

2026 UNM Medicare Offered Plan Comparison
(Must meet UNM VEBA Eligibility Requirement to Enroll)

Effective 1/1/2026 to 12/31/2026	AETNA PPO-ESA (Nationwide) Plan#: E00067106251 Customer Service Pre-Enrollment: 1-800-307-4830, TTY 711 Aetna Members: 1-888-267-2637, TTY 711	BCBS Enhanced I-Plan (Statewide) Group #20002300 Plan ID: R008 Customer Service 1-877-299-1008, TTY /TTD 711	BCBS Standard II-Plan (Statewide) Group #20002300 Plan ID: R007 Customer Service 1-877-299-1008, TTY/TTD 711	HUMANA PPO (Nationwide) Plan option-ID: PPO 079/415 Customer Service 1-866-396-8810, TTY 711	Presbyterian Premier HMO-POS (Statewide) Group #A0006562 Customer Service 505-923-6060 or 1-800-797-5343, TTY 771	Presbyterian Select HMO-POS (Statewide) Group #A0006562 Customer Service 505-923-6060 or 1-800-797-5343, TTY 771	AARP Med Supplemental (Nationwide) *Plan F Med Supp Plans: 1-800-545-1797 Medicare Part D Plans: 1-888-556-7049	AARP Med Supplemental (Nationwide) Plan G Med Supp Plans: 1-800-545-1797 Medicare Part D Plans: 1-888-556-7049	AARP Med Supplemental (Nationwide) Plan N Med Supp Plans: 1-800-545-1797 Medicare Part D Plans: 1-888-556-7049
Eligibility	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	*Plan F only **Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility Requirement	**Must meet UNM VEBA Eligibility requirement
Annual Out-of-Pocket Maximum	\$2,800	\$2,500	\$5,000	\$2,500	\$2,500	\$3,000			
Primary Care (PCP)	\$10	\$10	\$10	\$10	\$10	\$10	\$0	\$0	\$20
Specialty Care	\$30	\$30	\$40	\$25	\$30	\$40	\$0	\$0	\$20
Medicare-Covered Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$100 per day, days 1-5; \$0 unlimited days	\$100/day (days 1-5) \$0/day (6+)	\$100/day (days 1-5) \$0/day (6+)	\$100/day (days 1-4) \$0/day (5+)	\$175/day (days 1-3) \$0 Additional days - Out of network co-pay \$1,000 per admission	\$225/day (days 1-3) \$0 Additional days - Out of network co-pay \$1,000 per admission	\$0	\$0, once the \$257 Medicare Part B deductible has been met	\$0
Surgery - Hospital Outpatient	\$150	\$150	\$175	\$0 to \$50	\$150	\$200	\$0	\$0, once the \$257 Medicare Part B deductible has been met	\$0, once the \$257 Medicare Part B deductible has been met
Emergency Room	\$65	\$65	\$75	\$65	\$65	\$75	\$0	\$0	\$50
Urgent Care Center	\$10	\$10	\$10	\$10	\$10	\$10	\$0	\$0	\$0
Diabetic Supplies	\$0	\$0	\$0	\$0 to \$20	\$0 to \$20/20%	\$0 to \$20/20%	\$0	\$0	\$0
Retail Pharmacy	AETNA	BCBS I	BCBS II	HUMANA	Presbyterian Premier	Presbyterian Select	AARP Medicare RX Preferred (Nationwide)	AARP Medicare RX Saver (Nationwide)	
Preferred Generic	\$4	***\$4/\$9	***\$4/\$9	\$3	\$0	\$0	\$5	\$2	
Non-Preferred Generic	\$10	***\$10/\$15	***\$10/\$15	\$3	\$10	\$10	\$10	\$6	
Preferred Brand	\$45	***\$42/\$47	***\$42/\$47	\$39	\$45	\$45	\$47	17%	
Non-Preferred Brand	\$95	***\$95/\$100	***\$95/\$100	\$85	\$95	\$95	40%	40%	
Specialty Drug	You pay 24%, but not more than \$250, for your RX.	33% coinsurance (maximum of \$250)	33% coinsurance (maximum of \$250)	33% of the cost	33% with a \$250 maximum	33% with a \$250 maximum	33%	25%	
Mail Order - 90 day									
Preferred Generic	\$12	\$8	\$8	\$9	\$0 (100 day supply)	\$0 (100 day supply)	\$0	\$6	
Non-Preferred Generic	\$30	\$20	\$20	\$9	\$20 (100 day supply)	\$20 (100 day supply)	\$0	\$18	
Preferred Brand	\$135	\$84	\$84	\$117	\$90	\$90	\$126	17%	
Non-Preferred Brand	\$285	\$190	\$190	\$255	\$190	\$190	40%	40%	
Specialty Drug	Limited to a one-month supply	33% coinsurance (maximum of \$250)	33% coinsurance (maximum of \$250)	Available at 30 day supply only	N/A	N/A	33%	25%	
*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.									
**VEBA eligibility requirement, visit https://hr.unm.edu/retiree/benefits/veba .									
***BCBS: Preferred Pharmacy/Standard Pharmacy									
Premium rate information, visit https://hr.unm.edu/retiree/benefits/65-plus-medical .									
Please contact the Benefits & Employee Wellness at 505-277-6947 or email: hrbenefits@unm.edu , if you have questions or need assistance.									