

# The University of New Mexico



## **2021 Medicare-Eligible Retiree Enrollment Guide**

**UNM Division of Human Resources  
HR Service Center  
1700 Lomas Blvd NE, Suite 1400  
MSC 01 1220  
1 University of New Mexico  
Albuquerque, NM 87131-0001  
[hrbenefits@unm.edu](mailto:hrbenefits@unm.edu)**

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**Disability Retirement:** If you or your eligible dependent are under age 65 and are eligible for Medicare due to disability, you/your dependent *must* contact the Benefits & Employee Wellness department at HRBenefits@unm.edu to enroll in one of UNM’s Medicare Advantage or Medicare Supplement plans.

**IMPORTANT NOTE:**

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

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**DURING COVID-19, UNM'S BENEFITS & EMPLOYEE WELLNESS IS PROVIDING SUPPORT REMOTELY MONDAY- FRIDAY 8 A.M. – 5 P.M. MT**

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

- *Jane Brantley*: **A, D, L – Q:** 505-277-5847
- *Lana Robinson*: **B, E – K, X – Z:** 505-277-1857
- *Laverne Brooks*: **C, R – W:** 505-277-1705

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, at retirement, upon turning 65, when experiencing a qualifying life event (see page 7) and/or during annual Medicare-eligible Retiree Open Enrollment in October and/or November.

**UNM Medicare-Eligible Retiree Medical & Dental Plans:**

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 2021.

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

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

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

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

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

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

## UNM Medicare-Eligible Retiree Medical & Dental Plans, continued...

### TWO DENTAL PLANS

Delta Dental Premier® or Delta Dental PPO<sup>SM</sup> Plan with in-network providers nationwide.

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

***Enrollment on all applications and paperwork must match your 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 the UNM HR Service Center at [hrfiles@unm.edu](mailto:hrfiles@unm.edu). If you do not have access to email, contact your designated Benefits Representative (see page 5).***

**BENEFITS CHANGES DURING THE YEAR:** Once enrolled, you will be **unable to make changes your coverage** between annual UNM Medicare-eligible Retiree Open Enrollments **unless you experience a Qualifying Change in Status Event** (see p 7).

### **MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS DEFINED**

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

**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

## MEDICARE-ELIGIBLE RETIREES AND DEPENDENTS DEFINED, continued...

checking account, along with your completed UNM Retiree Medical & Dental Benefits Change Form (2020-2021). *(This step is not necessary if Benefits & Employee Wellness already has documents on file to verify domestic partnership.)*

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

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

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

\*When Medicare eligibility is due to mental and/or physical disability, please attach a **Social Security Disability Award Certificate** along with your completed UNM Retiree Medical & Dental Benefits Change Form, unless Benefits & Employee Wellness already has these documents on file for you or your dependent(s).

### QUALIFYING CHANGE IN STATUS EVENTS – DEFINED

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

**Qualifying Change in Status events include:**

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

## OTHER IMPORTANT INFORMATION

If you are changing your medical insurance coverage, you and your dependent(s) (if applicable) will each need to complete the insurance provider's enrollment forms. As the retiree, you need to complete the UNM Retiree Medical & Dental Benefits Change Form. The insurance provider's enrollment forms will NOT be processed without a completed UNM Retiree Medical & Dental Benefits Change Form. Medical and dental insurance provider's enrollment forms are available from Benefits & Employee Wellness at [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu) or by calling your designated Benefits Representative (see page 5).

Please Note: 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 underwriting and a waiting period for pre-existing conditions.

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

See UnitedHealthcare Enrollment Instructions & Authorization Form on pages 80 – 84 of this Guide. Enrollment in an AARP Medicare Supplement Plan F, G, or N *with* a MedicareRx Walgreens, Preferred, or Saver Plus PDP is a different process than enrolling in a UNM Medicare Advantage Plan with BCBS, Presbyterian, Humana, or Aetna.

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

- **ELECTRONICALLY**: The UNM Retiree Benefit Election Form and AARP Authorization Form are now fillable. You may complete and UPLOAD these forms and any other required documentation electronically to the Benefits Secure Document Upload portal at <https://hr.unm.edu/upload>.  
(Select Enter, then Benefits Forms, enter NetID & Password, Select Benefit Forms, enter email address & phone #, click Next, choose file from your computer, click Upload Document, & Done)
- **FAX** 505-277-2278
- **MAIL**: UNM Benefits & Employee Wellness  
MSC 01 1220  
Attn: Benefits Representative  
Albuquerque, NM 87131

**Grandfathered with 25+ VEBA Service Credits\***  
**UNM Medicare Eligible Medical & Dental Plan Rates**  
**Effective January 1, 2021 - December 31, 2021 \*\***

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

UNM 65+ Plan	% Retiree Contribution	70%	70%	60%	100%
Medical Rates		65+ Single	65+ Double	65+ Dependent of Pre-65 Retiree	65+ Widow / Widower
UNM Humana Advantage Plan PPO		\$144.75	\$289.49	\$124.07	\$206.78
UNM Aetna Advantage Plan PPO ESA		\$86.37	\$172.73	\$74.03	\$123.38
UNM Blue Cross BlueShield I (Enhanced) Advantage Plan HMO		\$182.35	\$364.70	\$156.30	\$260.50
UNM Blue Cross BlueShield II (Standard) Advantage Plan HMO		\$127.61	\$255.22	\$109.38	\$182.30
UNM Presbyterian Premier Advantage Plan HMO-POS		\$195.30	\$390.60	\$167.40	\$279.00
UNM Presbyterian Select Advantage Plan HMO-POS		\$118.30	\$236.60	\$101.40	\$169.00
AARP Medicare Supplement Plan F, G, or N ***		Retiree and/or Dependent must enroll in an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP to receive UNM's contribution to premium. Call UnitedHealthcare at 800-545-1797 (Medicare Supplement) and 800-274-6777 (MedicareRx) for quotes.			
AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP ***					
Dental Rates** **July 1, 2020 - June 30, 2021		65+ Single	65+ Double	65+ Family	65+ Widow / Widower
Delta Dental - UNM Premier® Plan		\$28.00	\$54.60	\$89.60	\$40.00
Delta Dental - UNM PPO Plan		\$13.30	\$26.60	\$39.90	\$19.00

**See next page for asterisk references...**

## UNM Medicare-Eligible Medical & Dental Plan Rates, continued... Effective January 1, 2021 – December 31, 2021\*\*

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

\*\* Dental Rates are effective July 1, 2020 - June 30, 2021

\*\*\* UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. These policies are individually owned and priced (vs. UNM's group Medicare Advantage Plans with Prescription Drug coverage). AARP plan rates are based on each retiree or dependent's individual age and zip code within the United States and US Territories. Please contact UnitedHealthcare at 800-545-1797 (Medicare Supplement) and 800-274-6777 (MedicareRx) for a rate quote, or follow the online instructions on pages 79 - 80 of this Guide to obtain an *approximate quote* based on available rates.

**Note:** If you obtain AARP Medicare Supplement and MedicareRx rates by phone, remember to multiply the full rates from UnitedHealthcare by the applicable percentage shown on page 9 for your share of the premiums.

**If you choose to enroll in the AARP Medicare Supplement and MedicareRX plans, you MUST coordinate enrollment with Benefits & Employee Wellness using the UNM UnitedHealthcare Authorization Form on pages 83 - 84 of this Guide. Request both an AARP Medicare Supplement Insurance Plan and a MedicareRx PDP enrollment kit for yourself, and if applicable, for your dependent(s).**

### **IMPORTANT:**

- Qualifying UNM widows and widowers will continue to receive UNM's medical and dental premium contribution for one year from the date of the retiree's death, and then pay 100% of premiums to continue participation in UNM's retiree medical and dental plans. *Widow and widowers may not add a new spouse (if applicable) to their existing UNM medical and/or dental coverage.* For transition to widow and widower coverage, the surviving spouse or qualified domestic partner must contact Benefits & Employee Wellness within 60 days of date of death.

## Non-Grandfathered with 5-9 Years of VEBA Service Credits\*

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

Effective January 1, 2021 – December 31, 2021\*\*

\* Rates apply if you retired on or after June 30, 2018 with 5-9 Years of VEBA Service Credits

<b>UNM 65+ Plan</b>	<b>% Retiree Contribution</b>	<b>90%</b>	<b>90%</b>	<b>85%</b>	<b>100%</b>
<b>Medical Rates</b>		<b>65+ Single</b>	<b>65+ Double</b>	<b>65+ Dependent of Pre-65 Retiree</b>	<b>65+ Widow / Widower</b>
UNM Humana PPO Advantage Plan PPO		\$186.10	\$372.20	\$175.76	\$206.78
UNM Aetna Advantage Plan PPO ESA		\$111.04	\$222.08	\$104.87	\$123.38
UNM Blue Cross BlueShield I (Enhanced) Advantage Plan HMO		\$234.45	\$468.90	\$221.43	\$260.50
UNM Blue Cross BlueShield II (Standard) HMO Advantage Plan HMO		\$164.07	\$328.14	\$154.96	\$182.30
UNM Presbyterian Premier Advantage Plan HMO-POS		\$251.10	\$502.20	\$237.15	\$279.00
UNM Presbyterian Select Advantage Plan HMO-POS		\$152.10	\$304.20	\$143.65	\$169.00
AARP Medicare Supplement Plan F, G, or N ***		Retiree and/or Dependent must enroll in an AARP Medicare Supplement Plan F, G, or N and an AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP to receive UNM's contribution to premium. Call UnitedHealthcare at 800-545-1797 (Medicare Supplement) and 800-274-6777 (MedicareRx) for quotes.			
AARP MedicareRx Preferred, Walgreens, or Saver Plus PDP ***					
<b>Dental Rates**</b> <b>**July 1, 2020 - June 30, 2021</b>		<b>65+ Single</b>	<b>65+ Double</b>	<b>65+ Family</b>	<b>65+ Widow / Widower</b>
Delta Dental - UNM Premier® Plan		\$36.00	\$70.20	\$34.00	\$40.00
Delta Dental - UNM PPO Plan		\$17.10	\$34.20	\$16.15	\$19.00

## Non-Grandfathered VEBA Retiree Medical & Dental Plan Rates, continued... Effective January 1, 2021 – December 31, 2021\*\*

\* Rates apply if you retired on or after June 30, 2018 with 5-9 Years of VEBA Service Credits

\*\* Dental Rates are effective July 1, 2020 - June 30, 2021

\*\*\* UNM is unable to provide rate quotes for AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. These policies are individually owned and priced (vs. UNM's group Medicare Advantage Plans with Prescription Drug coverage). AARP plan rates are based on each retiree or dependent's individual age and zip code within the United States and US Territories. Please contact UnitedHealthcare at 800-545-1797 (Medicare Supplement) and 800-274-6777 (MedicareRx) for a rate quote, or follow the online instructions on pages 79 - 80 of the 2021 Medicare-Eligible Retiree Open Enrollment Guide to obtain an *approximate quote* based on available rates.

