



State of New Mexico

# Open Enrollment

Plan Year: January - December 2024



# ENROLLMENT OVERVIEW



# Calendar and Key Dates

- Live Presentations: 9/27/2023,10/5/2023,10/10/2023,10/18/2023 and 10/26/2023
- Enrollment Period: 10/1/2023 - 10/31/2023
- Deadline to Enroll/ Make Changes: 10/31/2023 Closed at 11:59pm
- Benefits Effective: 1/1/2024
- State Employees First Payroll Deduction: 1/12/2024
- LPB Employees First Payroll Deduction: Confirm with your HR/Payroll Office
- Voluntary Benefits: Webinars in November 2023, Enrollment in December 2023

# Eligibility



## Eligible Dependents:

- Legal spouse
- Dependent children/stepchildren under age 26.
- Domestic partner/domestic partners child/ren (affidavit of Domestic Partnership is required)

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## Documentation Required:

Employees who wish to enroll dependents must submit Proof of Dependency, as well as all required supporting documentation. All required documents must be faxed to Erisa at 505-244-6009, or scanned and emailed to [sonm@easitpa.com](mailto:sonm@easitpa.com) at time of enrollment.

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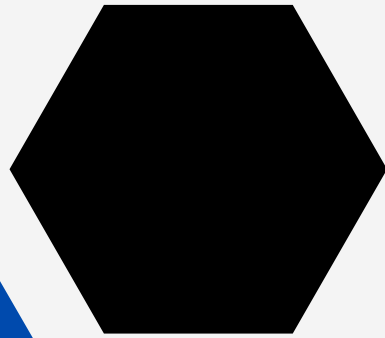
## Qualifying Events:

After the open enrollment period, you cannot make changes to your coverage during the year unless you experience a change in status, such as:

- Marriage, divorce, legal separation
- Birth or adoption of a child
- A qualified medical child support order
- Death of a spouse or child
- Loss or gain of coverage elsewhere.

Changes must be made within 31 days of a qualifying event.

# 2024 BENEFITS



## MEDICAL:

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- Blue Cross Blue Shield of New Mexico
- Presbyterian Health Plan
- Cigna

## CVS-Caremark

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- pharmaceutical

## DENTAL:

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- Delta Dental of NM

## VISION:

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- EyeMed



# 2024 BENEFITS



## BASIC LIFE & AD&D/SUPPLEMENTAL LIFE & AD&D:

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- The Hartford

## FLEXIBLE SPENDING ACCOUNTS

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- Medical
- Dependent Care
- Transportation and Parking

## DISABILITY

- Short -Term Disability
  - Long-Term Disability
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## EAP

- Well-Being Solutions
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# 2024 BENEFITS



## Basic Life & AD&D

Administered by The Hartford

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BASIC LIFE/SUPPLEMENTAL LIFE: This is your opportunity to increase any supplemental insurance coverage by one increment (\$10,000) up to \$150,000. Spouse or Domestic Partner: can increase coverage by (\$10,000) up to \$30,000. Any amount over the guaranteed issue will require an Evidence of Insurability (EOI).

Be sure to keep your beneficiary up to date!

# DISABILITY PROGRAM

## 2024 BENEFITS

Administered by ERISA Administrative Services

**Disability is 100% paid by the employee.**

- Short -Term Disability (STD)
- Long-Term Disability (LTD)

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To be eligible for disability, an employee must:  
Be enrolled in SoNM Disability Plan and have paid disability premiums for 12 consecutive months, and suffered a disabling non-work related illness or injury that prevents the employee from working in any capacity





# 2024 BENEFITS

## EAP WELL-BEING SOLUTIONS

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Guidance and Resources for:  
Wellness, Financial, Legal, Family and Behavior

### WELLNESS

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- Stay Well Health Center
- Virta- BCBS/PHP
- Omada-Cigna
- Hinge -BCBS
- Wonder-BCBS

### Premium Only Plan (POP)

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Benefits are deducted from pay as a pre-tax deduction



