2027 UNM Medicare Plan Comparision

Effective 1/1/2027 to 12/31/2027	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	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 Medicar 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	*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	$0	$283	Varies once $283 is met
Primary Care (PCP)	$10	$10	$10	$10	$0	$0	Up to $20
Speciality Care	$30	$30	$40	$25	$0	$0	Up to $20
Medicare-Covered Preventive Services	$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+)**	**$0**/day(days 1-90)	**$0/day**(days 1-90)	**$0/day**(days 1-90)
Ambulatory Surgical Hospital Outpatient	$150	$150	$175	$0 to $50	$0	$0	$0
Emergency Room	$65	$65	$75	$65	$0	$0	Up to $50
Urgent Care Center	$10	$10	$10	$10	$0	$0	$0
Diabetic Supplies	$0	0%	0%	$0 to $20	$0	$0	$0

Retail Pharmacy	AETNA	BCBS I	BCBS II	HUMANA	AARP Medicare RX Preferred (Nationwide)	AARP Medicare RX Saver (Nationwide)
Preferred Generic	$4	***$4/$9	***$4/$9	$3	$5	$0
Non-Preferred Generic	$10	***$10/$15	***$10/$15	$3	$10	$5
Preferred Brand	$45	***$42/$47	***$42/$47	$39	$47	20%
Non-Preferred Brand	$95	***$95/$100	***$95/$100	$85	40%	31%
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%	25%
Mail Order - 90 day						
Preferred Generic	$12	$8	$8	$9	$0	$6
Non-Preferred Generic	$30	$20	$20	$9	$0	$18
Preferred Brand	$135	$84	$84	$117	$126	17%
Non-Preferred Brand	$285	$190	$190	$255	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	33%	25%
Annual Maximum Out-of Pocket	$2,400					
Annual Prescription Rx Deductible	$0	$0	$0	$0	$0- Preferred/Non-PreferredGeneric $300 Preferred/Non-Preferred/Specialty Brand	$700.00

*Plan F is only available to eligbile Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A effective date prior to 1/1/2020.

**VEBA eligiblity 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.