



The University of New Mexico

Department of Human Resources
Human Resources Service Center
1730 Lomas Blvd NE
Albuquerque, NM 87131
Telephone (505) 277- MyHR (6947)
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RETIREE SENIOR PLANS

**OPEN ENROLLMENT MATERIALS FOR MEDICAL
AND DENTAL PLANS FOR CALENDAR YEAR 2006**

CONTAINS IMPORTANT INFORMATION ON PLANS



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Date: November 7, 2005
To: Retiree Senior Plan Member
From: Charlotte Hendrix, Interim Benefits Manager
RE: Open Enrollment for 2006 Medicare Eligible Retirees

Open Enrollment for 2006 will begin on Monday, November 7th and end on Friday, December 9th. During this Open Enrollment period, you will have the option of enrolling in a UNM-sponsored insurance plan or dropping your current coverage. For individuals who retired from the University on or after January 1, 2000 and have never enrolled in a UNM-sponsored health insurance plan, we are offering you the opportunity during this Open Enrollment period to enroll in health insurance coverage.

The University will be offering the following medical insurance plans for retirees for 2006:

- **AARP/United Healthcare**
- **Lovelace Standard Plan**
- **Lovelace Enhanced Plan**
- **Presbyterian MediCare PPO “The UNM Plan” (formerly Presbyterian Senior Plan and Presbyterian Plan J and only available to those retirees who are currently enrolled in a Presbyterian Senior Healthcare Plan)**

The University will no longer be offering the CIGNA Senior Indemnity Plan. Instead we will be offering the AARP plan, which is underwritten by United Health Care. We think that you will be pleased with this change – the plan is equally as good as the CIGNA plan and the premiums will be much lower. The rates for coverage under this new plan are based on an individual’s age and state of residence. AARP/United Health Care will be sending a packet of information to all retirees with individualized quotes for your health insurance and a separate enrollment packet for your prescription drug coverage. UNM will continue to pay 43% of your premium for the AARP/UHC health insurance plan and the prescription plan. (Widows/widowers will be responsible for 100% of their premium beginning twelve months after the death of their spouse.)

We are pleased to be able to continue to offer the Lovelace Standard plan at no cost to you and your dependents and the Lovelace Enhanced plan at a rate lower than the Lovelace Premium Plan. Lovelace has increased or added co-pays to both the Standard Plan and the Enhanced Plan. Please look carefully at the Lovelace Comparison sheet on pages 7-9 to find the current costs. Especially note that there are now co-pays for both CT and MRI scans and for chemotherapy, radiation therapy, and oxygen.

Individuals who were enrolled in either the Presbyterian Senior Plan or the Presbyterian Plan J can now enroll in the Presbyterian MediCare PPO, “The UNM Plan.” **This plan is not open for new enrollment.** Only those who are currently enrolled in a Presbyterian Plan can elect to continue their coverage with Presbyterian. UNM physicians and facilities are not covered under a Presbyterian Senior Care plan. There are no significant changes in the Presbyterian plan except for the standard Medicare deductible increased. If you are currently enrolled in the Presbyterian Senior Care Plan, you will have the option to stay with Presbyterian or enroll in the Lovelace plans or the AARP/UHC plan.

If you reside in a county outside of the Lovelace Senior Plan service area, (see page 10 for coverage areas,) you must enroll in the AARP/UHC plan or in the Presbyterian PPO Plan to have continued medical coverage. All UNM physicians are available on the medical plans offered by Lovelace and AARP.

The United Dental Care Plan (formerly Fortis) and Delta Dental rates have not increased and there are no changes to the plans. Please note: The dental plans for retirees are closed plans. If you currently do not have dental coverage, you cannot enroll as a new member.

The open enrollment period for medical and dental plans for all Medicare eligible retirees runs from Monday, November 7th through Friday, December 9th. **We are having a Retiree Health Fair on Thursday, November 17th from 9:00 a.m. to 3:00 p.m. The Fair will be located in the Rotunda Ballroom, which is located at 801 University SE.** Representatives from the medical and dental plans will be available to answer any questions. If you are unable to attend the Health Fair, you can call 505-277-MyHR (6947) for information.

**Important Information about UNM's 2006
Open Enrollment for Medicare Eligible Retirees**

The Open Enrollment period for the Medicare Senior Plans will be Monday, November 7, 2005 through Friday, December 9, 2005. **All of UNM's medical plans are terminating on December 31, 2005. You must enroll in one of the new plans if you wish to continue your medical coverage.** During this open enrollment you can:

- Change medical plans
- Drop medical plan
- Add or drop a spouse, domestic partner, or legal dependent(s)

Benefit coverage will be effective for a 12-month period, January 1, 2006 through December 31, 2006. You will **not** be able to make any changes during the 12 months **unless** you have a qualifying change in status (see page 6). Therefore, we encourage you to carefully read the materials contained within this packet.

We also encourage you to attend the **Retiree Health Fair on Thursday, November 17th from 9:00 a.m. to 3:00 p.m.** at the Rotunda Ballroom, which is located at 801 University Blvd. SE. Spouses and domestic partners are also welcome to attend.

During the Health Fair, representatives from the medical and dental plans will be available to answer your questions. Each of the insurance carriers will have up-to-date provider listings and detailed plan information. UNM Human Resources Staff will also be available to answer questions regarding all available benefits.

If you are unable to attend the Health Fair and need additional assistance you may call (505) 277-MyHR (6947).

Medical Insurance

The Open Enrollment period for the Medicare Senior Plans will be Monday, November 7, 2005 through Friday, December 9, 2005. For individuals who retired from the University on or after January 1, 2000 and have never enrolled in a UNM-sponsored health insurance plan, we are offering you the opportunity during this Open Enrollment period to enroll in health insurance coverage.

