



Active Enrollment 2021

Frequently Asked Questions (FAQs)

- Q. Why is Open Enrollment being called “Active Enrollment 2021”?
- A. The 2021 Open Enrollment event is called “Active” because this year ALL employees are being called to action. Every employee must submit either an Enrollment/Change Form, or a No Change Form during this Open Enrollment Event.
- Q. How do I find out what coverage(s) I currently have?
- A. To see current elections, an employee can go to SHARE and utilize the Share Self-Service Manual. The manual contains instruction on how to view current elected benefits.
www.mybenefitsnm.com/documents/Manage_Personal_Information_and_Review_Your_Benefits.pdf
- Q. If I’m happy with my current coverage, do I still need to fill out a form?
- A. YES. This year, Active Enrollment 2021 requires ALL BENEFIT-ELIGIBLE employees to fill out either an **Enrollment/Change Form, or a No Change Form** and submit it online. **Everyone who is covering a dependent MUST submit Proof of Dependency documentation for ALL dependents directly to Erisa when either form is submitted**, whether the employee is making changes to their benefits or not.
- Q. What changes have been made to the offered coverages this year?
- A. The only changes made this year (2021) are to the Presbyterian and BlueCross BlueShield medical plans (Cigna remains unchanged). We recommend employees attend one of the 16 Carrier Webinars offered during September 2021 to hear details about these changes. These presentations are recorded for your reference and can be found on the Employee Benefit Website www.mybenefitsnm.com.
- Q. I previously submitted my divorce decree from 2010 and am currently single. Do I have to resubmit my divorce decree even if I don't make any changes?
- A. If you have single coverage then NO, there is no need to re-submit the divorce decree.
- Q. How do I enroll in a Flex Spending Account?
- A. To enroll in a Flex Spending Account an employee must include the FSA on their Enrollment/Change Form. If ONLY making changes to an FSA, employees can use the No Changes Form as the FSA election options have been added to this form so the employee doesn’t have to go through the process of re-electing other coverage.
- Q. How can I find out which Tier our physician falls into?
- A. To find out which tier your physician falls under, Tier 1 and Tier 2 provider directories are available at: www.mybenefitsnm.com under Active Enrollment Carrier Presentations & Materials
- Q. What if I make a mistake on my Enrollment/Change Form?
- A. You will have a chance to review and correct your elections before submitting your form. Please note: all necessary changes must be made on or before the close of the enrollment period, October 31, 2021.
- Q. Until when can I enroll or make changes to my benefits?
- A. 2021 Enrollment window is open from October 1 to October 31, 2021. **No changes after October 31 will be accepted. NO EXCEPTIONS.**
- Q. If I am a New Hire (hired in 2021), do I have to resubmit my dependent supporting documentation?
- A. No. New Hires will not have to resubmit dependent supporting documentation.

- Q. What supporting documentation is required to enroll, change, or continue current coverage for my dependents this year?
- A. No. New Hires will not have to resubmit dependent supporting documentation.
- Q. Are there any health premium changes for 2022?
- A. No, there are no premium changes for 2022.
- Q. What is the difference between the Tier I and Tier II services? How do we decide between these two new tiers?
- A. Employees have access to both tiers, there is no need to select one when enrolling. The tiers are provider driven and not service driven. All services are covered in both Tiers. Employees can visit www.mybenefitsnm.com and view the providers in each tier.
- Q. Is Accredo part of Express RX?
- A. Accredo is Express Scripts' partner in dispensing specialty medications and serving patients with those complex and chronic health conditions (such as cancer, HepC, HIV, etc.). Patients who require Specialty medication will use the Express Scripts ID card for benefits.
- Q. Q: What does POP mean and what's its purpose? Also, why would an employee waive POP?
- A. POP means "Premium Only Plan". POP by default allows an employee's premium cost to be deducted *before* taxes are taken out of their pay. This reduces tax withholdings, so it puts a bit more money back into employee's pay check. There are some conditions that an employee would waive POP, such as being close to retirement, in which there may be a tax advantage to waiving POP.
- Q. If an employee does not have coverage from any of the 3 State health plan carriers, do they still need to submit or re-submit any documents?
- A. If an employee does not have ANY benefits and do not intend to elect, then this would be optional as there are no benefits to reassert. Since all employees have Basic Life, everyone must submit a new beneficiary form.
- Q. Does everyone need to turn in a new beneficiary form this year?
- A. Yes, everyone is asked to submit a new beneficiary form for a total update. Beneficiary forms are available at: www.mybenefitsnm.com, on the Active Enrollment 2021 page.
- Q. Are these Carrier Presentations available to download?
- A. Yes, they are posted along with the 2022 Summary of Benefits and Coverage (SBCs) at: <https://www.mybenefitsnm.com/presentations2022.html>
- Q. Is there a PDF that explains the changes to Presbyterian and BlueCross BlueShield?
- A. Yes, these documents can be found at www.mybenefitsnm.com/presentations2022.html
- Q. I don't have medical coverage, only dental, vision, the Basic Life, so what form do I fill out?
- A. The No Change Form for any elected coverage, as well as the Beneficiary Form.
- Q. Is there a list of employee cost for the 3 different medical plans?
- A. Yes, it can be found at: www.mybenefitsnm.com/PremiumRatesSAE.html. Employees can check the current rate sheet, and cross reference by coverage level and income for bi-weekly deductions.
- Q. I am currently listed as a dependent on my wife's insurance. I want to enroll for my coverage this fall. Will my wife need to submit any supporting documentation to drop me as a dependent from her coverage?
- A. No documentation is needed to drop a dependent during Open Enrollment, so she can do so without issue. She will need to do this if you intend to add coverage for yourself at the same time.

