

Please standby for realtime captions.

Just a few more minutes, please make sure you have your audio enabled on your PC or you have called in via phone. There is also closed captioning available in the multimedia viewer. Today we have an ASL interpreter as well. There is an option tab on the screen, when you click on the little tab, the buttons, it will allow you to choose from locking a participant to this location, or you can move them to the stage, which will put the image in a larger format to the right of the presentation. So you have a couple options to lock in the ASL interpreter, so that you can see it more clearly. I will include some instructions in the chat as well. Standby, just a couple minutes.

Hello everyone, before we begin, I just wish to go over the fact that we actually have Dena, I hope I am saying that correctly, they are providing ASL interpretation, there is a video that is visible, there is an option that you can click on, and we also I believe have Andrea, I hope I say your names right, if you click on the more options button, you can move them to stage. It gives a larger image to the right, you can also lock the participant to a location so that gives you a few options to see the video better. If you're using audio for your PC, if you can't hear me, it is not going to help you. If you do have somebody who is with you who can't hear the video for any reason, they have an option to dial in your phone. We have closed captioning in the multimedia freeware tab. I am going to hand it over to you, Carmela.

Thank you, greetings everyone, and thank you for joining us today. I am Carmela with the employee benefits Bureau and we will be joined by representatives from each of our benefit carriers to provide you with important information about the benefits offered through the state of New Mexico group benefit plan for the upcoming year. As well as explain the recent changes to our medical plans. Benefits offered are as follows. Our medical coverage offered through three major carriers. Blue Cross Blue Shield offering both the PPO and HMO plan, CIGNA, offering both AO IPM and OAP plan and Presbyterian health plan offering and HMO plan. Our pharmaceutical coverage continues with express scripts, Delta dental remains our carrier for our dental benefit, and I met remains the vision benefits carrier. The state of New Mexico benefit plan offers several other benefits which will be further explained as we continue. These benefits include term life insurance through the Hartford, offering basic life, a D&D, supplemental, and independent life coverage. Another benefit is the state of New Mexico disability program, which includes short and long-term disability and is administered by a recent administrative services. The state of New Mexico offers flexible spending accounts, also administered, includes healthcare, dependent care, and transportation and parking. The participation requires annual enrollment, so in order to participate in a health dependent care or transportation and parking FSA, for plan year 2022, you must enroll during active enrollment, now in October, whether or not you are enrolled in an FSA in 2021. Another offered benefit is are well based solutions, the employee assistance program or EAP. This free program includes guidance and resources for mental health, and wellness, financial, legal, and family issues, as well as behavioral health. In addition, the premium only plan better known as Pop, is the benefit that allows employees to have their premiums

automatically deducted from their pay on a pretax basis, saving the employee money. Employees are automatically enrolled in pop, so if an employee does not wish to participate in pop, they must submit a pop waiver form during open enrollment each year they wish to opt out. And as with all our forms, this can be found on the my benefits and am website under active enrollment. Next, we have the state of New Mexico disability program, offering short and long-term disability. Which is paid 100% by the employee. This short-term disability coverage is for up to six months, following the 28 day elimination period. The long-term disability offers coverage for up to 18 months, following six months of short-term disability. To be eligible for the disability benefit, an employee must be enrolled to the state of New Mexico disability plan, must have paid disability premiums for at least 12 consecutive months, and have suffered a disabling, nonwork related injury or illness, which prevents the employee from working in any capacity. And employees can enroll in the disability program at any time. As mentioned before, well-being solutions or EAP offers confidential professional counseling with up to 5 free visits per issue, per year, for all employees, their dependents, as well as any household member. While we all navigate through current challenges, this benefit is a wonderful and helpful resource that can assist you and your family member during any of life's difficulties. Well-being solutions also provides live interactive webinars with a wide variety of available topics. The updated schedule can be found at the my benefits NM website and are also distributed throughout all of our communications. Another's date of New Mexico benefit is the stay well health center which offers no cost, high quality , convenient healthcare to all enrolled members and their dependents, ages two and up. The state well health center is here to help you and your family live a healthy comfortable life offering zero co-pay, zero deductible, and all medication dispensed through the health center is free. Patients can call for same-day availability, as they are currently being seen by appointment only. Please call to cancel, if you are unable to utilize your scheduled appointment, this allows for a fellow member to be able to get in and receive the care they need. As a reminder, the stay well health center does not treat workers compensation injuries. This is a wonderful benefit, free to our members, and we hope you take advantage of it. Voluntary benefits are also included in the state of New Mexico group benefit plan through AFLAC, MetLife, and Hartford, to obtain more information on these voluntary benefits, please attend a voluntary benefit of virtual webinars, which will begin now, in November. These voluntary benefits vary by carrier, but include whole life, cancer, critical illness, and accident coverage. More information on each of these plans can be found on the my benefits NM website. To enroll, the enrollment period to participate in voluntary benefits for 2022, begins in December. Each voluntary benefit carrier determines enrollment deadlines, your specific effective date, etc. So please direct all coverage questions directly to these carriers. Active enrollment 2021 begins this Friday, October 1, and will remain open through October 31. This is your opportunity to enroll into benefits, switch benefits, add or drop medical, dental, vision, disability, switch from an HMO to a PPO or vice versa, elect and OAP a.m. or OAP plan, but now is the time to make these changes for your 2022 coverage. And now, during enrollment, you can add or increase life insurance for dependent children, in which no evidence of insurability or EO I is required. Employees currently

enrolled in supplemental life, and increased coverage by increments of \$10,000. And up to \$150,000 for the employee, and \$30,000 for the spouse or domestic partner. Please be aware, any amount over \$10,000 , or over the guaranteed amount will require an EO I. Again, recent plan design changes affect the Blue Cross Blue Shield and Presbyterian medical plans only, the CIGNA medical plan remains unchanged. These changes become effective January 1, 2022. Are medical plan representatives will further explain these changes to you in just a bit. Benefit plan information is provided through our lives virtual webinars, as well as our dedicated website, in order to assist you in getting the right coverage for you and your family through the upcoming year. This year, all benefit eligible state and local public body employees are asked to submit the forms, either enrollment change form or a no change form.

In addition to submitting an enrollment form, a new life insurance beneficiary designation form must also be filled out. It is imperative that your beneficiary information is up-to-date, in the event a claimant must be submitted. Examples of supporting documentation include a marriage certificate, if you're adding a spouse or a divorce decree to remove the ex-spouse from coverage. If adding or terminating a domestic order , your supporting documentation must be signed and notarized, must be a signed and notarized domestic partnership form. If adding dependent children, you must provide a birth certificate . Okay, so after you have attended a carrier presentation, reviewed all the benefit plans offered, and gathered all your supported , supporting documentation, now you are ready to enroll. First, you will go to the my benefits NM website where you will find a link to the electronic enrollment form. Here, you will see there are 2 options for you to choose from. The blue link allows you to enroll or make changes to your current benefits, while choosing the right link, if you wish not to make any changes to your current coverage. However, with either link, you will still need to provide your current biographic information, as well as the supporting documentation for dependents, whether they are currently covered or you are adding them. Here, you will find instructions for enrollment, information of what is mandatory and what is optional for enrollment, enrollment steps to complete and submit forms online, and acknowledgments. Deduction dates, the deduction dates you will see , all deductions for your primary benefits on January 14, 2022. And four FSA benefits, on January 14, 2022. Please keep in mind all coverage premiums are taken via biweekly payroll deductions, the administrative services is the state of New Mexico's third-party administrator. Please direct all enrollment and eligibility questions for health benefits, short and long-term disability, flexible spending accounts and cobra, all of these questions should be directed to Erisa. And we ask again, for you to please visit our dedicated website at my benefits NM.com for all benefit information forms and helpful tools. And with that, I just want to thank everybody again for coming to learn about your benefits, and we appreciate it, and thank you.

Good morning, I am here to talk to you a bit today about the well-being solutions EAP program.

Also, we have resources available through our website, guidance resources online and the applicant is now which goes through in a bit more detail your. Isn't important --it is important , it is 100% confidential, you

can reach out to the program, it would never be shared with your employer and a personally identifiable way. The only information that is shared with the state our high-level aggregate data, things like how many people have reached out for counseling services in a given period of time, the same thing with legal and financial support, what types of issues are people needing assistance with, and this is just to help educate them on the different ways that they can leverage programs like you are hearing about today to better support the staff that works for the state. So at the core of any EAP program is a free and confidential counseling, you can access this along with any of the other services by calling in on a toll-free dedicated number, the number is accessible, 365 days a year, to 24/7, when you call in, you will actually be connected with our guidance consultants who are licensed clinicians themselves, and so they can provide in the moment, support, being, having clinical background, but also their role is to kind of triage the needs of the calls and get you connected. It should get you referred to a local counselor, where you can see them in person for those five sessions, or we also have available virtual counseling, telephonic counseling or even chat counseling solutions so there are some different modalities there, depending on what your needs are, what your schedule is, and to try to help you get connected to care in a way that will be convenient for you. Again, the purpose of the EAP program really is short term counseling needs, so it is there to hopefully address you know, every day worklife issues and stressors, before they may escalate and become something more severe or something more long-term. But even in the event of a long-term counseling, EAP can still be a good path to care, so you would be able to be referred to a local counselor who can do sort of an assessment, evaluation, and provide treatment recommendations for you, based on that. So they will help you help to get an understanding of where you are at with whatever issues you are facing, and then maybe make some recommendations about a level of care, whether that is through your medical plan or through community resources that may be more appropriate for some of these longer-term counseling needs or something that might require care of maybe a psychologist, a psychiatrist, or any sort of prescription medication needs or psychological testing so this can still be a good avenue to help get you on a path to connected care. I do want to make a note that the five sessions, it is per issue per person, per year. It is very straightforward, it means that if you access sessions, it will not take sessions away from a counselor, or a family member, sorry, or anyone else in the household, it would be per person, per issue, just means per presenting issue so if you called in and got a referral for your five sessions for let's say like a work stress issue, or maybe you are having issues with a family member, you can have those five sessions and then if later on in the year, maybe you unfortunately had a friend passed away and you are working through some grief, that would be an unrelated issue and you would be eligible for an additional 5 sessions or another referral through the program. That is really what that means in the five sessions per person per issue per year. We also have a host of worklife services that are here to leverage, to provide support in a more holistic way, for you instead of just addressing one aspect of support. You have access to staff attorneys, CPAs and certified financial planners that you can call to set up a time to have like a Q and A, or a consultation to ask questions on a number of issues, whether that be budgeting, debt management, credit, tax issues, or things like

