**Benefit Services**
Hadley Hall, Room 17
MSC 3HRS, PO Box 30001
Las Cruces, NM 88003-8001
Phone: (575) 646-8000
Fax: (575) 646-2806
benefits@nmsu.edu

October 13, 2026

Dear Retiree,

New Mexico State University (NMSU) offers eligible retirees medical/prescription, dental, vision, and life insurance benefits. This letter provides your annual notice of plan and premium changes for 2027, as well as information about the PPO plan's creditable coverage status. **Please review this information carefully**, as it may affect your benefits for the coming year. Detailed rate sheets, benefit summaries, and forms are available at https://benefits.nmsu.edu/retire/benefits.html. Your current coverage will continue automatically at the applicable 2027 rates unless you request a change. If you or a covered dependent become eligible for Medicare, you must complete the enrollment and notification requirements described below.

**Retiree Health Plans**

The NMSU retiree health plan is a fully insured plan provided through Blue Cross Blue Shield of New Mexico (BCBSNM). Premiums are based on claims incurred on behalf of plan participants.

**Key updates for 2027:**

- **PPO and Medigap** retiree health plans will have no plan changes.
  - Premiums for the PPO and Medigap retiree health plans were scheduled to increase by 5.2%.
  - By including dental and vision plans, we receive a 1.5% bundling discount on our health plans which reduces the health plan **increase** to **3.6%.**
- The **Medicare Prescription Drug (PDP) plan** associated with the Medigap plan will have the following changes, effective January 1, 2027:
  - The Medicare prescription drug premium for covered Part D prescription drugs will **increase** by **8.5%**.
  - The annual out-of-pocket maximum will increase from $2,100 to **$2,400**.
  - The Medicare PDP plan will be rebranded from Blue Cross MedicareRx to **HealthSpring.**
    - The member portal will change to myHealthSpring.com.
    - **Express Scripts** will be the new Pharmacy Benefit Manager.
    - **Convey** will be the new vendor for customer service, enrollment, and billing for HealthSpring PDP.
    - HealthSpring will mail additional information to you, including the annual notice of change, evidence of coverage snapshot document, and formulary addendum document. To view additional plan materials, visit HealthSpring.com/GroupPDP.
- Dental premiums will **decrease** by **5.3%** with no plan changes.
- Vision premiums will **decrease** by **12%** with no plan changes.

Please refer to the enclosed rate sheets for details.

**Creditable Coverage – PPO Plan**

The prescription drug coverage provided by NMSU's BCBSNM PPO plan is considered **Creditable Coverage**, meaning it is expected to pay out, on average, as much as standard Medicare Part D coverage. Creditable coverage generally protects you from a Medicare Part D late enrollment penalty while you maintain that coverage. A gap of 63 consecutive days or more without creditable prescription drug coverage may result in a penalty. The Creditable Coverage Disclosure notice is available on the NMSU Benefits website.

PPO members who become eligible for Medicare must transition to the NMSU Medigap plan when they first become eligible.

**Medicare Eligibility and Transition**

If you or a covered dependent become eligible for Medicare (for example, upon reaching age 65 or due to disability), the Medicare-eligible individual must enroll in both Medicare Part A and Part B to continue your NMSU medical and prescription coverage.

- Apply for Medicare approximately **90 days before eligibility** to avoid coverage interruptions.
- Provide a copy of the Medicare-eligible individual's Medicare card showing Part A and Part B coverage to NMSU Benefit Services no later than the first of the month before the Medicare effective date. For example, for Medicare coverage effective July 1, submit the card by June 1.
- The Medicare-eligible individual will transition to the Medigap plan effective the first of the month in which that individual becomes eligible.

**If we do not receive your Medicare enrollment information before your effective date, your NMSU medical and prescription coverage will end and cannot be reinstated.**

**Medigap Plan G**

- The Medigap Plan G covers your Medicare Part A (hospital) deductible.
- The Part B (outpatient) deductible for 2027 is projected to be $310, pending confirmation from the Centers for Medicare & Medicaid Services (CMS) confirmation).
- After the Part B deductible is met, Medicare generally pays 80% of the Medicare-approved amount for covered Part B services. BCBSNM Medigap Plan G covers the applicable Part B coinsurance for Medicare-covered services, subject to plan terms.

