

Sandia Sunset

Banner photos: Gerry Trujillo

GSD/RMD

Employee Benefits Bureau

Newsletter

Sandia Peak –
Del Agua Overlook

Sandia Peak –
Tram

Thank you to Gerry Trujillo for NMDOT/Dist5 for sending in the amazing photos!

Benefit Reminders!

LAST DAY to incur a claim against 2017 FSA Funds - **March 15th!**

LAST DAY to submit a claim to be paid with 2017 FSA Funds - **March 31st!**

Are you checking your new premiums to make sure they are correct? If you made any changes during Open Enrollment, you want to insure the proper premium is being deducted.

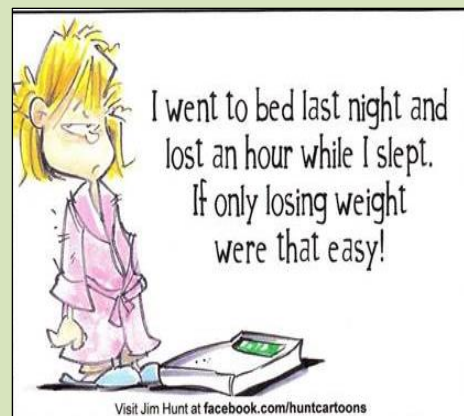
TIPS TO HELP MAKE DAYLIGHT SAVINGS TIME A LITTLE EASIER

Eat Dinner Early- According to sleep specialists, appetite impacts our sleep cycle. Eat earlier for better sleep.

Take a nap- Some find it hard to go to bed an hour earlier, so napping is a good option until you get used to the time change.

Avoid Screens Before Bed- Experts advise to reduce TV, computer and smartphone time will help get you ready to sleep.

Dr. Charles Czeisler, chief of sleep medicine at Brigham and Women's Hospital says, "The systems that are affected by sleep loss are affected by inflammation". According to Dr. Czeisler, the immune and cardiovascular system, as well as appetite and hormones can all go haywire without enough sleep. YIKES!



NEW MEXICO
GENERAL SERVICES DEPARTMENT

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Employee Benefits Bureau
Risk Management Division

To Me OR Not To Me? That is the question!!

Who will receive a 1095-C?

Any benefit eligible employee who is offered medical coverage through the State of New Mexico, **whether coverage is or is not elected.**

What It Is.

The 1095-C is an IRS Form and is a mandated document that records any health insurance coverage or offers thereof, pertaining to each individual employee. With the Affordable Care Act (Obama Care), most Americans are required to have healthcare coverage or face a potential fine. The SoNM, as a large employer, is required to offer healthcare coverage to full-time employees, or potentially face a fine.

The 1095-C has three parts, Employee and Employer information, Employee Offer and Coverage, and Covered Individuals. Simply stated, it shows the health coverage that was offered and at what cost to the employee. It also reflects whether or not the employee participated in a medical plan, or has opted not to. It will also list any dependents being covered under the medical plan. Seasonal employees will also receive a 1098-C, indicating they were not offered medical coverage as part of their employment.

What To Do With It.

This form is not required for filing income taxes, it is intended as a record indicating health care coverage was offered by the employer. It is recommended to keep the 1095-C with income tax records for reference.

The SoNM has delivered these forms to its employees via HR Representatives or by mail. If the 1095-C has not been received, or if there are errors/discrepancies, employees should call the 1095C helpline at **505-827-0109**.



Understanding your SoNM Health Insurance Coverage

Health Benefits: 101

Many of our members have reached out to us (Employee Benefits Bureau – EBB) asking for some help in understanding our benefits coverage. We understand that health insurance and exactly how it works can get a bit confusing.