**Note:** If you obtain AARP Medicare Supplement and MedicareRx rates by phone, remember to multiply the full rates from UnitedHealthcare by the applicable percentage shown on page 11 for your share of the premiums.

**If you choose to enroll in the AARP Medicare Supplement and MedicareRX plans, you MUST coordinate enrollment with Benefits & Employee Wellness using the UNM UnitedHealthcare Authorization Form on pages 83-84 of this Guide. Request both an AARP Medicare Supplement Insurance Plan and a MedicareRx PDP enrollment kit for yourself, and if applicable, for your dependent(s).**

### **IMPORTANT:**

- Qualifying UNM widows and widowers will continue to receive UNM's medical and dental premium contribution for one year from the date of the retiree's death, and then pay 100% of premiums to continue participation in UNM's retiree medical and dental plans. *Widow and widowers may not add a new spouse (if applicable) to their existing UNM medical and/or dental coverage.* For transition to widow and widower coverage, the surviving spouse or qualified domestic partner must contact Benefits & Employee Wellness within 60 days of date of death.

# Resources for Medicare-Eligible UNM Retirees and Dependents

## UNM Medicare and Dental Insurance Vendor Contact Information

- *UNM BlueCross BlueShield NM Medicare Advantage HMO Plans*  
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
  - Customer Service: Toll Free **877- 299-1008**, TTY/TTD **711**
  - Email: [James.Bloom@bcbsnm.com](mailto:James.Bloom@bcbsnm.com) or [Heidi.Castro@bcbsnm.com](mailto:Heidi.Castro@bcbsnm.com)
  - Online: [www.bcbsnm.com/medicare](http://www.bcbsnm.com/medicare)
  
- *UNM Presbyterian Medicare Advantage HMO-POS Plans*  
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan) - Participants must reside in New Mexico
  - Call 8 a.m. to 8 p.m., seven days a week October 1 - March 31, Monday to Friday (except holidays) from April 1 - September 30.
  - Presbyterian Customer Service **(505) 923-6060** or **1-800-797-5343 (TTY 711)**
  
- *UNM Humana Medicare Advantage PPO Plan*  
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
  - Customer Service: Toll Free **866-396-8810**, TTY: **711**, Monday-Friday, 6 a.m. - 7 p.m. Mountain time
  - Pharmacy Mail Order: Toll Free **888-538-3518**, 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 **800-833-1642**, TTY: **711**, Monday-Friday, 6 a.m. - 9 p.m. and Saturday, 6 a.m. - 4:30 p.m. Mountain time
  - Virtual Visits: Toll Free **800-673-1992**, TTY: **711**, or MDLIVE.com/yourbenefit, 24 hours a day, seven days a week
  - Online: [www.humana.com](http://www.humana.com) and [www.humanapharmacy.com](http://www.humanapharmacy.com)  
As a member, register online for your secure MyHumana website

## **Resources for Medicare-Eligible UNM Retirees and Dependents, continued...**

- *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)
  - New Customer Service: Medical and Rx Toll Free **800-307-4830**, TTY **711**
  - Aetna Members: Medical and Rx Toll Free **888-267-2637**, TTY **711**
  - Online: [www.aetnamedicare.com](http://www.aetnamedicare.com)
  
- *AARP Medicare Supplement Insurance Plans and AARP MedicareRx Plans*  
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
  - UnitedHealthcare Medicare Supplement: Toll Free **800-545-1797**, TTY **711**, Monday to Friday, 7 a.m.-11 p.m., and Saturday, 7 a.m.-11 p.m., ET
  - UnitedHealthcare Medicare Rx: Toll Free **800-274-6777**, TTY **711**, Monday to Friday, 7 a.m.-11 p.m., and Saturday, 7 a.m.-11 p.m., ET
  - AARP Medicare Supplement Plans:  
<https://www.aarpmedicareplans.com/shop/medicare-supplement-plans.html>
  - AARP MedicareRx Plans:  
<https://www.aarpmedicareplans.com/shop/prescription-drug-plans.html>
  
- *UNM Delta Dental Plans*  
(Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan)
  - Customer Service: **505-855-7111**, Toll-Free: **877-395-9420**
  - Online: [www.deltadentalnm.com](http://www.deltadentalnm.com)



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

live your  
**Blue life**<sup>SM</sup>

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



**Hearing Care**

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



**Vision Care**

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



**Fitness Designed for You**

The SilverSneakers<sup>®</sup> Fitness Program is included in your plan. It helps you achieve **your health and fitness goals with access to more than 17,000 fitness locations and online classes lead by certified instructors.**



**Virtual Visits**

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



**Transportation Service**

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



**Rewards Program\***

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



**Questions about your plan?**

Refer to the Summary of Benefits for details or call Customer Service.

**1-877-299-1008 TTY 711**

We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Blue Cross<sup>®</sup>, Blue Shield<sup>®</sup> and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

TruHearing<sup>®</sup> is a registered trademark of TruHearing, Inc., which is an independent company providing discounts on hearing aids.

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

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

\* Registration is required to participate. Visit [www.BlueRewardsNM.com](http://www.BlueRewardsNM.com) to register and see what Healthy Actions earn rewards. If you do not have internet access, call Customer Service using the phone number on the back of your insurance card. Maximum annual reward 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.

Silver Sneakers<sup>®</sup> is a wellness program owned and operated by Tivity Health, Inc., an independent company.

Tivity Health and Silver Sneakers<sup>®</sup> are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

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

## **2021 UNM BlueCross BlueShield NM Medicare Advantage HMO Plan I (Enhanced) and Plan II (Standard)**

- Prescription benefit provided by Prime Therapeutics
- The Plans have been enhanced with the following changes for 2021:
  - Added Virtual Visits by MDLIVE for Urgent Care and Mental Health
  - Revised Hearing Aid Benefit to \$900 every 3 years
  - Reduced copays on Plan II for MRIs, CT, PETs and Outpatient Hospital Services
  - Reduced premiums for Plan I and Plan II
- In-network providers in New Mexico only, urgent/emergency care worldwide
- The following New Mexico facilities *do not* participate in the UNM BCBSNM Medicare Advantage HMO Plans:

Presbyterian Albuquerque Facilities  
PHS ACL Indian Hospital  
PHS Indian Hospital Santa Fe  
PHS Indian Hospital Zuni  
Los Alamos Medical Center  
NMBH Institute at Las Vegas

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## 2021 Blue Cross and Blue Shield of New Mexico Medicare Advantage – HMO

2021 BCBS NM MAPD HMO	Plan I (Enhanced)	Plan II (Standard)
<b>Monthly Premium</b>	See pages 9-12	See pages 9-12
<b>Benefit Description</b>		
Deductible	\$0	\$0
MOOP (Maximum Out-of-Pocket)	\$2,500	\$5,000
Combined OOP Max	\$0	\$0
Inpatient Hospital – Acute	\$100/day (days 1 - 5)	\$100/day (days 1 - 5)
Inpatient Mental Health Care	\$100/day (days 1 - 5)	\$100/day (days 1 - 5)
Skilled Nursing Facility	\$0/day (days 1 - 100)	\$0/day (days 1 - 100)
Cardiac Rehabilitation Services	<p>\$0 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for supplemental Cardiac Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Cardiac Rehabilitation Services</p>	<p>\$0 copay for Medicare-covered Cardiac Rehabilitation Services</p> <p>\$10 copay for Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p>\$10 copay for supplemental Cardiac Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Cardiac Rehabilitation Services</p>
Pulmonary Rehabilitation Services	<p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services</p> <p>\$0 copay for supplemental Pulmonary Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Pulmonary Rehabilitation Services</p>	<p>\$0 copay for Medicare-covered Pulmonary Rehabilitation Services</p> <p>\$0 copay for supplemental Pulmonary Rehabilitation Services</p> <p>NO LIMIT on the number of supplemental Pulmonary Rehabilitation Services</p>
Emergency Care	<p>\$65 copay for Medicare-covered emergency room visits (including worldwide coverage). Admitted within 24 hour(s) for the same condition, \$0 copay for emergency room visit.</p>	<p>\$75 copay for Medicare-covered emergency room visits (including worldwide coverage). Admitted within 24 hour(s) for the same condition, \$0 copay for emergency room visit.</p>
Urgently Needed Services	<p>\$10 copay for Medicare-covered urgently-needed-care visits (including worldwide coverage). (\$5 copay Virtual Visits)</p>	<p>\$10 copay for Medicare-covered urgently-needed-care visits (including worldwide coverage). (\$5 copay Virtual Visits)</p>
Partial Hospitalization	\$0 copay	\$0 copay
Home Health Service	\$0 copay	\$0 copay
Primary Care Physician Services	\$10 copay	\$10 copay
Chiropractic Services	<p>\$20 copay Medicare-covered</p> <p>\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)</p>	<p>\$20 copay Medicare-covered</p> <p>\$20 copay (for up to 36 supplemental routine chiropractic visit(s) every year)</p>
<b>Formulary</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	
<b>Network</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	

<b>2021 BCBS NM MAPD HMO</b>	<b>Plan I</b>	<b>Plan II</b>
<b>Benefit Description</b>	<b>Enhanced</b>	<b>Standard</b>
Occupational Therapy Services	\$20 copay	\$20 copay
Physician Specialist Services Excluding Psychiatric Services (excludes Radiology)	\$30 copay	\$40 copay
Outpatient Mental Healthcare Visit	\$20 copay (\$20 copay Virtual Visits)	\$20 copay (\$20 copay Virtual Visits)
Podiatry Services	\$0 copay Medicare-covered	\$0 copay Medicare-covered
Other Health Care Professional Services	PCP \$10 SPC \$30	PCP \$10 SPC \$40
Outpatient Mental Healthcare Psychiatric Visit	\$30 copay (\$30 copay Virtual Visits)	\$40 copay (\$40 copay Virtual Visits)
Physical Therapy and Speech Language Pathology Services	\$20 copay	\$20 copay
Lab Services	\$0 copay	\$0 copay
Diagnostic Procedures	\$0 copay	\$0 copay
Therapeutic Radiology	\$10 copay	\$10 copay
Diagnostic Radiology Services / X-Ray	\$0 copay	\$0 copay
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay	\$100 copay
Outpatient Hospital Services	\$150 copay	\$175 copay
Ambulatory Surgical Center (ASC) Services	\$150 copay	\$175 copay
Outpatient Substance Abuse: Individual Therapy	\$30 copay (\$0 copay Opioid Treatment Services)	\$40 copay (\$0 copay Opioid Treatment Services)
Outpatient Substance Abuse: Group Therapy	\$30 copay (\$0 copay Opioid Treatment Services)	\$40 copay (\$0 copay Opioid Treatment Services)
OP Blood Services	\$0 copay	\$0 copay
Ambulance Services	\$75 copay	\$75 copay
Transportation Services	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year	\$0 copay for up to 4 one-way trip(s) to plan-approved location every year
Durable Medical Equipment (DME)	\$20 copay	20% coinsurance
Prosthetics / Medical Supplies	\$20 copay	20% coinsurance
Diabetes Supplies and Services	0%	0%
End-Stage Renal Disease / Dialysis Svcs	\$0 copay	\$0 copay
Acupuncture	\$0 copay Medicare-covered (chronic low back pain - up to 12 visits in 90 days) \$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year	\$0 copay Medicare-covered (chronic low back pain - up to 12 visits in 90 days) \$15 copay per visit up to 20 visit(s) for acupuncture and other alternative therapies every year
Meal Benefit	Not covered	Not covered
Over-the-Counter Rx	Not covered	Not covered
Medicare-Covered Preventive Services	\$0 copay	\$0 copay
Annual Physical Exam	\$0 copay	\$0 copay
Supplemental Education / Wellness Programs	SilverSneakers	SilverSneakers
Kidney Disease Education Services	\$0 copay	\$0 copay
<b>Formulary</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	
<b>Network</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	

