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# IMPORTANT NOTICES

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## DEADLINE FOR APPLICATION

It is best to submit your application and the applicable documents listed below at least one month but not to exceed 60 days prior to your last date of coverage to allow adequate time for the agency to process your application. Please be advised it takes a minimum of 3 business weeks for an application to be processed.\*

**Please note: All Medicare enrollee applications must be submitted prior to the effective date of enrollment.**

*Please contact NMRHCA (1-800-233-2576) if an application is needed.*

Early application is encouraged to help you avoid a possible lapse in your health care coverage and to assist our carriers in providing you with your insurance ID cards and important information prior to your effective date.

## APPLICATION CHECKLIST

1. <b>General Enrollment Application</b> <i>(Please verify your last date of medical coverage with your employer or your spouse's employer prior to completing).</i>
2. <b>Standard Initial Life Insurance Enrollment Form</b> <i>(if applying for Life Insurance through the New Mexico Retiree Health Care Authority)</i>
3. <b>Work History Form</b> <i>(NMRHCA-participating employers only. Employer list located on back of form)</i>
4. <b>First Premium Payment Worksheet</b>
5. <b>First premium payment (2 months). Payable to NMRHCA</b> <i>(Check or money order only).</i>
6. <b>Copy of Marriage Certificate/License</b> <i>(If enrolling a Spouse with any benefits)</i>
7. <b>Copy of Children's Birth Certificates</b> <i>(If enrolling children)</i>
8. <b>Copy of Medicare Card</b> <i>(If applicable)</i>
9. <b>PERA/ERB</b> <i>Certified evidence of total years of service from pension system</i>
10. <b>Health Statement or Loss of Coverage letter if enrolling 31 days after retirement date or last date of coverage.</b> <i>Please contact NMRHCA (1-800-233-2576) if a Health Statement is needed.</i>

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## RETIREE ELIGIBILITY

You are an "eligible retiree" (eligible to participate in the NMRHCA) if you receive a disability or normal retirement benefit from public service in New Mexico with an NMRHCA-participating employer (shown on the back of the Work History Form), AND

(Please See Other Side)

- You retired with a pension before your employer's effective date with the NMRHCA program,
  - or
  - You and/or your employer (on your behalf) made contributions to the NMRHCA fund from your employer's NMRHCA effective date until your date of retirement,
  - or
  - You and/or your employer (on your behalf) made contributions to the NMRHCA fund for at least five years before your date of retirement.
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### SPOUSE ELIGIBILITY

If you are enrolling a spouse who also qualifies as an eligible NMRHCA retiree, please call our office for an additional Work History Form.

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### REGARDING MEDICARE ELIGIBILITY

You, your spouse, and/or your dependent(s) may be eligible for Medicare Part A, if you, your spouse, and/or your dependent(s) are age 65 or older or receive Social Security Disability or Railroad Retirement benefits.

If you are eligible for Medicare Part A (Hospital), you must also apply for Medicare Part B (Medical). If you do not purchase Medicare Part B, you will be responsible to pay 100% of those charges.

Even though Medicare allows you to reject Part B, you are *required* to carry Parts A and B in order to enroll in all NMRHCA Senior plans.

All NMRHCA Medicare Medical Plans include Part D (prescription) coverage.

To determine whether you have Part A and/or B, look at your Medicare card. It shows the Medicare coverage you have: Hospital Insurance (Part A), Medical (Physician) Insurance (Part B), or both. For information on how to enroll into Medicare, please call the Social Security Administration at 1-800-772-1213 or your local Social Security office.

Please call our office at 1-800-233-2576 if you are Medicare eligible and do not have Part A and/or Part B.

\*If necessary the items listed in the Application Checklist can be submitted **within 31 days after your retirement date or last day of insurance coverage** through your employer however, it is strongly advised that the application be submitted between 30 to 60 days prior to enrollment.



## IMPORTANT INFORMATION YOU NEED TO KNOW

Note: This informational sheet is intended as a summary to, and not a replacement of, provisions of the Retiree Health Care Act (Act) or NMRHCA Rules and Regulations (which can be found on the NMRHCA website: [www.nmrhca.org](http://www.nmrhca.org))

### ELIGIBILITY

**Eligible Retiree:** You are eligible to participate in the NMRHCA if:

- You receive a disability or normal retirement benefit from public service in New Mexico with an NMRHCA-participating employer, **and**
- You did one of the following:
  - you retired with a pension before your employer's effective date with the NMRHCA program, *or*
  - you and/or your employer (on your behalf) made contributions to the NMRHCA fund from your employer's NMRHCA effective date until your date of retirement, *or*
  - you and/or your employer (on your behalf) made contributions to the NMRHCA fund for at least five years before your date of retirement.  
*(If you are awarded a duty-related disability retirement, you are not required to meet the NMRHCA's five-year contribution rule.)*

**Eligible Dependent:** Eligible dependents include the following:

- a spouse. *You must provide a copy of the marriage certificate.*
- a domestic partner. *You must provide a signed and notarized affidavit (available at the NMRHCA office).*
  - domestic partners are enrolled similarly to spouses
  - dependents of domestic partnerships are eligible for benefits
  - we may ask for other written proof of the domestic partnership and/or dependents
  - if there is a termination of a domestic partnership, the retiree must notify NMRHCA in writing within 31 days of the termination
- a dependent child under the age of 26 including:
  - a natural child
  - a legally adopted child
  - a stepchild living in the same household who is primarily dependent on the eligible retiree for maintenance and support
  - a child for whom the eligible retiree is the legal guardian and who is primarily dependent on the eligible retiree for maintenance and support, as long as evidence of the guardianship is provided in a court order or decree
  - a foster child living in the same household as the eligible retiree

*You must provide a copy of birth certificate(s) and court documents (if applicable) to the NMRHCA.*

- a dependent child over age 26 who is wholly dependent on the eligible retiree for maintenance and support and is incapable of self-sustaining employment by reason of mental or physical handicap. The disability must have occurred before the limiting age.

Proof of incapacity and dependency must be provided *within 31 days* after the child reaches the limiting age.

- a surviving spouse (the spouse to whom a deceased eligible retiree/ vested-active employee was married at the time of death) *or* a surviving dependent child of a deceased eligible retiree/ vested-active employee.

## ENROLLMENT

- It is best to submit your application at least one month but not to exceed 60 days from your retirement date to allow adequate time for the agency to process your application.
- Please be advised it takes a minimum of 3 business weeks for an application to process.
- You must enroll within 31 days following either your last day of current medical insurance coverage or your retirement date that is on record with your retirement board; whichever is later. Your effective date of coverage will take effect on the first day of your official retirement or the first day of the month following the termination date of your current medical insurance plan, again, whichever is later.
- If you do not apply within this time frame, you will be required to submit a NMRHCA Plan Health Statement certifying the state of each applicant's health. Approvals will be decided by our medical underwriter's evaluation of the applicant's medical history. If the retiree is denied, then the retiree's dependents will not be eligible either. If approved, the underwriter's will inform you of the effective date of coverage.
- You may enroll a dependent only under one of the following circumstances: (1) there is a change in status which makes someone newly eligible as your dependent (e.g., marriage, birth); (2) an unenrolled eligible dependent *involuntarily* loses his or her medical coverage; or (3) upon submission and approval of a Change Request Form and an NMRHCA Plan Health Statement certifying the state of your dependent's health. For newly eligible dependents, you must apply for dependent coverage within 31 days of the event that caused the new eligibility (*copies of marriage, birth, or court documents required*). Late enrollment approvals will be decided by our medical underwriter's evaluation of the applicant's medical history.
- In each case above, you will be required to pay the first two months of premiums up front.

