



*2019 Reporting Year ACA 1095-C Forms
*Collection of Supplemental Life Premiums
*Flexible Spending Account

Reminder Corner

ACA 1095-C Forms

- The State of New Mexico is required to report Health Coverage offered and enrollment in health coverage for its employees for each tax year. The 1095-C form is to be disbursed to employees by March 2, 2020 as the deadline was extended this year.

This year we will be reporting for the 2019 tax calendar year

- Each benefit-eligible employee will receive a 1095-C form which provides details of employee's offered medical coverage for the employee and all of their covered dependents.
- Why are these forms Important?
 - The purpose of the 1095-C form is to document whether the employer offered health insurance coverage and whether the employee and any eligible dependent(s) were enrolled in coverage for the required tax year.
- As required, enrollment information reported on the 1095-C form relates only to medical coverage.

Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

Do not attach to your tax return. Keep for your records.

Go to www.irs.gov/Form1095C for instructions and the latest information.

☐ VOID

☐ CORRECTED

OMB No. 1545-2251

2019

Part I Employee

Applicable Large Employer Member (Employee)

1 Name of employee (first name, middle initial, last name)		2 Social security number (SSN)		7 Name of employer		8 Employer identification number (EIN)	
3 Street address (including apartment no.)				9 Street address (including room or suite no.)		10 Contact telephone number	
4 City or town	5 State or province	6 Country and ZIP or foreign postal code		11 City or town	12 State or province	13 Country and ZIP or foreign postal code	

Part II Employee Offer of Coverage

Plan Start Month (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required code)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													

Part III Covered Individuals

If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee. ☐

	(a) Name of covered individual(s) First name, middle initial, last name	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of Coverage											
					Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
17				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1095-C

THREE COMPONENTS

Part I: Specific Biographical information

Part II: Months the employer offered medical coverage at the lowest cost plan premium available. The entered amount represents the lowest cost of offered employee only coverage. Not what the employee pays. Also, as premiums are deducted 26 times per year, the premium contribution on line 15 is adjusted to reflect the premium amount per month.

Part III: List of all individuals covered under the employees health insurance to include the employee.

1095-C continued.....

1095-C Employer-Provided Health Insurance Offer and Coverage
 Form 1095-C (2019)
 Do not attach to your tax return. Keep for your records.
 Go to www.irs.gov/Form1095C for instructions and the latest information.
 Applicable Large Employer Member (Employee)
 1 Name of employee (first name, middle initial, last name) 2 Social security number (SSN) 3 Name of employer 4 Employer identification number (EIN)
 5 Home address (including apartment no.) 6 Street address (including room or suite no.) 7 Contact telephone number
 8 City or town 9 State or province 10 Country and ZIP or foreign postal code 11 City or town 12 State or province 13 Country and ZIP or foreign postal code
 Part II Employee Offer of Coverage
 14 Office of the employer (name and address) 15 Plan start month (enter 0 if not applicable)
 16 Plan start month (enter 0 if not applicable)
 17 Plan start month (enter 0 if not applicable)
 18 Plan start month (enter 0 if not applicable)
 19 Plan start month (enter 0 if not applicable)
 Part III Covered Individuals
 If Employer provided self-insured coverage, check the box and enter the information for each individual enrolled in coverage, including the employee.
 20 Name of covered individual (first name, middle initial, last name) 21 Date of birth (MM/DD/YYYY) 22 Date of birth (MM/DD/YYYY) 23 Date of birth (MM/DD/YYYY) 24 Date of birth (MM/DD/YYYY) 25 Date of birth (MM/DD/YYYY) 26 Date of birth (MM/DD/YYYY) 27 Date of birth (MM/DD/YYYY) 28 Date of birth (MM/DD/YYYY) 29 Date of birth (MM/DD/YYYY) 30 Date of birth (MM/DD/YYYY)

- The Employee Benefits Bureau will distribute all 1095-C documents to Human Resource Representatives to disburse to employees by March 2, 2020
 - Please advise employees that they do not have to wait for this document to file their individual 2019 taxes.
- Distribution: HR Administrators will distribute 1095-C Forms to its agency employees. Based on your specific agency you will receive 1095-C forms via
 - Pick up at Risk Management
 - Inter-Agency Mail
 - Mail from State Printing
 - State Personnel- Delivery
- Contact Information: Direct contact of whom will be distributing the 1095-C document for your agency. Deadline January 21 ,2020
 - Reina.Espinoza@state.nm.us

[illegible]

- **Transferred Employee:** Reach out to the agency in which employee transferred and confirm that the employee is there and forward to that agency. If information is not available please reach out to me at 505-827-0447.