<b>2021 BCBS NM MAPD HMO</b>	<b>Plan I</b>	<b>Plan II</b>
<b>Benefit Description</b>	<b>Enhanced</b>	<b>Standard</b>
Diabetes Self-Management Training	\$0 copay	\$0 copay
Medicare Part B Rx Drugs: Chemotherapy / Radiation	\$10 copay	\$10 copay
Medicare Part B Rx Drugs: Other	\$0 copay	\$0 copay
Preventive Dental	Not covered	Not covered
Comprehensive Dental	\$20 copay Medicare-covered	\$40 copay Medicare-covered
Eye Exams	\$20 copay Medicare-covered  \$0 copay supp 1 routine eye exam every calendar year	\$40 copay Medicare-covered  \$0 copay supp 1 routine eye exam every calendar year
Eyewear	\$0 copay Medicare-covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery  \$150 limit toward routine eyewear every year	\$0 copay Medicare-covered 1 pair of eyeglasses (lenses and frames) contact lenses after cataract surgery  \$150 limit toward routine eyewear every year
Hearing Exams	\$20 copay – diagnostic hearing exam  \$20 copay 1 supp routine hearing exam every year	\$40 copay – diagnostic hearing exam  \$40 copay 1 supp routine hearing exam every year
Hearing Aids	\$900 limit every 3 years	\$900 limit every 3 years
Travel Benefit	For members that are outside of the service area for up to 6 months	For members that are outside of the service area for up to 6 months
Worldwide Emergency	Urgent / Emergent Care only; No annual limit; \$65 copay	Urgent / Emergent Care only; No annual limit; \$75 copay
Rewards	\$25 for up to 4 times per year	\$25 for up to 4 times per year
<b>Part D – Prescription Drugs</b>		
Deductible	\$0	\$0
Initial Coverage	Unlimited	Up to \$4,130
<b>Initial Coverage Stage: Standard Retail Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$9	One-month supply: \$9
	Three-month supply: \$27	Three-month supply: \$27
Tier 2: Generic	One-month supply: \$15	One-month supply: \$15
	Three-month supply: \$45	Three-month supply: \$45
Tier 3: Preferred Brand	One-month supply: \$47	One-month supply: \$47
	Three-month supply: \$141	Three-month supply: \$141
Tier 4: Non-Preferred Brand	One-month supply: \$100	One-month supply: \$100
	Three-month supply: \$300	Three-month supply: \$300
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
<b>Formulary</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	
<b>Network</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	

2021 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
<b>Initial Coverage Stage: Preferred Retail Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$12	Three-month supply: \$12
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$30	Three-month supply: \$30
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: \$42
	Three-month supply: \$126	Three-month supply: \$126
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: \$95
	Three-month supply: \$285	Three-month supply: \$285
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
<b>Initial Coverage Stage: Mail Order Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$8	Three-month supply: \$8
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$20	Three-month supply: \$20
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: \$42
	Three-month supply: \$126	Three-month supply: \$126
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: \$95
	Three-month supply: \$190	Three-month supply: \$190
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 33% (max of \$250)
	Three-month supply: 33% (max of \$250)	Three-month supply: 33% (max of \$250)
Coverage Gap	You pay the same copays as the Initial Coverage Limit	The following copays will apply for the Coverage Gap until the member reaches the TROOP amount of \$6,550
<b>Coverage Gap: Standard Retail Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$9	One-month supply: \$9
	Three-month supply: \$27	Three-month supply: \$27
Tier 2: Generic	One-month supply: \$15	One-month supply: \$15
	Three-month supply: \$45	Three-month supply: \$45
Tier 3: Preferred Brand	One-month supply: \$47	One-month supply: 25%
	Three-month supply: \$141	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$100	One-month supply: 25%
	Three-month supply: \$300	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 25%
	Three-month supply: 33% (max of \$250)	Three-month supply: 25%
<b>Formulary</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	
<b>Network</b>	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	

2021 BCBS NM MAPD HMO	Plan I	Plan II
Benefit Description	Enhanced	Standard
<b>Coverage Gap: Preferred Retail Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$12	Three-month supply: \$12
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$30	Three-month supply: \$30
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: 25%
	Three-month supply: \$126	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: 25%
	Three-month supply \$285	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 25%
	Three-month supply: 33% (max of \$250)	Three-month supply: 25%
<b>Coverage Gap: Mail Order Pharmacy</b>		
Tier 1: Preferred Generic	One-month supply: \$4	One-month supply: \$4
	Three-month supply: \$8	Three-month supply: \$8
Tier 2: Generic	One-month supply: \$10	One-month supply: \$10
	Three-month supply: \$20	Three-month supply: \$20
Tier 3: Preferred Brand	One-month supply: \$42	One-month supply: 25%
	Three-month supply: \$126	Three-month supply: 25%
Tier 4: Non-Preferred Brand	One-month supply: \$95	One-month supply: 25%
	Three-month supply: \$190	Three-month supply: 25%
Tier 5: Specialty	One-month supply: 33% (max of \$250)	One-month supply: 25%
	Three-month supply: 33% (max of \$250)	Three-month supply: 25%
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through your mail-order) reach \$6,550, you pay the greater of: 5% of the total cost, or \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.	After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through your mail-order) reach \$6,550, you pay the greater of: 5% of the total cost, or \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copayment for all other drugs.
Formulary	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	
Network	Please go to: <a href="http://www.bcbsnm.com/medicare">http://www.bcbsnm.com/medicare</a>	

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



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## UNM Retirees with Medicare can choose Presbyterian Senior Care



- ✓ Medicare Part D is included in both the Premier and Select Plans.
- ✓ Coverage allows members to go both in-network and out-of-network. (Out-of-network pays a higher out-of-pocket.)
- ✓ Available to residents of New Mexico.
- ✓ Worldwide urgent and emergency care.
- ✓ Receive a SilverSneakers® health club membership.
- ✓ UNM providers are considered in-network for all UNM members.
- ✓ \$0 copay features for these valuable benefits and more!
  - Hearing Exam
  - Annual Routine Eye Exam
  - Video and Online Visits
  - Preferred Generic Drugs
  - PresRN Nurse Advice Line
  - Lab Services
  - Diagnostic Tests



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

If you prefer a virtual face-to-face meeting, please contact Rosanne Tena at [rtena@phs.org](mailto:rtena@phs.org) or (505) 923-5380

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

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# **2021 UNM Presbyterian Medicare Advantage Premier and Select HMO-POS**

- Nearly 20,000 in-network contracted providers in New Mexico
- UNM providers are in-network
- Benefits available for services from either in-network or out-of-network providers
- Out-of-network providers include any Medicare-approved provider anywhere in all states
- Emergency and urgent care coverage anywhere in the world
- Acupuncture services (25 visits per year)
- Routine Chiropractic services (25 visits per year)
- Hearing Aid benefit from TruHearing
- Referrals are not required
- Video and Online Visits provides available with \$0 copay to see a provider for non-emergencies
- Silver Sneakers fitness center membership - Visit more than 10,000 participating locations at no additional cost to you
- New for 2021: Annual Eye Exam \$0 copay

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## 2021 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	<b>2021</b>		<b>2021</b>	
<b>Service Area</b>	New Mexico		New Mexico	
<b>Total Premium</b>	See pages 9 - 12		See pages 9 - 12	
<b>Deductible (Medical)</b>	\$0.00		\$0.00	
<b>Out of Pocket Maximum</b>	\$2,500	\$10,000	\$3,000	\$10,000
Inpatient Hospital Care (per admission)	\$175 per day for days 1-3	\$1,000	\$225 per day for days 1-3	\$1,000
Inpatient Mental Health Care	\$175 per day for days 1-3 (per admit)	\$1000 (per admit)	\$225 per day for days 1-3 (per admit)	\$1000 (per admit)
SNF Days 1-20	\$0	\$0	\$0	\$0
Days 21-100 per day	\$0	\$125	\$40	\$125
Cardiac and Pulmonary Rehabilitation Services (36 visit limit)	\$0	\$35	\$0	\$35
Emergency Care ( <b>waived if admitted</b> )	\$65	\$65	\$75	\$75
Urgently Needed Care (In-network/Out-of-network)	\$10	\$65	\$10	\$65
World-wide Coverage (Emergency/Urgent Care)	NA	\$65	NA	\$75
<b>Outpatient Mental Health Care</b>				
Partial Hospitalization (Psychiatric Treatment)	\$30	50%	\$40	50%
<b>Psychiatric Services</b>				
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Opioid Treatment Services	\$0	50%	\$0	50%
<b>Mental Health Specialty Services</b>	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
<b>Outpatient Substance Abuse Care</b>	\$0	50%	\$0	50%
- Individual Sessions	\$0	50%	\$0	50%
- Group Sessions	\$0	50%	\$0	50%
Home Health Care	\$0	\$0	\$0	\$0
Primary Care Physician Services	\$10	\$35	\$10	\$35