## PURCHASING SERVICE CREDIT

- In the 2009 legislative session, a bill was passed that requires payment of Retiree Health Care Authority (RHCA) contributions for service credit purchased from PERA and ERB toward retirement. Effective July 1, 2009, members who enroll in RHCA at the time of retirement must pay contributions on the PERA and ERB service credit before being eligible for insurance coverage.
- This contribution provision only affects members who are applying for insurance at the time of retirement. PERA and ERB will be providing RHCA with verification of a member's earned service credit and any purchased credit. RHCA will then calculate the cost of the RHCA contributions owed on the purchased service credit. Payment will be required for those retirees with less than 20 years of actual time worked and are purchasing time toward their retirement after July 1, 2009.

*For further information, please contact the NMRHCA office for complete details of purchasing service credit.*

## SPLIT COVERAGE

- If the retiree is covering a spouse or dependent(s) under their plan, they must have the same level of benefits as the retiree (with the exception if one of the members in the household is Medicare eligible and the other member is not Medicare eligible). For example, if the retiree selects the Premier plan, the spouse or any dependents covered by the retiree must also be on the Premier plan.

## CANCELLATION OF COVERAGE

- Subscribers may cancel coverage by submitting written notification to the New Mexico Retiree Health Care Authority (NMRHCA). Cancellation will take effect beginning with the first day of the month following receipt of notification by the NMRHCA. Effective date of cancellation is not retroactive.
- If a dependent becomes ineligible through joining the military, death, divorce, annulment, or legal separation, coverage ceases at the end of the month in which the event occurred. Again, it is your responsibility to notify us in writing and supporting documentation may be requested.

## RETURN TO WORK

- If you take new employment after your retirement or choose to be covered under your spouse's coverage, you may choose one of two NMRHCA options:
  - Delay or terminate your enrollment in the NMRHCA and take your new employer's plan or spouse's plan. Under this option, you will be allowed to enroll into the NMRHCA at a later date without being required to submit an NMRHCA Plan Health Statement, if you apply within 31 days of your *involuntary* loss of coverage (see below for examples) *and* there has been no lapse in your comprehensive medical coverage since your retirement. You will be required to submit evidence of continuous coverage and involuntary loss when you apply for NMRHCA enrollment. **Examples of involuntary loss of coverage** are (1) termination of your employment; (2) retirement from your new employer, causing your employer to cancel your health care benefits; (3) cancellation of your health care benefit program by the employee; and (4) dissolution of the company.
  - Take the new employer's plan of benefits and enroll yourself and your eligible dependents into the NMRHCA, thus receiving health care benefits from both plans through the NMRHCA's and your new employer's insurance carrier's Coordination of Benefits Provision. Please note that the Retiree Health Care Act requires that the NMRHCA program of health care benefits be secondary to your employer's benefit plans. This means your claims will be paid primarily by your employer's insurance plan, and then the balance will be considered by your NMRHCA insurance plan.
- If your employer does not offer medical coverage, you will need to submit a letter from your employer verifying that no insurance is offered or available in order for NMRHCA benefits to remain as primary.

## CHANGE IN STATUS

If there is a change in your name, address, phone number, marital status, or dependent status, or if you wish to request a change in your benefit plans, life insurance beneficiary, or method of premium contribution payment, please call us immediately or visit our website to obtain a Change Request Form or submit a letter of request in writing.

## Plan Terms and Definitions

1. **Annual Deductible** – means the amount that must be paid (by you) each calendar year, toward covered services before health benefits for that member will be paid by the plan (except for certain services requiring only a copayment with deductible waived or preventive services).
2. **Annual Out-of-Pocket Limit** – means a specified dollar amount of covered services received during a benefit period that is the member's responsibility; after which the out-of-pocket limit is reached the plan pays 100 percent of benefits for the rest of the calendar year for covered charges.
3. **Calendar Year** (also referred to as benefit period) – means the period beginning January 1 and ending December 31 of the same year.
4. **Coinsurance** – means the amount, expressed as a percentage, of a covered health care expense that is partially paid by the plan and partially the member's responsibility to pay. The cost-sharing responsibility ends for most covered services in a particular calendar year when the out-of-pocket maximum has been reached.
5. **Copayment or Copay** – means the amount, expressed as a fixed-dollar figure required to be paid by a member in connection with health care services. Benefits payable by the plan are reduced by the amount of the required copayment for the covered service.
6. **Coverage GAP** (also referred to as donut hole) – is a period of consumer payment for prescription medication costs, which lies between the initial coverage limit and the catastrophic-coverage threshold. The Coverage GAP only applies to Medicare Part D prescription drug coverage.
7. **HMO** (Health Maintenance Organization) – you can only go to doctors, other health care providers, or hospitals on the plan's list except in an emergency or when treatment is not available through an in-network provider.
8. **In-Network Provider** – means physicians, hospitals, and other health care professionals, facilities, and suppliers that have contracted with the health plan as in-network providers.
9. **Medicare** – means the program of health care for the aged, end-stage renal disease (ESRD) patients and disabled persons established by Title XVIII of the Social Security Act of 1965, as amended.
10. **Medicare Advantage Plan** – Sometimes called Medicare Part C. A plan offered by a private company that contract with Medicare to provide you with all your Medicare Part A and Part B benefits.
11. **Medicare Supplemental Plan** – means health care coverage that provides supplemental benefits to Medicare coverage.
12. **Out-of-Network Provider** – means a duly licensed health care provider, including medical facilities, which has no agreement with the health plan for reimbursement of services to members.
13. **PPO** (Preferred Provider Organization) – a type of health plan that lets you choose where you go for care, without a referral from a primary care physician or having to only use providers in your plan's provider network.

NMRHCA  
4308 Carlisle Blvd., NE, Suite 104  
Albuquerque, NM 87107-4849  
1-800-233-2576

NMRHCA  
33 Plaza La Prensa, Suite 101  
Santa Fe, NM 87507  
505-476-7340

Website: [www.nmrhca.org](http://www.nmrhca.org)

Hours of operation at both locations are 8 a.m. - 5 p.m., Monday through Friday.