saving for college or retirement or on the legal side, issues like family law, identity theft, custody, tax questions, or other legal needs, so again, this is free, it is informational, and there is no limit to this, so no session, you can call as needed to set up time to speak with our professionals. If you end up needing legal representation, we can also provide a referral to an attorney in your area where you can get a free in person consultation, and then discount legal fees if you decide to retain the services of that attorney as well. Our family source program here is sort of a personalized concierge style service, where you can call in to get connected with information and referrals and resources on all kinds of different worklife needs, so things like childcare, eldercare, health and wellness, personal convenience services, moving relocation, and the way that this works is you could call in and let's say you are looking for a daycare in your community, and this daycare maybe needs to be within your budget, needs to be within a certain distance from your home and your workplace, you need to make sure they have openings of course, they need to have early drop-off, late pickup, or other specifications to meet your exact needs and we would then be able to provide referrals that are specific to your situation. So if you take that same approach, and apply that to whether you are looking to help find a contractor, to redo your roof or your deck, a room in your house, or if you are looking for someone to help you plan an event like a wedding, maybe you are looking for a caterer, or if you are looking for someone just to watch your dog or maybe you are looking for a special physician, all of these are different types of things that keep this in mind, as we are able to leverage all of these different resources along with the confidential counseling to support you and your household members. Our website is called guidance resources online, it is a really robust portal, with all kinds of information and tools on various behavioral health resources so things like stress management, resilience, coping with anxiety, depression, but also information and resources on things like physical health, so your diet, nutrition, exercise, things like that. You can connect with our guidance consultants through the website as well, as well as access on-demand training modules on various topics, you can use our portal to access discounts through our partners at working advantage, and even use our databases to look up local childcare eldercare attorneys and other financial experts, so it is a really useful tool but I highly recommend that users download the guidance now app, you can find that on the App Store and Google play by searching guidance now or even searching guidance resources, and this is helpful because you will then always have the EAP contact information on hand. So it may not always be convenient to have the EAP number you know from a fire from work or to access your employer's intranet portal to get that information but this way, no matter where you are, or what time it is, you will always have that EAP number on your hand to support yourself or a family member when something comes up. Please take the time to do that if you have a chance. One last note on the website here, if it is your first time registering on either the website or the app, you will be prompted for a company web ID, that web ID is listed, you will find this on all of your EAP communication materials, so it should be easily accessible but you will only need that for the first time registering. After that, you will be prompted to create a username and password and that would be what you would use to access the website at any subsequent login. So keep that in mind. Again, the toll-free number for the program

also in any of your EAP communication materials and in the website is available 24 hours a day seven days a week, so hopefully this has been helpful and you have learned something about the program here today, and please feel free to share this information with your household members as well, and if you have any questions, please put those through in the Q & A section, I will be monitoring that as we move forward to the next section of today's presentation. Thank you again for your time.

Carla, you are in control.

Excellent, thanks so much. Thank you everyone for joining today, to learn about the state of New Mexico state medical plan, my name is Carla, and I am an engagement consultant at CIGNA and I am going to review your CIGNA plan. So before we get started, I am going to pose a question to you, to keep in mind while also keeping in mind the importance of taking care of both your mental and physical health. What percent of individuals experience physical health issues during, or due to stress? Please keep this in mind, because we will revisit it. Just a quick mention, as the state of New Mexico employee, you do have the benefit of CIGNA Smart support, which is an enhanced support for the unique needs of state and education employees available 24 seven, 365. Service begins right when you call the number on the back of your ID card. Okay, let's dive into your CIGNA plan options. As Carmella mentioned, your 2 CIGNA plan options, the open access plus in network, and open access plus. So, with the open access plus in network plan, you get access to a large network of healthcare professionals and facilities. Each time you need care, you choose the in network doctor or facility that works best for you. And in network means just that, for your healthcare to be covered by the plan, you must choose a healthcare professional who is in the CIGNA open access plus network. When you enroll in the open access plus in network plan, you have these options for care. It is not required, but is recommended to choose a primary care physician as your personal health advocate to help coordinate your care. And if you need to see a specialist, you do not need a referral to see an in network doctor. And never worry if you are in an emergency situation, when you need care, you do have nationwide coverage for emergency care. You also have predictable out-of-pocket costs, and 24 seven, 365 service, so whenever you need us, a customer service representative will take your call. You may also choose the open access plus plan. Are open access plus network offers direct access to a broad national network of providers, so just like the OAP and network, with open access plus, you have the option to choose a primary care physician, again, highly recommended but not required. You also do not need to see or get a referral to see a specialist. And it is always recommended to stay in network, to keep your costs and the plan cost down, however, times when you need to go out of network, you will be covered. You also have access to CIGNA's national network of x-ray and radiology centers +70% potential savings through and network national labs. Now I am going to review some of the highlights of your CIGNA plan benefits. As you can see on this slide, you have a calendar year deductible based on individual, two-person and family. The same applies for your out-of-pocket maximum, or the absolute most you will pay in a planned year. Something to note, is that plan benefits for an individual within a family are paid, once that individual maximum has been met. I am not going to go through each cost you see here which is available to view

on your benefit side, but do note that you have a co-pay for your physician services and for inpatient hospital services and the plan pays 100%. The same applies for emergency room, urgent care, and advanced radiological imaging, for outpatient, you pay a co-pay, and the plan covers 75%. Really important to note, is that behavioral services, both in person and virtual are zero cost to you, and finally, the CIGNA hospital network services are aligned with Presbyterian network hospitals. If you have any specific questions about the plan costs, do not hesitate to put them in the Q & A. As a CIGNA member, you have access to our highest level of support. CIGNA, via the web or the use of our my CIGNA app. One guide customer service is available on the phone, live, or you can use the online chat. One guide is CIGNA's approach to help you be more engaged with your personal healthcare, and help you reduce your medical costs, and become a more informed healthcare consumer. And it also gives you that personalized support you need to accomplish your health and wellness goals. So during enrollment, they can answer questions about the basic coverage, identify the types of the health plans available to you and choose the one that best meets your needs, also to ensure your doctors are in network, and just get any general answers to questions you may have. After enrollment, with one guide, you have access to fully integrated search tools that enable you to find local and network doctors and facilities, and estimate service and procedure costs. You can also build a health team of providers which enables quick access to names, addresses, and phone numbers. One guides personal guides can help you with a variety of concerns, including understanding the benefit of the plan at the beginning of the year, getting treatment, managing chronic conditions, finding doctors and hospitals, avoiding unexpected bills, and managing life-changing diagnosis. Finally, you can also view and take action on next best actions which are personalized messages right on the homepage, both on the web and the app, they are relevant to your personal healthcare situation. Nothing is more important than your good health, and that is why there is my CIGNA.com and be my CIGNA app which is CIGNA members online home for assessment tools, plan management, medical updates, and much more. On my CIGNA, you can find doctors and medical services, you can view your ID card information, review your coverage, or the details of what your plan covers, manage and track your claims, compare costs and quality information for doctors and hospitals, access a variety of health and wellness tools and resources, you can sign up to receive alerts, win new plan documents are available, and you can track your account balances and deductible. Whenever you need us, just call the toll-free number on your CIGNA ID card for customer assistance 24 hours a day, seven days a week, 365 days a year. Language translation is also available. With the CIGNA 24 hour health information line, you can speak with a nurse who is ready to provide information and help answer your health questions. This toll-free number is printed on the back of your CIGNA ID card, which if it is not handy, you can get it from the my CIGNA app or my CIGNA.com, additionally, you can get information to help you decide where and when you should get treatment or if you need general health information or just have a specific general or specific health concern. You can also listen to hundreds of podcasts to help you stay informed about your health and this is all available on the CIGNA portal. The health assessment is available again on my CIGNA.com and be my CIGNA app. It analyzes your answers and creates personal health reports, you will be