- **Terminated, Retired, or Deceased Employee:** Forward to address in SHARE
- **Employee's Information Is Incorrect:** Please advise the employee to e-mail the Employee Benefits Bureau directly at GSD-RMDEmployeeBenefitsInsuranceBureau@state.nm.us with 1095-C in the subject line and we will work with them to get the document corrected.
- **FAQ's** will be available at the mybenefitsnm.com website



Auditing Supplemental Life Insurance for Individual Premium Payments

Supplemental Life

Supplemental life is a voluntary Benefit.

Human Resource Analysts are responsible for tracking employees whom are out on leave; Analysts will then notify employees of their responsibility by mailing them a Premiums Due FMLA or LWOP initial notice; an initial notice is an official notification of premiums due to Risk Management Division. These notices can be located at the following link:

<https://www.mybenefitsnm.com/FGP.htm>

Human Resource Analyst will include Employee Benefits Bureau: Leave without Pay (LWOP) Benefit Premium Transmittal form.

This form can be located at the link below:

https://www.mybenefitsnm.com/Documents/Transmittal_Form-8-19-19_Final.pdf

Supplemental Life

purposes of this section is to Audit Supplemental Life premiums

- Human Resource Analysts will audit the payroll deductions to determine if the premium is owed. Audit this deduction In SHARE under the Review Pay Check Tab.
- Utilize Employee Benefits Bureau: Leave without Pay (LWOP) Benefit Premium Transmittal form.

Audit the amount the employee elected, verify if the employee elected premiums for them self a dependent, spouse or domestic Partner.

Utilize the premium worksheet to determine the cost of coverage due;

This work sheet is based on the elected coverage amount and age.

https://www.mybenefitsnm.com/documents/Premium_Worksheet.pdf

If assisting an employee you can also utilize the Insurance Premium Calculator found at the following link

<https://www.mybenefitsnm.com/premiumcal/TermLifePremiumCal.aspx>

- Note: If an employee is out on leave and has other premium deductions being paid by self pay payments the same transmittal form may be utilized.

Supplemental Life

The Process

- **Determining Employee and/or Spouse/Domestic**
- **Partner (DP) Supplemental Life Premiums**
- **When calculating the amount owed for an employee on Leave without Pay (LWOP), please remember to check the age of the employee and spouse/DP each pay period to ensure the correct amount of premium is being paid.**
- **Please utilize the rate sheet located at the link below to help determine the premium as it is an “age-related rate.”**
https://www.mybenefitsnm.com/documents/Premium_Worksheet.pdf.
- **Please see Example 1 for coverage under \$250,000 and Example 2 for more than \$250,000.**

Example 1:

EE Supplemental coverage: \$180,000.00 Age: 63

Monthly Rate: $\$153.90 \times 12 / 26 = \71.03 Bi Weekly



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category. For Spouse/Partner Supplemental Term Life and Accidental Death & Dismemberment (AD&D) insurance, rates are based on the spouse/domestic partner's age and increase as your spouse/domestic partner enters each new age category.