# GENERAL ENROLLMENT APPLICATION



4308 Carlisle Blvd. NE, Suite 104  
 Albuquerque, NM 87107  
 1 (800) 233-2576 • (505) 222-6400 • (505) 884-8611 fax

**Please read instructions before completing and PRINT CLEARLY.**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

## A Personal Information – Complete ALL blanks in this section.

Social Security No.	Last Name	First Name	Middle Initial
Mailing Address		City	State Zip Code
Physical Address (Only if different from above)		City	State Zip Code
Home Phone ( )	Date of Birth (MM/DD/YYYY)	E-mail Address	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile Phone ( )			

## B Classification of Applicant

<input type="checkbox"/> Retiree	<input type="checkbox"/> Surviving Spouse/Dependent of: Deceased Retiree's Name: _____ Deceased Retiree's Social Security No.: _____ Date of Death: _____	<input type="checkbox"/> Other: _____
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## C Employment/Retirement Information

1. Retirement Date: _____ <i>Not necessarily last day of work.</i>	<b>3. Last date of insurance coverage through your employer or spouse (required):</b> _____	4. Pension System <input type="checkbox"/> ERB (Education System) <input type="checkbox"/> PERA (State, City, County) <input type="checkbox"/> Other: _____
2. Employer at time of retirement: _____		

## D Level of Coverage Requested

<input type="checkbox"/> Single	<input type="checkbox"/> Two-Party (Complete Section E below)	<input type="checkbox"/> Family (Complete Section E below)
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## E Dependents to Be Covered

	Social Sec. #	Full Name	Date of Birth (MM/DD/YYYY)	Sex	Relationship to Retiree
Spouse*				<input type="checkbox"/> M <input type="checkbox"/> F	
Domestic Partner				<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 1				<input type="checkbox"/> M <input type="checkbox"/> F	
Dependent 2				<input type="checkbox"/> M <input type="checkbox"/> F	

\*Does your spouse qualify as an eligible NMRHCA retiree?  YES  NO *If Yes* ⇨ ...give his/her retirement date: \_\_\_\_\_ and last employer: \_\_\_\_\_ ⇨ ...and does he/she receive a pension?  YES  NO

*If your spouse qualifies as an eligible NMRHCA retiree and wishes to enroll separately, call the NMRHCA and request a General Enrollment Packet. If your spouse qualifies as an eligible NMRHCA retiree and has the same number of credible service years as you, then they may enroll under the same application, but an additional work history form is required by your spouse.*

## F Other Medical Insurance

Will anyone listed on this application be covered under any other health insurance, government program, or HMO (besides Medicare) while enrolled in the NM Retiree Health Care Authority?  YES  NO **IF YES:**

1. Full Name	2. Employer	3. Insurance Co.	4. Policyholder? <input type="checkbox"/> YES <input type="checkbox"/> NO	5. Policy Date	6. Type <input type="checkbox"/> Group <input type="checkbox"/> Private
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## G Disability Information

Were you OR your spouse/dependent(s) disabled at the time of your retirement?  NO  YES-Retiree  YES-Dependent  
 Was your retirement a result of a duty-related disability?  NO  YES-Retiree

Full Name	Disabling Condition	Have you applied for Disability Insurance (Medicare) through the Social Security Administration? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Approved effective ___/___/___ <input type="checkbox"/> Denied <input type="checkbox"/> Notice not yet received
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**H** 1. **MEDICAL Coverage** (Each enrollee's level of coverage must be the same; unless one party is Medicare eligible (single, two party or family); spouse/dependents will default to retiree's selection. Out-of-state enrollees must select a BCBS plan.)

<b>Non-Medicare Plans</b>  <i>(For applicants not eligible for Medicare benefits)</i>	Retiree	<b>Please Choose One</b>  <input type="checkbox"/> BCBS Premier PPO <input type="checkbox"/> Presbyterian Premier PPO  <input type="checkbox"/> NM Health Connections Value HMO <input type="checkbox"/> Presbyterian Value HMO
	Spouse	
	Domestic Partner	
	Dependent 1	
	Dependent 2	

<b>Medicare Plans</b> <sup>1</sup>  <i>(For applicants eligible for Medicare benefits)</i>	<input type="checkbox"/> BCBSNM Supplemental Plan <input type="checkbox"/> BCBS Advantage Plan I <sup>1</sup> <input type="checkbox"/> Presbyterian Advantage Plan I <sup>1</sup> <input type="checkbox"/> United Healthcare Advantage Plan I <input type="checkbox"/> Humana Advantage Plan I	<input type="checkbox"/> Plan II <sup>1</sup> <input type="checkbox"/> Plan II <sup>1</sup> <input type="checkbox"/> Plan II <input type="checkbox"/> Plan II	<ul style="list-style-type: none"> <li>• Medicare Parts A and B are required for all Medicare Plans.</li> <li>• Please provide a copy of the Medicare card or Entitlement letter if Medicare card is in process.</li> </ul>
	<input type="checkbox"/> Spouse: _____ <input type="checkbox"/> Dependent: _____		
	<p><b>IMPORTANT:</b> Out-of-state enrollees must select a BCBSNM Supplemental, United Healthcare or Humana Medicare plan.</p> <p><sup>1</sup>Service area for Presbyterian and BCBS Medicare Advantage Plans are limited to the State of New Mexico</p>		

**2. VOLUNTARY Coverage's** (not required; additional premiums charged)

<b>Dental Plans</b>	<input type="checkbox"/> Delta Dental Comprehensive <input type="checkbox"/> United Concordia Comprehensive	<input type="checkbox"/> Delta Dental Basic <input type="checkbox"/> United Concordia Basic
<b>Vision Plan</b>	<input type="checkbox"/> Davis Vision	

**I** **Authorization for Deduction / Method of Payment**

1. I hereby authorize a deduction from my pension earnings for NMRHCA insurance plan contributions.

2. I hereby authorize an automatic bank draft on my checking account for NMRHCA insurance plan contributions.

**IMPORTANT: PLEASE ATTACH A VOIDED CHECK IF CHOOSING BANK DRAFT.**  
**MONTHLY DEDUCTION WILL CONTINUE UNLESS WRITTEN NOTIFICATION TO CANCEL IS MADE ONE MONTH IN ADVANCE.**

**K** **Acceptance of Coverage Statement:** I hereby declare that I have read carefully and understand the information on the reverse side of this form and that the information I have provided above is true and complete to the best of my knowledge. I understand that my submission of this application does not constitute acceptance by the NMRHCA; that service will be available subject to the exclusions, limitations, and conditions described in the Retiree Health Care Act, the insurance carrier Benefit Booklets, and the Group Policy Certificate; and that a **payment of insurance contributions for my initial two months of coverage is required as a condition of enrollment and is due with this application** (a single contribution will be required in advance for each month thereafter). I understand my premiums may be adjusted from time to time, and I authorize that adjustment in my pension deduction or bank draft. I authorize my insurance carriers to coordinate benefits and/or reimbursements with other health plans or insurance carriers. I authorize my medical insurance carrier to obtain information from the Social Security Administration regarding my and my dependents' Medicare eligibility. I authorize any health care plan and provider to furnish, when applicable, medical information regarding me and my dependents. (If signing under power of attorney, please attach authorizing documents.)

**Retiree Signature:** \_\_\_\_\_ **Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## GENERAL ENROLLMENT INSTRUCTIONS

### Deadline for Application

General Enrollment Applications are **due in our office within 31 days after your last day of insurance coverage** through your employer. However, it is best to submit your application **at least one month before but not to exceed 60 days** before your last date of coverage to allow adequate time for the agency to process your application.

### Section A

Provide all data requested for retiree or for surviving eligible dependent if retiree is deceased.

### Section B

Indicate where you are the Retiree, Surviving Spouse/Dependent of a deceased eligible retiree (fill in the information requested) or Other (please specify).

### Section C

ERB = Educational Retirement Board; PERA = Public Employees Retirement Association; Other = independent retirement system of employer who participates with NMRHCA (please specify).

### Section D

If you are enrolling yourself alone in the NMRHCA, check "Single"; if you are enrolling yourself and one dependent, check "Two-Party"; if you are enrolling yourself and two or more dependents, check "Family."

