



**Benefit Services**

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October 12, 2023

Dear Retiree,

New Mexico State University provides eligible retirees with medical/prescription, dental, vision, and/or life insurance benefits. This letter serves as your annual notice of plan and premium changes for the upcoming plan year and PPO plan notification of creditable coverage. Please refer to the Benefit Services website for rate sheets, summaries of benefits, and forms at <https://benefits.nmsu.edu/hr-benefits/retiree/retiree-benefits.html>.

**Retiree Health Plans**

The retiree health plan is a fully insured plan offered through Blue Cross Blue Shield of New Mexico (BCBSNM). Premiums are determined by the claims that are paid on behalf of participants each year by BCBSNM.

- The NMSU retiree health plan continues to have significant increases in claims over the past three years compared to premiums paid resulting in a **5.7% increase** in premiums.
- The Prescription PDP plan offered along with the Medigap plan will have no increase to the Medicare prescription drug plan.
- The retiree health plans reflect a **1.5% premium bundling discount** due to the addition of the voluntary dental and vision benefits to our retiree health options.
- There will be a **10.3% decrease** to our dental premiums and **no increase** to our vision premiums.

Please see the enclosed rate sheets for more information. Based on your current benefit elections, your portion of the monthly premiums for 2024 are:

<b>Current Health Code:</b>	
Current Health Rate:	<b>2024 Health Rate:</b>
Current Dental Rate:	<b>2024 Dental Rate:</b>
Current Vision Rate:	<b>2024 Vision Rate:</b>
Current Life Insurance Rate:	<b>2024 Life Insurance Rate:</b>
Current Total Rate:	<b>2024 Total Rate:</b>

**Creditable Coverage**

The prescription drug coverage offered by the NMSU Blue Cross Blue Shield NM PPO retiree health insurance is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. Please visit our website to view or print the complete Creditable Coverage Disclosure notice for the NMSU retiree health insurance plan. **All PPO members who become Medicare eligible must transition to the NMSU Medigap plan, when you first become eligible.**

### **Important Information for participants reaching Medicare Eligibility**

Retirees and/or dependents reaching age 65, or becoming Medicare eligible for any reason, must enroll in Medicare Part A and Medicare Part B to remain eligible for NMSU medical/prescription coverage.

- The Medicare eligible participant must provide NMSU Benefit Services with a copy of the Medicare Part A & B card no later than the *1st of the month before* they become Medicare eligible.
- Plan and rate changes will be effective the 1<sup>st</sup> of the month in which they become Medicare eligible.
- Don't delay applying for Medicare, if NMSU Benefit Services does not receive your Medicare enrollment information prior to the effective date, your NMSU medical and prescription coverage will be cancelled. Once coverage is cancelled for any reason, you cannot re-enroll.

### **Cancelling Coverage**

PPO participants can drop coverage at any time, however; once you cancel participation, you cannot re-enroll. Dependent children that lose eligibility due to age will have the opportunity for that dependent to continue coverage through COBRA. If you voluntarily cancel coverage for a dependent, COBRA will not be offered.

### **Medigap Plan G:**

- The Medigap Plan G will continue to cover your Part A (hospital) deductible.
- The annual deductible for Part B (outpatient) services for 2023 is **\$226**. The 2024 deductible for Part B has not been announced yet by CMS (Centers for Medicare and Medicaid Services).
- Once the deductible has been met each calendar year, Medicare will generally cover 80% of the Part B (outpatient) medical services and BCBSNM will pay the remainder of Medicare's allowable charges.

If at any time you enroll in another Medicare Part D product, CMS will notify NMSU to cancel your coverage through NMSU. NMSU will cancel you from both the medical and prescription programs. Once cancelled you cannot re-enroll. You may also drop coverage during the Medicare Open Enrollment each year in October-December. Forms must be received by December 15th and coverage will end December 31st.

### **Dental and Vision Benefits Open Enrollment**

Dental and Vision open enrollment will be from **10/15/2023-11/15/2023**, coverage will become effective **1/1/2024**. You may only enroll or disenroll during the Open Enrollment period, unless a change in status qualifies for a Special Enrollment (marriage, birth of child, divorce). If you disenroll from either the dental or the vision coverage, you must wait 4 years before you can enroll during the subsequent Open Enrollment.

### **NMSU Retiree Life Insurance Plan:**

There are no changes to the Retiree Life Insurance Plan. You can print out your certificate of coverage from the NMSU benefits website.

### **Your current life insurance policy:**

Coverage Amount	
Primary Beneficiary	
Contingent Beneficiary	
If you wish to update your beneficiary information, submit a Beneficiary Designation Form available at the Benefit Services website.	

