2025 UNM Medicare Offered Plan Comparison (Must meet UNM VEBA Eligibility Requirement to Enroll)

Effective 1/1/2025 to 12/31/2025	AETNA PPO-ESA (Nationwide) Plan#: E00067106251 Customer Service Pre-Enrollment: 1-800-307-4830, TTY 711 Aetna Members: 1-888-267-2637, TTY 711	BCBS Enhanced I-Plan (Statewide) Group #20002300 Plan ID: R008 Customer Service 1-877-299-1008, TTY /TTD 711	BCBS Standard II-Plan (Statewide) Group #20002300 Plan ID: R007 Customer Service 1-877-299-1008, TTY/TTD 711	HUMANA PPO (Nationwide) Plan option-ID: PPO 079/415 Customer Service 1-866-396-8810, TTY 711	Presbyterian Premier HMO-POS (Statewide) Group #A0006562 Customer Service 505-923-6060 or 1-800-797-5343, TTY 771	Presbyterian Select HMO-POS (Statewide) Group #A0006562 Customer Service 505-923-6060 or 1-800-797-5343, TTY 771	AARP Med Supplemental (Nationwide) Plan F Med Supp Plans: 1-800-545-1797 Medicare Part D Plans: 1-888-556-7049	AARP Med Supplemental (Nationwide) Plan G Med Supp Plans: 1-800-545-1797 Medicare Part D Plans: 1-888-556-7049	AARP Med Supplemental (Nationwide) Plan N Med Supp Plans: 1-800-545-1797 Medicar Part D Plans: 1-888-556-7049
Eligibility	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility requirement	*Plan F only **Must meet UNM VEBA Eligibility requirement	**Must meet UNM VEBA Eligibility Requirement	**Must meet UNM VEBA Eligibility requirement
Annual Out-of-Pocket Maximum	\$2,800	\$2,500	\$5,000	\$2,500	\$2,500	\$3,000			
Primary Care (PCP)	\$10	\$10	\$10	\$10	\$10	\$10	\$0	\$0	\$20
Speciality Care	\$30	\$30	\$40	\$25	\$30	\$40	\$0	\$0	\$20
Medicare-Covered Preventive Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hospital Services	\$100 per day, days 1-5; \$0 unlimited days	\$100/day (days 1-5) \$0/day (6+)	\$100/day (days 1-5) \$0/day (6+)	\$100/day (days 1-4)	\$175/day (days 1-3) \$0 Additional days - Out of newtwork co/pay \$1,000 per admission	\$225/day (days 1-3) \$0 Additional days - Out of newtwork co/pay \$1,000 per admission	\$0	\$0, once the \$257 Medicare Part B deductible has been met	\$0
Surgery - Hospital Outpatient	\$150	\$150	\$175	\$0 to \$50	\$150	\$200	\$0	\$0, once the \$257 Medicare Part B deductible has been met	\$0, once the \$257 Medicare Part B deductible has been met
Emergency Room	\$65	\$65	\$75	\$65	\$65	\$75	\$0	\$0	\$50
Urgent Care Center	\$10	\$10	\$10	\$10 to \$25	\$10	\$10	\$0	\$0	\$0
Diabetic Supplies	\$0	\$0	\$0	\$0 to \$20	\$0	\$0	\$0	\$0	\$0
Retail Pharmacy	AETNA	BCBS I	BCBS II	HUMANA	Presbyterian Premier	Presbyterian Select	AARP Medicare RX Preferred (Nationwide)		AARP Medicare RX Saver (Nationwide)
Preferred Generic	\$4	\$4	\$4	\$3	\$0	\$0	\$5		\$2
Non-Preferred Generic	\$10	\$10	\$10	\$3	\$10	\$10	\$10		\$6
Preferred Brand	\$45	\$42	\$42	\$39	\$45	\$45	\$47		17%
Non-Preferred Brand Specialty Drug	\$95 You pay 24%, but not more than \$250, for your RX.	\$95 33% coinsurance (maximum of \$250)	\$95 33% coinsurance (maximum of \$250)	\$85 33% of the cost	\$95 33% with a \$250 maximum	\$95 33% with a \$250 maximum	40% 33%		40% 25%
Mail Order - 90 day									
Preferred Generic	\$12	\$8	\$8	\$9	\$0	\$0	\$0		\$6
Non-Preferred Generic	\$30	\$20	\$20	\$9	\$20	\$20	\$0		\$18
Preferred Brand	\$135	\$84	\$84	\$117	\$90	\$90	\$126		17%
Non-Preferred Brand Specialty Drug	\$285 You pay 24%, but not more than \$250, for your RX.	\$190 33% coinsurance (maximum of \$250)	\$190 33% coinsurance (maximum of \$250)	\$255 33% of the cost	\$190 33% with a \$250 maximum	\$190 33% with a \$250 maximum	40% 33%		40% 25%
*Plan F is only available to eligibile Applic **VEBA eligibility requirement, visit https Premium rate information, visit https://h Please contact the Benefits & Employee V									