## 2021 Presbyterian Senior Care (HMO-POS)

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

## 2021 Presbyterian Senior Care (HMO-POS)

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

## 2021 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Nutritional/Dietary Benefit	\$0	\$35	\$0	\$35
Additional Smoking and Tobacco	\$0	\$35	\$0	\$35
Fitness Benefit	\$0	\$35	\$0	\$35
Enhanced Disease Management	\$0	\$35	\$0	\$35
Tele-monitoring Services	\$0	\$35	\$0	\$35
Remote Access Technologies (Video Visit & Nursing Hotline)	\$0	\$35	\$0	\$35
Counseling Services	\$0	\$35	\$0	\$35
Medical Nutrition Therapy (MNT)	\$0	\$35	\$0	\$35
<b>Re-Admission Prevention Benefits Include</b>	\$0	No	\$0	No
Bathroom Safety Devices	\$0	No	\$0	No
In-Home Safety Assessment	\$0	No	\$0	No
Meal Benefit (30 meals)	\$0	No	\$0	No
Medication Reconciliation	\$0	No	\$0	No
Personal Emergency Response System (PERS)	No	No	No	No
Post discharge In-Home Medication Reconciliation	\$0	No	\$0	No
<b>Part B - Drugs</b>				
Chemotherapy and other drugs administered by a medical professional.	\$50	20%	\$50	20%
Part B - Drugs purchased at a retail pharmacy	\$0	20%	\$0	20%
Part D home infusion drugs as part of a bundled service	No		No	
<b>Part D - Prescription Drugs</b>				
<b>Deductible</b>	\$0		\$0	
Initial Coverage	Unlimited		\$4,130	
<b>Tier 1: Preferred Generic (30 days)</b>	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
<b>Standard Mail Order (30 days)</b>	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic	\$0		\$0	
<b>Preferred Mail Order (30 days)</b>	\$0		\$0	
60 Day Preferred Generic	\$0		\$0	
90 Day Preferred Generic ( <b>Mail Order</b> )	\$0		\$0	
OON (34) & Long Term Pharmacy (31)	\$0		\$0	

## 2021 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Tier 2: Generic (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Standard Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$30		\$30	
Preferred Mail Order (30 days)	\$10		\$10	
60 Day Non-Preferred Generic	\$20		\$20	
90 Day Non-Preferred Generic	\$20		\$20	
OON (34) & Long Term Pharmacy (31)	\$10		\$10	
Tier 3: Preferred Brand (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Standard Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$135		\$135	
Preferred Mail Order (30 days)	\$45		\$45	
60 Day Preferred Brand	\$90		\$90	
90 Day Preferred Brand	\$90		\$90	
OON (34) & Long Term Pharmacy (31)	\$45		\$45	
Tier 4: Non-Preferred Drug (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Standard Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$285		\$285	
Preferred Mail Order (30 days)	\$95		\$95	
60 Non-Preferred Drug	\$190		\$190	
90 Non-Preferred Drug	\$190		\$190	
OON (34) & Long Term Pharmacy (31)	\$95		\$95	
Tier 5: Specialty (34 days)	33% with a \$250 max		33% with a \$250 max	
Standard Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
Preferred Mail Order (34 days)	33% with a \$250 max		33% with a \$250 max	
OON (34) & Long Term Pharmacy (31)	33% with a \$250 max		33% with a \$250 max	
Generic through Gap (member pays)	Yes		Yes	
Brand through Gap (member pays)	Yes		25%	
Catastrophic Begins	\$6,550		\$6,550	

## 2021 Presbyterian Senior Care (HMO-POS)

Benefits	UNM Premier Plan		UNM Select Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Catastrophic Begins</b>	\$6,350		\$6,550	
<b>Catastrophic Coverage (Generic drugs) Greater of:</b>	5% or \$3.70		5% or \$3.70	
Catastrophic Coverage (Brand drugs) Greater of:	5% or \$9.20		5% or \$9.20	
Preventive and Comprehensive Dental Services	No	No	No	No
Medicare Covered Dental	\$30	\$55	\$40	\$55
Routine Annual Eye Exam	\$0	\$55	\$0	\$55
Vision Services Diagnosis and treatment of diseases and conditions of the eye	\$10	\$55	\$10	\$55
One diabetic retinopathy screening per year	\$0	\$55	\$0	\$55
Eyeglasses (lenses and frames) or contact lenses after cataract surgery	\$20	25%	20%	25%
Routine Hearing Exam and Medicare covered hearing	\$0	\$55	\$0	\$55
Hearing Aids (hearing aid costs does not go toward MOOP)	\$699 - \$999	No	\$699 - \$999	No
US Visitor/Travel Program	No	No	No	No

## Humana's Medicare Advantage PPO for University of New Mexico includes these extras that can help make healthy living easier

### SilverSneakers

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

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

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

\* Participating locations (“PL”) are not owned or operated by Tivity Health, Inc. or its affiliates. Use of PL facilities and amenities are limited to terms and conditions of PL basic membership. Facilities and amenities vary by PL. † Membership includes SilverSneakers instructor-led group fitness classes. Some locations offer members additional classes. Classes vary by location.

### Humana At Home

Supports qualifying members with both short-term and long-term services that can help them remain independent at home. Humana At Home<sup>SM</sup> care managers support members by providing education about chronic conditions and medication adherence, helping with discharge instructions, accessing community resources, finding social support and more, all included in the plan at no additional cost.

Visit [Humana.com/caremgmt](https://www.humana.com/caremgmt) or call **1-800-432-4803 (TTY: 711)**, Monday – Friday, 6:30 a.m. – 3:30 p.m., Mountain time.

### Humana Well Dine® meal program

After your inpatient stay in a hospital or nursing facility, you're eligible to receive 2 meals per day for 7 days, up to 14 nutritious meals delivered to your door at no additional cost to you. Limited to 4 times per year.

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

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## 2021 UNM Humana Medicare Advantage PPO Plan

- ✓ Humana has been dedicated to communities around the country for more than 30 years. There are over 8.5 million Humana Medicare members just like you, across all 50 states. Humana has been providing Medicare plans to beneficiaries since 1987.

### About the UNM Humana Medicare Advantage PPO Plan

- ✓ In-Network and Out-of-Network providers nationwide\*\*
- ✓ Easily confirm your preferred providers are participating in the UNM Humana PPO plan at:  
**[Humana.com](https://www.humana.com)**, **click:** (Find a Doctor), **Network:** (Medicare PPO/Employer PPO Network) or by calling **Humana: 1-866-396-8810 (TTY: 711), Monday – Friday, 6 a.m. – 7 p.m. Mountain time.** Please identify yourself as a University of New Mexico retiree for plan information.
- ✓ Part D Prescription Drug benefits provided by Humana.
- ✓ Worldwide emergency coverage for emergency Medicare-covered services.

#### **\*\*IMPORTANT:**

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

Humana has a national PPO network and is contracted with most providers and facilities across the state of New Mexico. It is easy to confirm your provider with Humana by going to “Find a Doctor” at [Humana.com](https://www.humana.com) or by calling Humana Customer Service at the number listed above.

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**University of New Mexico – 2021 Humana Medicare Advantage PPO Plan**

<b>2021 Benefit</b>	<b>Humana Medicare Advantage PPO Plan</b>	
	PPO - In Network	PPO - Out of Network
Deductible	N/A	N/A
MOOP (Maximum out of Pocket)	\$2,500	\$7,900
Combined OOP Max	\$7,900 (excludes Part D Pharmacy, Routine Hearing, Routine Vision, OTC Rx, Routine Vision, Worldwide Coverage and the Plan Premium)	
Inpatient Hospital - Acute	\$125/day (1-7) then \$0 copay	\$400/day (1-7) then \$0 copay
Inpatient Hospital - Psychiatric	\$250/day (1-6) then \$0 copay *190-day lifetime limit	\$400/day (1-7) then \$0 copay *190-day lifetime limit
Skilled Nursing Facility	\$0 copay (days 1-20); \$160/day (days 21-100) *Plan pays \$0 after 100 days	40%/day (days 1-100) *Plan pays \$0 after 100 days
Cardiac Rehabilitation Services	\$40 copay (Specialist & Outpatient)	40% coinsurance
Pulmonary Rehabilitation Services	\$30 copay (Specialist & Outpatient)	40% coinsurance
Emergency Care	\$75 copay; waived if admitted within 24 hours	
Urgent Care Facility	\$40 copay	\$40 copay
Partial Hospitalization	\$40 copay	40% coinsurance
Home Health Service	\$0 copay	
Primary Care Physician (PCP) Services	\$10 copay (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$30 copay (40% coinsurance - Labs; \$0 copay - Administration of Drugs) in a Physician's office
Chiropractic Services (Medicare covered)	\$20 copay	40% coinsurance
Occupational Therapy Services	\$25 copay	\$45 copay
Physician Specialist Services	\$25 copay (Specialist Office Visit) (\$0 copay - Labs & Administration of Drugs in a Physician's office)	\$45 copay (Specialist Office Visit) (40% coinsurance - Labs; \$0 copay - Administration of Drugs) in a Physician's office
Mental Health/Substance Abuse Services	\$10 copay (PCP) \$25 copay (Specialist)	\$30 copay (PCP) \$45 copay (Specialist)

For Retiree share of premiums see pages 9-12

## University of New Mexico – 2021 Humana Medicare Advantage PPO Plan

2021 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Podiatry Services (Medicare covered)	\$25 copay	\$45 copay
Physical Therapy and Speech Language Pathology Services	\$25 copay	\$45 copay
Lab Services	\$0 copay	40% coinsurance
Diagnostic Procedures and Tests (including X-Rays)	\$10 copay (PCP) \$25 copay (Specialist, Outpatient Hospital, Freestanding Radiological Facility)	\$30 copay (PCP) \$45 copay (Specialist) 40% coinsurance (Outpatient Hospital, Freestanding Radiological Facility)
Colorectal Cancer Screening (Preventive) for members age 50 & older: Colonoscopy (One every two years if at high risk or one every 10 years if not at high risk)	\$0 copay	40% coinsurance
Diagnostic Colonoscopy	\$25 copay (Specialist) \$50 copay (Outpatient Hospital and Ambulatory Surgical Center)	\$45 copay (Specialist) 40% coinsurance (Outpatient Hospital and Ambulatory Surgical Center)
Bone Mass Measurement (Preventive)	\$0 copay (One every 24 months; more often if medically necessary)	40% coinsurance (One every 24 months; more often if medically necessary)
Breast Cancer Screening - Mammogram (Preventive)	\$0 copay (One per year for members age 40 and older)	40% coinsurance (One per year for members age 40 and older)
Therapeutic Radiology - (Radiation Therapy)	\$25 copay (Specialist) \$10 copay (Outpatient Hospital and Freestanding Radiological Facility)	\$45 copay (Specialist) 40% coinsurance (Outpatient Hospital and Freestanding Radiological Facility)
Advanced Imaging (MRI, MRA, CT Scan, PET)	\$50 copay (Specialist, Outpatient Hospital and Freestanding Radiological Facility)	40% coinsurance (Specialist, Outpatient Hospital and Freestanding Radiological Facility)
Outpatient Hospital Services	\$0 - \$50 copay (excluding Chemotherapy Drugs)	40% coinsurance (excluding Therapies; Occupational, Physical, Audiology and Speech; Chemotherapy Drugs, Renal Dialysis and Mental Health/Substance Abuse)

