# State of New Mexico

## Benefits Eligibility Acknowledgement

HEALTH CARE AUTHORITY

Congratulations on your recent employment.

This document contains important information regarding health benefit options that are offered to you as a benefit eligible employee through the State of New Mexico (SoNM). The document must be read (to its entirety), signed, dated and returned within the first week of employment to the dedicated Human Resource Office/State Personnel Office representing your Agency.

Should you have any questions regarding benefit options, eligibility, form requirements or deadlines, please contact the SoNM's Third Party Administrator (TPA); EASI Gov, Inc., at 1-855-618-1800.

*Para asistencia en español con este formulario, por favor llame a EASI Gov al 1-855-618-1800

| CARRIER | GROUP NUMBER | CUSTOMER SERVICE LINE | WEBSITE |
|---|---|---|---|
| EMPLOYEE ASSISTANCE PROGRAM (EAP) WELL BEING SOLUTION | N/A | 1-833-515-0771 | WELL BEING SOLUTIONS-EAP |
| PRESBYTERIAN – Gold HMO | HWH20018 | 1-888-275-7737 | PRESBYTERIAN |
| PRESBYTERIAN –Platinum HMO | HWH20019 | | |
| PRESBYTERIAN – Gold PPO | HWP20036 | | |
| PRESBYTERIAN – Silver HDHP | HWP20037 | | |
| BCBS OF NEW MEXICO - Gold HMO | 462958 | 1-877-994-2583 | BLUE CROSS BLUE SHIELD |
| BCBS OF NEW MEXICO - Platinum HMO | 462959 | | |
| BCBS OF NEW MEXICO - Gold PPO | 462960 | | |
| BCBS OF NEW MEXICO – Silver HDHP | 462961 | | |
| UMR – Gold HMO | 76-418267 | 833-977-1079 | UNITEDHEALTHCARE |
| UMR – Platinum HMO | | | |
| UMR – Gold PPO | | | |
| UMR – Silver HDHP | | | |
| STATE EMPLOYEE PREMIUM ASSISTANCE PROGRAM (SEPA) | N/A | 1-855-618-1800 | SEPA INFORMATION PAGE |
| Evernorth Health Services (ESI) | HCA97B2 | 1-866-447-5521 | EXPRESS SCRIPTS |
| DELTA DENTAL | Base: 8570 | 1-877-395-9420 | DELTA DENTAL |
| | Buy-Up : 8571 | | |
| METLIFE DENTAL | State 323525 | 1-866-506-5231 | METLIFE DENTAL |
| | LPB 323526 | | |
| DAVIS VISION | Base: 4270 | 1-800-999-5431 | DAVIS VISION BASE PLAN |
| | Buy-Up : 5031 | | DAVIS VISION BUY UP PLAN |
| SONM SHORT/LONG TERM DISABILITY | N/A | 1-855-618-1800 | DISABILITY |
| EASI Gov, Inc. | | | |
| THE HARTFORD | 681601 | 1-855-618-1800<br>Life Claims : 1-888-563-1124 | THE HARTFORD |
| FLEXIBLE SPENDING ACCOUNT (FSA) | N/A | 1-855-618-1800 | FLEXIBLE SPENDING ACCOUNT-FSA |
| EASI Gov, Inc.. | | | |
| HEALTH SAVINGS ACCOUNT (HSA) | N/A | 1-855-618-1800 | HEALTH SAVINGS ACCOUNT - HSA |
| EASI GOV, Inc. | | | |
| COBRA | N/A | 1-855-618-1800 | COBRA |

| VOLUNTARY BENEFITS | | | |
|---|---|---|---|
| AFLAC | M4X48 | 1-800-992-3522 | AFLAC |
| GLOBE | N/A | 1-303-717-8122 | GLOBE |
| THE HARTFORD | 681902 | 1-855-396-7655 | THE HARTFORD |
| METLIFE | 228995 | 1-855-862-3912 | METLIFE |
| **WELLNESS PROGRAMS** | | | |
| Health and Wellness | WELLNESS PROGRAMS | | |

## EMPOYEE ELIGIBILITY

**To be eligible for coverage** an employee must be hired as Classified, Exempt, Probationary, Temporary, Term or Hourly and scheduled to work 20 hours or more per week**.**

### **SEPA** - *State Employee Premium Assistance Program*

The State of New Mexico is also offering extra premium help through the State Employee Premium Assistance (SEPA) program. SEPA helps lower the cost of health, dental, and vision insurance for eligible state employees. Please go to the *SEPA Information Page* for more details. If you are not a new hire, you will be able to apply during the next SEPA special enrollment period.