able to view your score right on the my CIGNA homepage. This report includes information, recommendation, and connections with help improvement opportunities, and based on your responses, you may also be invited to participate in an online coaching program or activities where you can track your goals, connecting your wearable devices. You can also share your results with your physician to work together on your wellness plan. At CIGNA, we want to make certain we provide our members with a variety of programs and services to make their lives healthier. Next, we will review some of these resources available to CIGNA members. We not only want to provide you excellent medical care, but also care to get and keep you healthy. You have access to several healthy reward discounts, tips for healthy pain management, and free veteran support and access to both online and telephonic coaching, to help you achieve your wellness goals. Getting and staying healthy is important, and that is why CIGNA's health plan includes coverage for eligible preventive care services at no additional cost to you, when you receive them from a doctor who participates in your plans network. This means no money taken from your account, no out-of-pocket costs to you, covered preventative care services can include but are not limited to screening for blood pressure, cholesterol, and diabetes, screening for colon and rectal cancer, medical breast exams and mammograms, PSA blood tests, and it is really important to remember that preventative care can help you avoid future chronic conditions, and help you continue to lead a healthy lifestyle. Something new and convenient is access to virtual preventative wellness screening, all you need to do is set up an appointment with the board certified provider, get your preventative lab work done at an in network lab, review your results at your virtual appointment, with the provider, and if you do have a primary care physician, the provider will share the results with them. All virtual visits are confidential, and HIPAA compliant. With medical and behavioral virtual care, you and your eligible family members can easily connect with board-certified doctors, pediatricians, nurse practitioners, and licensed therapist or psychiatrist without leaving your home, your work, or wherever you may be. You can connect 24/7 with more than 80 minor medical conditions, such as cold and flu, a stomach ache, kiddo has a pink eye, rashes, and that very annoying reoccurring sinus infection. Licensed counselors and psychiatrists can diagnose, treat, and prescribed most medications for nonemergency behavioral mental health conditions, such as depression, addictions, and life changes. You also have access to additional virtual behavioral services as well, including Marine health and ginger, to view both medical and behavioral virtual care, you just need to go to find care on my CIGNA.com or the my CIGNA app. Available at no additional cost to you, the CIGNA healthy babies program supports you in managing your pregnancy and can help keep you and your baby healthy. The program includes assistance with topics such as prenatal care, exercise, stress and depression, pregnancy related topics in the 24 hour health information audio library, and you will receive a journal to help you track your pregnancy. CIGNA provides personal health teams to listen and help you find solutions, it is structured to support those who are healthy, all the way to those who are high risk, and provide one-on-one support, it is comprised of CIGNA's coaching team for health and wellness, chronic condition care, managed-care, and just basic care questions. If weight is affecting your health or your ability to live an active life, it may be time for you to make some changes. So a health



coach is part of CIGNA's life management program, it can provide you with personalized support to help you learn to manage your weight using a nondiet approach, develop a personal plan to become and remain tobacco free, and understand the sources of your stress and learn to use coping techniques to better manage both on and off the job. You can use either online or telephonic coaching or both, whichever best fits your needs. We not only want you to get and stay healthy, but we want you to be able to afford it as well. As a CIGNA member, you get discounts on the health products and programs, including nutritional meal service delivery, fitness, and gym membership discount, fitness wearable device discount, vision care, Lasix surgery, hearing a discount, alternative medicine discount, and yoga products and daily burn virtual workout discounts. Now we are going to revisit the question I asked in the beginning. I am going to be drawing for 2 free fit bits at the end of the open enrollment season, what percent of individuals experience physical health issues due to stress? I want you to put your answer in the chat, I will capture it and I will provide the answer at the end. Is it 10% to 25%? 25% to 50%? 50% to 75%? Or 75% or more? That is all for me, I am going to pass it on to Presbyterian again if you have any questions, please do not hesitate to put them in the chat. Thank you very much for your time and attention today.

Keith, you have control.

Hello everyone, my name is Keith. Thank you for joining us today. We are excited to talk about the new updates . To start off with, there will be a new tier 1 and tier 2 included in your Presbyterian health plan, I want to make sure that everybody is very clear with Presbyterian, there is only one plan to elect when you sign up and you automatically get both tiers included, which you can choose which tier to use at the time of service. Again, only one plan to sign up under Presbyterian. I want to make sure you are aware of all of the great ways you can access care completely free of charge at your convenience for quick care options. Let you know about the provider networks for both tier 1 and tier 2 in New Mexico, and that amazing nationwide network we have with Presbyterian as well. Remind you of your advocacy and care management programs, and your gym membership program and wellness services that you have access to with Presbyterian. As I mentioned, beginning in January 2022, again, only one plan to sign up for with Presbyterian, but you automatically get 2 tier level of benefits. You will see the tier 1 benefits are very similar to your current plan designs so your individual deductible was \$350, and are out of pocket maximum is \$3750. Tier 2, the deductible will be \$500, and your out-of-pocket will be \$4250. Keep in mind that out-of-pocket maximum is your safety net for the year. Any amount you pay in co-pays, deductible, coinsurance, or your pharmacy expenses all goes into that out-of-pocket bucket. If you ever reach that amount at the individual level during the calendar year, the plan will be 100% paid after that point. These amounts also cross accumulate between the tiers. For any amount you pay toward a tier 1 provider, that goes to your tier 2 bucket and vice versa as well. We really want to focus on all of the services you have covered at 100% in both networks, in both tiers. All of your preventive services, all of your telehealth services, whether that is primary care, specialist care or urgent care appointments, all of the additional services that will be going over in the next few slides which

is the video visits, online visits, all of your behavioral health and substance abuse visits, whether that is inpatient or outpatient are all covered at 100%, you have no liability for those services. Where you will see a small difference between the tiers and the co-pay amounts, it will be for your primary care, which is a flat \$25 in tier 1 or a flat 40 in tier 2. The specialty care, which is a flat \$45 in tier 1 or a flat \$75 in tier 2, some great enhancements for the plan, we tried to simplify it and remove as much deductible and coinsurance as possible so you have low predictable copayments. You will see your lab services will now be \$20, all of these services are deductible at 20 percent coinsurance. The x-rays will be a flat \$100 and or outpatient surgery will be a flat \$500 in either tier. Your alternative therapy services such as chiropractic and acupuncture care have not changed, those remain \$50 and \$55 in either tier respectively, and the MRIs pet scans and CT scans will be at \$250 per test per day. Another nice enhancement is your urgent care benefit, today that is a deductible and copayment, starting in January, that will just be a flat \$100 copayment and all inclusive for all of the services done during your urgent care appointment. The only time you have to worry about satisfying your deductible, is for services that have the 20% coinsurance on your summary of benefits which can be found at PHS.org\ S&L them, the only services that require deductible and coinsurance, are going to be the durable medical equipment, emergency services such as the emergency department and ambulance services, and hospitalizations, you will be responsible for meeting your deductible first and then 20% coinsurance. All of the items where you see the flat dollar copayment amount is not subject to that deductible, you only pay that low predictable copayments. Now we want to go into all of the amazing ways we can access care with Presbyterian completely free of charge, 24 hours a day at your convenience. I encourage you if you're currently with Presbyterian or thinking about joining Presbyterian to sign up for your account. Once you sign up for your account, you can look at all of your plan information such as your benefits, your financial information such as outstanding bills, all of the great wellness information that we will be going over and this is also where you can log into enrollment for that amazing gym membership program. This is where you can select the options for CareLink, and when you click on the options for care, it will give you more information and all of the ways you can access care with the Presbyterian, without pain. 24 hour access to our registered nurses who are actually employed at Presbyterian and have access to your electronic goal --electronic medical health records. If your child is not feeling well, they will know if they will in an urgent care in a few days ago, whether diagnosis was, be able to provide a higher level of service. They will also provide you referral and assistance into our other programs that you can access 24 hours a day such as video visits. With Presbyterian, you have access 24 hours a day from your couch in your pajamas to see a licensed provider at your convenience, completely free of charge. The majority of the services you would normally go to an urgent care for. Simply make the appointment for many smart phone tablet or computer with a camera, you receive an alert, and is a face-to-face interaction with that provider. Great benefit of this service, they have the ability to prescribe antibiotics for our members, so I can from your couch, you can see that provider and have that antibiotic on the way to the pharmacy of your choice completely free of charge. You also have access to online visits which is just a dynamic questionnaire that you

fill out that changes based on the symptoms you are entering, once you complete that questionnaire, it is triaged by a group provider, and the response is returned to you with the diagnosis. More information is needed, they may request that, they may recommend that you be seen in person or virtually and they may have the ability to send that antibiotic to the pharmacy of your choice. We also have access to my chart with Presbyterian, which is an application that you can download from any of the app stores or access online and it is your member view and your secured electronic medical health record, so you can message with your primary care team back and forth. You can request prescription refills, you can look at your lab results and review your chart history all from the palm of your hand. You also have access to additional digital services such as talk space, talk space is a text therapy available 24 hours a day, unlimited. Great feature of talk space, it does go down to the age of 14, so for those of us that do have teenagers at home and we know they would rather be texting than talking about any topic, especially on a sensitive one that they would be speaking to a therapist about. We have on to better health which is cognitive online behavioral health therapy which is self-paced courses on topics of interest to you. If you are thinking about quitting the use of nicotine or tobacco, this actually learns her behaviors and is more effective than Chantix. We also have a cyst America global travel assistance with Presbyterian. Any time you are more than 100 miles away, and you encounter an experience such as losing a prescription, if you misplace your passport or need to find an embassy, you wind up hospitalized in a foreign country, they will provide the assistance you need to remedy that issue. All of these great ways you can access care with Presbyterian, we wanted to make sure you had a very easy to use tool. You can actually click on the button, enter the symptoms that your experience, and it will highlight the most appropriate and cost-effective level of care for you to access. Whether it is the nurses, with one of the online visits or video visits, or maybe it will recommend that you need an urgent care appointed, it will actually give you the ability right here from this site to schedule your urgent care appointed, either virtually or in person. So you can avoid that long wait time. All of the Presbyterian urgent care centers throughout New Mexico are all open seven days a week, you can actually schedule in person and virtual appointments stay wide as well. With Presbyterian, only one plan to elect and sign up for when you are signing up for your benefits and you automatically get both of those network tiers. Now we will go into your network here in New Mexico and that amazing nationwide network you have access to with Presbyterian. We are launching a new interactive provider directory later this year, where you will not only be able to see provider profiles, and whether they are accepting new members or not, he will actually give you the ability to select either an in person visit or a virtual visit. Once you select the modality that is most appropriate and your preference, it will actually drop down scheduling availability, and you can actually schedule with the provider right from this interactive site, for moving those additional steps to call or visit a different site. Now let's go on to the tier 1 and tier 2 provider network, the tier 1 network is a subset of your current Presbyterian networks, this is a statewide value based network where the providers are focused on improving clinical quality outcomes and lowering costs not only for you as the patient and member, but also for the state of New Mexico, to help keep those future premium increases as low as possible.

