



2026 – 2027

Student Health Insurance Plan for University of New Mexico

Welcome to AcademicBlue, your Student Health Insurance Plan offered by Blue Cross and Blue Shield of New Mexico.

Enrollment and eligibility information

The following types of students will be automatically enrolled in the Plan unless a waiver and proof of coverage under another plan is submitted and approved by the waiver deadline:

- (a) Medical Health Professional, Medical Doctorate, Pharm D, Physician Assistant, and Master of Science in Anesthesia Students enrolling (and not receiving a tuition refund), paying fees and actively attending classes each semester for six (6) or more credit hours or for three (3) or more hours in the summer; and
- (b) Graduate Students holding a Teaching Assistantship (TA), Graduate Assistantship (GA), Research Assistantship (RA) or Project Assistantship (PA) enrolled for six (6) or more

graduate credit hours throughout the semester and working 25% FTE or higher (Contact the Office for Academic Personnel at 505-277-4528 for additional eligibility information regarding assistantships).

- (c) Graduate Fellowship holders (Contact the Office of Graduate Studies at 505-277-2711 for additional eligibility information regarding fellowships).

These students will be automatically enrolled unless an opt-out waiver and proof of coverage under another Plan is submitted and approved prior to the waiver deadline.

Please refer to the plan's Medical Policy to review all eligibility criteria. The Medical Policy and additional information can be found at unm.myahpcare.com and hr.unm.edu/benefits/student-health-plan.

Premium Costs and Coverage Periods

Graduate Assistantship, Graduate Fellowships, and Medical Health Professionals

	Fall	Spring / Summer	Summer
Medical	08/17/2026 through 01/17/2027	01/18/2027 through 08/15/2027	05/31/2027 through 08/15/2027
Student	\$2,212.09	\$3,096.93	\$1,327.26
Spouse/ Domestic Partner	\$2,212.09	\$3,096.93	\$1,327.26
Each Child	\$2,212.09	\$3,096.93	\$1,327.26

Medical Doctorate, Pharm D, and PA Scholars

	Fall	Spring / Summer
Medical	07/01/2026 through 12/31/2026	01/01/2027 through 06/30/2027
Student	\$2,654.51	\$2,654.51
Spouse/ Domestic Partner	\$2,654.51	\$2,654.51
Each Child	\$2,654.51	\$2,654.51

Physician Assistant Scholars

	Fall	Spring/ Summer	Summer
Medical	08/17/2026 through 01/17/2027	01/18/2027 through 08/15/2027	05/31/2027 through 08/15/2027
Student	\$2,212.09	\$3,096.93	\$1,327.26
Spouse/ Domestic Partner	\$2,212.09	\$3,096.93	\$1,327.26
Each Child	\$2,212.09	\$3,096.93	\$1,327.26

Master of Science in Anesthesia

	Fall	Spring / Summer	Summer
Medical	08/03/2026 through 01/03/2027	01/04/2027 through 08/01/2027	05/17/2027 through 08/01/2027
Student	\$2,212.09	\$3,096.93	\$1,327.26
Spouse/ Domestic Partner	\$2,212.09	\$3,096.93	\$1,327.26
Each Child	\$2,212.09	\$3,096.93	\$1,327.26

A \$48.00 AES fee is included for Fall and Spring/Summer and Summer

To see all enrollment and coverage periods available, please visit unm.myahpcare.com.



Advantages of Membership

- Affordable, quality coverage compatible with the Affordable Care Act
- Coverage when traveling
- Access to a broad Participating Provider Option (PPO) network from BCBSNM
- Bilingual 24/7 Nurseline, telehealth and behavioral health program
- Discounts on vision, fitness and many more products and services

Benefit Maximums and Deductibles	UNM Student Health & Counseling (SHAC) Network	UNM Team Health Network	BCBSNM PPO Network
Plan Year Maximum	Unlimited	Unlimited	Unlimited
Deductible per Individual	\$0	\$250	\$250
Deductible per Family	Not Available	\$500	\$500
Out-of-Pocket Maximum Individual (Includes Deductible, Coinsurance, and Copays)	\$6,350	\$6,350	\$6,350
Out-of-Pocket Maximum Family (Includes Deductible, Coinsurance, and Copays)	\$12,700	\$12,700	\$12,700

Deductible and Out-of-Pocket for all providers are combined.
Pre-existing condition exclusions: None

