



**The University of New Mexico**

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Department of Human Resources  
Human Resources Service Center  
1730 Lomas Blvd NE  
Albuquerque, NM 87131  
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**RETIREE SENIOR PLANS  
FOR  
OUT-OF-STATE RETIREES**

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

**CONTAINS IMPORTANT INFORMATION ON PLANS**



**The University of New Mexico**

Human Resources Department  
MSC05 3180  
1 University of New Mexico  
Albuquerque, NM 87131-5031

November 7, 2005

TO: Retiree Senior Plan Member – Out of State

FROM: Charlotte A. 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 for health insurance coverage.

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.

The Delta Dental rates have not increased and there are no changes to the plan. Please note: The Delta Dental plan for Retirees is a closed plan. If you currently do not have dental coverage with Delta, you cannot enroll in this plan as a new member.

If you are a retiree who resides in a state other than New Mexico, you must be enrolled in the AARP/UHC and the Delta Dental Program to have medical and dental coverage. These are the only plans available for out-of-state retirees at this time.

If you are in the Albuquerque area on November 17<sup>th</sup>, we also encourage you to attend the Retiree Health Fair from 9:00 a.m. to 3:00 p.m. **The Fair will be located at 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**. For any individual 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 for health insurance coverage.

During this open enrollment you can:

- Drop your 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 5). Therefore, we encourage you to carefully read the materials contained within this packet.

If you are in the Albuquerque area on November 17<sup>th</sup>, we also encourage you to attend the Retiree Health Fair from 9:00 a.m. to 3:00 p.m. **The Fair will be located at the Rotunda Ballroom, which is located at 801 University 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 any questions. 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

This Open Enrollment is for retirees **over 65 and those who are eligible for Medicare. Individuals who retired from UNM on or after January 1, 2000 and have never enrolled in a UNM-sponsored health insurance plan can do so at this time.** Out-of-state retirees must enroll in the AARP plan, which is underwritten by United Health Care. However, this plan is available to any retiree regardless of current plan or location of residence. See page 7 and 8 for a brief outline of the AARP plan's benefits. Rates for this plan are based on a person's age and zip code. 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.)

### What to do:

- (a) If you **wish to continue your coverage or add dependents**, you must complete the enrollment materials that you receive from AARP. You will receive two separate enrollment packets from AARP, one for your medical coverage and one for your prescription coverage. You must complete both.
- (b) If you **want to drop your** medical insurance plan, you must complete the retiree medical insurance cancellation form and mail the form 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 **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.

**The AARP/UHC Plan defines specific criteria for dependent coverage. Please read their materials carefully to determine if your dependent meets these criteria. For more specific coverage information, please call the AARP Customer Service Number – 1-800-392-7537.**

## 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

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 handicapped, provided extension of coverage is applied for within **thirty-one (31) days** of the 25th birthday

## IMPORTANT DEADLINE

Retirees who wish to drop coverage **MUST** complete a disenrollment 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, which is located at 801 University SE.

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
<b>HOSPITALIZATION*</b> - Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$912	\$912 (Part A Deductible)	\$0**
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$228 a day	\$228 a day	\$0**
91 <sup>st</sup> 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
<b>SKILLED NURSING FACILITY CARE*</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**
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$114 a day	Up to \$114 a day	\$0**
101 <sup>st</sup> day and after	\$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 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
<b>MEDICAL EXPENSES</b> – 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
<b>BLOOD – First 3 Pints</b>	\$0	All costs	\$0**
Next \$110 of Medicare-Approved Amounts****	\$0	\$110 (Part B Deductible)	\$0**
Remainder of Medicare-Approved Amounts	80%	20%	\$0**
<b>CLINICAL LABORATORY SERVICES – Blood Tests For Diagnostic Services</b>	100%	\$0	\$0**

### PARTS A & B

<b>HOME HEALTH CARE – MEDICARE APPROVED SERVICES</b>			
– 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

<b>FOREIGN TRAVEL – NOT COVERED BY MEDICARE – Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</b>			
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<sup>R</sup> 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%

## 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 beginning January 1, 2006. **Retirees who do not currently have dental coverage are not eligible to enroll in dental insurance.** Only one plan, Delta Dental, is available for out-of-state retirees. Information sheets, one outlining the benefits of this plan and one with the rates, are enclosed on pages 9 and 10.

Delta Dental premium is guaranteed until June 30, 2006. You will be notified of any rate changes in May 2006.

### What to do:

- (a) If you **do not wish to drop coverage or add dependents**, 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. on 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 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. on Friday, December 9, 2005.

**Summary Information of Delta Dental Benefits  
July 1, 2005 – June 30, 2006**

Services:	Any dentist. (No balance billing when choosing a participating Delta Dentist) <b>Plan Pays:</b>
<b>Preventive and Diagnostic Dentistry</b>	<b>(No Deductible)</b>
Office Visit Co-pay Prophylaxis (cleaning) Fluoride Applications Oral Exams Emergency Visit (after regular hours) X-rays Sealants (permanent molars only)	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
<b>Basic Dentistry</b>	<b>(Deductible)*</b>
Fillings - Amalgam Anesthesia  Injection of Antibiotics Oral Surgery/Extractions Endodontics Periodontics Denture Relining	80%*** 80%*** Limited to approved anesthesia applied by dentist during oral surgery Not covered 80%*** 80%*** 80%*** 50%***
<b>Prosthetic Dentistry **</b>	<b>(Deductible)*</b>
Crowns Space Maintainers Prosthetic Appliance Repair Dentures Bridges Inlays Max for Preventive, Basic & Prosthetic Dentistry	50%*** 100%*** (without deductible) 50%*** 50%*** 50%*** 50%*** \$1,500 per contract year per person
<b>Orthodontics</b>	<b>(No Deductible)</b>
	50%***, \$750 lifetime maximum per patient
<b>Special Provisions, Limitations, Exclusions:</b>	
<b>Work in progress when you join</b>	Only covers charges for procedures begun on and after effective date of coverage
<b>Predetermination-benefits</b>	Not required; however, suggested for services proposed over \$200
<b>Alternative to treatment provision</b>	If dentist determines alternative treatment is necessary, approval subject to Delta review
<b>Referral to specialist</b>	May go directly to any specialist
<b>Missing teeth</b>	No exclusion against replacing missing teeth
<b>Out of area emergency</b>	Out of New Mexico, must submit claim form to Delta
<b>For additional information</b>	<b>855-7111 or 1-877-395-9420</b>

\***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
<b><i>AARP Plan</i></b>	<i>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</i>		

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

	Single	Double	Family
<b><i>Delta Dental Plan*</i></b>	\$19.04	\$37.04	\$60.35

\*Delta Dental Plan 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
<b><i>AARP Plan</i></b>	<i>Individual Rates will be sent to each retiree from AARP. For specific questions, please call the AARP Customer Service Number – 1-800-392-7537</i>
<b><i>Delta Dental Plan</i></b>	\$33.40



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**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: \_\_\_\_\_