## University of New Mexico – 2021 Humana Medicare Advantage PPO Plan

2021 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Chemotherapy Drugs	20% coinsurance (Outpatient Hospital and Specialist)	50% coinsurance (Outpatient Hospital and Specialist)
Ambulatory Surgical Center (ASC) Services	\$50 copay (Surgical Services)	40% coinsurance (Surgical Services)
Outpatient Mental Health/Substance Abuse Services	\$25 copay	\$45 copay
Ambulance Services - *Limited to Medicare-covered transportation	\$150 copay (per date of service)	\$150 copay (per date of service)
Transportation Services	Not Covered	Not Covered
Durable Medical Equipment (DME)	\$20 copay (DME provider) 20% coinsurance (Pharmacy)	\$50 copay (DME provider) 50% coinsurance (Pharmacy)
Prosthetics/Medical Supplies	\$20 copay	\$50 copay
Diabetes Supplies and Services	Diabetic Monitoring Supplies \$0 copay (Pharmacy) \$20 copay (DME)	Diabetic Monitoring Supplies 40% coinsurance (Pharmacy) \$50 copay (DME)
Renal Dialysis	\$0 copay	\$0 copay
Acupuncture	\$15 copay per visit (up to 20 visits per year)	\$15 copay per visit (up to 20 visits per year)
Over-the-Counter Rx	\$20 per month (select over-the-counter health and wellness products through Humana Pharmacy)	Not Covered
Meal Benefit	\$0 copay (after inpatient hospital or nursing facility stay, up to 10 pre-cooked frozen meals, delivered to your home)	Not Covered
Preventive Services (Medicare covered)	\$0 copay	40% coinsurance
Immunizations (One per year)	\$0 copay	\$0 copay
Kidney Disease Education Services	\$0 copay (PCP, Specialist and Outpatient Hospital)	40% coinsurance (PCP, Specialist and Outpatient Hospital)
Routine Physical (One per year) - Annual Physical Exam	\$0 copay *Routine physical must be obtained from a PCP	40% coinsurance *Routine physical must be obtained from a PCP
Wellness Programs	SilverSneakers and Go365	
Diabetes Self-Management Training	\$0 copay	40% coinsurance

## University of New Mexico – 2021 Humana Medicare Advantage PPO Plan

2021 Benefit	Humana Medicare Advantage PPO Plan	
	PPO - In Network	PPO - Out of Network
Medicare Part B Rx Drugs	20% coinsurance	50% coinsurance
Virtual Visits - Telehealth Services	\$0 copay (PCP & Urgent Care)	Not Covered
Virtual Visits - Telehealth Services (Behavioral Health & Substance Abuse)	\$0 copay (Behavioral Health & Substance Abuse Specialist)	Not Covered
Preventive Dental	Not Covered	Not Covered
Dental (Medicare-covered)	\$25 copay	\$45 copay
Vision (Medicare-covered)	\$25 copay	\$45 copay
Routine Vision Exam	\$10 copay (routine exam, includes refraction, up to 1 per year)	40% coinsurance (routine exam, includes refraction, up to 1 per year)
Eyewear for Post-Cataract Surgery	\$25 copay (for eyeglasses and contacts following cataract surgery)	\$45 copay (for eyeglasses and contacts following cataract surgery)
Routine Vision Eyewear	\$150 maximum benefit coverage amount every 2 years for Contact Lenses, Eyeglasses - Lenses and Frames. Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Hearing (Medicare-covered)	\$25 copay (Specialist)	\$45 copay (Specialist)
Routine Hearing Exam	\$15 copay (routine hearing exam, up to 1 per year)	40% coinsurance (routine hearing exam, up to 1 per year)
Hearing Aids	\$1,000 maximum benefit coverage amount every 3 year for hearing aids (all types). Benefits received out-of-network are subject to any in-network benefit maximums, limitations, and/or exclusions.	
Rx	See Humana PPO Part D information on the next page	
Travel Benefit (US)	Member receives in-network benefit when services are received from a participating PPO provider in another Humana PPO service area	N/A
Worldwide Emergency	N/A	\$100 Deductible, 20% coinsurance, \$25,000 Maximum Annual Benefit or 60 consecutive days, whichever is reached first (Limited to emergency Medicare-covered services)

## University of New Mexico – 2021 Humana Medicare Advantage PPO Plan (Rx)

<b>2021 Humana Medicare Advantage PPO Plan (Part D Rx Benefit Summary)</b>			
Prescription Tier	Retail Pharmacy (30 Day Supply)	Humana Pharmacy - Mail Order (90 Day Supply)	Retail Pharmacy (90 Day Supply)
Part D Phase: <b>Deductible</b>	No Deductible		
Part D Phase: <b>Initial Coverage Limit (ICL)</b>	<b>From \$0 to \$4,130 (ICL)</b> Initial Coverage Limit (ICL): When total drug cost (the amount you pay plus the amount Humana plan pays) reaches \$4,130		
<b>Tier 1</b> Generics or Preferred Generics	\$3	\$9	\$9
<b>Tier 2</b> Preferred Brand	\$39	\$117	\$117
<b>Tier 3</b> Non-Preferred Brand	\$85	\$255	\$255
<b>Tier 4</b> Specialty	33%	N/A	N/A
Part D Phase: <b>Coverage Gap</b>	<b>From \$4,130 to True-Out-of-Pocket cost of \$6,550</b> Coverage Gap: The coverage gap begins after the total yearly drug cost (including what the Humana plan has paid and what you have paid) reaches \$4,130. After you enter the Coverage Gap, you pay a portion of the plan's cost for covered brand name drugs and covered generic drugs until your costs total \$6,550 (True-Out-of-Pocket cost), which is the end of the coverage gap.		
<b>Tier 1</b> Generics or Preferred Generics	\$3	\$9	\$9
<b>Tier 2</b> Preferred Brand	\$39	\$117	\$117
<b>Tier 3</b> Non-Preferred Brand	\$85	\$255	\$255
<b>Tier 4</b> Specialty	24%	N/A	N/A
Part D Phase: <b>Catastrophic</b>	<b>Catastrophic Phase</b> After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:		
Retail, Specialty and Mail Order Pharmacies	Greater of \$3.70 for Generic/Multiple Source Drugs (\$9.20 for all others) or 5% coinsurance		

## University of New Mexico – 2021 Humana Medicare Advantage PPO Plan

<p><b>Medical Network</b> (online and by phone)</p>	<p><a href="https://www.humana.com">Humana.com</a>; click on Find a Doctor under Member Resources; select Medicare-Medicaid as the Coverage Type; enter Zip Code and then Medicare PPO/Employer PPO Network.</p>
	<p>Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.</p>
<p><b>Pharmacy Network</b> (online)</p>	<p><a href="https://www.humana.com">Humana.com</a>; click on Find a Doctor under Member Resources; at Search Type select Pharmacy; enter Zip Code and then select Humana Medicare Employer Plan (Group) Network</p>
<p><b>Formulary &amp; Pharmacy Network</b> (by phone)</p>	<p>Contact Humana: 1-800-824-8242, Monday - Friday, 6 a.m. – 6 p.m. Mountain time. Please identify yourself as a retiree with the University of New Mexico for plan information.</p>



# Save money Keep your doctors Enjoy extra benefits Reach your health potential

## Four key ways the University of New Mexico Aetna Medicare Advantage plan offers value

### More benefits at less cost

- Get comprehensive coverage while saving significantly on your plan premium contributions.

### Continue getting the care you trust\*

- Use doctors and hospitals in or out of the Aetna Medicare network, anywhere in the U.S. You won't pay more out of network.
- It's the only University of New Mexico Medicare Advantage plan with that benefit.

\*Generally, you can use an out-of-network doctor or hospital. However, they must be eligible to receive Medicare payment and accept your plan.

### Extra benefits at no extra cost to you

- **SilverSneakers® fitness program** — Get a gym membership at over 13,000 participating locations nationwide, or a home fitness kit.
- **Transportation for medical appointments** — Get 24 one-way trips, up to 60 miles per trip.



## Helping you reach your health potential at no extra cost to you

### **Your questions — answered, any time any day**

On our toll-free Informed Health® Line, you can ask an Aetna nurse any health-related questions.

### **Help finding everyday services you need\*\***

Our Resources For Living® team can find help outside of your medical plan benefits, such as home-delivered meal services, in-home care and more.

\*\*There's no cost for Aetna's research and referrals. You pay for any referred services you use.

### **Advice on your health goals — in the comfort of home**

At an optional Healthy Home Visit, an Aetna health professional can help make sure you're on track to meet your health goals—then work with your doctors to coordinate your care.

### **Have a health advocate if you need one**

You may not need help today, but once you do, an Aetna Nurse Advocate can work closely with your doctors to help you manage your conditions and navigate complex medical issues.

## **Learn more**

Talk to a plan specialist

**Call 1-800-307-4830 (TTY: 711)**

**Monday – Friday, 7 a.m. to 8 p.m. CT**

## 2021 UNM Aetna Medicare Advantage PPO ESA Plan

- Aetna Medicare Advantage lets members use doctors and hospitals in or out of the Aetna Medicare network, anywhere in the U.S. You won't pay more out of network. Generally, you can use an out-of-network doctor or hospital. However, the provider must currently be a Medicare-approved provider and willing to bill Aetna. *Prior to enrollment, please confirm that your providers will bill Aetna.*
- Urgent and emergency care is available worldwide.
- There are no referrals required to see specialists
- One ID card for both medical care and pharmacy
- Additional non-Medicare benefits included
  - Vision eyewear reimbursement
  - Hearing aid reimbursement
  - SilverSneakers® fitness program
  - Teladoc®- talk to a licensed doctor by phone, web or mobile app
  - Non-emergency transportation for medical appointments

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PLAN FEATURES	Network & out-of-network providers
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<b>Monthly Premium</b>	Please see pages 9-12 of this Guide.
<b>Annual Deductible</b>	\$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.

<b>Annual Maximum Out-of-Pocket Amount</b>	\$2,500
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Annual maximum out-of-pocket limit amount includes any deductible, copayment or coinsurance that you pay. It will apply to all medical expenses except hearing aid reimbursement, vision reimbursement and Medicare prescription drug coverage that may be available on your plan.

HOSPITAL CARE	This is what you pay for Network & out-of-network providers
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<b>Inpatient Hospital Care</b>	\$100 copay per day, day(s) 1-5 7
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The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

Prior authorization or physician's order may be required.

<b>Outpatient Hospital Care</b>	\$150
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Prior authorization or physician's order may be required.