Benefits (Deductible applies unless noted below)	UNM Student Health & Counseling (SHAC) Network	UNM Team Health Network	BCBSNM PPO Network
Primary Care Office Visit	\$10 Copay	\$15 Copay; deductible does not apply	\$25 Copay; deductible does not apply
Specialist Office Visit	\$15 Copay	\$25 Copay; deductible does not apply	\$35 Copay; deductible does not apply
Inpatient Hospital Expenses	Not Available	20% Coinsurance	20% Coinsurance
Outpatient Hospital Expenses	Not Available	20% Coinsurance	20% Coinsurance
X-ray and Lab	100% deductible waived	100% deductible waived	20% Coinsurance
Emergency Services*	Not Available	20% Coinsurance	20% Coinsurance
– Urgent Care Visit	Not Available	\$15 Copay	\$25 Copay
– Urgent Care Expenses	Not Available	20% Coinsurance	20% Coinsurance
Preventive Care Services	No Copay	No Copay; deductible does not apply	No Copay; deductible does not apply
Prescriptions			
– Generic	\$10 Copay	\$20 Copay	\$20 Copay
– Preferred Brand**	\$20 Copay	\$40 Copay	\$40 Copay
– Non-Preferred Brand**	\$30 Copay	\$60 Copay	\$60 Copay
– Specialty	\$100 Copay	\$100 Copay	\$100 Copay

* Emergency Services and Ambulance for Out of Network pay at the BCBSNM PPO level

** Copayment plus the cost difference between the brand-name drug or supplies per prescription for which there is a generic drug or supply available.

Waiver information

All Medical Health Professional, Medical Doctorate, Pharm D, Physician Assistant, and Master of Science in Anesthesia Students are automatically enrolled and charged for the UNM Student Health Plan unless a waiver is submitted and approved. All Graduate Assistants and Graduate Fellowship holders (Domestic and International) are automatically enrolled and UNM pays the premiums for this coverage unless a waiver is submitted and approved. Students holding comparable coverage may be eligible to waive enrollment in the UNM Student Health Plan.

To be eligible for a waiver of enrollment in the UNM Student Health Plan, the University requires that students provide evidence of other comparable health coverage. Please be advised that the waiver request will be reviewed and verified active with the insurance carrier.

Deadlines to Waive/Enroll/Renew

Medical Doctorates and Pharm D Scholars

Open Enrollment

Fall: 06/24/2026 - 08/14/2026

Spring/Summer: 12/14/2026 - 02/16/2027

Waiver Deadline

Fall: 08/14/2026

Spring/Summer: 02/16/2027

Physician Assistants

Open Enrollment

Fall: 08/10/2026 - 10/01/2026

Spring/Summer: 01/11/2027 - 03/04/2027

Summer Only: 05/24/2027 - 07/15/2027

Waiver Deadline

Fall: 10/01/2026

Spring/Summer: 03/04/2027

Summer Only: 07/15/2027

Graduate Fellowship Holders and Medical Health Professionals

Open Enrollment

Fall: 08/10/2026 - 10/01/2026

Spring/Summer: 01/11/2027 - 03/04/2027

Summer: 05/24/2027 - 07/15/2027

Waiver Deadline

Fall: 10/01/2026

Spring/Summer: 03/04/2027

Summer: 07/15/2027

Master of Science in Anesthesia

Open Enrollment

Fall: 07/27/2026 - 09/17/2026

Spring/Summer: 12/14/2026 - 02/18/2027

Summer: 05/05/2027 - 07/01/2027

Waiver Deadline

Fall: 09/17/2026

Spring/Summer: 02/18/2027

Summer: 07/01/2027

Nursing Graduate

Open Enrollment

Fall: 08/10/2026 - 10/01/2026

Spring/Summer: 01/11/2027 - 03/04/2027

Summer: 05/24/2027 - 07/15/2027

Waiver Deadline

Fall: 10/01/2026

Spring/Summer: 03/04/2027

Summer: 07/15/2027

Waiver procedures and deadline information are available at unm.myahpcare.com and hr.unm.edu/benefits/student-health-insurance.

Academic HealthPlans, Inc. (AHP), Part of the Brown & Brown Team, is an independent company that provides program management and administrative services for the student health plans of Blue Cross and Blue Shield of New Mexico.

This document is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered expenses are subject to plan maximums, limitations and exclusions as described in the Policy. The PPO network is BCBSNM Participating Provider Option (PPO) Network. Covered charges at in-network and out-of-network providers are based on the allowable amount. For more information, please see your school's Policy. The relationship between Blue Cross and Blue Shield of New Mexico (BCBSNM) and contracting pharmacies is that of independent contractors, contracted through a related company, Prime Therapeutics LLC. Prime Therapeutics LLC is a separate company that also administers the pharmacy benefit program. BCBSNM, as well as several other independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics.

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).

Difí baa akó ninizin: Díf saad bee yánift'go Diné Bizaad, saad bee áká'ánída'áwo'de' é", t'áá jiiik'eh, éí ná hólo', kojí' hódílnih 855-710-6984 (TTY: 711).

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, religion, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsnm.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.



中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસિલરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए नि:शुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी नि:शुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłt'ígogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjí' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.
فارسی Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجه دین: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ 855-710-6984 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.