- 1) AARP Plan underwritten by United HealthCare: This plan is available to any retiree regardless of current plan or location of residence. If you wish to enroll in the AARP, you must complete the enrollment materials that you receive from AARP. **You will receive two separate enrollment packets, one for your medical coverage and one for your prescription coverage. You must complete both.**
- 2) Lovelace Senior Plans: The Lovelace Standard Plan and Lovelace Enhanced Plan options will be available to any retiree living in Albuquerque, Santa Fe, and selected surrounding counties. Please see the Lovelace Service Area chart for coverage areas based on specific zip codes.
- 3) Presbyterian MediCare PPO, "The UNM Plan": Individuals who were enrolled in either the Presbyterian Senior Plan or the Presbyterian Plan J can now enroll in the Presbyterian MediCare PPO, "The UNM Plan." This plan is not open for new enrollment. Only those who are currently enrolled in a Presbyterian Senior Plan can elect to continue their coverage with Presbyterian.

IMPORTANT DEADLINE

Retirees who wish to change plans **MUST** complete a new enrollment form. All forms must be submitted to the HR Service Center located at 1730 Lomas Blvd. Albuquerque, NM 87131 by 5:30 p.m. on Friday, December 9, 2005 for coverage effective January 1, 2006. We encourage you to attend the **Retiree Health Fair on Thursday, November 17, 2005 from 9:00 a.m. to 3:00 p.m. at the Rotunda Ballroom at 801 University Blvd. SE.**

What to do:

- (a) If you **wish to continue your medical insurance** through UNM, you must select one of the new insurance plans. All of our current plans end on December 31, 2005.
- (b) If you **want to drop your medical insurance plan**, you must complete a disenrollment form and submit them to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005. *Note: If you drop your medical insurance you will not be able to re-enroll at a later time.*
- (c) If you **want to change your Medicare medical plan**, you will need to complete an enrollment change form and submit it to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005. Since all the current UNM medical plans are terminating on December 31, 2005, a disenrollment form is not necessary if you are only changing plans.
- (d) If you enroll in a new Medicare plan and want to **add a dependent(s)**, your dependent must complete an enrollment form and submit it to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005.

Dental Insurance

This Open Enrollment is for retirees **over 65 and those who are Medicare eligible**. The Open Enrollment period for the dental insurance plans will be **Monday, November 7, 2005, through Friday, December 9, 2005**, with an effective coverage date of January 1, 2006. **Retirees who do not currently have dental coverage are not eligible to enroll in dental insurance.** UNM offers two dental plans: Delta Dental, an indemnity plan, and United Dental Care (formerly Fortis), a pre-paid plan. A comparison chart outlining the benefits of the two plans as well as the rates for each plan is enclosed on pages 17 and 18. Representatives from both carriers will be available during the Retiree Health Fair.

- 1) United Dental Care offered by Assurant (formerly Fortis Dental) - Please check with your dentist to be sure that he/she is accepting this plan. If your dentist drops the plan during the plan year, you will be required to select a new dentist. The United Dental Care premium is guaranteed until June 30, 2006. If rates are scheduled to increase on July 1, 2006, you will be notified of these rate changes in May 2006.
- 2) The Delta Dental premium is guaranteed until June 30, 2006. If rates are scheduled to increase on July 1, 2006, you will be notified of these rate changes in May 2006.

What to do:

- (a) If you **do not wish to change** dental insurance plans, no action is required on your part.
- (b) If you **want to drop your** dental insurance plan, you must complete the retiree insurance cancellation form and disenrollment form and submit them to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005.
Note: If you drop your dental insurance, you will not be able to re-enroll at a later time.
- (c) If you **want to change your dental plan**, you will need to complete two enrollment change forms (one to cancel the current coverage and one to enroll in the new choice) and submit them to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005.
- (d) If you are currently enrolled in a dental plan and want to **add a dependent(s)**, you will need to complete the dependent section on the enrollment form and submit it to the HR Service Center at 1730 Lomas Blvd. NE, Albuquerque, NM 87131 no later than 5:30 p.m. Friday, December 9, 2005.

Qualifying Change in Status

Once you are enrolled in medical and/or dental plans, you cannot make changes to those plans unless you experience a "qualifying change in status" event. Qualifying events include the following:

- marriage or divorce
- death of your spouse or dependent
- change in you or your spouse's employment from part-time to full-time, or full-time to part-time
- significant changes in the health coverage of you or your spouse, attributable to your spouse's employment
- birth or adoption of a child
- move out of service area

In order to make changes to your health and/or dental plans, you must do so within **thirty-one (31) days** of the qualifying change of status event.

Adding Dependents

You may add the following dependents to your health and dental plans:

1. Your **legal spouse** (a marriage license, original or certified copy, must be submitted by **Friday, December 9, 2005** when you add your spouse)
2. Your **domestic partner** (a signed and notarized Affidavit and three (3) proofs of shared financial obligation must be submitted by **Friday, December 9, 2005** when you add a domestic partner)
3. Your **unmarried children up to age 25**
4. Your **unmarried children over the age of 25** if mentally or physically disabled, provided extension of coverage is applied for within thirty-one (31) days of the 25th birthday

IMPORTANT DEADLINE

Retirees who wish to drop or change plans **MUST** complete a disenrollment form and a new enrollment form. All forms must be submitted to the HR Service Center located at 1730 Lomas Blvd. Albuquerque, NM 87131 by 5:30 p.m. on Friday, December 9, 2005. **We encourage you to attend the Retiree Health Fair on Thursday, November 17, 2005 from 9:00 a.m. to 3:00 p.m. at the Rotunda Ballroom at 801 University SE.**