### **Insurance premium payments:**

Account #	Your method of payment is:
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You are responsible for ensuring all payments due are paid by the 20<sup>th</sup> of each month. Failure to pay monthly premiums by the due date will result in cancellation of coverage. Deposit of late payments does not indicate acceptance or continued insurance coverage. Late or invalid payments will be refunded and insurance coverage will cease as of the last day of the month for which timely payment was made. A \$25.00 Returned Item Penalty fee will be charged for any payments rejected by your bank.

You will not receive an invoice. If you elect to pay by mail, include “Retiree payment” and your account number on your payment. Send payment directly to:

University Accounts Receivable  
PO Box 30001, MSC 3UAR  
Las Cruces, NM 88003-8001  
Or call 575-646-3927

### Informational Webinar

We will hold an informational webinar via Zoom on **November 9, 2023 at 3:00 pm MST**. The link to join is <https://nmsu.zoom.us/j/82717932491>.

### **Keep your contact information current**

NMSU Benefit Services communicates with retirees through the US Postal Service and occasionally by phone or email. Keep your contact information up-to-date with NMSU Benefit Services. Please contact us immediately if you have a change in address, phone number, or email address.

If you have questions regarding NMSU retiree benefits or would like to update your information, please contact NMSU Benefit Services at 575-646-8000 or [benefits@nmsu.edu](mailto:benefits@nmsu.edu).

Sincerely,



Celeste Uzueta  
Director, Benefit Services

<b>NMSU Retiree Dental Plan</b>	
<b>JANUARY 1, 2024 - DECEMBER 31, 2024</b>	
<b>Retiree</b>	<b>DENTAL</b>
1. Retiree	\$ 31.88
2. Retiree and Spouse	\$ 63.76
4. Retiree, Spouse, with Child(ren)	\$ 122.75
6. Retiree and Child(ren) only	\$ 66.95

<b>NMSU Retiree Vision Plan</b>	
<b>JANUARY 1, 2024 - DECEMBER 31, 2024</b>	
<b>Retiree</b>	<b>VISION</b>
1. Retiree	\$ 6.66
2. Retiree + 1 (Spouse OR Child)	\$ 12.65
4. Retiree + 2 or more	\$ 18.58

**NMSU Retiree Health Plan Premium Rates**

**JANUARY 1, 2024 - DECEMBER 31, 2024**

<b>Retiree Under 65</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
A1. Retiree	\$ 845.98	\$ 507.59	\$ 338.39
A2. Retiree and Spouse, both under 65	\$ 1,691.98	\$ 1,015.19	\$ 676.79
A3. Retiree and Spouse, spouse on Medicare	\$ 1,233.91	\$ 740.35	\$ 493.57
A4. Retiree, Spouse, both under 65 with Child(ren)	\$ 2,453.29	\$ 1,471.97	\$ 981.32
A5. Retiree, Spouse, spouse on Medicare with Child(ren)	\$ 2,079.89	\$ 1,247.94	\$ 831.96
A6. Retiree and Child(ren) only	\$ 1,691.98	\$ 1,015.19	\$ 676.79
<b>Retiree Under 65 with New Spouse Acquired After Retirement</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
A8. Retiree and Spouse (Under 65)	\$ 1,691.98	\$ 507.59	\$ 1,184.39
A9. Retiree and Spouse (Over 65 or Under 65 on Medicare)	\$ 1,233.91	\$ 507.59	\$ 726.33
<b>Surviving Spouse Under 65 Unless Remarried</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>SPOUSE</b>
D1. Spouse Only	\$ 845.98	\$ -	\$ 845.98
D2. Spouse and Child(ren)	\$ 1,691.98	\$ -	\$ 1,691.98
D3. Child Only	\$ 845.98	\$ -	\$ 845.98
<b>Retiree Over 65 And Under 70</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
B1. Retiree	\$ 387.93	\$ 232.76	\$ 155.17
B2. Retiree and Spouse, spouse under 65	\$ 1,233.91	\$ 740.35	\$ 493.57
B3. Retiree and Spouse, both on Medicare	\$ 775.88	\$ 465.53	\$ 310.35
B4. Retiree, Spouse, spouse under 65 with child(ren)	\$ 2,079.89	\$ 1,247.94	\$ 831.96
B5. Retiree, Spouse, spouse on Medicare with child(ren)	\$ 1,621.85	\$ 973.11	\$ 648.74
B6. Retiree and Child(ren)	\$ 1,233.91	\$ 740.35	\$ 493.57
<b>Retiree Over 65 and Under 70 with New Spouse Acquired After Retirement</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
B7. Retiree and Spouse, spouse under 65	\$ 1,233.91	\$ 232.76	\$ 1,001.15
B8. Retiree and Spouse, spouse on Medicare	\$ 775.88	\$ 232.76	\$ 543.12
<b>Retiree 70 and Older</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
C1. Retiree Only	\$ 387.93	\$ 116.38	\$ 271.55
C2. Retiree and Spouse, spouse under 65	\$ 1,233.91	\$ 370.17	\$ 863.74
C3. Retiree and Spouse, spouse on Medicare	\$ 775.88	\$ 232.76	\$ 543.12
C4. Retiree, Spouse, spouse under 65 with child(ren)	\$ 2,079.89	\$ 623.97	\$ 1,455.93
C5. Retiree, Spouse, spouse on Medicare with child(ren)	\$ 1,621.85	\$ 486.55	\$ 1,135.29
C6. Retiree and Child(ren)	\$ 1,233.91	\$ 370.17	\$ 863.74
<b>Retiree 70 and Older with New Spouse Acquired After Retirement</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>RETIREE</b>
C7. Retiree and Spouse, spouse under 65	\$ 1,233.91	\$ 116.38	\$ 1,117.53
C8. Retiree and Spouse, spouse on Medicare	\$ 775.88	\$ 116.38	\$ 659.50
<b>Surviving Spouse Over 65 or Under 65 on Medicare Unless Remarried</b>	<b>TOTAL</b>	<b>NMSU</b>	<b>SPOUSE</b>
D4. Spouse Only	\$ 387.93	\$ -	\$ 387.93
D5. Spouse and Child(ren)	\$ 1,233.91	\$ -	\$ 1,233.91