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

<b>Physician Specialist Visits</b>	\$30
<b>Primary Care Physician Selection</b>	Optional



There is no requirement for member pre-certification. Your provider will do this on your behalf.

<b>Referral Requirement</b>	None
<b>PREVENTIVE CARE</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
<b>Annual Wellness Exams</b> One exam every 12 months.	\$0
<b>Routine Physical Exams</b> One exam every 12 months.	\$0
<b>Medicare Covered Immunizations</b> Pneumococcal, Flu, Hepatitis B	\$0
<b>Routine GYN Care (Cervical and Vaginal Cancer Screenings)</b> One routine GYN visit and pap smear every 24 months.	\$0
<b>Routine Mammograms (Breast Cancer Screening)</b> One baseline mammogram for members age 35-39; and one annual mammogram for members age 40 & over.	\$0
<b>Routine Prostate Cancer Screening Exam</b> For covered males age 50 & over, every 12 months.	\$0
<b>Routine Colorectal Cancer Screening</b> For all members age 50 & over.	\$0
<b>Routine Bone Mass Measurement</b>	\$0
<b>Medicare Diabetes Prevention Program (MDPP)</b> 12 months of core session for program eligible members with an indication of pre-diabetes.	\$0
<b>Additional Medicare Preventive Services</b>	\$0

- Ultrasound screening for abdominal aortic aneurysm (AAA)
- Cardiovascular disease screening
- Diabetes screening tests and diabetes self-management training (DSMT)



- Medical nutrition therapy
- Glaucoma screening
- Screening and behavioral counseling to quit smoking and tobacco use
- Screening and behavioral counseling for alcohol misuse
- Adult depression screening
- Behavioral counseling for and screening to prevent sexually transmitted infections
- Behavioral therapy for obesity
- Behavioral therapy for cardiovascular disease
- Behavioral therapy for HIV screening
- Hepatitis C screening
- Lung cancer screening

<b>EMERGENCY AND URGENT MEDICAL CARE</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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<b>Emergency Care; Worldwide (waived if admitted)</b>	\$65
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<b>Urgently Needed Care; Worldwide</b>	\$10
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<b>DIAGNOSTIC PROCEDURES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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<b>Outpatient Diagnostic Laboratory</b>	\$0
Prior authorization or physician's order may be required.	

<b>Outpatient Diagnostic X-ray</b>	\$0
Prior authorization or physician's order may be required.	

<b>Outpatient Diagnostic Testing</b>	\$0
Prior authorization or physician's order may be required.	

<b>Outpatient Complex Imaging</b>	\$0
Prior authorization or physician's order may be required.	

<b>HEARING SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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<b>Routine Hearing Screening</b>	\$0
One exam every 12 months.	
<b>Hearing Aid Reimbursement</b>	\$300 once every 12 months
Applies to in or out of network	
<b>DENTAL SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
<b>Medicare Covered Dental</b>	\$30
Non-routine care covered by Medicare. Prior authorization or physician's order may be required.	
<b>VISION SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
<b>Routine Eye Exams</b>	\$0
One annual exam every 12 months.	
<b>Diabetic Eye Exams</b>	\$0
<b>Vision Eyewear Reimbursement</b>	\$150 once every 12 months
Applies to in or out of network	
<b>MENTAL HEALTH SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
<b>Inpatient Mental Health Care</b>	\$100 copay per day, day(s) 1-5
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
<b>Outpatient Mental Health Care</b>	\$20
Prior authorization or physician's order may be required.	
<b>Inpatient Substance Abuse</b>	\$100 copay per day, day(s) 1-5
The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.	
<b>Outpatient Substance Abuse</b>	\$20
Prior authorization or physician's order may be required.	
<b>SKILLED NURSING SERVICES</b>	<b>This is what you pay for Network &amp; out-of-network providers</b>



UNIVERSITY OF NEW MEXICO  
 Aetna Medicare <sup>SM</sup> Plan ( PPO )  
 Medicare (P02) ESA PPO Plan  
 RX \$4 \$10 \$45 \$95 24%

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

Limited to 100 days per Medicare Benefit Period\*.

The member cost sharing applies to covered benefits incurred during a member's inpatient stay. Prior authorization or physician's order may be required.

\*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.

<b>PHYSICAL THERAPY SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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**Outpatient Rehabilitation Services** \$20

(Speech, Physical, and Occupational therapy)

Prior authorization or physician's order may be required.

<b>AMBULANCE SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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**Ambulance Services** \$75

Prior authorization or physician's order may be required.

<b>TRANSPORTATION SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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**Transportation (non-emergency)** 24 trips with 60 miles allowed per trip

<b>MEDICARE PART B DRUGS</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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**Medicare Part B Prescription Drugs** \$0

<b>ADDITIONAL SERVICES</b>	<b>This is what you pay for network &amp; out-of-network providers</b>
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**Blood** All components of blood are covered beginning with the first pint.  
 Covered in and out of network

**Observation Care** Your cost share for Observation Care is based upon the services you receive.  
 Covered in and out of network

**Outpatient Surgery** \$150



**PHARMACY - PRESCRIPTION DRUG BENEFITS**

Prior authorization or physician's order may be required.

**Home Health Agency Care** \$0

Prior authorization or physician's order may be required.

**Hospice Care** Covered by Original Medicare at a Medicare certified hospice.

**Cardiac Rehabilitation Services** \$0

**Pulmonary Rehabilitation Services** \$0

**Radiation Therapy** \$0

**Chiropractic Services** \$20

Limited to Original Medicare - covered services for manipulation of the spine.

Prior authorization or physician's order may be required.

**Durable Medical Equipment/ Prosthetic Devices** \$20

Prior authorization or physician's order may be required.

**Podiatry Services** \$0

Limited to Original Medicare covered benefits only.

**Diabetic Supplies** \$0

Includes supplies to monitor your blood glucose from LifeScan.

Prior authorization or physician's order may be required.

**Outpatient Dialysis Treatments** \$0

Prior authorization or physician's order may be required.

**ADDITIONAL NON-MEDICARE COVERED SERVICES** **This is what you pay for network & out-of-network providers**

**Fitness Benefit** Silver Sneakers

**Resources For Living<sup>®</sup>** Covered

For help locating resources for every day needs.

**Teladoc** Covered

Telemedicine services with a Teladoc provider covered at PCP cost share. State mandates may apply.

**Telehealth** Covered

Telemedicine Services. Telehealth services covered when provided by PCP, Behavioral Health or Urgent Care providers. Member cost share will apply based on services rendered.

**Acupuncture** \$15

Covered in lieu of anesthesia or relief of chronic pain



**PHARMACY - PRESCRIPTION DRUG BENEFITS**

**Calendar-year deductible for prescription drugs** \$0

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

**Pharmacy Network** S2

Your Medicare Part D plan is associated with pharmacies in the above network. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>).

**Formulary (Drug List)** GRP B2

Your cost for generic drugs is usually lower than your cost for brand drugs. However, Aetna in some instances combines higher cost generic drugs on brand tiers.

**Initial Coverage Limit (ICL)** \$4,130

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

<b>5 Tier Plan</b>	<b>Retail cost sharing up to a 30 -day supply</b>	<b>Retail cost sharing up to a 90 -day supply</b>	<b>Preferred mail order cost sharing up to a 90 - day supply</b>
<b>Tier 1 - Preferred Generic</b> Generic Drugs	\$4	\$12	\$8
<b>Tier 2 - Generic</b> Generic Drugs	\$10	\$30	\$20
<b>Tier 3 - Preferred Brand</b> Includes some high-cost generic and preferred brand drugs	\$45	\$135	\$90



<b>5 Tier Plan</b>	<b>Retail cost sharing up to a 30 -day supply</b>	<b>Retail cost sharing up to a 90 -day supply</b>	<b>Preferred mail order cost sharing up to a 90 -day supply</b>
<b>Tier 4 - Non-Preferred Drug</b> Includes some high-cost generic and non-preferred brand drugs	\$95	\$285	\$190
<b>Tier 5 - Specialty</b> Includes high-cost/unique generic and brand drugs	24%, but not more than \$250	Limited to one-month supply	Limited to one-month supply

### Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage limit. Here’s your cost-sharing for covered Part D drugs after the Initial Coverage limit and until you reach \$6,550 in prescription drug expenses:

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

### Catastrophic Coverage

Greater of 5% of the cost of the drug - or - \$3.70 for a generic drug or a drug that is treated like a generic and \$9.20 for all other drugs.



UNIVERSITY OF NEW MEXICO  
 Aetna Medicare<sup>SM</sup> Plan ( PPO )  
 Medicare (P02) ESA PPO Plan  
 RX \$4 \$10 \$45 \$95 24%

Catastrophic Coverage benefits start once \$6,550 in true out-of-pocket costs is incurred.

**Requirements:**

**Precertification**

Applies

**Step-Therapy**

Does Not Apply

**Enhanced Drug Benefit**

- Not Covered

For more information about Aetna plans, go to [www.aetna.com](http://www.aetna.com) or call Member Services at toll-free at 1-888-267-2637 (TTY: 711). Hours are 8 a.m. to 6 p.m. local time, Monday through Friday.

**Medical Disclaimers**

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

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

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

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

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

- Services that are not medically necessary unless the service is covered by Original



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Medicare or otherwise noted in your Evidence of Coverage

- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

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

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

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

### **Pharmacy Disclaimers**

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

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



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

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

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

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 1-888-792-3862, (TTY users should call 711) 24 hours a day, seven days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

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

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

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

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



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Formulary Service Drug Information, the DRUGDEX Information System and the USPDI or its successor.

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

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

### Plan Disclaimers

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

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

You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

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.

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

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# **AARP Medicare Supplement Plans F, G, and N Insured by UnitedHealthcare\***

*And*

## **AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plan (PDP)\***

Receive Medical and Prescription Drug Coverage Nationwide\*

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

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

Some states, including New Mexico, do not mandate Medicare supplement insurance coverage for **pre-65 Medicare-eligible individuals**. As a result, *pre-65* Medicare supplement plan availability will vary by state. Contact UnitedHealthcare at 800-545-1797 for more information about AARP Medicare supplement plan availability for pre-65 Medicare-eligible retirees and dependents. Please specify that you are a University of New Mexico Retiree covered by a UNM-sponsored senior plan.

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 underwriting and a waiting period for pre-existing conditions.

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

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## Plan Benefit Tables: Plan F

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

Service		Medicare Pays	Plan F Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
	Days 61–90	All but \$352 per day	\$352 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$704 per day	\$704 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$176.00 per day	Up to \$176.00 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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### Notes

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

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

## Plan Benefit Tables: Plan F (continued)

Medicare Part B: Medical Services per Calendar Year				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$198 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$198 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
Parts A and B				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$198 (Part B deductible)	\$0
	Remainder of Medicare-approved amounts	80%	20%	\$0
Other Benefits not covered by Medicare				
Service		Medicare Pays	Plan F Pays	You Pay
<b>Foreign Travel</b> NOT COVERED BY MEDICARE— Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum
<b>Notes</b>	Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.			