LOVELACE
Medicare Advantage Plans for 2006
Comparison Sheet

BENEFITS	Lovelace Senior Standard Plan \$0 (Single)	Lovelace Senior Enhanced Plan \$23.94 (Single)
GENERAL PLAN:		
Medicare Part B Enrollment Required	You pay \$88.50	You pay \$88.50
Medicare Part D Premium (\$32.20)	Paid by Insurance	Paid by Insurance
Medicare \$124 Deductible paid	Covered by Insurance	Covered by Insurance
Provider Panel	Lovelace Covers Bernalillo, Valencia, Torrance, Santa Fe, and Sandoval County	Lovelace Covers Bernalillo, Valencia, Torrance, Santa Fe, and Sandoval County
UNMHC Included in In-Network Provider Panel?	Yes	Yes
Referrals Required	None for Network	None for Network
OUTPATIENT CARE:		
Co-pay for PCP Visit	You pay \$5	You pay \$5
Co-pay for Specialist Visit	You pay \$20	You pay \$20
Outpatient Surgery	You pay \$50 for each visit to an ambulatory surgical center. You pay \$50 for each visit to an outpatient hospital facility.	You pay \$50 for each visit to an ambulatory surgical center. You pay \$50 for each visit to an outpatient hospital facility.
Urgent Care Needed	You pay \$20 to \$50 (non-contracted) per visit. Co-pay waived if admitted to hospital within 24 hours for same condition. Worldwide coverage.	You pay \$20 to \$50 (non-contracted) per visit. Co-pay waived if admitted to hospital within 24 hours for same condition. Worldwide coverage.
Emergency Care	You pay \$50 for each visit. Co-pay waived if admitted to hospital within 24 hours for same condition. Worldwide coverage.	You pay \$50 for each visit. Co-pay waived if admitted to hospital within 24 hours for same condition. Worldwide coverage.
Ambulance Services	You pay \$75 for ambulance services. Not waived if admitted to hospital.	You pay \$75 for ambulance services. Not waived if admitted to hospital.
Outpatient Mental Health Care	You pay \$20 for each <u>individual</u> therapy visit for Medicare-covered Mental Health Services. You pay \$15 for each <u>group</u> therapy visit for Medicare-covered Mental Health Services.	You pay \$20 for each <u>individual</u> therapy visit for Medicare-covered Mental Health Services. You pay \$15 for each <u>group</u> therapy visit for Medicare-covered Mental Health Services.
Outpatient Substance Abuse Care	You pay \$20 for each Medicare-covered services <u>individual</u> visit. For Medicare-covered services, you pay \$15 for each <u>group</u> visit.	You pay \$20 for each Medicare-covered services <u>individual</u> visit. For Medicare-covered services, you pay \$15 for each <u>group</u> visit.
Chiropractic Services (Manual manipulation of the spine to correct subluxation.)	You pay \$20 for each Medicare-covered visit	You pay \$20 for each Medicare-covered visit
Podiatry Services (medically necessary foot care.)	You pay \$20 for each Medicare-covered visit. Routine Podiatry Services not covered.	You pay \$20 for each Medicare-covered visit. Routine Podiatry Services not covered.
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay \$10 for each Medicare-covered Occupational Therapy, Physical Therapy, and/or Speech/Language Therapy visit.	You pay \$10 for each Medicare-covered Occupational Therapy, Physical Therapy, and/or Speech/Language Therapy visit.
INPATIENT CARE:		
Inpatient Hospital Care	You pay \$200 for each Medicare-covered stay in a network hospital. There is no co-payment for additional days received at a network hospital. You are covered for unlimited days each benefit period. Except in an emergency, your provider must obtain authorization from Lovelace Senior Plan.	You pay \$200 for each Medicare-covered stay in a network hospital. There is no co-payment for additional days received at a network hospital. You are covered for unlimited days each benefit period. Except in an emergency, your provider must obtain authorization from Lovelace Senior Plan.

Lovelace Benefit	Standard Plan	Enhanced Plan
Inpatient Mental Health Care	You pay \$200 for each Medicare-covered stay at a network hospital. Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime. Expect in an emergency, your provider must obtain authorization from Lovelace Senior Plan.	You pay \$200 for each Medicare-covered stay at a network hospital. Medicare beneficiaries may only receive 190 days in a Psychiatric Hospital in a lifetime. Expect in an emergency, your provider must obtain authorization from Lovelace Senior Plan.
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay \$0 for services received in a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Authorization rules may apply for services. Contact plan for details.	You pay \$0 for services received in a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Authorization rules may apply for services. Contact plan for details.
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aid services, & rehabilitation services.)	You pay \$0 for Medicare –covered home health visits. Authorization rules may apply for services. Contact plan for details.	You pay \$0 for Medicare –covered home health visits. Authorization rules may apply for services. Contact plan for details.
Hospice	You pay \$0 if you receive care from a Medicare-certified hospice.	You pay \$0 if you receive care from a Medicare-certified hospice.
PREVENTIVE SERVICES:		
Annual Physical Exams	You pay \$5 for Medicare-covered services. You pay \$5 for each exam. You are covered up to one exam every year.	You pay \$5 for Medicare-covered services. You pay \$5 for each exam. You are covered up to one exam every year.
Mammograms (Annual Screening)	For women with Medicare age 40 and older, You pay \$0 for Medicare-covered screenings. No referrals necessary for Medicare-covered screenings.	For women with Medicare age 40 and older, You pay \$0 for Medicare-covered screenings. No referrals necessary for Medicare-covered screenings.
Pap Smears and Pelvic Exams	You pay \$0 for Medicare-covered Pap Smears and Pelvic Exams.	You pay \$0 for Medicare-covered Pap Smears and Pelvic Exams.
Prostate Cancer Screening Exams.	For men with Medicare age 50 and older; you pay \$0 for Medicare-covered Prostate Cancer Screening exams.	For men with Medicare age 50 and older; you pay \$0 for Medicare-covered Prostate Cancer Screening exams.
Bone Mass Measurement	For people with Medicare who are at risk; you pay \$0 for each Medicare-covered Bone Mass Measurement.	For people with Medicare who are at risk; you pay \$0 for each Medicare-covered Bone Mass Measurement.
Colorectal Screening Exams.	For people with Medicare age 50 and older; you pay \$5 to \$50 for each Medicare-covered Colorectal Screening exam.	For people with Medicare age 50 and older; you pay \$5 to \$50 for each Medicare-covered Colorectal Screening exam.
Diabetes Self-Monitoring Training and Supplies (Includes coverage for glucose monitors, test strips, lancets, and screening tests)	You pay \$0 for Diabetes self-monitoring training. No co-payment for Diabetes supplies.	You pay \$0 for Diabetes self-monitoring training. No co-payment for Diabetes supplies.
Immunizations: Pneumonia Vaccine Flu Vaccine Hepatitis B Vaccine	You pay \$0 for Pneumonia, Flu and Hepatitis B Vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines.	You pay \$0 for Pneumonia, Flu and Hepatitis B Vaccines. No referral necessary for Medicare-covered influenza and pneumonia vaccines.
Diagnostic Tests, X-Rays, and Lab Services	You pay \$0 to \$20 for each Medicare-covered clinical/diagnostic lab service. You pay \$20 for each Medicare-covered radiation or chemotherapy visit (limit to 5 co-payments in a 30-day period.) You pay \$0 to \$50 for each Medicare-covered X-Ray visit. You pay \$50 for a MRI or CT Scan.	You pay \$0 to \$20 for each Medicare-covered clinical/diagnostic lab service. You pay \$20 for each Medicare-covered radiation or chemotherapy visit (limit to 5 co-payments in a 30-day period.) You pay \$0 to \$50 for each Medicare-covered X-Ray visit. You pay \$50 for a MRI or CT Scan.
OTHER BENEFITS:		
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	You pay \$0 to \$20 for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details. You pay \$20 for Oxygen per month.	You pay \$0 to \$20 for each Medicare-covered item. Authorization rules may apply for services. Contact plan for details. You pay \$20 for Oxygen per month.
Prosthetic Devices (Includes braces, artificial limbs, eyes, etc.)	You pay \$0 for Medicare-covered items.	You pay \$0 for Medicare-covered items.