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period - 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.83	\$0.83	\$1.04	\$1.14	\$1.35	\$1.90	\$3.12	\$5.11	\$8.55	\$13.67	\$33.19	\$33.19
\$20,000	\$1.66	\$1.66	\$2.08	\$2.28	\$2.70	\$3.80	\$6.24	\$10.22	\$17.10	\$27.34	\$66.38	\$66.38
\$30,000	\$2.49	\$2.49	\$3.12	\$3.42	\$4.05	\$5.70	\$9.36	\$15.33	\$25.65	\$41.01	\$99.57	\$99.57
\$40,000	\$3.32	\$3.32	\$4.16	\$4.56	\$5.40	\$7.60	\$12.48	\$20.44	\$34.20	\$56.68	\$132.76	\$132.76
\$50,000	\$4.15	\$4.15	\$5.20	\$5.70	\$6.75	\$9.50	\$15.60	\$25.55	\$42.75	\$69.35	\$165.95	\$165.95
\$60,000	\$4.98	\$4.98	\$6.24	\$6.84	\$8.10	\$11.40	\$18.72	\$30.66	\$51.30	\$82.02	\$199.14	\$199.14
\$70,000	\$5.81	\$5.81	\$7.28	\$7.98	\$9.45	\$13.30	\$21.84	\$35.77	\$59.85	\$95.69	\$232.33	\$232.33
\$80,000	\$6.64	\$6.64	\$8.32	\$9.12	\$10.80	\$15.20	\$24.96	\$40.88	\$68.40	\$109.36	\$265.52	\$265.52
\$90,000	\$7.47	\$7.47	\$9.36	\$10.26	\$12.15	\$17.10	\$28.08	\$45.99	\$76.95	\$123.03	\$298.71	\$298.71
\$100,000	\$8.30	\$8.30	\$10.40	\$11.40	\$13.50	\$19.00	\$31.20	\$51.10	\$85.50	\$136.70	\$331.90	\$331.90
\$110,000	\$9.13	\$9.13	\$11.44	\$12.54	\$14.85	\$20.90	\$34.32	\$56.21	\$94.05	\$150.37	\$365.09	\$365.09
\$120,000	\$9.96	\$9.96	\$12.48	\$13.68	\$16.20	\$22.80	\$37.44	\$61.32	\$102.60	\$169.04	\$398.28	\$398.28
\$130,000	\$10.79	\$10.79	\$13.52	\$14.82	\$17.55	\$24.70	\$40.56	\$66.43	\$111.15	\$177.71	\$431.47	\$431.47
\$140,000	\$11.62	\$11.62	\$14.56	\$15.96	\$18.90	\$26.60	\$43.68	\$71.54	\$119.70	\$191.38	\$464.66	\$464.66
\$150,000	\$12.45	\$12.45	\$15.60	\$17.10	\$20.25	\$28.50	\$46.80	\$76.65	\$128.25	\$205.05	\$497.85	\$497.85
\$160,000	\$13.28	\$13.28	\$16.64	\$18.24	\$21.60	\$30.40	\$49.92	\$81.76	\$136.80	\$219.72	\$531.04	\$531.04
\$170,000	\$14.11	\$14.11	\$17.68	\$19.38	\$22.95	\$32.30	\$53.04	\$86.87	\$145.35	\$232.39	\$564.23	\$564.23
\$180,000	\$14.94	\$14.94	\$18.72	\$20.52	\$24.30	\$34.20	\$56.16	\$91.98	\$153.90	\$245.06	\$597.42	\$597.42
\$190,000	\$15.77	\$15.77	\$19.76	\$21.66	\$25.65	\$36.10	\$59.28	\$97.09	\$162.45	\$259.73	\$630.61	\$630.61
\$200,000	\$16.60	\$16.60	\$20.80	\$22.80	\$27.00	\$38.00	\$62.40	\$102.20	\$171.00	\$273.40	\$663.80	\$663.80
\$210,000	\$17.43	\$17.43	\$21.84	\$23.94	\$28.35	\$39.90	\$65.52	\$107.31	\$179.55	\$287.07	\$696.99	\$696.99
\$220,000	\$18.26	\$18.26	\$22.88	\$25.08	\$29.70	\$41.80	\$68.64	\$112.42	\$188.10	\$300.74	\$730.18	\$730.18
\$230,000	\$19.09	\$19.09	\$23.92	\$26.22	\$31.05	\$43.70	\$71.76	\$117.53	\$196.65	\$314.41	\$763.37	\$763.37
\$240,000	\$19.92	\$19.92	\$24.96	\$27.36	\$32.40	\$45.60	\$74.88	\$122.64	\$205.20	\$328.08	\$796.56	\$796.56
\$250,000	\$20.75	\$20.75	\$26.00	\$28.50	\$33.75	\$47.50	\$78.00	\$127.75	\$214.75	\$341.75	\$829.75	\$829.75

Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category. For Spouse/DP Supplemental Term Life and Accidental Death & Dismemberment (AD&D) insurance, rates are based on the spouse/DP's age and increase as your spouse/DP enters each new age category.