As a reminder, we just went over the lower out-of-pocket costs for specific benefits such as your deductible, your out-of-pocket maximum and her primary and specialty care copayments. Please keep in mind, all other copayments are identical for your tier 1 and tier 2 providers. Also, all telehealth services again primary care, specialist care, or urgent care appointments as well as all of your behavioral health services are all covered at 100% in both tiers. If you are curious if your provider participates in the tier 1 or tier 2 with Presbyterian, please visit PHS.org \Esso in him and select the appropriate tier you would like to search. This is a visual representation of how extensive your tier 1 network is throughout New Mexico. So you will see the primary care and specialty providers, the ambulatory surgical centers, labs, radiology and the behavioral and medical hospitals throughout New Mexico. Part of this amazing tier 1 network of providers for you are the press now hybrid urgent care and emergency room centers in Albuquerque. There are currently two of these hybrid centers in Albuquerque with 2 more opening in the next 18 months, and at the Santa Fe Medical Center as well. What this provides our members, is ease of access and our members no longer having to decide if it is an urgent situation or an emergency situation. Simply go to one of these hybrid centers 24 hours a day and if it is an urgent care appropriate situation, you just pay your urgent care copayments. If it is an emergency level of care service, you would be billed at the emergency care service level. This also gives you access to access urgent care services after hours and not automatically have to go and wait in the more expensive emergency setting. And where you get care really does matter. We have created a tool, at PHS.org\your care, your choice. As you will see her, it is for the most common procedures such as joint procedures, lab work, diagnostic imaging, and is absolutely regionalized throughout New Mexico, so depending on what region of the state you are in, you can select the most appropriate and lowest costing provider for those services. It will take you directly to their scheduling systems and their websites for more information, and again, we really want you to be as educated as possible to make those decisions when it comes to spending your medical dollar. So between tier 1 and tier 2 networks, again with Presbyterian, only one plan you sign up for and you get both tiers. So combined, you have access to the exact same network of doctors you have access to today with RESPA Thierry and. So you do have access to over 24,000 primary and specialty providers, with no referrals required to see those specialists. It does include all of the Presbyterian providers and hospitals statewide, and the majority of the independent providers and hospitals stay wide as well. As I previously mentioned, Presbyterian remains a nationwide HMO plan. So, under your tier 2 benefits, you still have access to that amazing nationwide network of providers of over 900,000 doctors across the country, including all of the centers of excellence such as Mayo Clinic, MD Anderson, Baylor University are all in network on your Presbyterian plan. There are logos on the back of your ID card, you simply flip that card over, show the logos when you check in at your appointment and they submit the claim to Presbyterian like you were right here in New Mexico. So if you have children going to school outside of the state, if you are traveling or if you just need to see that specialist in another state, you have seamless access with Presbyterian. I want to make sure you are aware of all of the programs and support you have at Presbyterian for your advocacy and care management services, your wellness programs, that

amazing fitness pastor membership program you have with Presbyterian. First is your dedicated member service team, this is the only local and integrated customer service team in New Mexico. They strive for one call resolution and in addition to the traditional services that most member services teams provide, they provide enhanced integrated services, such as provider scheduling assistance, so whether you are looking for a telehealth or in person appointment, with a primary care or spillage -- specialist or locating a new primary care or specialist, simply call our member advocates , and they can access our system and make that appointment on your behalf for the first available that meets your needs, we are moving any roadblocks you ever had if you are having an issue finding a provider pick they have all of the tools and resources we just went over to help you with your member navigation aside of service redirection to those lowest-cost setting providers, and they will provide referrals into our clinical programs as well, such as our disease management program and care coordination program. Are nurses in both of these programs work with members experiencing either acute conditions or chronic conditions , really become their one point of contact at Presbyterian and helping them navigate through the healthcare system. You have to make sure you are adhering to your medication and you have the resources to get yourself or keep yourself as healthy as possible while managing a new situation or that chronic condition. We also have access to community health workers, the community health workers are located throughout New Mexico and really pick up while the healthcare providers leave off. They focus on services and resources that are impacted by social determinants of health. So, they tie our members into community services and government programs that many of us don't even know are available or that we are eligible for. They can help members experiencing food insecurity by providing referrals into food banks at food pharmacies and work as an advocate for behavioral health service needs. Please take advantage of these programs. We also have some great wellness programs, whether it is the good measures and nutrition coaching where you can connect with a registered dietitian. Health coaching on other areas of improvement that you're focusing on that can be identified through your personal health app, your personal health assessment, monthly wellness webinars on different topics, you have an online wellness at work portal where you can access a library of resources, take that personal health assessment, and take advantage of the tracking tools that are on there as well. Hundred wellness information tab. With Presbyterian, we are excited to announce we are continuing the fitness pastor membership programs which are only \$12.50 per eligible member per month, you can access up to 10,000 gyms across the United States, and you can access as many gems simultaneously as you would like after you sign up with this program. After you sign up, you will be effective the first of your month following your enrollment into the program at Presbyterian, so if you are thinking about joining Presbyterian for the first time in January, take sure you enroll the end of December to make sure you have that eligibility in January, and as a reminder for everybody currently taking advantage of this great program, you must reenroll every year. So please remember to reenroll in December if you would like to continue this program into 2022. As I mentioned, you can access as many gems simultaneously as you like, to participate in this program. This includes all of the defined fitness locations throughout New Mexico. All of the gems that are in the prime fitness network, which you can

search@primemember.com, this includes gems like choose, YMCA, snap, and anytime fitness, planet fitness, just to name a few. As well as discounts of up to 50% at sports and wellness. It is very easy to enroll, you either go to PHS.org\wellness or through your wellness portal through your my press, you just click the fitness pass enrollment. All enrolled health plan members age 18 and older are eligible to enroll and the subscriber or policyholder must enroll through the dependence. As a reminder, your enrollment will last through the end of the calendar year and you cannot change or cancel this voluntarily. As I mentioned, you must reenroll every December to continue this program into January. Please take advantage of this amazing offer. So with Presbyterian, if you choose Presbyterian, you really can use Presbyterian. Take advantage of all of those for 324 hour ways to access care at your convenience. Use those nurses through the nurse advice line, free video visits, online visits, all of your free telehealth services for those everyday ailments. Remember with Presbyterian, there is only one plan to sign up with, you have your nationwide HMO plan that you sign up for and you automatically get that great tier 1 and tier 2 network of doctors in your plan. Take advantage of the care management and disease management programs. Your dedicated member service team, the community health workers, again connecting us to resources many of us aren't aware that we are eligible for. Take advantage of all of those great wellness services through your wellness program, and remember with Presbyterian for only \$12.50 per member, per month, you can sign up and access over 10,000 gyms across the United States , again as many of those gems as you would like simultaneously. I appreciate your time and if there are any questions I will be available in the Q & A section. Thank you.

You have control now.

Thank you, can you hear me okay? >> Sounds very good!

Thanks. Hello everyone, my name is Maureen, I am with Blue Cross Blue Shield of New Mexico, thank you for joining us today. Why should you choose Blue Cross Blue Shield? You will have a choice between an HMO and a PPO plan, we contract with more doctors and hospitals and other carriers, we provide health and wellness programs that help you stay healthy and manage ongoing conditions, you have access to digital and mobile technology and programs that help you manage your health and wellness information. And we have unrivaled customer service, you can get personalized assistance with your questions, benefit and claim inquiries, and help finding a provider or navigating digital tools. Now let's take a look at the 2 plan options offered through Blue Cross Blue Shield. The first option is the HMO plan. If you choose this plan, you will have access to contracted in network providers in the state of New Mexico. You will receive the highest level of care, when you use providers in the HMO network and you obtain prior authorizations for certain services. With the HMO plan, the provider files claims on your behalf, you have predictable copayments for most services, and there is no need to obtain referrals for specialist care. Lee's note that there is no out-of-network coverage on this HMO plan , except for emergency room and urgent care services. If you are wondering about services outside of the state of New Mexico on the HMO plan, I will provide additional details on the away from home care program later in the presentation. Let's take a look at

the HMO network of providers. Our members have access to a network of over 41,000 HMO contracted providers in New Mexico. This includes access to you and him hospitals and physicians, loveless hospitals and physicians, optimum, and Southwest medical Associates in the Albuquerque area. And Santa Fe, access includes Cresta St. Vincent and Presbyterian Hospital and physicians. And of course, you will always have access to urgent care and emergency care when traveling. If you're considering enrolling in the Blue Cross Blue Shield of New Mexico HMO plan, you will have access to our away from home care program, which is designed to bring you peace of mind if you have a child attending school out of state, have a family member living in a different service area, or have a long-term work assignment in another state. Please note that 90 consecutive days are required for this program. You must verify by calling customer service, that the state inconsideration, participates in the away from home care program in order to access care. It is very important to note, that not all states participate in this program. To enroll in the away from home care program, you must contact customer service and confirm if that particular state participate in the program , again, please note that not all states participate. Once you have enrolled in the HMO program, a customer service advocate will work with you to complete a guest mentorship application which is required for the host HMO to provide you with a membership ID card. In order to qualify for this program, the member must have a physical address in New Mexico. Again, it is important to follow these particular steps in order to gain access outside of the state of New Mexico on the HMO plan. If you're considering enrolling in the HMO plan, please pay close attention to these important pieces of information. If you live outside of the state of New Mexico, you should not enroll in this particular plan. If you will need to seek care outside of the state of New Mexico, for example, at the Mayo Clinic or MD Anderson, you will not receive coverage from this plan, unless you're out of state for 90 or more consecutive days, and that particular state participates in the away from home care program. If you have dependents living outside of the state of New Mexico, they may not be covered on this plan, please just make sure you are informed of all of the ins and outs of the Blue Cross Blue Shield HMO plan before you enroll. The second plan option, is the PPO plan. With the PPO plan, you have direct open access to our nationwide network of providers, you also have the flexibility and choice to utilize an in network or out of network provider. In network, contracted or preferred providers, have a signed contract with Blue Cross Blue Shield and are responsible for filing claims on your behalf and will not balance bill you, if you choose to go out-of-network you will be able to see any license non-contracted provider. Please note that you may pay more for services received, you will need to file your own claims and could be balance billed for charges over the allowable fee. Most important, the PPO plan allows you the flexibility to choose your own providers. We make accessing doctors and hospitals a top priority, so our members have access to the best care possible, anytime, anywhere, and our national discounts are second to none, so you save money. Blue Cross Blue Shield offers you the largest directly contracted PPO network in the nation, with more than 1.5 million providers which includes blue distinction centers, such as the Mayo Clinic's, MD Anderson, the heart hospital, and the University of New Mexico cancer center to name a few. With the PPO plan, you also have worldwide coverage and over 190 countries, and territories. We are