## Plan Benefit Tables: Plan G

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

Service		Medicare Pays	Plan G Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
	Days 61–90	All but \$352 per day	\$352 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$704 per day	\$704 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare’s requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$176.00 per day	Up to \$176.00 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare’s requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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#### Notes

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

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

**Plan Benefit Tables: Plan G** (continued)

**Medicare Part B: Medical Services per Calendar Year**

Service		Medicare Pays	Plan G Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	100%	\$0
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0

**Parts A and B**

Service		Medicare Pays	Plan G Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment</b> Medicare-approved services	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0

**Other Benefits not covered by Medicare**

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

**Notes**

Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

## Plan Benefit Tables: Plan N

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

Service		Medicare Pays	Plan N Pays	You Pay
<b>Hospitalization<sup>1</sup></b> Semiprivate room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
	Days 61–90	All but \$352 per day	\$352 per day	\$0
	Days 91 and later while using 60 lifetime reserve days	All but \$704 per day	\$704 per day	\$0
	After lifetime reserve days are used, an additional 365 days	\$0	100% of Medicare eligible expenses	\$0 <sup>2</sup>
	Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled Nursing Facility Care<sup>1</sup></b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	Days 21–100	All but \$176.00 per day	Up to \$176.00 per day	\$0
	Days 101 and later	\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	3 pints	\$0
	Additional amounts	100%	\$0	\$0
<b>Hospice Care</b> Available as long as you meet Medicare's requirements, your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited co-payment/ co-insurance for outpatient drugs and inpatient respite care	Medicare co-payment/ co-insurance	\$0

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

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

## Plan Benefit Tables: Plan N (continued)

### Medicare Part B: Medical Services per Calendar Year

Service		Medicare Pays	Plan N Pays	You Pay
<b>Medical Expenses</b> INCLUDES TREATMENT IN OR OUT OF THE HOSPITAL, AND OUTPATIENT HOSPITAL TREATMENT, such as: physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment.	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The co-payment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> Above Medicare-approved amounts		\$0	\$0	All costs
<b>Blood</b>	First 3 pints	\$0	All costs	\$0
	Next \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>	Tests for diagnostic services	100%	\$0	\$0
<b>Parts A and B</b>				
Service		Medicare Pays	Plan N Pays	You Pay
<b>Home Health Care</b> Medicare-approved services	Medically necessary skilled care services and medical supplies	100%	\$0	\$0

**Notes** Once you have been billed \$198 of Medicare-approved amounts for covered services, your Part B deductible will have been met for the calendar year.

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## Plan Benefit Tables: Plan N (continued)

### Parts A and B, continued

Service		Medicare Pays	Plan N Pays	You Pay
<b>Durable Medical Equipment</b> Medicare-approved services	First \$198 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$198 (Part B deductible)
	Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Other Benefits not covered by Medicare</b>				
<b>Foreign Travel</b> NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA.	First \$250 each calendar year	\$0	\$0	\$250
	Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

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## Compare 2021 AARP Medicare Prescription Drug Plans

<b>3 Plans Available</b>	<b>AARP MedicareRx Walgreens (PDP)</b>	<b>AARP MedicareRx Preferred (PDP)</b>	<b>AARP MedicareRx Saver Plus (PDP)</b>
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### Plan Summary

<b>Monthly Premium</b>	\$33.20	\$90.20	\$22.70
<b>Annual Deductible</b>	\$0 for Tier 1, Tier 2 \$445 for Tier 3, Tier 4, Tier 5*	\$0	\$445
<b>Estimated Annual Drug Cost</b>	N/A	N/A	N/A

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# Summary of Benefits 2021

Prescription Drug Plan

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

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



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



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

**AARP** | Medicare Rx  
from  UnitedHealthcare®

## Prescription Drugs

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	Since you have no deductible, this payment stage doesn't apply.					
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>				<b>Mail Order</b>	
	<b>Preferred</b>		<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic Drugs	\$5 copay	\$15 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic Drugs <sup>1</sup>	\$10 copay	\$30 copay	\$20 copay	\$60 copay	\$0 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$45 copay	\$135 copay	\$47 copay	\$141 copay	\$120 copay	\$141 copay
Select Insulin Drugs <sup>2</sup>	\$35 copay	\$105 copay	\$35 copay	\$105 copay	\$105 copay	\$105 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier Drugs	33% coinsurance	N/A <sup>3</sup>	33% coinsurance	N/A <sup>3</sup>	N/A <sup>3</sup>	N/A <sup>3</sup>
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
<b>Stage 4: Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>					

# Summary of Benefits 2021

Prescription Drug Plan

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

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



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



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

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

## Prescription Drugs

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	\$0 per year for Tier 1 and Tier 2; \$445 for Tier 3, Tier 4 and Tier 5.					
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>				<b>Mail Order</b>	
	<b>Preferred</b>		<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic Drugs	\$0 copay	\$0 copay	\$15 copay	\$45 copay	\$0 copay	\$45 copay
Tier 2: Generic Drugs <sup>1</sup>	\$6 copay	\$18 copay	\$20 copay	\$60 copay	\$18 copay	\$60 copay
Tier 3: Preferred Brand Drugs	\$40 copay	\$120 copay	\$47 copay	\$141 copay	\$120 copay	\$141 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	45% coinsurance	45% coinsurance	40% coinsurance	45% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	N/A <sup>1</sup>	25% coinsurance	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
<b>Stage 4: Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>					

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

<sup>1</sup> Limited to a 30-day supply

# Summary of Benefits 2021

Prescription Drug Plan

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

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



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



**[www.AARPMedicarePlans.com](http://www.AARPMedicarePlans.com)**

**AARP** | Medicare Rx  
from  UnitedHealthcare®

## Prescription Drugs

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

<b>Stage 1: Annual Prescription (Part D) Deductible</b>	\$445 per year.					
<b>Stage 2: Initial Coverage (After you pay your deductible, if applicable)</b>	<b>Retail</b>				<b>Mail Order</b>	
	<b>Preferred</b>		<b>Standard</b>		<b>Preferred</b>	<b>Standard</b>
	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>	<b>90-day supply</b>
Tier 1: Preferred Generic Drugs	\$1 copay	\$3 copay	\$6 copay	\$18 copay	\$3 copay	\$18 copay
Tier 2: Generic Drugs	\$7 copay	\$21 copay	\$12 copay	\$36 copay	\$21 copay	\$36 copay
Tier 3: Preferred Brand Drugs	\$35 copay	\$105 copay	\$40 copay	\$120 copay	\$105 copay	\$120 copay
Tier 4: Non-Preferred Drugs	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	40% coinsurance
Tier 5: Specialty Tier Drugs	25% coinsurance	N/A <sup>1</sup>	25% coinsurance	N/A <sup>1</sup>	N/A <sup>1</sup>	N/A <sup>1</sup>
<b>Stage 3: Coverage Gap Stage</b>	After your total drug costs reach \$4,130, you will pay no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.					
<b>Stage 4: Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$6,550, you pay the greater of:</p> <ul style="list-style-type: none"> <li>□ 5% coinsurance, or</li> <li>□ \$3.70 copay for generic (including brand drugs treated as generic) and a \$9.20 copay for all other drugs.</li> </ul>					

<sup>1</sup> Limited to a 30-day supply

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

\*\*\*\***DO NOT ENROLL** USING THE STEPS BELOW – THEY ARE FOR YOUR CONVENIENCE TO OBTAIN **APPROXIMATE** PREMIUM PRICING ONLY – YOU MUST USE THE UNM UnitedHealthcare ENROLLMENT AUTHORIZATION FORM (pages 83-84) TO RECEIVE UNM’S CONTRIBUTION TOWARD YOUR AND YOUR DEPENDENT’S AARP PLAN PREMIUMS \*\*\*\*

1. Go to [www.aarpmedicareplans.com/health-plans/medicare-supplement-plans.html](http://www.aarpmedicareplans.com/health-plans/medicare-supplement-plans.html)
2. Enter your zip code, 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 2020 (2021 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. (*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 9 - 12). 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 below **Plan F, G and N** plan details box to view AARP Plan F, G, and N Medicare Supplement Plan benefits (also shown on pages 61 - 69 of this Guide). Compare with Summaries of Benefits for UNM’s BCBS PPO, BCBS HMO, and Presbyterian HMO-POS Medicare Advantage Plans (also provided in this Enrollment Guide).
7. Click on **Shop For A Plan** (in blue banner at top of Medicare supplement plans webpage). Click on **View Plans** in the **Medicare Prescription Drug Plans** box for your county of residence. Scroll down and review the information on the page. Click on the box to select all three plans for Add to Compare, and click on the blue Compare Plans box. Scroll down to review the AARP MedicareRx Walgreens, Preferred, and Saver Plus Prescription Drug Plans (also shown on pages 71 – 78 of this Guide).

## ONLINE INSTRUCTIONS, continued...

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

8. Multiply the desired monthly AARP MedicareRx plan premium by the % used in step 6 above to find your retiree portion of the monthly premium for the AARP MedicareRx Walgreens, Preferred, or Saver Plus PDPs. Rates listed are for 2020. (2021 premiums were not available at time of publication)
9. Add the results in Step 6 and Step 8 for **an approximate estimate** of what your total monthly retiree portion of the premiums will be for AARP Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus Part D PDP coverage via UNM's retiree benefits.

Questions? Call UnitedHealthcare at 800-545-1797 (Medicare Supplement) or 800-274-6777 (MedicareRx) or email Benefits & Employee Wellness at [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu), or call your designated Benefits Representative (see page 5).

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

**Important: 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.**

**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 underwriting and a waiting period for pre-existing conditions.**

### **UNM AARP/UnitedHealthcare ENROLLMENT INSTRUCTIONS – Please read carefully!**

If you (and dependent(s)) are currently enrolled in a UNM Medicare Advantage plan and are changing to or enrolling for the first time in an AARP Plan F, G, or N Medicare Supplement **and** an AARP MedicareRx Walgreens, Preferred, or Saver Plus PDP, **you MUST coordinate enrollment with Benefits & Employee Wellness**. Complete the UNM UnitedHealthcare Enrollment Authorization Form (pages 83 - 84) **and** the AARP Medicare Supplement Plan and AARP MedicareRx PDP enrollment kits (**as soon as they arrive** by mail from UnitedHealthcare). This will ensure you and your dependent(s) are properly enrolled in UNM's retiree benefits and remain eligible for the premium contribution from UNM.