# Enrollment

- Current enrollment, with the exception of FSA, will carry over to the new plan year if no action is taken.
- FSA enrollment is required annually.
- Medical, Dependent Care, Transportation and Parking.
- Premium only plan (POP) is required annually, if you wish to have premiums deducted after tax.
- Link to enroll or change benefits for all benefits: [www.mybenefitsnm.com/OpenEnrollment.html](http://www.mybenefitsnm.com/OpenEnrollment.html)

**2022 Open Enrollment Form for State of New Mexico Employee**  
*Enrollment/Change forms must be completed electronically and to its entirety. No hand-written forms will be accepted or processed.*

**Section A: EMPLOYEE INFORMATION**

1. SSN / ITIN \_\_\_\_\_ 2. Employee (Last, First, M.I.) \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_ 4. Sex  M  F 5. Marital Status  Married  Single

6. Mailing Address \_\_\_\_\_ 7. City \_\_\_\_\_ 8. County of physical address \_\_\_\_\_ 9. State \_\_\_\_\_ 10. Zip \_\_\_\_\_

11. Home Phone \_\_\_\_\_ 12. Work Phone \_\_\_\_\_ 13. Cell Phone \_\_\_\_\_ 14. Preferred Phone \_\_\_\_\_ 15. Email Address \_\_\_\_\_ 16. Employee ID \_\_\_\_\_

17. State Agency Code \_\_\_\_\_ 18. Hire Date \_\_\_\_\_ 19. Effective Coverage Change Date 01/01/2023 20. Reason for Change OPEN ENROLLMENT 21. Annual Salary \$ \_\_\_\_\_

**Section B: MEDICAL**

Waiver of Medical Pharmacy - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Sp/Partner Employee + Child/Children Family

Presbyterian Health Plan - HMO

Blue Cross Blue Shield of New Mexico - HMO

Blue Cross Blue Shield of New Mexico - PPO

Cigna - OAPIN

Cigna - OAP

**Section C: DENTAL**

Waiver of Dental - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Sp/Partner Employee + Child/Children Family

Enroll me in Dental

**Section D: VISION**

Waiver of Vision - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Sp/Partner Employee + Child/Children Family

Enroll me in Vision

**Section E: LIFE**

Life carrier is The Hartford.  
Enrollment in Basic Life for state Employee is automatic.  
Information regarding your Life coverage and Enrollment/change in Additional (Supplemental) Life and Dependent Life coverage can be found at <http://www.mybenefitsnm.com>

**Section F: DISABILITY (For Employee Only)**

Waiver of Disability - An "X" in this box waives my enrollment in this benefit plan.

Enroll me in Disability - Check with your HR Rep for Disability Guidelines or visit <https://www.mybenefitsnm.com/BenefitsInformation.html>

Make no changes to my current disability elections

Note: If you are not sure you have Disability Coverage please contact Erisa (505-244-6000)

**Section G: IF YOU MADE A SELECTION ABOVE, LIST ALL DEPENDENTS TO BE COVERED, INCLUDING YOUR SPOUSE OR DOMESTIC PARTNER.**

NOTE: I have provided supporting documentation securely for new dependents to ERISA at (505) 244-6009 with the enrollment form.  
Indicate with an A (add), D (drop), C (continue coverage), W (waived coverage) for all names listed below. Relationship Codes: 1=Employee, 2=Spouse, 3=Son, 4=Daughter, 5=Domestic Partner, 6=Domestic Partner Child, 7=Recognized Child

Med Pkg	Dental	Vision	Dis	Life Day Life	Social Security No.	Name (Last Name, First Name, MI)	Sex M or F	Rel. Code 1-7	Date of Birth
				X		Employee			
				X		Spouse/Domestic Partner			
				X		Dependent			
				X		Dependent			
				X		Dependent			
				X		Dependent			
				X		Dependent			
				X		Dependent			