- Q. I just had a qualifying event and submitted my supporting documentation, do I still need to advise that I have no changes?
- A. Yes, as circumstances change it is important that we have all current information on record. In addition, it's important for all benefit eligible employees to review the benefit plan changes for the upcoming benefit plan year for 2022. If you don't have any changes, luckily the No Changes enrollment form is quick and easy and also provides the opportunity to update your life insurance beneficiary.
www.mybenefitsnm.com/ActiveEnrollment.html
- Q. If I only want to enroll in FSA for 2022, which form do I use?
- A. To enroll in FSA only, employees must submit a No Change Form.
- Q. Do I need to submit a copy of my enrollment form to my HR Representative?
- A. Yes, Upon submitting the electronic (or paper for LPB employees) Enrollment/Change or No Change Form, the employee must:
- retain one copy for employee's personal records
 - forward one copy to their Human Resources Representative for employee's Personnel File
- Q. What do I do with my Life Insurance Beneficiary Form?
- A. Once the employee has completed their Beneficiary Form:
- retain one copy for personal records
 - forward one copy to Human Resources Representative for Employee Personnel File
 - forward form to Erisa
 - **Please remember this form requires an original signatures**
- Q. Will I need to submit an updated notarized Domestic Partnership Form, or can I resubmit the original one?
- A. The original Domestic Partner Form is what you need to submit.
- Q. Is the 20% coinsurance for hospital stays, up to the Out Of Pocket (OOP) max, then covered at 100%, or a flat coinsurance that does not apply to OOP max?
- A. Yes, once your OOP max is reached, all other services would be covered at 100%. The OOP max is your safety net in case of a bad health year, and once you have met your out of pocket max you are covered at 100%. Tier 1 & Tier 2 cross apply, but Tier 3 does not cross apply.
- Q. Is there a list of providers available in the Tier 1 vs. Tier 2 plans that I can access now in order to make an informed decision of which tier to sign up for?
- A. With Presbyterian, an employee does not have to sign up for one tier or the other, employees get both, there is only one Plan option to elect. For reference, visit www.phs.org/sonm and select either Tier 1 or Tier 2 Provider Network to search.
- With BlueCross BlueShield, the PPO 3 tier plan is one plan with 3 levels of benefits based on how the provider is contracted and the employee can locate providers on line through www.BCBSNM.com website. If already a BCBSNM member, member can search providers through Blue Access for Members.
- Q. For CIGNA, what is an OAPIN and an OAP plan? Is the HMO the same as an OAPIN Plan and PPO as the OAP Plan?
- A. Yes, the OAP Plan is equivalent to a PPO, and HMO is comparable to OPAIN Plan. Employees can go to: www.cigna.com/individuals-families/plans-services/plans-through-employer/localplus to learn more about Local Plus. It is Cigna's OAP Plan. The difference is there is no out of network coverage unless it's an emergency, or if member is out of the country.
- Q. Where do I submit my supporting documentation?

- A. Supporting Documentation/Proof of Dependency must be sent to Erisa Administrative Services via Fax: 505.244.6009, or emailed to: SONM@easitpa.com, along with the completed online Enrollment/Change or No Change Form.