$700 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 \$2,400, 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^	100-day supply	30-day supply^	100-day supply	100-day supply	100-day supply
Tier 1: Preferred Generic	\$0	\$0	\$5	\$15	\$0	\$15
Tier 2: Generic	\$5	\$15	\$10	\$30	\$15	\$30
Tier 3: Preferred Brand	20%	20%	20%	20%	20%	20%

Prescription drug payment stages						
Covered Insulin Drugs ⁴	20%, up to \$35	20%, up to \$105	20%, up to \$35	20%, up to \$105	20%, up to \$105	20%, up to \$105
Tier 4: Non-Preferred Drug ⁵	31%	N/A	31%	N/A	N/A	N/A
Tier 5: Specialty Tier ⁵	25%	N/A	25%	N/A	N/A	N/A
Costs shown as copay (\$) or coinsurance (% of the cost)						
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.					

⁴Members living in long-term care facilities pay the same for a 31-day supply as a 30-day supply at a Standard retail pharmacy.

⁴You pay no more than 20% of the total drug cost or a \$35 copay, whichever is lower, for each 1-month supply of Part D covered insulin drugs, even if you haven't paid your deductible, until you reach the Catastrophic Coverage stage where you pay \$0.

⁵Limited 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 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

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If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at [medicare.gov](https://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.

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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 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. There may be other pharmacies in our network. Optum Home Delivery Pharmacy and Optum Rx affiliates may not be available in Arkansas.

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.

AARP/United Healthcare Enrollment Instructions

PLEASE READ BEFORE YOU ENROLL

ELIGIBILITY TO ENROLL: You must be currently enrolled in both **Part A & B** of original Medicare, or in the process of enrolling, before you can apply. Failure to complete enrollment in Part A & B or in the medical Supplement and PDP plans can result in a lapse in coverage, termination of coverage, or **double** premiums. You will be responsible for full payment of double premiums. As part of your enrollment, our team will need a copy of your card or your Medicare award letter.

ELIGIBLE PLANS: UNM will contribute toward the premiums for eligible retirees and dependents for **AARP/UHC Medicare Supplement 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/UHC Plans** are accepted by any provider who accepts Medicare.

IMPORTANT: ***AARP/UHC 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.***

BILLING: You will receive a bill directly from **AARP/ UHC** for your share of the premiums for your Medicare Supplement plan, MedicareRx prescription drug coverage, and any covered dependent(s).

➔ If you are enrolled in other **UNM-sponsored benefits**, such as dental, life insurance, and/or a pre-65 dependent medical plan, you will continue to be billed monthly for your share of those premiums through the **UNM Bursar's Office**.

DISABILITY ENROLLMENT: **AARP/UHC Medicare Supplement Plan** may not be available to disabled pre-65 Medicare-eligible applicants in every US state. Contact UnitedHealthcare at 1-888-556-7049 for more information (specify that you are a University of New Mexico Retiree)

FAILURE TO COMPLETE ENROLLMENT: All **AARP/UHC** enrollment kits must be completed and received by **AARP/UHC** 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.

AARP/UnitedHealthcare Enrollment Instructions (Continued)

How to Enroll or Make AARP Plan Changes

1. 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/United Healthcare (UHC) Plan F, G, or N Medicare Supplement and an AARP MedicareRx Preferred Saver PDP, **you MUST coordinate enrollment with your UNM Benefits representative. Complete your UNM retiree 65+ Open Enrollment change form and return it to your benefits representative as your first action.** For new enrollees, we will provide your information to **AARP/UHC**, requesting your enrollment kits and include your VEBA subsidy level. For retirees currently enrolled in AARP, after coordinating with your Benefits Representative you may call AARP to make your changes. Once this has been completed, please contact your **designated UNM Benefits Representative** (See page 5).

2. You will complete the enrollment or enrollment changes directly with **AARP/ UHC** in one of the following ways:



Enroll by Mail: Once we confirm your information with the carrier, **AARP/UHC** will automatically send an enrollment packet to your home. The packet can take 10-14 days to arrive. Please complete the enrollment form and mail it back to UNM Benefits or to UHC directly. If you do not receive a packet after 14 days, reach out to UNM Benefits for further guidance.



Enroll by Phone: for both the **Medical Supplement plan** and the **Prescription Drug Plan (PDP)** . These are generally separate enrollments; however, in some instances, a representative may be able to enroll you in both plans during the call. The enrollment process requires the representative to ask several questions (like a paper application), so please allow around 1 hour to complete. The numbers are as follows:

- **AARP/UHC Medicare Supplement Plan.** Choose G or N (Plan F only available if you were 65 prior to January 1, 2020) by calling **1-866-425-6523**
- **AARP/UHC MedicareRX Plan (PDP):** Choose either Saver or Preferred plan at **1-888-556-7049**



Enroll Online: If your packet did not arrive and you are not able to enroll by phone, you can enroll for both Medical Supplement and PDP plans online at: <https://www.aarpmedicareplans.com/>. Please note, there is no specific application or information for UNM during this process. You will need to keep a copy of your enrollment confirmation number and email this to your benefits representative to get attached to the UNM subsidy. Additionally, the online application will indicate membership is required—you can still enroll without the membership; we will contact AARP/UHC for application approval. You can elect to enroll as an AARP member if you wish.

3. If you are **currently** enrolled in an **AARP/UHC Medicare Supplement Plan and Prescription Drug Plan (PDP)** and would like to switch to a different **UNM-offered Medicare Supplement Plan and Prescription Drug Plan (PDP)**, an AARP/UHC representative can assist you with completing your enrollment changes.

Please contact:

- **AARP/UnitedHealthcare (UHC) Medicare Supplement Plan Enrollment: 1-866-425-6523**
- **AARP/UnitedHealthcare (UHC) MedicareRX Plan (PDP) Enrollment: 1-888-556-7049**

➔ Once this has been completed, please contact your **designated UNM Benefits Representative** (See page 5).