



Student Health Insurance Plan

for University of New Mexico

2023 – 2024

Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of New Mexico (BCBSNM).

Enrollment and eligibility information

The following types of students will be automatically enrolled in the Plan and the student health insurance premium will be added to their tuition bill unless a waiver and proof of coverage under another plan is submitted and approved by the waiver deadline:

- (a) Medical Health Professional Students enrolling (and not receiving a tuition refund), paying fees and actively attending classes each semester for six (6) or more credit hours or for three (3) or more hours in the summer; and
- (b) Medical Doctorate and Pharm D Students. Graduate Students holding a Teaching Assistantship (TA), Graduate Assistantship (GA), Research Assistantship (RA) or Project Assistantship (PA) enrolled for six (6) or more graduate credit hours throughout the semester and working 25% FTE or higher (Contact the Office of Graduate Studies at 277-2711 for additional eligibility information regarding assistantships).

These students will be automatically enrolled unless an opt-out waiver and proof of coverage under another Plan is submitted and approved prior to the waiver deadline.

Please refer to the plan's medical policy to review all eligibility criteria. The medical policy and additional information can be found at unm.myahpcare.com and hr.unm.edu/benefits/student-health-plan.



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSNM
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Premium Costs and Coverage Periods

GA Returning Medical Students and Medical Health Professionals

	Fall	Spring / Summer	Summer
Medical	8/21/2023 through 1/14/2024	1/15/2024 through 8/18/2024	6/3/2024 through 8/18/2024
Student	\$1,539.46	\$2,155.24	\$923.68
Spouse/ Domestic Partner	\$1,539.46	\$2,155.24	\$923.68
Each Child	\$1,539.46	\$2,155.24	\$923.68

1st & 2nd Year PA, Medical Doctorates and Pharm D Scholars

	Fall	Spring / Summer
Medical	7/1/2023 through 12/31/2023	1/1/2024 through 6/30/2024
Student	\$1,847.35	\$1,847.35
Spouse/ Domestic Partner	\$1,847.35	\$1,847.35
Each Child	\$1,847.35	\$1,847.35

A \$48.00 AES fee is included for Fall and Spring/Summer.

To see all enrollment and coverage periods available, please visit unm.myahpcare.com.

Benefit Maximums and Deductibles	UNM Student Health & Counseling (SHAC) Network	UNM Team Health Network	BCBSNM PPO Network
Plan Year Maximum	Unlimited	Unlimited	Unlimited
Deductible per Individual	\$0	\$250	\$250
Deductible per Family	Not Available	\$500	\$500
Out-of-Pocket Maximum Individual (Includes Deductible, Coinsurance, and Copays)	\$6,350	\$6,350	\$6,350
Out-of-Pocket Maximum Family (Includes Deductible, Coinsurance, and Copays)	\$12,700	\$12,700	\$12,700

Pre-existing condition exclusions: None

Benefits (Deductible applies unless noted below)	UNM Student Health & Counseling (SHAC) Network	UNM Team Health Network	BCBSNM PPO Network
Primary Care Office Visit	\$10 Copay	\$15 Copay; deductible does not apply	\$25 Copay; deductible does not apply
Specialist Office Visit	\$15 Copay	\$25 Copay; deductible does not apply	\$35 Copay; deductible does not apply
Inpatient Hospital Expenses	Not Available	20% Coinsurance	20% Coinsurance
Outpatient Hospital Expenses	Not Available	20% Coinsurance	20% Coinsurance
X-ray and Lab	100% after \$10/\$15 Copay	100% after \$15/\$25 Copay	20% Coinsurance
Emergency Services*	Not Available	20% Coinsurance	20% Coinsurance
– Urgent Care Visit	Not Available	\$15 Copay	\$25 Copay
– Urgent Care Expenses	Not Available	20% Coinsurance	20% Coinsurance
Preventive Care Services	No Copay	No Copay; deductible does not apply	No Copay; deductible does not apply
Prescriptions			
– Generic	\$10 Copay	\$20 Copay	\$20 Copay
– Preferred Brand**	\$20 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Brand**	\$30 Copay	\$60 Copay	\$60 Copay
– Specialty	\$100 Copay	\$100 Copay	\$100 Copay

* Emergency Services and Ambulance for Out of Network pay at the BCBSNM PPO level

** Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.



Waiver information

All Medical School and Medical Health Professional are automatically enrolled and charged for the UNM Student Health Plan unless a waiver is submitted and approved. All Graduate Assistants (Domestic and International) are automatically enrolled and UNM pays the premiums for this coverage unless a waiver is submitted and approved. Students holding comparable coverage may be eligible to waive enrollment in the UNM Student Health Plan.

To be eligible for a waiver of enrollment in the UNM Student Health Plan, the University requires that students provide evidence of other comparable health coverage. Please be advised that the waiver request will be reviewed and verified active with the insurance carrier.

Deadlines to Waive/Enroll/Renew

1st & 2nd Year PA, Medical Doctorates and Pharm D Scholars

Open Enrollment

Fall: 6/24/2023 - 8/17/2023

Spring/Summer: 12/19/2023 - 2/15/2024

Waiver Deadline

Fall: 8/17/2023

Spring/Summer: 2/15/2024

GA Returning Medical Students and Medical Health Professionals

Open Enrollment

Fall: 8/15/23-10/06/23

Spring/Summer: 1/09/24-3/02/24

Summer: 6/03/24-6/26/24

Waiver Deadline

Fall: 10/06/23

Spring/Summer: 3/02/24

Summer: 6/26/2024

Waiver procedures and deadline information are available at unm.myahpcare.com and hr.unm.edu/benefits/student-health-insurance.

Academic HealthPlans, Inc. (AHP) is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of New Mexico. This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the policy. The PPO network is BCBSNM Participating Provider Option (PPO) Network. Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's policy.

The relationship between Blue Cross and Blue Shield of New Mexico (BCBSNM) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSNM, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

Díí baa akó nínizín: Díí saad bee yáñíít'go Diné Bizaad, saad bee áká'ánída'áwo'dé' é'í', t'áá jiik'eh, éí ná hólp', kójjí' hódíílnih 855-710-6984 (TTY: 711).

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Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદાક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bika anánílwo'ígíí, na'idíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'k'e níká a'doolwoł dóo bina'idíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'e 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.