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

1. Complete the 2021 UNM Medicare-Eligible Retiree Open Enrollment Form. Select an AARP Medicare Supplement Plan *and* an AARP MedicareRx Prescription Drug Plan (PDP).
2. Complete, initial, sign, and date the 2021 UNM UnitedHealthcare Enrollment Authorization Form on pages 83 - 84.

**\*\*\* A fillable version of the AARP Authorization form is available in the AARP section of the 2021 Open Enrollment webpage at <https://hr.unm.edu/retiree/benefits/65-plus-medical> \*\*\***

3. Submit a fully completed and signed 2021 UNM Medicare-Eligible Retiree Open Enrollment Change Form, the 2021 UNM UnitedHealthcare Enrollment Authorization Form, and a copy of your and/or your dependent's Medicare card showing Parts A and B coverage, to Benefits & Employee Wellness **via one of the three following options:**

- **ELECTRONICALLY** The UNM Retiree Benefit Election Form and AARP Authorization Form are now fillable. Complete and UPLOAD this form and any other required documentation electronically to the Benefits Secure Document Upload portal at <https://hr.unm.edu/upload>.  
(Select Enter, then Benefits Forms, enter NetID & Password, Select Benefit Forms, enter email address & phone #, click Next, choose file from your computer, click Upload Document, & Done)
- **FAX** 505-277-2278
- **MAIL** The University of New Mexico  
Benefits & Employee Wellness  
MSC 01 1220  
Attn: Benefits Representative  
Albuquerque, NM 87131

4. When you receive enrollment packets from UnitedHealthcare, complete **BOTH** the AARP Medicare Supplement **and** MedicareRx PDP enrollment kits. Select an AARP Medicare Plan F, G or N **and** an AARP MedicareRx Preferred, Walgreens, or Saver Plus plan. These are the only AARP plans that qualify for premium contributions from UNM.

***The insured's name on enrollment applications and UNM's Banner system MUST match the insured's name on the Medicare Card to ensure proper claim handling and future UNM Medicare-eligible Retiree Open Enrollment mailings.***

5. Mail both the Medicare Supplement and the Medicare Rx applications for each insured to UnitedHealthcare, using the appropriate mailing address.
6. Contact your designated Benefits Representative (see step 7 below) to notify Benefits & Employee Wellness on what date the Medicare Supplement Plan F, G, or N and MedicareRx Walgreens, Preferred, or Saver Plus plan enrollment kits were mailed to UnitedHealthcare. Please specify which mail service was used (First Class, Priority, UPS, Fed Ex, etc).

## **UNM UnitedHealthcare ENROLLMENT INSTRUCTIONS – continued...**

7. Email [hrbenefits@unm.edu](mailto:hrbenefits@unm.edu) or call your designated Benefits Representative according to the first letter of your last name:
  - *Jane Brantley*: **A, D, L – Q**: 505-277-5847
  - *Lana Robinson*: **B, E – K, X – Z**: 505-277-1857
  - *Laverne Brooks*: **C, R – W**: 505-277-1705
8. When you receive your own and/or your dependent(s) AARP Medicare Supplement **and** MedicareRx PDP cards, please mail, fax, or upload a copy of **both** cards to Benefits & Employee Wellness to document coverage.

### **IMPORTANT INFORMATION – Please Read Carefully!**

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

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

***The insured’s name on enrollment applications and UNM’s Banner system MUST match the insured’s name on the Medicare Card to ensure proper claim handling and Medicare- Eligible Retiree Open Enrollment mailings.***

# 2021 UNM UnitedHealthcare Enrollment Authorization Form (Page 1 of 2)

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

Name (please print) \_\_\_\_\_ Banner ID or SS# \_\_\_\_\_

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

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

Retiree (please print) \_\_\_\_\_ Banner ID or SS# \_\_\_\_\_

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

- I am currently enrolled in Part B of original Medicare or am in the process of enrolling. My part B Medicare is effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . A copy of my Medicare Part B card or proof of enrollment is attached. **(REQUIRED)**
- My enrollment in part B of Medicare **IS / IS NOT** (Select One) due to a disability.  
**NOTE: AARP Medicare Supplement Insurance Plans may not be available to pre-65 Medicare-eligible applicants in every US state.**
- Upon receiving my AARP enrollment kit(s), I agree to complete the Medicare Supplement and MedicareRx enrollment kits and return them to UnitedHealthcare as soon as possible. Failure to do so may result in duplicate coverage, a lapse in coverage, or having to pay double premiums until I am enrolled in BOTH AARP plans.
- **NOTE: I understand that I (and my dependent) do not qualify for a premium contribution from UNM unless I am (we are) enrolled in both an AARP Medicare Supplement Insurance Plan (F, G or N) AND an AARP MedicareRx PDP plan (Preferred, Walgreens, or Saver Plus). UNM is not obligated to refund my premiums if I (we) fail to enroll timely in one of the UNM-covered AARP Medicare Supplement Insurance plans AND a UNM-covered AARP MedicareRx plan concurrently.**
- Upon receipt of my (and my dependent(s)) UnitedHealthcare Medicare Supplement Insurance and MedicareRx Prescription Drug Plan cards, I will mail, fax, or upload a copy of the card(s) to UNM. (See instructions on page 81)

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

2021 UNM UnitedHealthcare Enrollment Authorization Form, (page 2 of 2) ....

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

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

- **IMPORTANT: AARP Medicare Supplement Plan F, G, or N and AARP MedicareRx Preferred, Walgreens, or Saver Plus PDPs are the only Medicare Supplement and PDP plans for which UNM contributes to premiums. Plan F is only available to eligible Applicants with a 65th birthday prior to 1/1/2020 or with a Medicare Part A Effective Date prior to 1/1/2020.**
- Enroll in and retain **one of each** of these plans concurrently to be covered under UNM's retiree benefits. In *MA, MN, and WI*, alternate plans are approved as a substitute for Plans F, G and N. UNM's MedicareRx Preferred, Walgreens, and Saver Plus PDPs are available in all states. **Note: Retirees and dependents who change state of residence and are enrolled in AARP MedicareRx Preferred, Walgreens, or Saver Plus must re-enroll in the AARP MedicareRx plan in their new state of residence. UNM is not able to re-enroll retirees or dependents. AARP plan coverage is individual.**
- Some States, including New Mexico, do not provide Medicare Supplement coverage for **pre-65** Medicare-eligible retirees and dependents. Contact UnitedHealthcare at 800-545-1797 for more information.

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State Zip Code

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

\_\_\_\_\_  
UNM Retiree / Dependent Signature Date

## Benefit Highlights

July 2020—  
June 2021

### Reminder—Two Dental Plan Choices

The University of New Mexico continues to offer two plan designs (High and Low Options) to best meet your dental and budget needs.

Remember you have added enhanced savings under the High Option, allowing you access to the DeltaDental PPO Network, giving you more savings. Contracted PPO providers will apply higher discounts to the fees they are allowed to charge, giving you more savings!



Networks giving you Options!

#### High Option—Delta Dental PPO<sup>SM</sup> and Delta Dental Premier®

- The broadest selection of dentists – 2,394 Premier dentist locations or over 2,000 PPO locations in New Mexico 325,000 Premier national dentist locations or PPO national dentist
- 100% coverage for preventive care
- No benefit waiting periods apply
- Orthodontic coverage available

## Contact Us



Phone M-F 8:00am-4:30pm:

(505) 855-7111 or

(877) 395-9420 (Toll-free)

Email:

[customerservice@deltadentalnm.com](mailto:customerservice@deltadentalnm.com)

Website:

[www.deltadentalnm.com](http://www.deltadentalnm.com)

Mobile Application:

Download the mobile app, visit the App Store (Apple) or Google Play (Android) and search for “Delta Dental”

100 Sun Avenue Ne, Suite 400  
Albuquerque, NM 87109



## Quick Bites



Remember you get two routine cleanings per calendar year at no, or very little cost, depending on your plan selected.

More than 120 signs and symptoms of non-dental diseases can be detected through a routine oral exam. Also the Surgeon General reports that at least 80% of American adults have gum disease, so don't cancel that dentist appointment for your important cleanings/exams!

### Visit your dentist today!

Anticipating a high cost procedure? Ask your dentist to submit a Pre-Treatment Estimate to Delta Dental. This will help you know your out-of-pocket cost. Delta Dental will respond in writing to your dentist and to you how the procedure will be covered. Don't be surprised with a bill from your dentist!

**KEEP SMILING!**

# Summary Comparison of UNM Dental Plan Options

Benefit Period: July 1, 2020, through June 30, 2021

Benefits administered by Delta Dental of New Mexico

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

For premium rates, see pages 9 - 12 of this Guide.

# Tools and Resources for Dental Plan Enrollees

As a Delta Dental of New Mexico enrollee, you can take advantage of multiple resources to get the most out of your dental plan. Simply visit [www.deltadentalnm.com](http://www.deltadentalnm.com) and click on the “Members” tab to access online resources, including a provider search, Consumer Toolkit, and more. In addition, you can contact our local Customer Service department during business hours, or use the automated phone system at any time (24/7), for assistance with your plan.

## Provider Search

On [www.deltadentalnm.com](http://www.deltadentalnm.com), click the “Find a Dentist” link to search for a Delta Dental participating provider by location or specialty. For most Delta Dental networks, you can create a list of providers to export or print. Learn which provider network will give you the lowest out-of-pocket costs by referring to the section titled “Your Network” in your Summary of Dental Plan Benefits.

Find your Delta Dental provider today!

## Consumer Toolkit

Consumer Toolkit is an online portal that gives you access to information about your specific plan and benefits. Select the Consumer Toolkit link on [www.deltadentalnm.com](http://www.deltadentalnm.com)

(or go straight to [www.toolkitsonline.com](http://www.toolkitsonline.com)) and sign in to:

- Verify eligibility of subscriber and dependents
- Confirm status of deductibles and plan maximums
- Review how a specific claim was processed
- Print a personalized subscriber ID card

## Dental Plan Documents

*The Delta Dental of New Mexico “Members” section at [www.deltadentalnm.com/individuals](http://www.deltadentalnm.com/individuals)*

The Dental Benefit Handbook and Summary of Dental Plan Benefits, which contain important information about your dental plan, are available from the Human Resources/Benefits Manager at your organization and/or Delta Dental of New Mexico Customer Service. You can reach Customer Service at (877) 395-9420 from Monday through Friday, 8:00am–4:30pm MT. You can also request documents by sending an email to [customerservice@deltadentalnm.com](mailto:customerservice@deltadentalnm.com).

**Customer Service** [customerservice@deltadentalnm.com](mailto:customerservice@deltadentalnm.com)

**Customer Service Representative (M–F, 8:00am–4:30pm MT):**

- **Local:** (505) 855-7111
- **Toll-Free:** (877) 395-9420
- **Automated Phone System (24/7)**