## DEPENDENT ELIGIBILITY

**To be eligible for coverage** a dependent must be one of the following:

- A lawful spouse or a Domestic Partner (DP).
- A biological child, adopted child, step-child (if married to the biological parent), or child of the DP
  - Dependent children may be covered up to the end of the month of their 26th birthday

## DUE DATES

**Enrollment/Waiver Form** - New hires must complete the on-line Benefits Enrollment/Waiver Form **within 31** calendar days of hire date. **Enrollment must be completed online.** The on-line form must be completed even if employee intends to waive coverage to all offered benefits. The Benefits Enrollment/Waiver Form can be found at www.mybenefitsnm.com. If enrollment is not received 31 calendar days from the date of hire, enrollment into the benefits program will not be allowed until the next Annual Open enrollment or a qualifying event (see Qualifying Event section on next page). No exceptions will be made.

**Proof of Dependency Documents** – must also be submitted **with-in 31 calendar days** of date of hire

## DEPENDENT ENROLLMENT

If you do not submit documentation during online enrollment, it is strongly recommended to fax the proof of dependency documentation to EASI Gov (505-244-6009) the same day as the on-line enrollment/waiver form is submitted in order to avoid any delays in coverage. If the required documentation is not received **within 31 days of the date of hire**, the dependent will not be added to coverage.

**Note:** The next opportunity for enrollment would then be with either a Qualifying Event (QE), or at the next annual Open Enrollment.

Proof of dependency documents consist of marriage certificate, domestic partner affidavit, birth certificate**, court issued placement or adoption papers, or the domestic partner affidavit listing the eligible dependent.

**If a birth certification is not available, please contact EASI Gov for other possible options.

## HEALTH BENEFIT PREMIUM RATES

The Benefits Contribution Schedule can be found at www.mybenefitsnm.com under the **Employee Resources link at the top of the homepage, Benefits Information, Premium Rate Information.**

**Note:** Annualized salary is based on a 40-hour workweek, which is used to determine insurance premiums for those hired on an hourly-basis, even if they are scheduled to work less than 40 hours per week.

## *QUALIFYING EVENTS – Change of Status*

If a qualifying event (shown below), is experienced and employee wishes to make changes to elected benefits, these changes must be made using the on-line Benefits Enrollment/Waiver Form. The form, as well as the documentation supporting the qualifying event, must be submitted within **31 calendar days** of the event.

- Change in marital status such as marriage, domestic partnership (DP), divorce/legal separation or termination of DP.
  **Note:** Failure to remove the ex-spouse/DP and DP child/ren or step child/ren within **31 days** of becoming **ineligible** may forfeit employee's ability to participate in the State's Benefits Program.
- Birth of a child, court approved adoption, placement for adoption, or legal guardianship.
- Death of a dependent.

- Change in job status of SoNM employees: employment (changing from part-time to full-time or vice versa), reduction in hours due to FMLA, LWOP, and/or Disability, or Military Leave.
- Change in job status of spouse/domestic partner resulting in loss of group coverage due to termination or gain of other coverage due to new employment.
- Any other circumstance where the employee had outside coverage, then loses this coverage due to circumstances beyond their control, eligibility to participate in SoNM's Benefit Program must be evaluated by the Health Care Authority.

**NOTE:** Loss of a provider or provider group from carrier coverage is not a qualifying event.

ACKNOWLEDGEMENTS

☐ I understand it is my responsibility to elect and submit coverage for myself and my eligible dependents within 31 days from the date of hire and understand that if I do not do so within 31 days, the next available opportunity will be either 31 days from a qualifying event, or the next annual Open Enrollment event.

☐ I am aware that benefits premiums are deducted on a bi-weekly basis (each paycheck).

☐ I understand it is my responsibility to remove any dependents who do not meet the eligibility requirements, within the 31 days of the dis-qualifying event. Failure to do so may result in my losing the ability to participate in any health benefits offered by the SoNM, as well as full reimbursement of all claims paid out on behalf of the dis-qualified dependent.

☐ I understand it is my responsibility to review my bi-weekly pay advice to ensure deductions are accurate. If deductions are not accurate, I must contact EASI Gov (1-855-618-1800) immediately.

☐ I understand that HCA will automatically terminate benefits for employees on leave without pay (LWOP) if premium payments are not made by the end of a payroll period. The only exception applies to employees on approved FMLA leave, who are allowed a 30-day grace period for premium payments as required by federal regulations.

☐ I am aware that benefits terminate on the last pay period in which premiums were deducted or paid via self-pay.

☐ I understand when out on Family Medical Leave, Leave Without Pay, or Leave when on Disability I am responsible for payment of premiums for any benefits elected. Failure to submit payment by the due date will result in loss of coverage.

☐ I understand that I cannot claim both Workers Compensation and Disability during the same time frame.

**By signing this form employee acknowledges they have read this document in its entirety and understand their responsibilities required to participate in the State of New Mexico's Benefits Program.**

Directions to Electronically Sign: Click on Tools on the top left corner, in right window pane click Fill & Sign, Click Sign ***icon on top window pane, select signature, and drag and place in desired area.***

_____ _____

**Employee Name/Employee ID# (Print)**
***Please keep a copy of this form for your records***

**Employee Signature and Date (Required)**

_____ _____

**HR Representative Signature**

**Date (Required)**