Any person who knowingly and with intent to defraud any insurance company or other person files a statement containing any materially false information, or conceals, for the purpose of obtaining, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. Insurance Fraud will be prosecuted to the fullest extent of the law and will prohibit access to RMD Benefits in the future. I have had the opportunity to ask questions about my benefit options and my enrollment elections reflect my informed decisions. I understand that once I submit my enrollment information, including any waiver, I will have limited opportunities to change my enrollment elections other than during the open/with enrollment in the fall of each year for benefit plan years starting each January 1st or with a qualifying event. I reviewed the information I provided in this enrollment before submitting and I confirm that the information accurately reflects my elections. I authorize premium deductions to be taken from my salary per NMISA § 10-7-5 to pay for the benefits I have elected. I understand those deductions shall be taken from my earnings on a pre-tax basis unless I submit the required POP waiver form. I understand that services will be available subject to exclusions, limitations, and conditions described in the summary plan descriptions (found on each carrier's website). I authorize any hospital, physician, dentist, or other health care provider to furnish medical information regarding me and my dependents necessary to process claims. I authorize the carrier to coordinate benefits and/or reimbursements with other health or dental plans or insurance companies. I certify that the above information is correct to the best of my knowledge and belief. The State's Group Benefits Plan is required by Federal Law to maintain and protect the privacy of your health information and provide you with notice of its legal duties and privacy practices. The privacy notice is posted at [https://www.mybenefitsnm.com/Documents/ERISA\\_Privacy\\_and\\_Procedures\\_RMD.pdf](https://www.mybenefitsnm.com/Documents/ERISA_Privacy_and_Procedures_RMD.pdf) on the mybenefitsnm.com website. If you have any questions regarding this notice or the privacy of your health information, please contact RMD at PO Box 4850 Santa Fe, NM 87502 or by telephone at 505-827-2036.

Signature \_\_\_\_\_ Submission Date \_\_\_\_\_

# NEXT STEPS

## ENROLLMENT:

- Complete Online or Fillable Benefit/Change Form – Please Note: The online enrollment form will time out after 15 minutes of inactivity and please follow the notices provided at the top of each section of the enrollment form to ensure seamless enrollment.
- The form will need to be completed to its entirety. All dependent information must be entered whether adding, continuing, or dropping them from coverage.
- Upon submitting the enrollment form, print two copies; one for your personal records and one to forward to your HR for your Personnel File.
- Submit required supporting documentation securely via E-Mail: [sonm@easitpa.com](mailto:sonm@easitpa.com) or Fax: 505-244-6009 to Erisa.
- If using the Fillable Enrollment Form E-Mail: [sonm@easitpa.com](mailto:sonm@easitpa.com) or Fax: 505-244-6009 to Erisa. Remember to save proof of fax confirmation sheet.

# Resources

Dedicated Website:  
[www.mybenefitsnm.com](http://www.mybenefitsnm.com)

Review Current Benefits (State Employees):  
[SHARE Instructions](#)

Online Enrollment:

Questions:  
Please contact Erisa Administrative Services,  
Inc. (505) 244-6000 or toll free (855) 618-1800

# 2024 VOLUNTARY BENEFITS



HAVE QUESTIONS OR NEED ASSISTANCE  
ENROLLING –  
CALL (505) 510-0156

[mybenefitsnm.com](http://mybenefitsnm.com)

Events November 20 23 To be Announced.

Enrollment Period: December 1 - December 31, 20 23

Each carrier will determine individual effective date.



To learn more and enroll, visit [MLVolBenefits.com](http://MLVolBenefits.com).  
Questions? Call 855-862-3912.



HAVE QUESTIONS OR NEED ASSISTANCE  
ENROLLING –  
CALL Sales: (303) 717-8122  
Policyholders: (855) 624-5623



Have questions or need  
assistance?  
1-855-396-7655 (855.EZ.NROLL)  
Ready to enroll?

# Thank you for coming!

We would like to express our sincerest  
gratitude for participating in Open Enrollment.