Lovelace Benefit	Standard Plan	Enhanced Plan
<p>PRESCRIPTION DRUGS</p> <p>Outpatient Prescription Drugs</p> <p>To view the plan's formulary, go to: www.Lovelacehealthplan.com</p>	<p>There is no deductible.</p> <p>You pay co-payments indicated below until you and the plan pay \$2250 in prescription costs for you (On the standard plan it will be both plan price and co-payments that will track toward the \$2250.):</p> <ul style="list-style-type: none"> • You pay \$4 for a one-month (30 day) supply of Formulary Generic drugs you get at an in-network pharmacy. • You pay \$40 for a one-month (30 day) supply of Formulary Brand drugs you get at an in-network pharmacy. • You pay \$12 for a three-month (90 day) supply of mail order Formulary Generic drugs. • You pay \$120 for a three-month (90 day) supply of mail order Formulary Brand drugs. <p>After \$2250 you will pay a \$4 co-payment for formulary generic prescriptions and 100% for formulary brand prescriptions until you reach \$3600 in out of pocket costs.</p> <p>After you reach <u>\$3600</u> out-of-pocket costs, you pay the greater of \$2 for generic or preferred brand drug and \$5 for all other drugs <u>OR 5% coinsurance</u>.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change.</p>	<p>There is no deductible.</p> <p>You pay co-payments indicated below until <u>\$3600</u> is reached. On the enhanced plan it is only co-payments that will track toward the \$3600. <u>\$3600</u> represents only your co-payments for Formulary Brand and Formulary Generics plus the plan price of your prescriptions:</p> <ul style="list-style-type: none"> • You pay \$4 for a one-month (30 day) supply of Formulary Generic drugs you get at an in-network pharmacy. • You pay \$40 for a one-month (30 day) supply of Formulary Brand drugs you get at an in-network pharmacy. • You pay \$12 for a three-month (90 day) supply of mail order Formulary Generic drugs. • You pay \$120 for a three-month (90 day) supply of mail order Formulary Brand drugs. <p>After you reach <u>\$3600</u> out-of-pocket costs, you pay the greater of \$2 for a generic or a preferred drug and \$5 for all other drugs <u>OR you pay 5%</u> of the cost for either Brand or Generic drugs.</p> <p>This plan uses a formulary. A formulary is a preferred list of drugs selected to meet patient needs at a lower cost. If the formulary changes, you will be notified in writing before the change.</p>
<p>OTHER BENEFITS:</p>		
<p>Vision Services</p>	<p>You pay \$0 for the following items:</p> <ul style="list-style-type: none"> • Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) • You are covered up to \$36 for eyeglass frames every two years. <p>You pay:</p> <ul style="list-style-type: none"> • \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye.) • \$30 for each Routine eye exam, limited to one exam every two years. 	<p>You pay \$0 for the following items:</p> <ul style="list-style-type: none"> • Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery) • You are covered up to \$36 for eyeglass frames every two years. <p>You pay:</p> <ul style="list-style-type: none"> • \$20 for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye.) • \$30 for each Routine eye exam, limited to one exam every two years.
<p>Dental Services</p>	<p>In general, you pay 100% for dental services</p>	<p>In general, you pay 100% for dental services</p>
<p>Hearing Services</p>	<p>You pay 100% for hearing aids. You pay \$20 for each Medicare-covered hearing exam. (diagnosis hearing exams.) You pay \$30 for each routine hearing test up to one test every two years.</p>	<p>You pay 100% for hearing aids. You pay \$20 for each Medicare-covered hearing exam. (diagnosis hearing exams.) You pay \$30 for each routine hearing test up to one test every two years.</p>

**This is a general summary only. It is not intended to cover all contingencies.
For more specific coverage information, please call the Customer Service number: 505-262-7363.**