### Section E

Call NMRHCA for definition of eligible dependent. Eligible dependents will be enrolled in all plans in which you enroll. If you check "Two-Party" or "Family" in Section D, complete Section E. If your spouse does not qualify as an eligible NMRHCA retiree, check "No" and skip to Section F; if your spouse does qualify, check "Yes," answer the additional questions. You must attach documentation supporting dependent relationship (marriage certificate, birth certificate, court decree of adoption or legal guardianship, etc.).

### Section F

Indicate whether you or any dependents to be enrolled in the NMRHCA have any other insurance (besides Medicare) that will continue after your enrollment.

### Section G

Indicate whether you or any dependents to be enrolled in the NMRHCA were disabled at the time of your retirement; if so, provide the information requested in items 1-4 for the disabled party.

### Section H

- MEDICAL COVERAGE:** *Contact individual insurance carriers with questions regarding plan benefits; review carefully the benefits and limitations of the plan(s) you select. If you and/or your dependents are Medicare-eligible but do not carry Medicare Part A and/or Part B, call the NMRHCA to learn about the consequences.*

**Each enrollee's level of coverage must be the same; single, two-party or family; spouse/dependent(s) will default to retiree's selection. Out-of-state Non-Medicare members must select a BCBS PLAN. Medicare members can select either a BCBS or United Healthcare or Humana Medicare Plan.**

**If neither you nor your dependents carry Medicare:** Select medical carrier and medical plan for Retiree, Spouse, and Dependent(s) in the "Non-Medicare Plans" section.

**If you do not carry Medicare but your dependents do:** Select medical carrier and medical plan in the "Non-Medicare Plans" section for yourself. Select medical plan in the "Medicare Plans" section for your Spouse and/or Dependent(s) (as applicable). Please submit copy of Medicare Card showing Parts A and B.

**If you do carry Medicare but your dependents do not:** Select plan in the "Medicare Plans" section and submit Medicare Card showing Parts A and B for yourself. Select medical carrier and medical plan in the "Non-Medicare Plans" section for Spouse and/or Dependent(s).

**If both you and your dependents carry Medicare:** Select medical plan in the "Medicare Plans" section. Submit Medicare cards showing Parts A and B for all members.

- VOLUNTARY COVERAGES:** If you select dental or vision coverage, retiree and dependents will be enrolled in the same plan, with the same levels of coverage. Call individual insurance carriers with questions regarding plan benefits; review carefully the benefits and limitations of the plan(s) you select.

Mark all boxes and complete all sections that apply. Return completed form to NMRHCA 4308 Carlisle NE, Suite 104, Albuquerque, NM 87107.

APPLICANT	Your Name (Last, First, Middle)		Group Name <b>New Mexico Retiree Health Care Authority</b>		Group Number(s) <b>645743</b>	
	Your Address			City	State	ZIP
	Your Soc. Sec. No.	Date of Birth	Phone Number		<input type="checkbox"/> Male	<input type="checkbox"/> Female

  

Decline Additional (Plan 2) Life Retiree <input type="checkbox"/> _____ (Initial)	Decline Dependents Life Spouse <input type="checkbox"/> _____ (Initial)
Decline Dependents Life Child <input type="checkbox"/> _____ (Initial)	

To elect coverage, complete the section below associated with the employer group you retired from. For APS or NMPSIA, complete section A. For State of NM (including approved Local Public Bodies), complete section B. For all other eligible employers, complete section C.  
 Note: Spouse and Child coverage amounts may not exceed the Retiree coverage amount.

**Section A: Albuquerque Public Schools (APS) or New Mexico Public Schools Insurance Authority (NMPSIA) Participating Employer**  
 If you continued Retiree Life with APS or NMPSIA, select from the options below and complete the beneficiary designation section at the end of this form.

Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		

If you did not continue Retiree life with APS or NMPSIA, but can provide proof of the life insurance amounts you lost with these groups, select from the options below (up to insurance amounts lost) and complete the beneficiary designation section at the end of this form. *An Evidence of Insurability Statement is required for coverage amounts over \$10,000 for Retiree and Spouse, if proof of the insurance amounts lost is not available, and for elected coverage amounts above insurance amounts lost.*

Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		

**Section B: State of NM (Including approved Local Public Bodies)**  
 Select from the options below and complete the beneficiary designation section at the end of this form. *An Evidence of Insurability Statement is required for Retiree coverage at the \$60,000 level and for Spouse coverage amounts over \$10,000.*

Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		

**Section C: Other NMRHCA Participating Employer's Name:** \_\_\_\_\_  
 Select from the options below and complete the beneficiary designation section at the end of this form. *An Evidence of Insurability Statement is required for coverage amount over \$10,000 for Retiree and Spouse.*

Retiree Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Spouse Options:	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$10,000
	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$46,000	<input type="checkbox"/> \$60,000
Child(ren) Options:	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000		

Member Name	Social Security Number
-------------	------------------------

<i>This designation applies to Life Insurance available through NMRHCA. Designations are not valid unless signed, dated, and delivered to NMRHCA during your lifetime. See below for further information.</i>						
<b>BENEFICIARY</b>	<b>Primary - Full Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Soc. Sec. No.</b>	<b>Relationship</b>	<b>% of Benefit</b>
	<b>Contingent - Full Name</b>	<b>Address</b>	<b>Phone No.</b>	<b>Soc. Sec. No.</b>	<b>Relationship</b>	<b>% of Benefit</b>
<b>SIGNATURE</b>	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or cost changes. If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.					
	Retiree Signature Required			Date (Mo/Day/Yr)		

### Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
  1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
  2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
  3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated \_\_\_\_\_."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have any questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

## WORK HISTORY FORM



4308 Carlisle Blvd. NE, Suite 104  
 Albuquerque, NM 87107  
 1 (800) 233-2576 • (505) 222-6400  
 (505) 884-8611 fax

**Please PRINT CLEARLY.**  
 (Use additional forms if necessary)

<b>Name – Last</b>	<b>First</b>	<b>MI</b>	<b>Social Security No.</b>	<b>Date of Birth</b>
<b>Employer at time of retirement</b>			<b>Date of retirement</b>	

Please complete the sections below regarding your employment with **NMRHCA-participating employers only (shown on the back of this form)**. Service as a governing authority member with a participating employer (e.g., county commissioner, city councilor, school board member) or a former NM State Legislator may count toward creditable service. Call 1-800-233-2576 with questions.

