



Student Health Insurance Plan for University of New Mexico

2024 - 2025

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

Graduate Assistantship, Graduate Fellowships, and Medical Health Professionals

	Fall	Spring / Summer	Summer
Medical	8/19/2024 through 1/19/2025	1/20/2025 through 8/17/2025	6/2/2025 through 8/17/2025
Student	\$1,616.43	\$2,263.00	\$969.86
Spouse/ Domestic Partner	\$1,616.43	\$2,263.00	\$969.86
Each Child	\$1,616.43	\$2,263.00	\$969.86

Medical Doctorate, Pharm D, and PA Scholars

	Fall	Spring / Summer
Medical	7/1/2024 through 12/31/2024	1/1/2025 through 6/30/2025
Student	\$1,939.72	\$1,939.72
Spouse/ Domestic Partner	\$1,939.72	\$1,939.72
Each Child	\$1,939.72	\$1,939.72

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

Deductible and Out-of-Pocket for all providers are combined.

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% deductible waived	100% deductible waived	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: 6/24/2024 - 8/15/2024

Spring/Summer: 12/18/2024 - 2/15/2025

Waiver Deadline

Fall: 8/15/2024

Spring/Summer: 2/15/2025

GA Returning Medical Students and Medical Health Professionals

Open Enrollment

Fall: 8/12/2024 - 10/03/2024

Spring/Summer: 1/13/2025 - 3/06/2025

Summer: 5/27/2025 - 7/17/2025

Waiver Deadline

Fall: 10/03/2024

Spring/Summer: 3/06/2025

Summer: 7/17/2025

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

Academic HealthPlans, Inc. (AHP), a Risk Strategies Company, 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 nínizin: Díí saad bee yáñíít'ígo Diné Bizaad, saad bee áká'ánída'áwo'de' ę'', t'áá jii'k'eh, éí ná hólo', kojí' hódíílnih 855-710-6984 (TTY: 711).

Health care coverage is important for everyone.

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. 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. 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, IL 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/smartscreen/main.jsf>
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاناً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájíík'eh bee náhaz'á. 1-866-560-4042 jí' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.