excited to announce that effective January 1, 2022, your PPO plan will change from two tiers, in and out of network, to 3 tiers. The newly added tier 1 will be the blue preferred plus network of providers. You can benefit from this select network of providers and pay less out of pocket but still have flexibility to get care from providers within our larger PPO network on tier 2. Here is how it works and how it can help save you money. To get the highest level of benefits, you and your covered dependants, should select a New Mexico provider within the blue preferred network or tier 1. You will pay the least out-of-pocket costs using providers within the blue preferred network in New Mexico. You still have the choice to get care from providers within the larger and national PPO network in tier 2, but will pay slightly higher out-of-pocket costs. You will pay the highest out-of-pocket costs if you choose an in network provider. You will find that there is a wide variety of providers throughout the state of Mexico with in our network. Included in the over 11,000 contracted providers, the UM health system, optimum, and loveless health system. Ladle out will determine -- here is a brief look at some of the highlights of your benefit plan options through Blue Cross Blue Shield of New Mexico. New, for 2022, on both the HMO, and PPO plans, all mental health services administered by a licensed in network provider are a zero dollar co-pay. Also, as I have already discussed, the addition of a third tier on the PPO plan is also new. All other benefits are staying the same for 2022. Please note that when you enroll in the Blue Cross Blue Shield of New Mexico PPO plan, you automatically gain access to all three tiers, you will not have to make a tiered decision, until it is time to seek care. For the sake of time I will review any additional cost details but I encourage you to view them all online. Here are some of the differences between the HMO in the PPO plans. On the HMO plan you have an option for a robust network of providers. Your care is primary care physician driven, so we highly recommend establishing a relationship with a primary care physician. You must stay in the HMO network, there is no out-of-network coverage except for emergency room and urgent care. You will have fixed predictable co-pays and there is no referrals required to see a specialist. On the PPO plan, you will have access to the largest and most recognized network of nationally contracted providers. Care is always your choice with direct open access to providers statewide, nationally, and internationally. There is no referrals required to see a specialist and you have the flexibility and access to see any licensed provider. There are certain medical services that will require you or your doctor to submit a preauthorization request to Blue Cross Blue Shield. A preauthorization is a process used to determine whether a medical service meets the requirements for health plan coverage. Preauthorization is based on a medical necessity of the service requested, the location of the service, and the appropriateness of the service. Usually, you're in network provider will get prior authorization for you, before providing a service or conducting a procedure, please note that certain services are not covered if preauthorization is not obtained from Blue Cross Blue Shield of New Mexico. A full list of services requiring preauthorization can be found online in section 4 of your Blue Cross Blue Shield benefit booklet. I will talk to some of the online tools that you will have access to. As a Blue Cross Blue Shield member, you can utilize the blue access for members website, you will need to register for this password-protected website, where you can print temporary ID cards or request new ones, you can review your explanation



of benefits, email customer service, contract providers, you will also have access to our cost estimator tool on the PPO plan, which I will talk more about in a moment, and you will have access to your enhanced health and wellness tools. Members also have access to our Blue Cross Blue Shield of New Mexico mobile app. Please note that members must register through our website, before they will have access to the app. Through the app, you can view an ID card and download a digital copy. You can view benefits and eligibility, including deductibles, copayments, coinsurance, out-of-pocket maximums and covered dependents. You can view claim status, and access health and wellness tools. When you search for a contracted PPO or HMO provider, using the provider finder tool, you can search by location and then compare the results based on criteria, such as language preference and whether they are accepting new patients were not. Also within the provider finder tool, you can view quality designations for facilities and physicians, see enhanced provider demographics, view maps and directions and view patient reviews on physicians. You now know that the blue preferred plus plan can save you even more money by using a doctor or hospital that participates in the blue preferred network. Now that you know it is cost effective to use a provider in tier 1 or tier 2 on the PPO plan, let us help you find one. Through our provider finder tool, it is easy to find a doctor, hospital, or other healthcare provider that participates in the blue preferred network. You can select the network name within your search, and if a provider is within the blue preferred network, it will be indicated on the right-hand side of the screen. Member, you will need to determine which network your provider is in, to know your coverage level. Our cost estimator tool can be found within the provider finder tool, and it allows PPO plan members to search for estimated out-of-pocket costs, for a variety of services to see where you and your employer can save money. This slide shows the expected cost range for the procedure, followed by facilities in your search area that perform this procedure along with your expected costs. As you can see in this example for an MRI of the brain, there are differences in cost between different facilities. These cost estimates are based on actual benefit plan and Blue Cross Blue Shield contracted amounts, and they show how much deductible and out-of-pocket amounts remain for you, the member. Please note that the cost estimator tool is not available to HMO plan members at this time. Now I will cover some of the wellness benefits you will have access to, as a Blue Cross Blue Shield member. If you have a serious injury or illness, you may get a call from a Blue Cross Blue Shield health advisor, your health advisor is a health professional who can help you understand your conditions and care plan and address your health concerns, they work with your doctors and our own team of specialists to make sure you are getting appropriate care. They are a single point of contact for support until you reach your optimum health. When your health advisor calls, they may ask you some personal details to make sure they are talking to the right person. This is to keep your health information private. Your health advisor will not try to sell you anything and what you discuss with your health advisor will not be shared with your employer. What the state of New Mexico plan, you also have support from her 24/7 nurse line, which is available at no cost to you, they provide around-the-clock health and wellness advice from licensed professionals. I'm excited to highlight our new mental health partner. Learn to live. Their motto is change your mind, change your life. So many New Mexicans are struggling with their mental and emotional health, and

learning to live makes it easier for their members. Learn to live is the leader in tackling behavioral health challenges through a digital platform which delivers assessments, online cognitive behavioral therapy programs and services. Is available on demand with the options for one-to-one coaching services, and all of this is delivered at no cost to members, it is easy to access via the Internet, any device, tablet, smart phone, it is available 24 seven, and is for ages 13 and up. Our newly designed wellness portal when on target automatically customizes to your preferences. Well on target features many tools to help you become healthier. You can begin by taking an online health assessment, you can take one of the 20 self-management programs, you can earn blue points, for everything you do on the portal, which can be redeemed on our online shopping mall. You can also utilize the mobile app , always on, for easier access to our well on target portal. Well on target has a full library of wellness information for you to explore, along with interactive, digital self-management programs on a range of well-being topics. Blue Cross Blue Shield members enjoy exclusive health and wellness deals from national and local retailers in our blue 365 program. You can buy home fitness devices and workout gear, or enroll in a discount and nutrition related service. Simply log into blue access for members and click member discount program in the quick links section, to gain access to blue 365. Whether you are pregnant or planning to get pregnant, Blue Cross Blue Shield of New Mexico has tools to help you at no extra cost to you. Over your health apps are for tracking your cycle, pregnancy, and baby's growth, each app has videos, tips, coaching, and more. While on target also has a self-guided portions about pregnancy that you can take online, covering healthy foods, body changes, labor, and more. Plus, if your pregnancy is high risk, Blue Cross Blue Shield of New Mexico will provide support from maternity specialists to help you care for yourself, and for your baby. Why join one fitness facility when you can have access to many with one membership? You can join the network for free in September with a one-time membership fee . Through the fitness program, you will have unlimited access to fitness locations across the country. There are different plan options to best fit member needs and preferences including a digital only choice. It is easy, flexible, and allows you to choose how you wish to move by picking the plan that is best for you. If you prefer to work out at home and on demand, the digital option is available, for those who prefer boutique style classes or martial arts, the studio class network is your best choice, this is a pay-as-you-go option and you receive 30% off your 10th class. How can you be a smarter consumer and stay engaged in your health? Well, you can utilize in network providers whenever possible, to help you potentially reduce your healthcare spending, you can use the provider finder tool to research costs at different hospitals on the PPO plan, ask your provider if they offer telehealth visits, this allows you to receive care without leaving your house and as a reminder, as of January of this year, these are free on both plans. Review your explanation of benefits and bills, said by your providers, make sure that you and the plan are being charged only for services that you received. Take care of yourself end-user wellness benefits and get appropriate preventative medical care as needed. Don't wait until you have to go to the ER , see your physician regularly for preventative care or illness and call your doctor to prequalify your symptoms. Improve communications with your doctor, ask questions about prescribed medications and treatment and follow the

recommendations of your healthcare provider. Please visit [BCBSNM.com](http://BCBSNM.com) for more health and wellness information. This concludes the Blue Cross Blue Shield portion of the presentation, thank you so much for your time today and please send any questions through the Q & A session and I will do my best to answer, thanks so much!

Standby for a moment, Express Scripts does not have a live presenter today so I will be recording a video. I apologize in advance if this interrupts anything with the interpreter, I am hoping it doesn't cause an issue, but just letting you know that this will be a first attempt to run an MP4 file at the same time as there is video streaming for presenters. So, please standby, let me set that up. One moment while we let it load.

Great, thank you. Hello everyone.