Check one pension system for each employer			Dates of Service		Employer's Name	RHCA Participating Employer		Years/ Months of Service	Internal Use Only
PERA	ERB	Other	From (Date)	To (Date)		Y	N		
						Y	N		
						Y	N		
						Y	N		
						Y	N		
						Y	N		
						Y	N		
						Y	N		
						Y	N		
<b>Total Years of Service</b>									

I authorize the NMRHCA to obtain information from the Public Employees Retirement Association of New Mexico (PERA), Educational Retirement Board (ERB), or any other pension system regarding my years of creditable service and all affiliated public employers. I understand that if a future audit of my creditable service with a participating employer shows a discrepancy, any resulting adjustment to my monthly premium will be retroactive to my enrollment date. I also certify that the above information is correct to the best of my knowledge and belief.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# New Mexico Retiree Health Care Authority

## Participating Entities

### STATE OF NEW MEXICO

All State Agencies

### EDUCATIONAL INSTITUTIONS

All Public School Districts *and Charter Schools*

Central NM Community College	NM Junior College
Eastern NM University	NM Military Institute
Luna Community College	Northern New Mexico College
Mesalands Community College	Santa Fe Community College
NM Highlands University	Western NM University

### COUNTIES

Bernalillo	Lincoln	San Miguel
Chaves	Los Alamos	Sandoval
Cibola	Luna	Santa Fe
Colfax	McKinley	Taos
Curry	Rio Arriba	Torrance
Eddy	Roosevelt	Union
Grant	San Juan	Valencia
Lea		

### CITIES

Alamogordo	Farmington	Roswell
Albuquerque	Gallup	Santa Fe
Aztec	Jal	Santa Rosa
Belen	Las Cruces	Socorro
Bloomfield	Las Vegas	Sunland Park
Carlsbad	Moriarty	T or C
Clovis	Portales	Tucumcari
Deming	Raton	
Española	Rio Rancho	

### TOWNS

Bernalillo	Estancia	Taos
Edgewood	Silver City	Tatum
Elida	Springer	Texico

### VILLAGES

Bosque Farms	Jemez Springs	Questa
Chama	Logan	Reserve
Des Moines	Melrose	Tijeras
Fort Sumner	Milan	
Hatch	Pecos	

### OTHER

Central Region Education Cooperative	North Central Regional Transit District
Gallup Housing Authority	North Central Solid Waste Authority
High Plains Reg. Educ. Coop #3	NW NM Regional Solid Waste Authority
Lea Regional Education #VII	Raton Housing Authority
Mid-Region Council of Government of New Mexico	Regional Education Coop #6
National Education Association	Region IX Education Cooperative
NE Regional Education Coop #4	Santa Fe Civic Housing Authority
NM Activities Association	S Sandoval Cnty Arroyo Flood Control Auth.
NM State Fair Commission	Southwest NM Council of Governments
NW Regional Education Coop #2	T or C Housing Authority
North Central NM Economic Dev District	Tierra y Montes SWCD

The University of New Mexico and New Mexico State University are **NOT** participating entities with the New Mexico Retiree Health Care. Therefore, years of service there do **NOT** count toward your eligible years of service with the New Mexico Retiree Health Care Authority.

**NMRHCA Medical Plan Monthly Premium Contributions for January 1, 2017 - December 31, 2017 (applicable if retirement date is after June 30, 2001)**

Years of Service	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
<b>NON-MEDICARE MEDICAL</b>																
<b>Premier PPO (BCBS or Presbyterian)</b>																
Retiree Rate	\$596.16	\$571.32	\$546.48	\$521.64	\$496.80	\$471.96	\$447.12	\$422.28	\$397.44	\$372.60	\$347.76	\$322.92	\$298.08	\$273.24	\$248.40	\$223.56
Spouse Rate	\$648.08	\$633.17	\$618.25	\$603.33	\$588.41	\$573.50	\$558.58	\$543.66	\$528.74	\$513.83	\$498.91	\$483.99	\$469.07	\$454.16	\$439.24	\$424.32
Child Rate	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00	\$217.00
<b>Value HMO (NMHC or Presbyterian)</b>																
Retiree Rate	\$465.69	\$446.28	\$426.88	\$407.48	\$388.07	\$368.67	\$349.26	\$329.86	\$310.46	\$291.05	\$271.65	\$252.25	\$232.84	\$213.44	\$194.03	\$174.63
Spouse Rate	\$506.21	\$494.56	\$482.90	\$471.25	\$459.60	\$447.95	\$436.30	\$424.65	\$412.99	\$401.34	\$389.69	\$378.04	\$366.39	\$354.73	\$343.08	\$331.43
Child Rate	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21	\$169.21
<b>MEDICARE MEDICAL</b>																
<b>BCBS Medicare Supplemental Plan</b>																
Retiree Rate	\$365.49	\$353.70	\$341.91	\$330.12	\$318.33	\$306.54	\$294.75	\$282.96	\$271.17	\$259.38	\$247.59	\$235.80	\$224.01	\$212.22	\$200.43	\$188.64
Spouse Rate	\$371.39	\$365.49	\$359.60	\$353.70	\$347.81	\$341.91	\$336.02	\$330.12	\$324.23	\$318.33	\$312.44	\$306.54	\$300.65	\$294.75	\$288.86	\$282.96
Child Rate	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28	\$377.28
<b>BCBS Medicare Advantage I</b>																
Retiree Rate	\$118.58	\$114.75	\$110.93	\$107.10	\$103.28	\$99.45	\$95.63	\$91.80	\$87.98	\$84.15	\$80.33	\$76.50	\$72.68	\$68.85	\$65.03	\$61.20
Spouse Rate	\$120.49	\$118.58	\$116.66	\$114.75	\$112.84	\$110.93	\$109.01	\$107.10	\$105.19	\$103.28	\$101.36	\$99.45	\$97.54	\$95.63	\$93.71	\$91.80
Child Rate	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40	\$122.40
<b>BCBS Medicare Advantage II</b>																
Retiree Rate	\$36.72	\$35.53	\$34.35	\$33.16	\$31.98	\$30.79	\$29.61	\$28.43	\$27.24	\$26.06	\$24.87	\$23.69	\$22.50	\$21.32	\$20.13	\$18.95
Spouse Rate	\$37.31	\$36.72	\$36.12	\$35.53	\$34.94	\$34.35	\$33.75	\$33.16	\$32.57	\$31.98	\$31.38	\$30.79	\$30.20	\$29.61	\$29.01	\$28.42
Child Rate	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90	\$37.90
<b>Humana Medicare Advantage I</b>																
Retiree Rate	\$160.38	\$155.20	\$150.03	\$144.86	\$139.68	\$134.51	\$129.33	\$124.16	\$118.99	\$113.81	\$108.64	\$103.47	\$98.29	\$93.12	\$87.94	\$82.77
Spouse Rate	\$162.96	\$160.38	\$157.79	\$155.20	\$152.62	\$150.03	\$147.44	\$144.86	\$142.27	\$139.68	\$137.09	\$134.51	\$131.92	\$129.33	\$126.75	\$124.16
Child Rate	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55	\$165.55
<b>Humana Medicare Advantage II</b>																
Retiree Rate	\$96.60	\$93.49	\$90.37	\$87.26	\$84.14	\$81.02	\$77.91	\$74.79	\$71.67	\$68.56	\$65.44	\$62.33	\$59.21	\$56.09	\$52.98	\$49.86
Spouse Rate	\$98.16	\$96.60	\$95.05	\$93.49	\$91.93	\$90.37	\$88.81	\$87.26	\$85.70	\$84.14	\$82.58	\$81.02	\$79.46	\$77.91	\$76.35	\$74.79
Child Rate	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72	\$99.72
<b>Presbyterian Medicare Advantage I</b>																
Retiree Rate	\$172.44	\$166.88	\$161.31	\$155.75	\$150.19	\$144.63	\$139.06	\$133.50	\$127.94	\$122.38	\$116.81	\$111.25	\$105.69	\$100.13	\$94.56	\$89.00
Spouse Rate	\$175.22	\$172.44	\$169.66	\$166.88	\$164.09	\$161.31	\$158.53	\$155.75	\$152.97	\$150.19	\$147.41	\$144.63	\$141.84	\$139.06	\$136.28	\$133.50
Child Rate	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00	\$178.00
<b>Presbyterian Medicare Advantage II</b>																
Retiree Rate	\$110.44	\$106.88	\$103.31	\$99.75	\$96.19	\$92.63	\$89.06	\$85.50	\$81.94	\$78.38	\$74.81	\$71.25	\$67.69	\$64.13	\$60.56	\$57.00
Spouse Rate	\$112.22	\$110.44	\$108.66	\$106.88	\$105.09	\$103.31	\$101.53	\$99.75	\$97.97	\$96.19	\$94.41	\$92.63	\$90.84	\$89.06	\$87.28	\$85.50
Child Rate	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00	\$114.00
<b>United Healthcare Medicare Advantage I</b>																
Retiree Rate	\$183.47	\$177.55	\$171.63	\$165.72	\$159.80	\$153.88	\$147.96	\$142.04	\$136.12	\$130.20	\$124.28	\$118.37	\$112.45	\$106.53	\$100.61	\$94.69
Spouse Rate	\$186.43	\$183.47	\$180.51	\$177.55	\$174.59	\$171.63	\$168.67	\$165.72	\$162.76	\$159.80	\$156.84	\$153.88	\$150.92	\$147.96	\$145.00	\$142.04
Child Rate	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39	\$189.39
<b>United Healthcare Medicare Advantage II</b>																
Retiree Rate	\$96.26	\$93.15	\$90.05	\$86.94	\$83.84	\$80.73	\$77.63	\$74.52	\$71.42	\$68.31	\$65.21	\$62.10	\$59.00	\$55.89	\$52.79	\$49.68
Spouse Rate	\$97.81	\$96.26	\$94.70	\$93.15	\$91.60	\$90.05	\$88.49	\$86.94	\$85.39	\$83.84	\$82.28	\$80.73	\$79.18	\$77.63	\$76.07	\$74.52
Child Rate	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36	\$99.36