Under NMSU's plan rules, enrollment in another Medicare Part D plan requires termination of your NMSU medical and prescription coverage. Because enrollment in the NMSU medical plan is required for dental and vision eligibility, your NMSU dental and vision coverage will also end. Once cancelled, re-enrollment in NMSU medical and prescription coverage is not allowed. Contact Benefit Services before enrolling in another Part D plan to discuss the effect on your coverage and any covered dependents.

Medicare Open Enrollment runs October 15–December 7. To voluntarily cancel your NMSU coverage effective December 31, 2026, submit the required forms to NMSU Benefit Services by December 7, 2026. NMSU Medigap medical coverage and Medicare prescription drug coverage are offered together with a combined premium. You cannot enroll in one without the other.

**Dental and Vision Open Enrollment**

Open Enrollment Dates: **October 15 – December 7, 2026**
Coverage Effective Date: **January 1, 2027**
Enrollment changes are only allowed during this period or within 31 days of a qualifying event (e.g., marriage, birth, divorce) with required documentation. If you disenroll from dental or vision coverage, you must wait **four years** before re-enrolling during a future Open Enrollment period.

**Life Insurance Plan**

There are **no changes** to the retiree life insurance plan for 2027. You may view your certificate of coverage on the NMSU Benefits website. To update your beneficiaries, submit the enclosed Beneficiary Designation Form to NMSU Benefit Services.

**Insurance Premium Payments**

For retirees paying by automatic withdrawal, the new monthly premium amount will be withdrawn automatically beginning in January 2027. You will not receive an invoice. If paying by mail, include "Retiree Payment" and your account number.

Mail payments to:

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

Premium payments are due by the **20th of each month**. Failure to pay by the due date may result in cancellation of coverage. Deposit of a late payment does not indicate acceptance or continued insurance coverage; late or invalid payments will be refunded and insurance will cease as of the last day for which premiums were last paid. Returned payments will incur a **$25 fee**, and coverage will end as of the last month paid in full.

**Retiree Health Presentation**

Join us for a virtual informational session with Blue Cross Blue Shield of New Mexico.
Time: November 4, 2026, 2:00 PM Mountain Time
Zoom link: https://nmsu.zoom.us/j/88973498537
Passcode: 141730

**Keep Your Contact Information Current**

NMSU Benefit Services communicates with retirees primarily through USPS mail and occasionally by phone or email. Please notify us immediately of any changes to your address, phone number, or email address.

If you have questions about your benefits or need to update your information, contact us at 575-646-8000 or benefits@nmsu.edu.

Sincerely,

Celeste Uzueta

Celeste Uzueta
Director, Benefit Services

Enclosures: Retiree Insurance Rates, Enrollment/Change Form for Dental and Vision, Beneficiary Designation Form

| NMSU Retiree Dental Plan<br>JANUARY 1, 2027 - DECEMBER 31, 2027 | |
|---|---|
| **Retiree*** | **DENTAL** |
| 1. Retiree | $ 30.19 |
| 2. Retiree and Spouse | $ 60.38 |
| 4. Retiree, Spouse, with Child(ren) | $ 116.24 |
| 6. Retiree and Child(ren) only | $ 63.40 |

| NMSU Retiree Vision Plan<br>JANUARY 1, 2027 - DECEMBER 31, 2027 | |
|---|---|
| **Retiree*** | **VISION** |
| 1. Retiree | $ 5.88 |
| 2. Retiree + 1 (Spouse OR Child) | $ 11.16 |
| 4. Retiree + 2 or more | $ 16.39 |

*Plan numbers are not sequential.