So we've decided to put together a "Health Benefits 101" information article in every issue of our newsletter to help our members better understand the rich benefits the SoNM offers. **Lesson 1- Getting familiar with terms.**

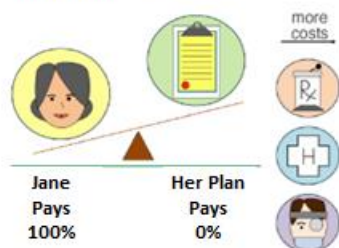
GLOSSARY

Adverse Determination	Is a denial, reduction of or a failure to provide or make payment, in whole or in part, for a benefit, including those based on a determination of eligibility, application of utilization review or medical necessity.
Allowed Amount	This is the maximum payment the plan will pay for a covered health care service. May also be called eligible expense", "payment allowance", or "negotiated rate."
Appeal	A request that your health insurer or plan administrator reviews a decision that denies a benefit or payment (either in whole or in part).
Balance Billing	When a provider bills you for the remaining billable balance that your plan doesn't cover. This amount is the difference between the actual billed amount and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an out-of-network provider (non-preferred provider).
Claim	A request for a benefit (including reimbursement of a health care expense) made by you or your health care provider.
Coinsurance	Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the coverage or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.) See a detailed example.

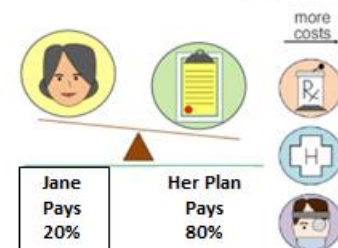
How You and the SoNM Medical Coverage Share Costs

Jane's Plan Deductible: \$1,500
Coinsurance: 20%

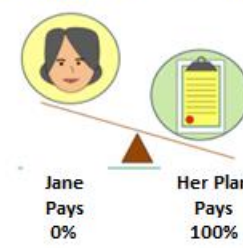
Out-of-Pocket Limit: \$5,000
Coverage Period: January 1 – December 31



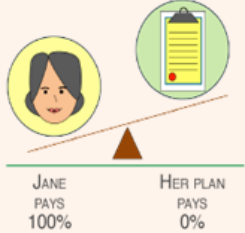
Jane hasn't reached her \$1,500 deductible yet
Her plan doesn't pay any of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0

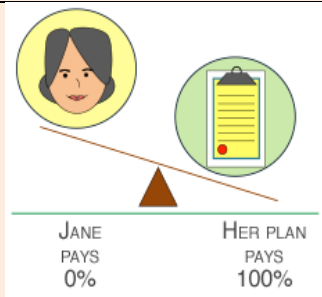


Jane reaches her \$1,500 deductible, coinsurance begins
Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.
Office visit costs: \$125
Jane pays: 20% of \$125 = \$25
Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit
Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: \$125
Jane pays: \$0
Her plan pays: \$125

Copayment	A fixed amount member pays for a covered health care service, usually at time services are rendered. Amount vary by carrier or service.	
Cost Sharing	Your share of costs for services that a plan covers that you must pay out of your own pocket (sometimes called “out-of-pocket costs”). Some examples of cost sharing are copayments, deductibles, and coinsurance.	
Deductible	<p>An amount you could owe during a coverage period (one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.) SoNM plan descriptions of copays and services can be found at:</p> <p>http://mybenefitsnm.com/documents/Benefit_Comparison_Grid-CY18.pdf</p>	
Diagnostic Test	Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.	
Excluded Services	Health care services that your plan doesn't pay for or cover. Full description of Exclusions and Limitaitons can be found on carrier's website: http://mybenefitsnm.com/Medical.htm - click on the carrier icon	
Formulary	A list of drugs your plan covers. A formulary may include how much your share of the cost is for each drug. Your plan may put drugs in different cost sharing levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different cost sharing amounts will apply to each tier. SoNM Drug Formulary: http://mybenefitsnm.com/Documents/2018%20NPF.pdf	
Grievance	See Appeal.	
Health Insurance	A contract that requires your health coverage to pay a portion of your health care costs in exchange for a premium. A health insurance contract may also be called a “plan”.	
Individual Responsibility Requirement	Sometimes called the “individual mandate,” the duty you may have to be enrolled in health coverage that provides minimum essential coverage. If you don't have minimum essential coverage, you may have to pay a penalty when you file your 2017 federal income tax return unless you qualify for a health coverage exemption. (Also known as the “Affordable Health Care Act” or ACA).	
In-Network Coinsurance	Your share (for example, 20%) of the allowed amount for covered health care services. Your share is lower for in-network covered services.	
In-Network Copayment	A fixed amount (for example, \$25) you pay for covered health care services to providers who contract with a SoNM health plan. In-network copayments usually are less than out-of-network copayments.	
Medically Necessary	Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.	
Network	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.	
Network Provider (Preferred Provider)	A provider who has a contract with a SoNM health plan and who has agreed to provide services to it's members. You will pay less if you see a provider in the network, also called “preferred provider”. Comparison Grid	
Out-of-network Provider (Non-Preferred Provider)	A provider who doesn't have a contract with your plan to provide services. If your plan covers out-of-network services, you'll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called “non-preferred” or “non-participating” instead of “out-of-network provider”. Comparison Grid	
Out-of Network Coinsurance	Your share (for example, 50%) of the allowed amount for covered health care services to providers who don't contract with your health insurance or plan. Out-of-network coinsurance usually costs you more than in-network coinsurance. Comparison Grid	