For those patients with more complex ... I will touch on the digital tool available to you, so that you may manage your benefit on your own time as well as highlight our pharmacist and other specialists that he may reach out to in the comfort of your own home. Physicians and pharmacists routinely review the medication on your drug list, also known as a formulary. Medications are broken down into categories, or just generics are typically the lowest cost options followed by preferred brand-name medications, where it is not the brand-name medications that are the highest cost options. Medications that are excluded or not covered, if your prescriber seems that a noncovered drug is best for your therapy, you may have your doctor reach out or request a formulary exception review.

Hey everyone, it looks like I can't get the WebEx to both support the interpreter video and Express Scripts at the same time, I am going to delay presenting this therefore, until the end of the event so that we have more continuity. Standby, we are going to go instead to I met. --

Good morning everyone, this is Lisa here to present information about your vision benefits. It all starts with a comprehensive eye exam. The eye exam not only detects eye health conditions that can detect overall health conditions like high blood pressure, high cholesterol, and diabetes. The eye exam is also for our kids as 80% of what they learned comes through their eyes until about age 8. With I met you have access to doctors that have the latest in digital technology and things like retinal imaging to make sure your eye doctor has the best look into your overall health and wellness. The routine eye exam that is available on your plan includes from this list here, this is not the complete list but a few things to point out would be dilation if necessary, your case history, the refractive status and of course the assessment diagnosis and treatment plan which for most of us, is the actual prescription for either glasses or contacts. So let's take a look at what the benefit offers in total. Again, that copperheads of eye exam once every 12 months with a \$10 co-pay, you have a \$150 allowance for frames every 24 months, a \$15 lens co-pay with fixed pricing on most of the popular lens options like progressive lenses and antireflective coatings once every 12 months, or a \$150 contact lens allowance with additional coverage for your fit and follow-up with the contact lens evaluation, once every 12 months. Are providers offer 500 frames at or

below that \$150 allowance to make sure that you have optimal selection and choice when you are using your vision benefits across the network. In addition to the funded coverage offered by the state of New Mexico plan, our members also receive number only savings and discounts. I will show you in a little while in the presentation here where to find this information but just to give you some information, they offer the best second discount , that is anywhere across the network, at any time you need them so it doesn't have to be the same day as your initial purchase, you can be on vacation in Hawaii and decide you want prescription sunglasses, the only caveat to using that 40% off second pair discount is that you have already used your funded benefit within the planned year. We also offer through our partnership, a 15% discount on Lasix services, you also receive 20% off the remaining balance after your frame allowance has been applied. For example if you choose a frame that has a retail cost of \$200, the first \$150 is covered by the state of New Mexico vision plan, then you get 20% off that balance of \$50 and ultimately would pay \$40 for that \$200 frame. Are members also save on noncovered items, so if you are a contact lens wearer for example and you need nonprescription sunglasses, our members save 20% off just for being I med --EyeMed members. We offer great savings for hearing aid exams and hearing aid materials. I will tell you later in the presentation where to find this information. But before we get to that, just a few more things about how your benefits operate throughout the plan year. So the frequency of the benefit is based on the calendar year, so if you receive exam frame and lenses today, September 29, you are eligible for exam and lenses, and for a new frame . With EyeMed, your contact lenses are in lieu of spectacle lenses, not the full pair of glasses. What does that mean exactly? That means you can use your frame allowance and your contact lens allowance in the same sitting, and your providers are going to give you a 20% discount to put your new spectacle prescription into that frame. So if you wear contact lenses primarily, you want to always have a backup pair of glasses handy, contact lenses tier, we lose them, or we forget to you know, go in and have our appointment for a new prescription for contact lenses and so they tend to expire. You want to also make sure you have a pair of glasses at the ready simply to rest your eyes. So again, if you primarily wear contacts, you want to use your frame allowance, of \$150, your contact lens allowance of \$150 at the same time, and your provider will give you 20% off on those spectacle lenses to go in that new frame. Are members save about 71% over the cost of retail pricing, and that is both for the exam and the actual materials and the free --the three examples here represent the most popular transactions across the business as well is what we have seen so far and the utilization for the state of New Mexico. That would be single vision lenses, progressive lenses, and contact lenses. These would be polycarbonate lenses and antireflective coating. What you can see here, is that the most common single vision lens transaction , with exam lenses and frames, retails for \$647. With the state of New Mexico benefits, you have spent \$135 out-of-pocket for that pair of I wear. In a little while, I will show you the cost estimator tool which arms you with additional information before going into the providers location, to maximize the savings. That is called know before you go. You find this cost estimator tool on the site , once you are logged in there, you answer a few simple questions about your purchase experience, I am going to have my eye exam, I am going to then get glasses, and progressive lenses. As you walk through the steps on

know before you go, not only does it show you in the cart what you can expect to pay if anything because it already knows your benefit after you are logged in, but it also gives you some quick tips and information about the varying types of frames that are available for you, types of lenses, and what those lens add-ons actually mean by way of technology. Progressive lenses for example, there is quite a variety available across our network, know before you go also gives you the pit of educational information and helps you understand why certain types of products have a higher value or cost component to them, so that you are armed with that information before going into a providers location. The handiest feature is that you can print this and take this with you, to the provider location so that there is no questions about what you can expect to pay, if anything, at the point of impact. You will find that there are nearly 400 providers and over 150 locations available for you on the EyeMed networks, in addition to independent doctors of optometry, you have retail locations like LensCrafters, Pearle vision, and target optical. You have local retailers , and additionally you have access to online options, where your benefits are programmed right into the card and as you are shopping, it shows you exactly what you can expect to pay at the end of the transaction, so LensCrafters.com, Ray-Ban.com, and contacts direct.com are all available for you in network was benefits programs right into the cart. It is also easy to locate a provider with EyeMed, you want to go to the site, or you can locate providers on the mobile app available in the App Store for iPhone products and Google play for android products. Or when you received your welcome kit, with your initial enrollment, in that packet, in addition to the ID cards was also a list of providers local to your home ZIP Code, either for independent locations or for retail provider locations. So, lots of ways to access the network with EyeMed vision care. You can also give us a call. 800-866-5457 , our call center is available, the longest hours in the business, we are close to three day a year, that is Easter, Thanksgiving, and Christmas. We want to be available when our members are seeking to use their benefits so that is also nights and weekends, to make sure that when they have questions, we have someone available to answer those questions for you. Let's look at what is available to you right there at your fingertips with that mobile app. In addition to having the electronic ID card right there on the mobile app, you can see your benefits again, located providers with detailed driving directions, one of the handiest features about the mobile app is most of us carry a smart phone with us everywhere we go, but I am sure very few of us carry our eyeglass prescription with us. You can snap a picture, right there into your phone, load it to the mobile app so that when you are traveling, in case of emergency, you always have that handy. This is also where you will find those special offers I talked about. Access to any of those member only , special savings, are loaded to the mobile app, for your convenience, it is always a great idea to check in on the app first, before shopping to make sure that you have access to the best additional savings, with when you are using your benefits. Special offers, are added to the funded benefit plant design that we reviewed a few slides ago. You always want to go out and check special offers before going into the provider location. On the micro site, member. EyeMed.com, there is a few additional things you can see there, when logged in. Of course, benefits and eligibility status, you can print additional copies of your ID cards, it is where your explanation of benefits will be found. If you have FSA

dollars to use toward vision services, you will need that to submit for those, that reimbursement. They are found there on the micro site for you. You can also schedule exams with certain providers on the micro site. The other place to find special offers, so the Anglophone offer for example for the hearing aid, the discounts, found on the micro side, and for those members who are using services out of network, you can either download the out-of-network claim form to submit by mail, or you can complete that out-of-network claim from right there online, upload a copy of your itemized receipts, and that generates swifter reimbursement back to you when seeking services out-of-network. So again, that is member.tran12 vision care.com. I will be checking into the Q & A feature for any questions that you have, thanks so much for your time today.

Good afternoon, this is rich with Delta dental, thank you for joining us today. Alta dental in New Mexico has been serving the state of New Mexico employees for several years, and this year, we are celebrating 50 years serving all of New Mexico. So, we appreciate it, and we appreciate you as our members. There are no planned changes for the contract this coming year, as of January . However, we are pleased to announce, that the state of New Mexico has elected to open up and enhance the network access. Members will now have access to both our Delta dental PPO, and Delta dental Premier networks, not only locally in New Mexico, but nationally. This gives you an enhancement to access, so whenever you are seeing that, the PPO or premier providers, you will be considered in network, and receive the in network benefits. Finding a dentist is easy at Delta dental NM.com and you can click on find a dentist, whether that is locally here in New Mexico, or nationally. By going in network, dentists have agreed to discounts on their fees, this saves you as the member money, and again, with the in network benefits, you will be receiving the best. If you select Delta dental , as a PPO provider, they apply deeper discounts to their fees, this means you save even more money. So, this is a great enhancement as of January, for our members through the state of New Mexico. I mentioned plan design does not change, so each year, starting January 1, there is a calendar year deductible of \$50, per enrolled person, or if you have a family, the maximum is \$150. That deductible of course does not apply to your diagnostic and preventative services such as your cleanings and routine exams. Or, orthodontic services. Each year, the benefit annual maximum for all services other than orthodontic, is \$1750 per enrolled person. So, that is what the plan, as Delta dental may pay out potentially for each enrolled person. The orthodontic, is a lifetime maximum. It is for children starting services prior to age 18, \$2000 lifetime maximum, and an adult age 18 or older starting services, the plan is paying up to \$1750, lifetime maximum. Again, this is a lifetime maximum, that does not recur each year. So, as a highlight of the benefits, again, there are no changes, but if you are getting your diagnostic and preventive services such as cleanings, exams, and x-rays, when you see an in network Delta dental PPO or premier proprietor, you are going to receive 100% benefit, you pay zero. Under the basics, such as fillings, root canals, extractions, the deductible does apply, and then the plan is paying 80%, you are paying 20%. Again, these are when you are in network, Delta dental PPO or premier providers. The major services such as crowns, bridges, dentures, implants, the plan is paying 60% and you are paying 40%. Somewhere either under the basic or major, you meet that \$50 deductible first. As you can