### Medical Plan Rate Calculation Instructions

1. Select a medical plan for the retiree; enter the rate from the **Retiree Rate** row that corresponds with your years of service. \$ \_\_\_\_\_ Retiree
2. If you are enrolling your spouse or domestic partner, select a medical plan for him/her; enter the rate from the **Spouse Rate** row that corresponds with your years of service (or, if your spouse/domestic partner is also an NMRHCA-eligible retiree, use the Retiree Rate that corresponds with your spouse's/domestic partner's years of service). + \$ \_\_\_\_\_ Spouse/ Domestic Partner
3. If you are also enrolling children, enter rate from **Child Rate** row multiplied by number of children. = Total for Child(ren): + \$ \_\_\_\_\_ Child(ren)
4. TOTAL #1, #2, and #3. = \$ \_\_\_\_\_ Total

### Voluntary Coverage Premiums

#### DENTAL PLAN Monthly Premium\*: Effective January 1, 2017 to December 31, 2017

	SINGLE	TWO-PARTY	FAMILY
Delta Dental Basic	\$18.51	\$34.72 for both	\$ 58.15 for all
Delta Dental Comprehensive	\$41.32	\$78.52 for both	\$126.75 for all
United Concordia Basic	\$16.80	\$31.91 for both	\$ 47.87 for all
United Concordia Comprehensive	\$34.28	\$65.12 for both	\$ 97.65 for all

#### VISION PLAN Monthly Premium\*: Effective January 1, 2017 to June 30, 2017

Davis Vision	\$ 4.76	\$ 8.98 for both	\$13.23 for all
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#### DEPENDENT CHILD LIFE Monthly Premium\*: Effective January 1, 2016 to December 31, 2017

The Standard Insurance	\$2,500 - \$3.83 for all	\$5,000 - \$7.15 for all	\$10,000 - \$13.83 for all
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#### RETIREE/SPOUSE SUPPLEMENTAL LIFE Monthly Premium\*: Effective January 1, 2016 to December 31, 2017

	\$2,000	\$4,000	\$6,000	\$8,000	\$10,000	\$15,000**	\$20,000**	\$40,000**	\$46,000**
The Standard	\$ 0.68	\$ 0.86	\$ 1.05	\$ 1.23	\$ 1.41	\$ 1.87	\$ 2.32	\$ 4.14	\$ 4.69
Age 35-39	\$ 0.79	\$ 1.08	\$ 1.38	\$ 1.67	\$ 1.96	\$ 2.69	\$ 3.42	\$ 6.34	\$ 7.22
Age 40-44	\$ 1.03	\$ 1.56	\$ 2.08	\$ 2.61	\$ 3.14	\$ 4.46	\$ 5.78	\$ 11.06	\$ 12.64
Age 45-49	\$ 1.36	\$ 2.22	\$ 3.07	\$ 3.93	\$ 4.79	\$ 6.94	\$ 9.08	\$ 17.66	\$ 20.23
Age 50-54	\$ 1.92	\$ 3.34	\$ 4.77	\$ 6.19	\$ 7.61	\$11.17	\$14.72	\$ 28.94	\$ 33.21
Age 55-59	\$ 2.23	\$ 3.96	\$ 5.70	\$ 7.43	\$ 9.16	\$13.49	\$17.82	\$ 35.14	\$ 40.34
Age 60-64	\$ 4.05	\$ 7.61	\$11.16	\$14.72	\$18.27	\$27.16	\$36.04	\$ 71.58	\$ 82.24
Age 65-69	\$ 5.95	\$11.40	\$16.85	\$22.30	\$27.75	\$41.38	\$55.00	\$109.50	\$125.85
Age 70 and over									\$164.00

\*This is optional coverage, and the entire cost of coverage is paid by you. Cost of insurance for all coverages paid by you may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. The life plan rates include a \$.50 administration fee.

\*\*Evidence of Insurability Statement required to add or increase life insurance. The form can be found at [http://www.standard.com/mybenefits/newmexico\\_rhca](http://www.standard.com/mybenefits/newmexico_rhca).

**NMRHCA NON-MEDICARE PLAN COMPARISON**

EFFECTIVE: JANUARY 1, 2017

Premier PPO: BCBSNM or PRESBYTERIAN

Value HMO: NM HEALTH CONNECTIONS or PRESBYTERIAN

These plans have no lifetime maximum benefit (except for transplants), though certain services have maximum annual limits.

<b>Retiree Premiums</b> (Based on 20+ years of service, please refer to rate sheet for Spouse/Domestic Partner and Dependent rates)	<b>Premier PPO - \$223.56</b>	<b>Value HMO - \$174.63</b>
<b>Annual Deductible</b>	<b>Premier:</b> \$800/Individual	<b>Value:</b> \$1,500/Individual
<b>Annual Out-of-Pocket Limit</b>	<b>Premier:</b> \$4,500/Individual	<b>Value:</b> \$5,500/Individual
	<b>Premier</b>	<b>Value</b>
	<b>Retiree Responsibility</b>	<b>Retiree Responsibility</b>
<b>Office Services</b>	Primary -\$30	Primary -\$35
<i>Office visit not subject to deductible</i>	Specialist - \$45	Specialist - \$55
<b>Preventive Services</b>	Plan pays 100%	Plan pays 100%
<b>Related testing</b> (includes routine Pap test, mammograms, colonoscopy, physicals, etc.) & immunization (deductible waived)	Plan pays 100%	Plan pays 100%
<b>Lab, X-Ray, and Pathology</b>	Plan pays 100%	Plan pays 100%
<b>Emergency Room</b>	\$125	\$175
<b>Emergency Physician and other Professional Provider Charges</b>	25%	30%
<b>Urgent Care Facility</b>	\$35	\$40
<b>Ambulance Services</b>	25%	30%
<b>EKG</b>	25%	30%
<b>High-Tech Radiology (MRI, PET &amp; CT)</b> <i>Office/Freestanding Radiology</i>	\$100	\$125
<b>High-Tech Radiology (MRI, PET &amp; CT)</b> <i>Outpatient Department of Hospital</i>	25%	30%
<b>Rehabilitation Outpatient</b> Physical Therapy Services when used as alternative to surgery (Max of 4 copays per course of treatment)	\$30	\$35
<b>Rehabilitation Inpatient or Outpatient</b>	25%	30%
<b>Alternative (chiropractic, acupuncture, etc.)</b>	25%	30%
<b>Hospitalization - Inpatient</b>	25%	30%
<b>Surgery - Outpatient</b>	25%	30%
<b>All Other Covered Services</b> (visit phs.org or bcbsnm.com or mynmhc.org for full list)	25%	30%