Out-of-Network Copay	A percentage you pay for covered health care services from providers who do not contract with your health insurance or plan. Out-of-network copayments usually are more than in-network copayments. Comparison Grid	
Out-of-pocket Limit	The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments, or other expenses toward this limit.	
Preauthorization	A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost. Visit your carrier's Summary Plan Discription (SPD) for guidance and a list of services requiring a preauthorization at: http://mybenefitsnm.com/Medical.htm	
Premium	The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly. For more information: http://mybenefitsnm.com/PremiumRates.htm	
Preventive Care (Preventive Service)	Routine health care, including screenings, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.	
Primary Care Provider (PCP)	A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the plan, who provides, coordinates, or helps you access a range of health care services.	
Referral	A written order from your primary care provider to get certain health care services. The SoNM's HMO <u>requires</u> a referral for specialty services/testings. A referral IS NOT required to see a specialist. If a referral is not obtained first, the plan may not pay for the services.	
Specialist	A provider focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.	
Specialty Drug	A type of prescription drug that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a formulary.	
Summary of Benefits and Coverage (SBC)	The SBC shows you how you and the plan would share the cost for covered health care services.	
Summary Plan Description (SPD)	Summary Plan Description refers to an outline of an employee benefit plan provided by the employer, sometimes referred to as "rule book". Please see: http://mybenefitsnm.com/Medical.htm - click on the carrier icon	
Usual, Customary and Reasonable (UCR)	The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.	

SoNM co-pays and deductables can vary, depending on the chosen plan. For a complete list of all deductables and copays please see our Benefits Comparison Guide at:

https://www.mybenefitsnm.com/documents/Benefit_Comparison_Grid-CY18.pdf

Need further explanation? Have more questions?

Contact ERISA at 1.800.244.6000, they can help!

2018 March

Nutrition

Five Tips for Your Fridge Makeover

1. Vegetables - Try incorporating green, red, orange, and yellow vegetables into your diet. Pair veggies with your favorite dips, such as carrots with hummus or celery with peanut butter.

2. Nuts and nut butters - These will last longer when stored in the fridge. Try walnuts, almonds, peanuts, hazelnuts, pistachios, or cashews.

3. Fruit - Remember that fresh, frozen, dried, and canned fruits all count. Add a tablespoon of raisins or dried apricots to your morning oatmeal.

4. Eggs - Use a mug to scramble eggs for a quick breakfast or snack. Toss in raw veggies and a tablespoon of cheese for added flavor!

5. Salsa - A fresh salsa with tomatoes, jalapeños, cilantro, and onions is a fun and yummy way to incorporate veggies into your diet.

Be sure to chat with your dietitian or nutritionist if you have questions about what nutrients are right for you.