Members must enroll in Medicare Parts A & B when first eligible. All Medicare-eligible members may only have coverage through the Blue Cross Blue Shield of New Mexico Medigap Plan G with Part D prescription coverage.



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**Blue Cross and Blue Shield  
 of New Mexico**

## Enrollment Application / Change Form – Dental and Vision

<b>New Mexico State University</b> <b>Account #265001</b> Group # Dental <u>268431</u>	0001 0002 0003 9902	Non-Medicare Non-Medicare Surviving Deps Medicare <70 COBRA Admin	0004 0005 0101	Medicare Surviving Deps Medicare 70+ Dental-No Medical Coverage
<b>Account #26500</b> Group # Vision: <u>GFZ02001</u>				

### Section 1 – Enrollment Event

<input type="checkbox"/> Open Enrollment Due by: 11/15/2023 Effective Date of Benefits: <u>01/01/2024</u>	Cancel coverage: <input type="checkbox"/> Dental <input type="checkbox"/> Vision  <input type="checkbox"/> Cancel Enrollee (& Dependents) <input type="checkbox"/> Cancel Dependent <b>Please note: If you terminate coverage you may not re-enroll until after a 4-year waiting period and only during open enrollment.</b>
<input type="checkbox"/> New Enrollee <input type="checkbox"/> Add Dependent	

### Section 2 – Please tell us about yourself

Name (Last)	(First)	(MI)	Date of Birth	Aggie ID #
Mailing Address (Street)	(City)	(State)	(Zip Code)	Phone
				Social Security #
				Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Dental Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Who is covered? (select one)</b> <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse/DP <input type="checkbox"/> Retiree + Child (ren) <input type="checkbox"/> Retiree + Family	<b>Vision Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Who is covered? (select one)</b> <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + One <input type="checkbox"/> Retiree + Family	

### Dependents:

<input type="checkbox"/> Husband <input type="checkbox"/> Wife  <input type="checkbox"/> Domestic Partner	<b>Dependent Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Dependent SSN:</b>	<b>Birthdate: (mm/dd/yyyy)</b>
<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Other Dependent	<b>Dependent Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Dependent SSN:</b>	<b>Birthdate: (mm/dd/yyyy)</b>
<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Other Dependent	<b>Dependent Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Dependent SSN:</b>	<b>Birthdate: (mm/dd/yyyy)</b>
<input type="checkbox"/> Son <input type="checkbox"/> Daughter  <input type="checkbox"/> Other Dependent	<b>Dependent Name:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<b>Dependent SSN:</b>	<b>Birthdate: (mm/dd/yyyy)</b>

- I am an employee of the employer or a retiree named in this enrollment application. I am eligible to participate in the coverage(s) afforded by my employer's plan, which is underwritten or administered by Blue Cross and Blue Shield of New Mexico. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information given on this enrollment application is true and correct.
- I understand and agree that any intentional misrepresentation of a material fact made by me will invalidate my coverage(s).
- Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this enrollment application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).
- I agree that my employer acts as my agent. I authorize necessary payroll deductions by my employer, if any, to cover the cost of my coverage(s).
- I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my employer are applicable to me.

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.

Applicant's Signature	Date:
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