**NON-MEDICARE PRESCRIPTION DRUG PLAN ADMINISTERED BY EXPRESS SCRIPTS**

<i>Copay (Retail)</i>	<i>Minimum</i>	<i>Maximum</i>
<b>Generic</b>	\$5	\$15
<b>Brand</b>	\$20	\$50
<b>Brand Non-Formulary</b>	\$40	\$100

Maximum of 34-day supply or 100 unit or as prescribed by your physician or an approved exception.

<i>Copay (Mail Order)</i>	<i>Minimum</i>	<i>Maximum</i>
<b>Generic</b>	\$12	\$35
<b>Preferred Brand</b>	\$50	\$100
<b>Non-Formulary</b>	\$100	\$150

Maximum of 90-day supply or 300 units or as prescribed by your physician or an approved exception.

<b>Accredo (Special Pharmaceuticals)</b>	<b>Closed Network</b>
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For more information visit our website at [www.nmrhca.state.nm.us](http://www.nmrhca.state.nm.us) or call us at 1-800-233-2576.



NMRHCA MEDICARE PLAN COMPARISON

	BCBSNM MEDICARE SUPPLEMENT	BCBS Medicare Advantage Plan I	Presbyterian Medicare Advantage Plan I	United Healthcare Medicare Advantage Plan I	Humana Medicare Advantage Plan I	BCBS Medicare Advantage Plan II	Presbyterian Medicare Advantage Plan II	United Healthcare Medicare Advantage Plan II	Humana Medicare Advantage Plan II
RETIREE PREMIUMS Based on 20+ Years	\$188.64	\$61.20	\$89.00	\$94.69	\$82.77	\$18.95	\$57.00	\$49.68	\$49.86
BENEFIT Highlights	Part B Annual Deductible: \$166.00 (2016) 2017 Part B Deductible to be determined.	Annual Out of Pocket Limit: \$5000	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$2500	Annual Out of Pocket Limit: \$4000	Annual Out of Pocket Limit: \$6700	Annual Out of Pocket Limit: \$3000	Annual Out of Pocket Limit: \$2800	Annual Out of Pocket Limit: \$1500
Office Visit	Once Part B Deductible is met charges for services are as follows:								
Primary Care	\$0	\$10	\$10	\$5	\$10	\$10	\$10	\$5	\$5
Specialty care	\$0	\$35	\$30	\$25	\$30	\$40	\$40	\$25	\$30
Preventive services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$0	\$250 per day 1-5	\$125 per day 1-3	\$250 per admission	\$150 per day 1-5	\$500 per admission	\$225 per day 1-3	\$250 per admission	\$150 per admission
Surgery - hospital outpatient	\$0	\$200	\$125	\$100	\$200	\$350	\$225	\$100	\$100
Emergency Services									
Emergency room visit	\$0	\$65	\$65	\$50	\$50	\$65	\$65	\$50	\$65
Urgent care center	\$0	\$40	\$10	\$20	\$20	\$50	\$10	\$20	\$10
Diabetic Supplies	After Part B Deductible is met: \$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

All Other Covered Services (visit [phs.org](http://phs.org), [bcbsnm.com](http://bcbsnm.com), [uhctiree.com](http://uhctiree.com), [our.humana.com/nmrhca/](http://our.humana.com/nmrhca/) for full list)

	\$310 Deductible	Yes**	No	Yes**	No	Yes**	No	Yes**	No	Yes**
Retail Pharmacy - 30-day										
Preferred Generic	\$5 - \$15	\$5	\$15	\$4	\$4	\$0 - \$5	\$4	\$10	\$10	\$4
Non-Preferred Generic	\$20 - \$50	\$5	\$70	\$4	\$4	\$7 - \$12	\$10	\$35	\$35	\$4
Preferred Brand		\$30	\$35	\$40	\$40	\$40 - \$45	\$45	\$20	\$20	\$40
Non-Preferred Brand		\$55	\$70	\$90	\$90	\$90 - \$95	\$95	\$35	\$35	\$90
Specialty Drug		\$200	\$70	33%	33%	25%	33%	\$35	\$35	33%
Non-Formulary	\$40 - \$100									
Mail Order - 90 day										
Preferred Generic	\$12 - \$35	\$15	\$30	\$0	\$0	\$15	\$12	\$20	\$20	\$0
Non-Preferred Generic		\$30	\$140	\$0	\$0	\$36	\$30	\$70	\$70	\$0
Preferred Brand		\$135	\$70	\$80	\$80	\$135	\$135	\$40	\$40	\$80
Non-Preferred Brand		\$285	\$140	\$180	\$180	\$285	\$285	\$70	\$70	\$180
Non - Formulary	\$100 - \$150									
Prescription Coverage										
Coverage Gap	No	No	No	No	No	No	No	No	No	Yes**

Catastrophic Level Coverage Changes: After your out-of-pocket drug costs reach \$4,950 for the year, then you pay the greater of: \$3.30 for formulary generic or a formulary brand drug and \$8.25 for all other drugs, or 5% coinsurance.

\*\*Plans with Coverage Gap (a.k.a. Donut Hole). Please ensure you have reviewed & understand how plans work. Plan changes are limited to IRS approved qualifying events (i.e., marriage, divorce, etc.). This is a summary for your convenience. Please contact Blue Cross Blue Shield, Presbyterian, United Healthcare or Humana directly for a full list of benefits.