| NMSU Retiree Health Plan Premium Rates<br>JANUARY 1, 2027 - DECEMBER 31, 2027 | | | |
|---|---|---|---|
| **Retiree Under 65** | **TOTAL** | **NMSU** | **RETIREE** |
| A1. Retiree | $ 1,009.93 | $ 605.96 | $ 403.97 |
| A2. Retiree and Spouse, both under 65 | $ 2,019.89 | $ 1,211.93 | $ 807.96 |
| A3. Retiree and Spouse, spouse on Medicare | $ 1,484.89 | $ 890.93 | $ 593.96 |
| A4. Retiree, Spouse, both under 65 with Child(ren) | $ 2,928.91 | $ 1,757.35 | $ 1,171.56 |
| A5. Retiree, Spouse, spouse on Medicare with Child(ren) | $ 2,494.82 | $ 1,496.89 | $ 997.93 |
| A6. Retiree and Child(ren) only | $ 2,019.89 | $ 1,211.93 | $ 807.96 |
| **Retiree Under 65 with New Spouse Acquired After Retirement** | **TOTAL** | **NMSU** | **RETIREE** |
| A8. Retiree and Spouse (Under 65) | $ 2,019.89 | $ 605.96 | $ 1,413.93 |
| A9. Retiree and Spouse (Over 65 or Under 65 on Medicare) | $ 1,484.89 | $ 605.96 | $ 878.93 |
| **Surviving Spouse Under 65 Unless Remarried** | **TOTAL** | **NMSU** | **SPOUSE** |
| D1. Spouse Only | $ 1,009.93 | $ - | $ 1,009.93 |
| D2. Spouse and Child(ren) | $ 2,019.89 | $ - | $ 2,019.89 |
| D3. Child Only | $ 1,009.93 | $ - | $ 1,009.93 |
| **Retiree Age 65-69** | **TOTAL** | **NMSU** | **RETIREE** |
| B1. Retiree | $ 474.96 | $ 284.98 | $ 189.98 |
| B2. Retiree and Spouse, spouse under 65 | $ 1,484.89 | $ 890.93 | $ 593.96 |
| B3. Retiree and Spouse, both on Medicare | $ 949.92 | $ 569.95 | $ 379.97 |
| B4. Retiree, Spouse, spouse under 65 with child(ren) | $ 2,494.82 | $ 1,496.89 | $ 997.93 |
| B5. Retiree, Spouse, spouse on Medicare with child(ren) | $ 1,959.85 | $ 1,175.91 | $ 783.94 |
| B6. Retiree and Child(ren) | $ 1,484.89 | $ 890.93 | $ 593.96 |
| **Retiree Age 65-69 with New Spouse Acquired After Retirement** | **TOTAL** | **NMSU** | **RETIREE** |
| B7. Retiree and Spouse, spouse under 65 | $ 1,484.89 | $ 284.98 | $ 1,199.91 |
| B8. Retiree and Spouse, spouse on Medicare | $ 949.92 | $ 284.98 | $ 664.94 |
| **Retiree 70 and Older** | **TOTAL** | **NMSU** | **RETIREE** |
| C1. Retiree Only | $ 474.96 | $ 142.49 | $ 332.47 |
| C2. Retiree and Spouse, spouse under 65 | $ 1,484.89 | $ 445.47 | $ 1,039.42 |
| C3. Retiree and Spouse, spouse on Medicare | $ 949.92 | $ 284.98 | $ 664.94 |
| C4. Retiree, Spouse, spouse under 65 with child(ren) | $ 2,494.82 | $ 748.45 | $ 1,746.37 |
| C5. Retiree, Spouse, spouse on Medicare with child(ren) | $ 1,959.85 | $ 587.96 | $ 1,371.90 |
| C6. Retiree and Child(ren) | $ 1,484.89 | $ 445.47 | $ 1,039.42 |
| G11. Retiree over 70 +2 on Medicare, w/children PPO | $ 3,444.77 | $ 1,033.43 | $ 2,411.34 |
| **Retiree 70 and Older with New Spouse Acquired After Retirement** | **TOTAL** | **NMSU** | **RETIREE** |
| C7. Retiree and Spouse, spouse under 65 | $ 1,484.89 | $ 142.49 | $ 1,342.40 |
| C8. Retiree and Spouse, spouse on Medicare | $ 949.92 | $ 142.49 | $ 807.43 |
| **Surviving Spouse Over 65 or Under 65 on Medicare Unless Remarried** | **TOTAL** | **NMSU** | **SPOUSE** |
| D4. Spouse Only | $ 474.96 | $ - | $ 474.96 |
| D5. Spouse and Child(ren) | $ 1,484.89 | $ - | $ 1,484.89 |

*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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MSC 3HRS, PO Box 30001
Las Cruces, NM 88003-8001
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Blue Cross and Blue Shield of New Mexico