Lovelace Senior Plan Service Area 2006

You must live in one of these zip code areas to enroll in a Lovelace Senior Plan

ZIP	CITY	COUNTY	ZIP	CITY	COUNTY
87001	Algodones	Sandoval	87111	Albuquerque	Bernalillo
87002	Belen	Valencia	87112	Albuquerque	Bernalillo
87004	Bernalillo	Sandoval	87113	Albuquerque	Bernalillo
87006	Bosque	Valencia	87114	Albuquerque	Bernalillo
87008	Cedar Crest	Bernalillo	87115	Albuquerque	Bernalillo
87013	Cuba	Sandoval	87116	Albuquerque	Bernalillo
87018	Counselor	Sandoval	87117	Albuquerque	Bernalillo
87022	Isleta	Bernalillo	87118	Albuquerque	Bernalillo
87023	Jarales	Valencia	87119	Albuquerque	Bernalillo
87024	Jemez Pueblo	Sandoval	87120	Albuquerque	Bernalillo
87025	Jemez Springs	Sandoval	87121	Albuquerque	Bernalillo
87027	Lajara	Sandoval	87122	Albuquerque	Bernalillo
87031	Los Lunas	Valencia	87123	Albuquerque	Bernalillo
87041	Pena Blanca	Sandoval	87124	Rio Rancho	Sandoval
87042	Peralta	Valencia	87125	Albuquerque	Bernalillo
87043	Placitas	Sandoval	87131	Albuquerque	Bernalillo
87044	Ponderosa	Sandoval	87140	Albuquerque	Bernalillo
87046	Regina	Sandoval	87144	Rio Rancho	Sandoval
87047	Sandia Park	Bernalillo	87153	Albuquerque	Bernalillo
87048	Corrales	Sandoval	87154	Albuquerque	Bernalillo
87052	Santa Domingo Pueblo	Sandoval	87158	Albuquerque	Bernalillo
87053	San Ysidro	Sandoval	87174	Rio Rancho	Sandoval
87059	Tijeras	Bernalillo	87176	Albuquerque	Bernalillo
87060	Tome	Valencia	87180	Albuquerque	Bernalillo
87068	Bosque Farms	Bernalillo	87181	Albuquerque	Bernalillo
87072	Cochiti Pueblo	Sandoval	87184	Albuquerque	Bernalillo
87083	Cochiti Lake	Sandoval	87185	Albuquerque	Bernalillo
87101	Albuquerque	Bernalillo	87190	Albuquerque	Bernalillo
87102	Albuquerque	Bernalillo	87191	Albuquerque	Bernalillo
87103	Albuquerque	Bernalillo	87192	Albuquerque	Bernalillo
87104	Albuquerque	Bernalillo	87193	Albuquerque	Bernalillo
87105	Albuquerque	Bernalillo	87194	Albuquerque	Bernalillo
87106	Albuquerque	Bernalillo	87195	Albuquerque	Bernalillo
87107	Albuquerque	Bernalillo	87196	Albuquerque	Bernalillo
87108	Albuquerque	Bernalillo	87197	Albuquerque	Bernalillo
87109	Albuquerque	Bernalillo	87198	Albuquerque	Bernalillo
87110	Albuquerque	Bernalillo	87199	Albuquerque	Bernalillo
87010	Cerrillos	Santa Fe	87201	Albuquerque	Bernalillo
87015	Edgewood	Santa Fe	87535	Glorieta	Santa Fe
87056	Stanley	Santa Fe	87540	Lamy	Santa Fe
87500	Santa Fe	Santa Fe	87567	Santa Cruz	Santa Fe
87501	Santa Fe	Santa Fe	87574	Tesuque	Santa Fe
87502	Santa Fe	Santa Fe	87016	Estancia	Torrance
87503	Santa Fe	Santa Fe	87032	Mcintosh	Torrance
87504	Santa Fe	Santa Fe	87035	Moriarty	Torrance
87505	Santa Fe	Santa Fe	87036	Mountainair	Torrance
87506	Santa Fe	Santa Fe	87057	Tajique	Torrance
87507	Santa Fe	Santa Fe	87061	Torreón	Torrance
87508	Santa Fe	Santa Fe	87592	Santa Fe	Santa Fe
87509	Santa Fe	Santa Fe	87594	Santa Fe	Santa Fe

The following pages describing the AARP Plan F are provided as a general summary only. It is not intended to cover all contingencies. Specific information will be sent to all UNM Retirees from AARP.

For more specific coverage information, please call the AARP Customer Service Number – 1-800-392-7537.

Plan F

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

- * 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.
- ** \$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.
- *** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the 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.

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* - Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$912	\$912 (Part A Deductible)	\$0**
61 st through 90 th day	All but \$228 a day	\$228 a day	\$0**
91 st day and after:			
– While using 60 lifetime reserve days	All but \$456 a day	\$456 a day	\$0**
– Once lifetime reserve days are used:			
▪ Additional 365 days (lifetime)	\$0	100% of Medicare Eligible Expenses	\$0***
▪ Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* - 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**
21 st through 100 th day	All but \$114 a day	Up to \$114 a day	\$0**
101 st day and after	\$0	\$0	All costs
BLOOD – First 3 Pints	\$0	3 pints	\$0**
Additional amounts	100%	\$0	\$0**
HOSPICE CARE – Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care.	\$0	Balance

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

- ** \$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.
- **** Once you have been billed \$110 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
MEDICAL EXPENSES – 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 \$110 of Medicare-Approved Amounts****	\$0	\$110 (Part B Deductible)	\$0**
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$0**
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%	\$0**

Plan F

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR (continued)

** \$0 indicates your liability for covered charges. You are responsible for all other non-covered charges.

**** Once you have been billed \$110 of Medicare-Approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
BLOOD – First 3 Pints	\$0	All costs	\$0**
Next \$110 of Medicare-Approved Amounts****	\$0	\$110 (Part B Deductible)	\$0**
Remainder of Medicare-Approved Amounts	80%	20%	\$0**
CLINICAL LABORATORY SERVICES – Blood Tests For Diagnostic Services	100%	\$0	\$0**

PARTS A & B

HOME HEALTH CARE – MEDICARE APPROVED SERVICES			
– Medically necessary skilled care services and medical supplies	100%	\$0	\$0**
– Durable medical equipment:			
▪ First \$110 of Medicare-Approved Amounts****	\$0	\$110 (Part B Deductible)	\$0**
▪ Remainder of Medicare-Approved Amounts	80%	20%	\$0**

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – 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 \$50,000 lifetime maximum