# NMRHCA 2017 Dental Plan Comparison

UNITED CONCORDIA DENTAL - ALLIANCE NETWORK				DELTA DENTAL - PPO NEW MEXICO NETWORK			
BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN	BENEFIT CATEGORY	BASIC PLAN		COMPREHENSIVE PLAN
Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	Out-of-Network Plan Pays	Diagnostic and Preventive Services	In-Network Plan Pays	Out-of-Network Plan Pays	In-Network Plan Pays
Routine Oral Exams (three per 12 months)	100% No Deductible	25% of Allowed Amount	100% of Allowed Amount No Deductible	Oral Exams (two routine per calendar year plus one problem-focused/emergency, if needed).	100% No Deductible	25% of Allowed Amount No Deductible	100% No Deductible
Routine Cleanings (three per 12 months)	100% No Deductible	25% of Allowed Amount	100% of Allowed Amount No Deductible	Routine Cleanings (two per calendar year or up to two additional for specified at-risk medical conditions)	100% No Deductible	25% of Allowed Amount No Deductible	75% of Allowed Amount No Deductible
X-rays (complete month-once every 5 years; bitewings two sets per 12 months through age 13 once every 12 months thereafter)	100% No Deductible	25% of Allowed Amount	100% of Allowed Amount No Deductible	Radiographic images (full mouth-once every 5 years; bitewings twice in a calendar year)	100% No Deductible	25% of Allowed Amount No Deductible	75% of Allowed Amount No Deductible
Emergency Treatment for Relief of Pain	100% No Deductible	25% of Allowed Amount	100% of Allowed Amount No Deductible	Emergency Treatment for Relief of Pain	100% No Deductible	25% of Allowed Amount No Deductible	75% of Allowed Amount No Deductible
<b>Basic Services</b>				<b>Basic Services</b>			
Amalgam and Composite Fillings	80%	25% of Allowed Amount	80%	Basic Restorative (amalgam or composite fillings)	80%	25% of Allowed Amount	80%
Simple Extractions	80%	25% of Allowed Amount	80%	Simple Extractions (non-surgical)	80%	25% of Allowed Amount	80%
Endodontics	80%	25% of Allowed Amount	80%	Endodontics	80%	25% of Allowed Amount	80%
Non-surgical Periodontics	80%	25% of Allowed Amount	80%	Non-surgical Periodontics	80%	25% of Allowed Amount	80%
Complex Oral Surgery (covered on Comprehensive Plan only)	80%	25% of Allowed Amount	80%	Oral Surgery (including surgical extractions)	80%	25% of Allowed Amount	80%
Surgical Periodontics (covered on Comprehensive Plan only)	80%	25% of Allowed Amount	80%	Surgical Periodontics	80%	25% of Allowed Amount	80%
Repair to Onlays, Crowns, Dentures and Bridgework	80%	25% of Allowed Amount	80%	Repairs to Crowns, Onlays, Dentures and Bridgework	80%	25% of Allowed Amount	80%
<b>Major Services</b>				<b>Major Services</b>			
Removeable Partial or Complete Dentures and Fixed Bridges	80%	25% of Allowed Amount	80%	Prosthetic procedures for construction of fixed bridges, partials or complete dentures	80%	25% of Allowed Amount	80%
Implants and Implant Related Services	80%	25% of Allowed Amount	80%	Implants - specified services, including repairs, and related prosthodontics, subject to clinical review/approval	80%	25% of Allowed Amount	80%
Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)	80%	25% of Allowed Amount	80%	Onlays, Crowns and Cast Restorations - when teeth cannot be restored with amalgam or composite resin restorations	80%	25% of Allowed Amount	80%
<b>Orthodontics</b>				<b>Orthodontics</b>			
Diagnostic, Active, Retention Treatment in and out-of-network lifetime maximums cannot be combined.	80%	25% of Allowed Amount	80%	Diagnostic, Active, Retention Treatment in and out-of-network lifetime maximums cannot be combined.	80%	25% of Allowed Amount	80%
<b>Deductibles and Maximums</b>				<b>Deductibles and Maximums</b>			
Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	\$50 (\$150 Per Family)	\$50 (\$150 Per Family)	\$50 (\$150 Per Family)	Calendar Year Deductible - Jan 1 thru Dec 31. Applies to all services except where noted above.	\$50 (\$150 Per Family)	\$50 (\$150 Per Family)	\$50 (\$150 Per Family)
Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	\$1,500.00	\$1,500.00	\$1,500.00	Calendar Year Maximum - Jan 1 thru Dec 31 (per person). In and out-of-network annual maximums cannot be combined.	\$1,500.00	\$1,500.00	\$1,500.00

**Important Note:** Lowest out-of-pocket costs apply In-Network. Non-Participating Providers may balance bill patients for charges over the allowed amount (up to the full amount of submitted charges).

This Benefit Comparison has been prepared as a general description to highlight some of the benefits available under your dental plan options.

It does not reflect all benefits, limitations, exclusions, or provide complete coverage information. Complete coverage descriptions are provided by the dental plan carrier when you enroll.

## Davis Vision 2017 Benefits

<b>BENEFIT CATEGORY</b>	<b>In-Network Coverage</b>	<b>Out-of-Network Coverage</b>
<b>Routine Eye Examinations</b>	Every 12 months Copay \$10	Reimbursed up to \$35
<i>Eye Glasses</i>		
<b>Spectacle Lenses</b>	Every 12 months Copay \$15	Depending on Lens RX \$25 to \$80
<b>Frames</b>	Every 24 months Davis Frame Collection covered in Full or \$130 retail allowance at Visionworks stores	Reimbursed up to \$35
<b>Contact Lenses</b>	Every 12 months Allowance Up to \$110 Non-Formulary Plus 15% discount on coverage Medically necessary paid in full Prior approval required	Allowance Up to \$110 (elective) Up to \$210 (medically necessary)

This is a summary for your convenience. For more information visit our website at [www.nmrhca.state.nm.us](http://www.nmrhca.state.nm.us) or call us at 1-800-233-2576

## FIRST PREMIUM PAYMENT WORKSHEET

Please use this worksheet to calculate the amount of your payment for the first two months' premium to be enclosed with your General Enrollment Application. Be sure to enter the appropriate amounts from the "Single," "Two-Party," or "Family" column shown on the current rate sheet. The level of coverage (single, two-party, or family) must be consistent for all coverage you select, and an eligible retiree must enroll to allow dependent enrollment.

**If you do not enclose payment with your application forms,  
we will be unable to process your application.**

<p>1. Enter the total amount of your Medical Plan Monthly Premium Contribution from the current rate sheet (including dependent premiums, if applicable). This amount includes medical insurance and a prescription drug program.</p> <ul style="list-style-type: none"> <li>• If you are enrolling children, enter rate from <b>Child Rate</b> row multiplied by number of children.</li> <li>• Ex: # of Children: _____ x Child Rate: _____ = Total for Child(ren): _____</li> </ul>	<p>+ \$ _____ <i>Retiree</i></p> <p>+ \$ _____ <i>Spouse/Partner (if applicable)</i></p> <p>+ \$ _____ <i>Child(ren) (if applicable)</i></p>
<p>2. <i>If you selected a dental plan</i>, enter the amount of your Dental Plan Monthly Premium from the rate sheet.</p>	<p>+ \$ _____</p>
<p>3. <i>If you selected the vision plan</i>, enter the amount of your Vision Plan Monthly Premium from the rate sheet.</p>	<p>+ \$ _____</p>
<p>4. <i>If you selected life insurance</i>, enter the amount(s) of Retiree and/or Dependent Supplemental Life from the rate sheet.</p>	<p>+ \$ _____ <i>Retiree</i></p> <p>+ \$ _____ <i>Spouse/Partner (if applicable)</i></p> <p>+ \$ _____ <i>Dependent(s) (if applicable)</i></p>
<b>SUBTOTAL</b>	\$ _____
<b>Times First 2 Months</b>	<b>x 2</b>
<b>TOTAL:</b> <i>Enclose payment of this amount (check, cashier's check or money order made payable to the NMRHCA) with your application, work history form, and this worksheet.</i>	= \$ _____

*If you have any questions, please call the New Mexico Retiree Health Care Authority at  
1-800-233-2576 or 505-986-8556 (in Santa Fe).*