see there in the column for out-of-network, those are non-contracted providers. They have not agreed to discounts on their fees. They will charge you upfront, and as you can see for instance, under basic services, the plan is paying 55% and you are paying 45%. Or under major, even more costly out-of-pocket, the plan pays 35% and you as a member pays 65%. So, we encourage you, see a provider in network. Under the Delta dental PPO or premier networks. Save money. The orthodontic services or braces is an excellent benefit, it is offered to both children and adults, as I mentioned earlier, if it is a child starting treatment prior to age 18, the plan pays 75%, up to that 2000 lifetime maximum. And if you are an adult, age 18 and over, the plan is paying 65%, up to 1715 --'s \$1750 lifetime maximum. These are lifetime maximums. So an excellent benefit for you. We encourage you if you are going to anticipate a costly procedure, may be a root canal, or a crown, or implants, these have the contracted dentists some more -- submit an estimate, once we receive that, we will respond in writing not only to the dentist but also you as the member, how those services will be covered, and what your out-of-pocket cost may be. So it is a great tool for you to know in advance , there is no charge for the pretreatment estimate and is not mandatory, we just strongly encourage it so that you know your costs. Mentioned earlier, you have your cleaning exams, those are routine , routinely provided at twice per calendar year, however, some members with medical conditions may qualify for additional cleanings. We want to encourage you to get these, with a certain medical conditions , so that you can prevent an infection in your mouth and not jeopardize the rest of your body. Some of the conditions are people with diabetes and periodontal disease, women who are pregnant to have now had periodontal disease, who have gone through heart conditions, could be a transplant, heart surgery, people that have had kidney failure, or are undergoing dialysis. Or you have a suppressed immune system. And again, these are not all the conditions , but we would like you to talk with your dentist, and see if you might qualify, the dentist will submit the documentation to us on a claim form to see if we can get those extra cleanings. Again, this is not all members, it is people with medical conditions that we want to help save because after all, dental is not only oral health, it is overall health. So when you're looking for a dentist, Delta dental , click on find a dentist, you will select the PPO and premier box that is listed there, to get you those lists of dentists. Again, this is not only in New Mexico, but nationwide. Once you are in there, you can select general dentists, or an early --oral surgeon or an orthodontist and again, select the Delta dental PPO to get the deepest discounts on fees, saving you the most out-of-pocket money back in your pocket. So again, it could be a PPO or a premier proprietor but the PPO gives you the greatest discounts, and again, you can select locally in New Mexico, or nationally. If you are a member with us currently, please be sure that you have gone in and registered on our member portal. You create your own username and password, once you are in there, you can see your claims, visa benefits, or perhaps you need an ID card, you want to print one, there is lots of education and materials and oral health tips, so please if you are a current member, register today on the member portal. We want you to be careful and be your own oral health and financial advocate. So if you have received an invoice from a dentist, are you paying your portion only in what is due? Make sure you reviewed your explanation of benefits , that you are not paying more than

required. This may have been sent in the mail or by registering in the member portal online to view. If you have any questions, we want you to call our customer service here in Albuquerque and I will list that number coming up. Also, be sure to get those pretreatment estimates, if it is not an emergency, and you are planning a procedure, get a pretreatment in advance to know your out-of-pocket costs. So, helpful tips, much like the vision, remember, your cleanings and exams, those exams by the dentist are very useful for your overall health, more than 120 signs and symptoms of non-dental related diseases can be detected through an exam. And remember, they are covered at 100%. Staying in network, utilizing the Delta dental PPO or premier proprietor, the Delta dental PPO gives you those greatest discounts on fees, saving you money. If you need to find a provider, reminder, go to Delta dental NM.com and click on find a dentist to save the most, click on Delta dental PPO providers. Again, ask about a procedure before it is done. You want to know in advance. So again, if you have questions, the member portal is at Delta dental , creating your own username and password, and that way it is available 24 seven , you can look at all of your past claims, or reviewed benefits. If you need help, call our customer service team , 877395 9420. We are available Monday through Friday, 8:00 AM to 4:30 PM. Or by calling that same customer service number, that is available 24 seven with an automated voice response system. Many of your questions may be asked , answered, through the automated voice response system. Or email us at customer service at Delta dental NM.com and get a response in writing. That way you don't have to wonder what did somebody tell me on the phone? Get that response in writing. I want to thank you for your time, we appreciate you as members or any future members, and please yes, submit any questions through the Q & A. Next, I am turning it over to the Hartford.

Hello, I am with the Hartford, I will review your life insurance coverage. Both your basic employer life insurance and also some additional life insurance that you can elect this year during enrollment. All employees have basic life insurance, the amount of \$50,000 or \$75,000 in the case of law enforcement. What life insurance is, it is about protecting those who depend on you, should something happen to you. It is protection for your beneficiaries for things such as mortgage payments, credit card debt, any bills that are left behind, medical bills, and funeral expenses, so that they can is on their lives, and continuing as much as possible instead of the finances that will be around an unexpected loss. With your base policy, you have insurance available to you in the amount of \$50,000 or \$75,000 for law enforcement. Accidental death gives you an additional layer of protection, should the event of a severe injury happen to you, or should your death be the result of a severe accident or major injury. With the death benefit from accidental death , it pays 200%, so in essence it would double the payout for your amount if your death is the result of an accident to your beneficiary. If you were just severely injured, you also get a payout from your accidental death policy and it pays \$50,000 or \$75,000 if your law enforcement for things such as loss of speech, loss of hearing, loss of sight, all of these major accidents that could severely affect your life. We want to make sure that you have some protection and finances that you will be able to continue to support yourself and make the accommodations that you might need. With the supplemental in the basic, the main thing that I want to remind everybody about during the open enrollment is to



update your beneficiary. Everyone is eligible, ask of legislators and all of their acts of benefits for eligible members, they are eligible for the additional life and are eligible for the base life, you can enroll from October 1 through the 31st, and all you need to do is go to [www.mybenefitstran08.com](http://www.mybenefitstran08.com) and you will be able to click on that active enrollment 2021 banner and learn more, you just need to provide proof of dependency documents for any dependents not previously covered. And just keep in mind, updating a beneficiary is as simple as completing that form and submitting that for an official reform. A lot of us have beneficiaries on our policy from prior marriages, or maybe our kids are getting a little bit older, maybe we previously had our parents on our policy and now want to add our spouse, that is why we always want to check in with our beneficiaries and update that as needed. You also have the option to select additional supplement to life insurance coverage, which would be reductive for you, a big thing is how much additional life insurance do you need, a general rule of thumb is 7 to 10 times the annual salary. If you want a better estimate, there is a website that I love, it is [lifehappens.org](http://lifehappens.org), and it is a nonprofit that can help you figure out exactly how much life insurance you need. Like I mentioned in the beginning of the presentation, life insurance covers things like mortgage payments and education expenses, for your children moving forward. It will be dependent on your unique circumstances, how much additional supplemental term life you might want. So you can go onto the website or lay out your finances and think, are my kids in school, how is my retirement fund? What is our credit card debt? What are the mortgage payments? And what would need to be paid for should you not be able to be there for your family? The other great feature of your plan is it has a spouse domestic partner benefit, and you can elect coverage for your spouse regardless of how much coverage you elect for yourself. You can elect up to \$250,000 for your spouse and \$10,000 increments. And a lot of times you forget how important a stay at home spouse can be to the family. So if something would happen to your stay at home spouse, they may not be contributing to the household income, they contributed to childcare, meal preparation and cleaning in general, household maintenance, it will be important to remember that you will need someone to do those things, should something happen to your spouse. You can elect coverage for yourself, for active legislators that support \$1000, all other members have up to \$500,000 and \$10,000 increments. For your dependent children you come elect \$5000 \$10,000 or \$15,000. If you had elected coverage last year, and you want to increase your coverage this year, you can do so by \$10,000, for both yourself, and your spouse. Up to the guarantee issue amount. So for yourself, you can elect to increase your coverage I \$10,000, up to \$150,000, for your spouse you can increase coverage by \$10,000, up to \$30,000. If you had not elected coverage, last year, and you are just reevaluating your finances this year, which we all kind of had a rough year last year so it is probably top of mind, you know, really taking into account your financial portfolio, you can do so, but you will have to fill out what we call an evidence of insurability. I will go through that in the next slide. It is a really simple form. What would happen is Hartford would reach out to you after you elected the coverage and say hey, we need this information, these health questions answered, he would answer the health questions and send them back into Hartford. The key thing to note is your coverage will become effective on January 3, however, if you do need to fill out that evidence of