AARP Medicare^R Plan

Insured by United HealthCare Insurance Company

Region	States in Region	Deductible	Tier 1	Tier 2	Tier 3	Tier 4
1	Maine, New Hampshire	\$0	\$5	\$28	\$56	25%
2	Connecticut, Massachusetts, Rhode Island, Vermont	\$0	\$5	\$28	\$56	25%
3	New York	\$0	\$5	\$28	\$55	25%
4	New Jersey	\$0	\$5	\$28	\$56	25%
5	Delaware, DC, Maryland	\$0	\$5	\$28	\$55	25%
6	Pennsylvania, West Virginia	\$0	\$5	\$28	\$55	25%
7	Virginia	\$0	\$5	\$28	\$55	25%
8	North Carolina	\$0	\$5	\$28	\$55	25%
9	South Carolina	\$0	\$5	\$28	\$55	25%
10	Georgia	\$0	\$5	\$28	\$55	25%
11	Florida	\$0	\$5	\$28	\$56	25%
12	Alabama, Tennessee	\$0	\$5	\$28	\$55	25%
13	Michigan	\$0	\$5	\$28	\$55	25%
14	Ohio	\$0	\$5	\$28	\$55	25%
15	Indiana, Kentucky	\$0	\$5	\$28	\$55	25%
16	Wisconsin	\$0	\$5	\$28	\$56	25%
17	Illinois	\$0	\$5	\$28	\$56	25%
18	Missouri	\$0	\$5	\$28	\$55	25%
19	Arkansas	\$0	\$5	\$28	\$55	25%
20	Mississippi	\$0	\$5	\$28	\$55	25%
21	Louisiana	\$0	\$5	\$28	\$55	25%
22	Texas	\$0	\$5	\$28	\$55	25%
23	Oklahoma	\$0	\$5	\$28	\$55	25%
24	Kansas	\$0	\$5	\$28	\$55	25%
25	Iowa, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wyoming	\$0	\$5	\$28	\$56	25%
26	New Mexico	\$0	\$5	\$28	\$56	25%
27	Colorado	\$0	\$5	\$28	\$55	25%
28	Arizona	\$0	\$5	\$28	\$56	25%
29	Nevada	\$0	\$5	\$28	\$55	25%
30	Oregon, Washington	\$0	\$5	\$28	\$55	25%
31	Idaho, Utah	\$0	\$5	\$28	\$55	25%
32	California	\$0	\$5	\$28	\$55	25%
33	Hawaii	\$0	\$5	\$28	\$56	25%
34	Alaska	\$0	\$5	\$28	\$56	25%
35	American Samoa	\$0	\$5	\$28	\$56	25%
36	Guam	\$0	\$5	\$31	\$72	25%
37	Northern Mariana Islands	\$0	\$5	\$28	\$56	25%
38	Puerto Rico	\$0	\$5	\$31	\$72	25%
39	U.S. Virgin Islands	\$0	\$5	\$28	\$56	25%

**Presbyterian PPO
Medicare Advantage Plans for 2006**

BENEFITS	Presbyterian PPO In-Network NOTE: Out-of Network benefits are shown in Italics
GENERAL PLAN:	
Medicare Part B Enrollment Required	You pay \$88.50
Medicare Part D Premium (\$32.20)	Paid by Insurance
Plan Premiums	\$64.98
Medicare \$124 Deductible	Covered by Insurance
Provider Panel	Covers State-wide. Any provider accepting Medicare.
UNMHC Included in In-Network Provider Panel	No, UNM doctors and facilities are considered out of network.
Referrals Required	None required
OUTPATIENT CARE:	
Co-pay for PCP Visit	You pay \$10/\$25
Co-pay for Specialist Visit	You pay \$20/\$50. You pay \$30 for Ophthalmologist visit.
Outpatient Surgery	You pay \$75 for each visit to an ambulatory surgical center. You pay \$75 for each visit to an outpatient hospital facility. You pay 20% for each visit.
Urgent Care Needed	You pay \$25 per visit. You pay \$40 per visit. Worldwide coverage
Emergency Care	You pay \$50 for each visit. Not waived if admitted to hospital. You pay \$50 for each visit. Not waived if admitted to hospital. Worldwide coverage
Ambulance Services	You pay \$50 for ambulance services. Not waived if admitted to hospital. You pay \$50 for ambulance services. Not waived if admitted to hospital.
Outpatient Mental Health Care	You pay \$20 for each Medicare-covered service, individual/group therapy visit. You pay 50% of cost for each Medicare-covered service, individual/group therapy visit
Outpatient Substance Abuse Care	You pay \$20 for each Medicare-covered service, individual/group visit. You pay 20% of the cost for each Medicare-covered, individual/group visit.
Chiropractic Services (Manual manipulation of the spine to correct subluxation.)	You pay \$10 for each Medicare-covered visit. You pay \$30 for each Medicare-covered visit.
Podiatry Services (medically necessary foot care.)	You pay \$10 for each Medicare-covered visit. You pay \$30 for each Medicare-covered visit. Routine Podiatry Services not covered.
Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	You pay \$10 for each Medicare-covered Occupational Therapy, Physical Therapy, and/or Speech/Language Therapy visit. You pay \$0 for Cardiac Rehabilitation. Authorization required. You pay \$20 for each Medicare-covered visit with Prior Authorization. You pay 20% for each Medicare-covered visit if no Prior Authorization.
INPATIENT CARE:	
Inpatient Hospital Care	You pay \$250 deductible. No co-payment required for services in network hospital. Authorization required. You pay \$500 deductible if prior authorization is received. If no authorization is received, you pay each benefit period: \$912 deductible for Days 1-60, \$228 each day for Days 61-90, \$456 each lifetime reserve day for Days 91-150.