# Enrollment Application / Change Form – Dental and Vision

| **New Mexico State University Account #265001** | Dental Group # 268431<br>0001 Non-Medicare<br>0002 Non-Medicare Surviving Deps<br>0003 Medicare <70<br>0004 Medicare Surviving Deps<br>0005 Medicare 70+<br>9902 COBRA Admin | Vision Group # GFZ02001 |
|---|---|---|

## Section 1 – Enrollment Event – Open Enrollment due by 12/7/2026

**Dental**
☐ New Enrollee ☐ Add Dependent
Effective Date of Benefits: **01/01/2027**

**Cancel coverage effective 12/31/2026**
☐ Cancel Enrollee (& Dependents)
☐ Cancel Dependent

**Vision**
☐ New Enrollee ☐ Add Dependent
Effective Date of Benefits: **01/01/2027**

**Cancel coverage effective 12/31/2026**
☐ Cancel Enrollee (& Dependents)
☐ Cancel Dependent

**Please note: If you terminate coverage, you may not re-enroll until after a 4-year waiting period and only during open enrollment.**

## Section 2 – Please tell us about yourself

| Name (Last) (First) (MI) | Social Security # | Aggie ID # |
|---|---|---|
| | | |

| Mailing Address (Street) (City) (State) (Zip Code) | Phone | Date of birth | Sex |
|---|---|---|---|
| | | | ☐ Female ☐ Male |

| **Dental Coverage** | **Who is covered? (Select one)** | **Vision Coverage** | **Who is covered? (Select one)** |
|---|---|---|---|
| ☐ Yes<br>☐ No | ☐ Retiree only<br>☐ Retiree+ Spouse/DP<br>☐ Retiree + Child (ren)<br>☐ Retiree + Family | ☐ Yes<br>☐ No | ☐ Retiree only<br>☐ Retiree + One<br>☐ Retiree + Family |

## Dependents:

| | | |
|---|---|---|
| ☐ **Husband** ☐ **Wife** | **Dependent Name:** | ☐ **Male** ☐ **Female** |
| ☐ **Domestic Partner** | **Dependent SSN:** | **Birthdate: (mm/dd/yyyy)** |
| ☐ **Son** ☐ **Daughter** | **Dependent Name:** | ☐ **Male** ☐ **Female** |
| ☐ **Other Dependent** | **Dependent SSN:** | **Birthdate: (mm/dd/yyyy)** |
| ☐ **Son** ☐ **Daughter** | **Dependent Name:** | ☐ **Male** ☐ **Female** |
| ☐ **Other Dependent** | **Dependent SSN:** | **Birthdate: (mm/dd/yyyy)** |
| ☐ **Son** ☐ **Daughter** | **Dependent Name:** | ☐ **Male** ☐ **Female** |
| ☐ **Other Dependent** | **Dependent SSN:** | **Birthdate: (mm/dd/yyyy)** |

- **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: |
|---|---|
| | |

BlueCross BlueShield of New Mexico

# BENEFICIARY DESIGNATION FORM

**Section 1 - Employee Information**

| Employee/Retired Employee Name | SSN | Date of Birth (mm/dd/yyyy) | Primary Telephone Number |
|---|---|---|---|
| | | | |

| Home Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Employer/Group | Group Policy Number |
|---|---|
| New Mexico State University | GFZ02001 |

**Section 2 - Designations**

PRIMARY BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%.

| Primary Beneficiary Name | Birth Date | Relationship | Social Security # | Address | % |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CONTINGENT BENEFICIARY DESIGNATIONS - Note: If percentages are listed, the total of the combination must equal 100%.
DO NOT LIST PRIMARY BENEFICIARIES BELOW THIS LINE

| Contingent Beneficiary Name | Birth Date | Relationship | Social Security # | Address | % |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Employee/Retired Employee Signature** _____ **Date** _____

**Section 3 - Community Property States**

**Important Note for Married Employees:** If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, ID, LA, NM, NV, TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **BLUE CROSS AND BLUE SHIELD OF NEW MEXICO WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

**Spousal Consent for Community Property States/Territories:** I hereby consent to the beneficiaries designated above by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _____ Date _____ ☐ Employee has no legal spouse