insurability, your coverage will become effective as soon as Hartford approves that evidence of insurability requests, right? So you'd have to make sure that you get back to Hartford, so that it can be approved and it would be effective after the Hartford approves your additional amount. With evidence of insurability, you will receive a letter or an email from the Hartford, so the important thing to note, it is not coming from the state of New Mexico, it will come from the Hartford, so just keep an eye out for a letter from the Hartford or an email from the Hartford. Once you receive that, you fill out an answer the health questions, and you sent that back in. And this is for any additional term life insurance that you would want to have above that \$10,000 if you had already enrolled. If you are enrolling this year, for the first time, you would need to fill out that evidence of insurability, so once you make the election, in your benefit elections, you can then expect to receive that letter or that email from the Hartford, you fill that out and you send that back into us and then your coverage would become effective as soon as we approve that. So in addition to how much life insurance you need, people often consider how much it will cost. 44% of little old over estimate the cost of life insurance at five times the actual amount. A lot of this comes from if you have ever looked for a policy outside of the workplace, they can be more expensive when you buy the standalone policies. Also, if you are looking at full life policies they can be a lot more expensive than policies that you get as far as term life policies through the workplace. Here's a breakdown of your cost, they increase every five years, so keep that in mind. If you want a better idea of how much the amount of life insurance you would like to elect will cost you, you can go to my benefits NM.com to estimate the cost. You would be able to enter in your details and how much you want and it will tell you how much that amount of life insurance would cost. So, keep in mind something I hadn't mentioned is these plans are portable. I did mention how extensive it can be to go get a standalone policy outside of the workplace, with the Hartford, you can take it with you, should you ever change employment and/or rates would stay about the same. With the Hartford, you have additional services available to you. You have access to beneficiaries and counseling services, which provides professional help after a loss or terminal illness, it gives legal advice, financial planning and counseling for up to one year after a claim is filed. You would up to five face-to-face sessions with a professional counselor. You have access to funeral concierge services and funeral concierge services give you 24 seven advice or assistance and the only nationwide data base for funeral home prices with detailed online comparisons. Your a state guidances will services will give you access to online assistance from licensed attorneys, should you have any questions, you get unlimited revisions for your online role and no additional charge and you get additional estate planning services for purchase, if you want to create a living will or final arrangements document which is so important, these days, you can do so through that service. And then of course, travel assistance and ID theft protection, this protects you if you're traveling more than 100 miles from your home. You get emergency medical assistance, you get free trip information, things like requirements, immunizations, or any thing that you would have to provide when you arrive. And of course the identity theft program as well. So the main things I want to drive home from this presentation, is that you can have access to supplemental life, through this enrollment. You can update your

beneficiaries if you have not done that in a while, even just to check in, just to make sure the right people are receiving any payouts from your life insurance, and then also, if you do elect additional term life, make sure you fill out that evidence of insurability, get it back to Hartford so we can make sure your coverage is effective as soon as possible after that 1-1 effective date. These are portable meaning that you can take them with you, you would just have to pay the premiums on your own instead of it being payroll deducted. And life insurance coverage is a great product to add to your financial portfolio, so just check out the website and I will review the Q & A and see if you have any other questions. If you retire, you can take your plan with you, you would just have to pay the premium. In the event of retiring, it wants you to keep your voluntary life insurance, you would just have to create the premiums on your own. So, if you look at the A.D. accidental death policy, that would have to come from an accident so any claim filed would have to be from an accident, it would not consider anything that would be a medically necessary dismemberment. And the insurance of course can be extended, I touched on that, a lot of questions about supporting the coverage, you can take it with you for retirement or change of employment, you just have to pay the premiums on your own. And if you want to verify any coverage you already have, you can go onto the state of New Mexico website and they will be able to help you with that. Okay, I think that is all the questions that I have received, again, if you have any questions for how much life insurance you need, go to [lifehappens.org](http://lifehappens.org), and thank you for your time today, I will pass it on over.

Hello everyone, my name is Erika and I am one of the administrators here at Erisa that manages the FSA plan for the state. Today, I am going to go over briefly the different types of FSA accounts, and how you can use them, if you have any questions during the presentation, please feel free to use the Q & A box and we will try to respond to them as they come in. Okay, so the state offers 2 types of FSA plans, which are the health and dependent care FSA as well as the additional transit and parking benefits. Deductions are taken from employees payroll pretax, like your healthcare premiums, and as a quick note, the FSA plan and added benefits are not in HSA or HRA plans. Those rules do not apply here. To participate in the health and dependent care FSA, you must enroll every year during open enrollment, otherwise you can only enroll with a qualifying event thereafter. The transit and parking benefits, you can enroll, and or change at any time, you just need to complete the enrollment form. Just to reiterate again, you have to enroll during open enrollment every year, if you want to continue the 2 FSA plans, and if you miss open enrollment, you will need a valid qualifying event that would allow us to make changes to your benefits. So, what actually are the 2 different types of FSA plans. The first one will go over the health FSA, so health FSA is for the employee in their household, meaning your spouse and your children under the age of 26. Please also note that domestic partners and their children are not eligible. You can contribute a minimum of \$130 and a maximum of 2750, which is subject to change by the IRS, if this amount changes for the 2022 plan year, we will notify you accordingly. The amount you elect is pre-funded, and it will be available as soon as the plan begins, you can use the FSA health for most things covered by your insurance, like co-pays, prescriptions, glasses, and other medical fees. Essentially anything considered medically

necessary. We have included some examples on the next slide, but for more of a complete list, you will want to check the state website or at the end of this presentation for a link. You can use your debit card that you receive and swipe it at the point-of-sale systems just like you would a regular debit or credit card, you can also use these funds to pay yourself back, for eligible expenses, and get reimbursed by a check, or ACH. All claims are filed online, either through your app, or online portal. If you enroll, for open enrollment, this year, you can and crew expenses from January 1 2022, to March 15, 2023. You do have a grace period, until the end of March, so March 31, so this will allow you 15 more days to file any expenses that you haven't already submitted. If you do not use up all of your funds by the end of March 2023, those funds are forfeited and they do go back to the state, as this is a use it or lose it rule, so make sure when you fill out your in Roman form, to carefully consider the amount that you want to elect. Here are some examples of different expenses you can use your FSA funds for, so out-of-pocket expenses like your co-pays, coinsurance, deductibles, non-cosmetic dental expenses, vision care expenses, prescriptions, over-the-counter medication, there eligible without medical necessity, and eligible expenses would be considered , expenses that aren't medically necessary, expenses that haven't been incurred, expenses incurred before the plan enrollment, and expenses incurred after you have exhausted your balance. So, the next FSA plan will go over is dependent care FSA. FSA dependent care is for day care services for children ages 12 and younger, you have from January 1 2022 to December 31 2022 to recruit claims and until March 31 of 2023 to submit them. The use it or lose it rule also applies here, so if you do not use the funds, they do go back to the state. FSA dependent care is not pre-funded, you can contribute to it, and then submit claims against your balance. And same as with the health FSA, you can submit your claims through the website or the phone app, and provide your documentation. You can be reimbursed for expenses you have already paid by ACH or check. So here are some different examples of dependent care expenses, which can be reviewed by either downloading the presentation, or from the states website. So, as far as eligible expenses, before, after school care, daycare, senior daycare, summer camp, late pickup fees, registration fees, application fees, some in eligible expenses would be expenses paid to the children's or the child's parent, or children under the age of 19. Overnight camps, instructional or sports camps, late payment fees, educational expenses. And the last two things we will go over, are the transit and parking. You can contribute a minimum of five dollars a month for a maximum of \$27.50 a month, you can contribute money to these accounts, and then file claims against for transit passes and certified parking. These benefits are different from the FSA plans, as they do roll over every year. This means if you don't make a change, you will keep contributing money to them and that money rolls over every year. You can make changes at any time to these benefits. You just need to send the enrollment or change form for the election and we will process. All claims are submitted online through the website, or your phone app. If this is the first time you are signing up for the FSA, you will receive 2 debit cards in the mail, after your benefits begin, if you are re-signing up for FSA this year, keep your FSA or your trust cards and you can continue to use them, if you need additional cards, there is a \$10 fee associated with that. So I have mentioned using the online portal several times, if you're going to sign

up for FSA, you want to ensure that you are comfortable using an online system either through your phone, or the computer, you can download that app by searching benefits, by ET on Google play or the Apple App Store, it is free, you just need to download it and sign into it. This is where you can check your claims, receive notices for documentation, and set up your bank account information for ACH reimbursements. There is also an alternative option to submit claims via paper claim submission, we will need a copy of your claim form, signed and dated along with supporting documentation, such as your explanation of benefits, statement of services rendered, or letter of medical necessity. It must show all of the following. The name of person who receives service, the date of service, the amount of service, providers information, and what services were rendered. The form can be found on my benefits NM.com, but again, we recommend using the mobile app or the website to complete your claim request. And just to elaborate on documentation requirements, for FSA, proof of receipt, letter of medical necessity, explanation of benefits, something to confirm incurred costs, meaning what you owe or what you have spent within the plan year for a dependent care requirement, proof of receipt, proof that it is before or after care services, tax ID information and period of service, and it must be within the plan year. For transit and parking requirements, proof of receipt and make sure the documentation clearly identifies you as the employee or the one using the benefit. Here are some direct links, where you can, where you will find the FSA forms, how to download the app from your phone, and how to sign into the portal directly. If you need assistance, you can always give us a call or send us a quick email and we are happy to respond accordingly. And then finally, these are the direct links, to list of eligible items, so if you would like to review it from the PowerPoint, you can, once it is available on the website and then I also just real quick want to touch base on the cares and appropriations act, so the cares and appropriations act allowed for a special provision like the dependent care increase from 5250, to 10,500 and the extension for health FSA independent care, to December 31, 2021, for 2020 funds. As of right now, the federal government or IRS have not released any changes to the current provisions, for the 2022 plan year. If and when it is communicated, we will notify you accordingly. If you have any questions, hereafter, again please feel free to give us a call or send us an email and we are happy to address any concerns that you may have. So, with that being said, I give it back to you, Tori.

Okay, thank you very much. Thank you everyone for attending, we have effectively come to the end of the presentation, I linked in chat, a direct link to the express scripts recorded presentation, they have assured me they will have a live person this afternoon at 2:00 PM, we will have interpreter services this afternoon at 2:00 PM, and we will make the recording this afternoon available, on the website, under the act of enrollment 2021 tab for information for anybody who is not able to attend so you can play that to any staff or coworkers who are unavailable to make the events at the scheduled times. Thank you very much everyone and don't forget if you have any questions, you can call 855618 1800 or email us at so NM and we will be able to answer those questions for you or get you directed in the right place. Thank you again, I am going to close out the event, and everybody have a great day.

[ Event Concluded ] [Event Concluded]