Benefit	Presbyterian PPO
Inpatient Mental Health Care	You pay \$250 deductible. There is no co-payment for services in a network hospital. There is a 190-day lifetime limit in a Psychiatric Hospital. Authorization required. If you have prior authorization, you pay \$500 deductible. If no authorization is received, you pay each benefit period: you pay \$912 deductible for Days 1-60, \$228 each day for Days 61-90, \$456 each lifetime reserve day for Days 91-150.
Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	You pay \$0 for services received in a Skilled Nursing Facility. No prior hospital stay is required. You are covered for 100 days each benefit period. Prior authorization required. If prior authorization is received, you pay \$0 for each day 1-20; \$100 for each day 21-100. If you do not receive prior authorization, you pay: \$0 for Days 1-20; \$114.50 per day for Days 21-100.
Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aid services, and rehabilitation services, etc.)	You pay \$0 for Medicare-covered home health visits. Authorization required. You pay \$0 for Medicare-covered home health visits.
Hospice	You must receive care from a Medicare-certified hospice.
PREVENTIVE SERVICES:	
Annual Physical Exams	You pay \$0 for each exam. You are covered up to one exam every year. You pay \$30 for each exam. You are covered up to one exam every year.
Mammograms (Annual Screening)	You pay \$0 for each Medicare-covered Screening Mammograms. No referral necessary for Medicare-covered screenings. You pay \$0 for each Medicare-covered Screening Mammogram. No referral required for Medicare-covered screenings.
Pap Smears and Pelvic Exams	You pay \$0 for Medicare-covered Pap Smears and Pelvic Exams. You pay \$0 for Medicare-covered Pap Smears and Pelvic Exams.
Prostate Cancer Screening Exams.	You pay \$0 for Medicare-covered Prostate Cancer Screening exams. You pay \$0 for Medicare-covered Prostate Cancer Screening exams.
Bone Mass Measurement	You pay \$0 for each Medicare-covered Bone Mass Measurement. You pay \$0 for each Medicare-covered Bone Mass Measurement.
Colorectal Screening Exams.	You pay \$0 for each Medicare-covered screening. You pay \$0 for each Medicare-covered screening.
Diabetes Self-Monitoring Training and Supplies (Includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training.)	You pay \$0 for each Medicare-covered Diabetes Supply and self monitoring training. You pay 10% for each Medicare-covered Diabetes Supply and self monitoring training.
Immunizations: Pneumonia Vaccine Flu Vaccine Hepatitis B Vaccine	You pay \$0 for Pneumonia Vaccine. (Same - Out-of-Network); \$0 for Flu Vaccine (Same - Out-of-Network); \$0 for Hepatitis B Vaccine (Same - Out-of-Network)
Diagnostic Tests, X-Rays, and Lab Services	You pay \$0 for each Medicare-covered service. You pay 10% of the cost for Medicare-covered service.
Health/Wellness Education	You pay \$0 for the following: <ul style="list-style-type: none"> • Health Education Classes • Newsletters • Nutritional Training • Smoking Cessation • Congestive Heart Program • Disease Management

Benefit	Presbyterian PPO
OTHER BENEFITS:	
Durable Medical Equipment (Includes wheelchairs, oxygen, etc.)	You pay \$0 for each Medicare-covered item. Authorization required. With prior authorization, you pay \$20 for each durable medical equipment piece purchased out-of-network. With <u>no</u> prior authorization, you pay 20% for durable medical equipment purchased out-of-network.
Prosthetic Devices (Includes braces, artificial limbs, eyes, etc.)	You pay \$0 for each Medicare-covered item. Authorization required. With prior authorization, you pay \$20 for each durable medical equipment piece purchased out-of-network. With <u>no</u> prior authorization, you pay 20% for durable medical equipment purchased out-of-network.
PRESCRIPTION DRUG BENEFIT:	
Outpatient Prescription Drugs	The following Prescription Drug Benefits apply to In-Network and Out-of-Network: <u>Formulary Generic Drugs:</u> You pay \$5 for one month (30 day) supply. You pay \$10 for three-month (90 day) mail order supply. No calendar year limit. Authorization may be required for prescription drugs. <u>Formulary Brand Drugs:</u> You pay \$20 for one-month (30 day) supply. You pay \$50 for three-month (90 day) mail order supply. No calendar year limit. Authorization may be required for prescription drugs. <u>Non-Formulary Drugs:</u> You pay \$45 for one-month (30 day) supply. You pay \$135 for three-month (90 day) mail order supply. No calendar year limit. Authorization may be required for prescription drugs.
OTHER BENEFITS:	
Vision Services	<u>Medicare-covered diagnosis and treatment of diseases and conditions of the eye:</u> You pay \$20 for each exam. You pay \$30 for Medicare-covered eye exams performed by an Ophthalmologist. You pay \$20 for each exam. You pay \$50 for a Medicare-covered eye exams performed by an Ophthalmologist. <u>Routine Vision Exams by Optometrist:</u> You pay \$20 for each Routine eye exam, limited to one exam every year. You pay \$20 for each Routine eye exam, limited to one exam every year. <u>Eyeglasses:</u> You pay \$0 for Medicare-covered eye wear (one pair of eyeglasses or contact lenses after each cataract surgery. Authorization is required. If you receive authorization, you pay \$20 for Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery.) If you do not receive prior authorization, you pay 20% of the cost of Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery.)
Dental Services	In general, you pay 100% for dental services
Hearing Services	You pay \$20 for each Medicare-covered hearing exam (diagnosis hearing exams). You pay \$20 for each routine hearing test up to one test every year. You pay \$20 for each Medicare-covered hearing exam (diagnosis hearing exams). You pay \$20 for each routine hearing test up to one test every year.

**This is a general summary only. It is not intended to cover all contingencies.
For more specific coverage information, please call the Customer Service number: 505-823-8126.**