Boost Your Immune System with a Healthy Lifestyle

Feeling under the weather? In this cold season in particular, it seems nearly everyone has been hit by a nasty bug of some sort. Make sure your lifestyle isn't making you more susceptible to germs, viruses and chronic illness. Use the following checklist to find room for improvement:

1. **Minimize your stress level.** While stress is part of life, chronic stress exposes your body to a steady stream of stress hormones that **suppress the immune system**. Try slowing down, connecting with other people, exercising, meditating, or seeing a counselor to manage your stress.
2. **Get 7-9 hours of sleep each night.** Studies show that well-rested people developed stronger protection against illness.

3. **Cut the sugar.** Eating or drinking too much refined sugar curbs the immune system cells that attack bacteria.
4. **Get regular, moderate exercise.** A 30-min walk each day can help your immune system fight infection.
5. **Build and maintain a strong social network.** People with strong, meaningful relationships tend to have stronger immune systems than those who feel alone.
6. **Laugh.** Laughter curbs the level of stress hormones in your body and boosts a type of white blood cell that fights infection.



Now that we are heading into Spring, it's a good time to think about your spring teeth cleaning. Covered employees are allowed two FREE teeth cleanings per year. Why not give your dentist a call and make your appointment today!

Health Benefits of Green Tea

Both our lifestyle and genetic make up help determine our overall health. But when thinking of beneficial intake, herbs, and more specific, tea is often overlooked.

Health research scientist Christopher Ochner, PhD., says, "it's the healthiest thing I can think of to drink".

Green tea is among one of the most beneficial teas to drink for our health. So when looking for an afternoon pick-me-up, don't overlook the many possible benefits of TEA!

Best Times to Drink Tea



REMEDIES



A Note from the NM Department of Veterans Services (NMDVS)

The NMDVS would like to remind our employees that any New Mexico veteran resident with an honorable discharge from the US Military qualifies for a \$4000 reduction of the assessed value of his or her real property. Any New Mexico veteran resident with a 100% service connect disability (permanent and total) qualifies for a waiver of property taxes. Plus many other federal and state benefits.

DVS staff can help with filing for the Veterans State Property Tax Exemption—a \$4,000 reduction in the taxable value of a veteran's primary residence.

Veterans rated at 100% service-connected disabled can have the total property tax liability waived.

DVS representatives can also help with filing for VA health benefits or state veterans benefits claims.

Appointments are not necessary. Veterans are encouraged to bring their DD-214 Separation Papers (or any VA documents), to help expedite the on-site filing process. DVS staff can assist with filing for lost DD-214's as well. For more information, contact DVS Outreach Coordinator, Joseph Dorn at 505.383.2414 or josephm.dorn@state.nm.us











Send us pictures of your part of New Mexico and we will display them in our Newsletter. We want to feature every city and town in New Mexico on each edition so all can see how beautiful New Mexico is! Email your pictures to: carmella.jasso@state.nm.us. We're looking forward to showing off your piece of NM!

Employee Benefits
Bureau

March 2018

Nutrition

Stay Well Health Center
P: 827.2485 F: 827.2486
1100 St. Francis Dr., Santa Fe, 87505

SUN	MON	TUE	WED	THU	FRI	SAT
Three ways I can focus on my health this month: 1. 2. 3.				1 Incorporate nutrition goals into your health focuses this month.	2	3 
4 Add color to your meal with different fruits and vegetables.	5 	6 Have a fun night in by cooking dinner with family or a friend.	7 	8	9 Physical activity is anything that makes you move your body and burn calories.	10
11	12	13 	14 Try adding a new fruit or vegetable to your lunches this week.	15 	16	17 Try dancing while you are cooking to help get your heart rate up.
18 	19 What healthy toppings do you add to burgers or sandwiches?	20	21 	22	23 Are you meeting your health goals this month? Check them above.	24 
25	26 	27 How can you add steps into your day? Try taking the stairs at work or taking a short walk every hour.	28	29	30 	31 If you met your health goals this month, celebrate with your favorite healthy meal!