Summary Comparison of UNM Dental Benefits July 1, 2006 – June 30, 2006

	United Dental Care (Formerly Fortis) Select dentist from applicable provider list.	Delta Dental Plan Any dentist. (No balance billing when choosing a participating Delta Dentist)
	Plan Co-payments apply to selected general dentist:	Plan Pays:
Preventive and Diagnostic Dentistry	(No Deductible)	(No Deductible)
Office Visit Co-pay Prophylaxis (cleaning) Fluoride Applications Oral Exams Emergency Visit (after regular hours) X-rays Sealants (permanent molars only)	\$5.00 \$5.00 for cleanings six months apart; \$25 for additional No Charge - up to age 18 No Charge \$40 No Charge on most; \$6 for complete series or panoramic view \$5 per tooth	Not Applicable 100%*** - Limit 2 per calendar year 100%*** - through age 18 100%*** - Limit 2 per calendar year 100%*** 100%*** (Full mouth X-rays limited to one each 5 years; Bitewings twice per calendar year.) 100%*** children thru age 15; once every 3 yrs
Basic Dentistry	(No Deductible)	(Deductible)*
Fillings - Amalgam Anesthesia Injection of Antibiotics Oral Surgery/Extractions Endodontics Periodontics Denture Relining	\$15 - \$30 for amalgam; \$20 - \$45 for resin \$5 for nitrous oxide; I.V. Sedation (if available) \$180 Not covered \$15 for simple; \$45 impacted; \$65 - \$100 bony impactions Root canal, single root \$95 - \$150 \$100 for gingivoplasty per quad; \$35 for curettage per quad; \$155 for osseous surgery per quad Office - \$70; \$95 for lab	80%*** 80%*** Limited to approved anesthesia applied by dentist during oral surgery Not covered 80%*** 80%*** 80%*** 50%***
Prosthetic Dentistry **	(No Deductible)	(Deductible)*
Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges Inlays Max for Preventive, Basic & Prosthetic Dentistry	\$245 plus lab fee \$55 - \$70 plus lab fee \$40 - \$50 plus lab fee \$320 - \$380 each plus lab fee See crowns or dentures \$80 - \$195 plus lab fee No maximum	50%*** 100%*** (without deductible) 50%*** 50%*** 50%*** 50%*** \$1,500 per contract year per person
Orthodontics	(No Deductible)	(No Deductible)
	25% discount off plan specialist normal retail charge	50%***, \$750 lifetime maximum per patient
Special Provisions, Limitations, Exclusions:		
Work in progress when you join	Only covers charges for procedures begun on and after effective date of coverage	Only covers charges for procedures begun on and after effective date of coverage
Predetermination-benefits	N/A	Not required; however, suggested for services proposed over \$200
Alternative to treatment provision	N/A	If dentist determines alternative treatment is necessary, approval subject to Delta review
Referral to specialist	May go directly to specialist as long as specialist is on Fortis provider list. 25% discount on periodontics, pedodontics, oral surgeons, orthodontics. 15% discount on endodontics	May go directly to any specialist
Missing teeth	No exclusion against replacing missing teeth.	No exclusion against replacing missing teeth
Out of area emergency	Limited to emergency work; Fortis will reimburse less applicable co-pays (for out of network regardless of area)	Out of New Mexico, must submit claim form to Delta
For additional information	1-800-443-2995	855-7111 or 1-877-395-9420

*Deductible-\$50/person to maximum of \$150/family deductible per contract year for both basic and prosthetic dentistry

**Prosthetic replacements are generally limited to one every five years

*** Applied to the lesser of the Delta Maximum Approved Amount or the DeltaPremier dentist's billed amount.

The Delta Maximum Approved Amount means the maximum fee allowed as determined by Delta and agreed to by DeltaPremier dentists for each single procedure.

This is a general summary only. Refer to evidence of coverage booklet for specific information and exclusions.

Medicare Plan Rate Sheet
Effective January 1, 2006 – December 31, 2006

	Single	Double	Family
Lovelace Standard Plan	\$0	\$0	\$0
Lovelace Enhanced Plan	\$23.94	\$47.88	\$71.82
AARP Indemnity by UHC	Individual Rates will be sent to each retiree from AARP. These rates will not reflect UNM's 43% contribution. If you need help calculating the University's contribution, please call the HR Service Center at 277-MyHR (6947). For specific coverage questions, please call the AARP Customer Service Number – 1-800-392-7537		
Presbyterian MediCare PPO, "The UNM Plan"	\$64.98	\$129.96	\$194.94

Dental Plan Rate Sheet
Effective January 1, 2006 – June 30, 2006

	Single	Double	Family
United Dental Care (formerly Fortis)*	\$6.18	\$10.47	\$16.50
Delta Dental Plan*	\$19.04	\$37.04	\$60.35

*Delta Dental and United Dental Care rates guaranteed until June 30, 2006
 You will be notified of rate changes in May 2006

Widow or Widower Over One Year - Full Premium/Single Rate- No UNM Contribution

	Single
Lovelace Standard Plan	\$0
Lovelace Enhanced Plan	\$42.00
Presbyterian MediCare PPO, "The UNM Plan"	\$114.00
AARP Indemnity by UHC	Individual Rates will be sent to each retiree from AARP. For specific coverage questions, please call the AARP Customer Service Number – 1-800-392-7537
United Dental Care (formerly Fortis)	\$10.84
Delta Dental Plan	\$33.40



The University of New Mexico

Department of Human Resources
Human Resources Service Center
1730 Lomas Blvd NE
Albuquerque, NM 87131
Telephone (505) 277- MyHR (6947)
FAX (505) 277-2278

COVERAGE DROP FORM

NAME: _____

Social Security # _____

Name: _____ **Social Security #** _____
(Print)

NOTE: Coverage will be terminated the first of the month following receipt of this form. You are responsible for all premium charges until your coverage is cancelled by the UNM Benefits Office.

Reason for dropping coverage: _____.

Drop Health Insurance? Yes _____ No _____
Drop Dental Insurance? Yes _____ No _____

I have been advised by a UNM Human Resources Benefits Representative that, by discontinuing my University sponsored health/dental plan:

- I am forfeiting my right to participate in any UNM health/dental insurance program now and in the future, regardless of circumstantial changes.
- I will not be eligible to elect coverage through UNM at a later date, either through a medical statement or through the annual enrollment period, under current University policy.
- The enrollment period, to change UNM insurance carriers, is available only to UNM **insured** retirees. It does not present an opportunity to re-enroll after coverage has been discontinued.

My coverage will be cancelled the first of the month following receipt of this form, but **I understand that I have thirty-one (31) days from the date of this notice** to elect to continue coverage with the University. After that time, the option to continue coverage is null and void.

If I decide to continue with the plans offered through the University of New Mexico, my coverage will be continuous and I will be responsible for any premiums that are due.

I have been given a copy of this notice and any attachments for my records.

Retiree's Signature

Date Processed: _____
Processed by: _____