Example 2:

Dependent/ Spouse Supplemental coverage:

\$350,000.00

Age: 67

Monthly Rate: $\$341.75 + 136.70 \times 12 / 26 = \$$ Bi Weekly

SPOUSE/PARTNER SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.83	\$0.83	\$1.04	\$1.14	\$1.35	\$1.90	\$3.12	\$5.11	\$8.55	\$13.67	\$33.19	\$33.19
\$20,000	\$1.66	\$1.66	\$2.08	\$2.28	\$2.70	\$3.80	\$6.24	\$10.22	\$17.10	\$27.34	\$66.38	\$66.38
\$30,000	\$2.49	\$2.49	\$3.12	\$3.42	\$4.05	\$5.70	\$9.36	\$15.33	\$25.65	\$41.01	\$99.57	\$99.57
\$40,000	\$3.32	\$3.32	\$4.16	\$4.56	\$5.40	\$7.60	\$12.48	\$20.44	\$34.20	\$56.68	\$132.76	\$132.76
\$50,000	\$4.15	\$4.15	\$5.20	\$5.70	\$6.75	\$9.50	\$15.60	\$25.55	\$42.75	\$69.35	\$165.95	\$165.95
\$60,000	\$4.98	\$4.98	\$6.24	\$6.84	\$8.10	\$11.40	\$18.72	\$30.66	\$51.30	\$82.02	\$199.14	\$199.14
\$70,000	\$5.81	\$5.81	\$7.28	\$7.98	\$9.45	\$13.30	\$21.84	\$35.77	\$59.85	\$95.69	\$232.33	\$232.33
\$80,000	\$6.64	\$6.64	\$8.32	\$9.12	\$10.80	\$15.20	\$24.96	\$40.88	\$68.40	\$109.36	\$265.52	\$265.52
\$90,000	\$7.47	\$7.47	\$9.36	\$10.26	\$12.15	\$17.10	\$28.08	\$45.99	\$76.95	\$123.03	\$298.71	\$298.71
\$100,000	\$8.30	\$8.30	\$10.40	\$11.40	\$13.50	\$19.00	\$31.20	\$51.10	\$85.50	\$136.70	\$331.90	\$331.90
\$110,000	\$9.13	\$9.13	\$11.44	\$12.54	\$14.85	\$20.90	\$34.32	\$56.21	\$94.05	\$150.37	\$365.09	\$365.09
\$120,000	\$9.96	\$9.96	\$12.48	\$13.68	\$16.20	\$22.80	\$37.44	\$61.32	\$102.60	\$169.04	\$398.28	\$398.28
\$130,000	\$10.79	\$10.79	\$13.52	\$14.82	\$17.55	\$24.70	\$40.56	\$66.43	\$111.15	\$177.71	\$431.47	\$431.47
\$140,000	\$11.62	\$11.62	\$14.56	\$15.96	\$18.90	\$26.60	\$43.68	\$71.54	\$119.70	\$191.38	\$464.66	\$464.66
\$150,000	\$12.45	\$12.45	\$15.60	\$17.10	\$20.25	\$28.50	\$46.80	\$76.65	\$128.25	\$205.05	\$497.85	\$497.85
\$160,000	\$13.28	\$13.28	\$16.64	\$18.24	\$21.60	\$30.40	\$49.92	\$81.76	\$136.80	\$219.72	\$531.04	\$531.04
\$170,000	\$14.11	\$14.11	\$17.68	\$19.38	\$22.95	\$32.30	\$53.04	\$86.87	\$145.35	\$232.39	\$564.23	\$564.23
\$180,000	\$14.94	\$14.94	\$18.72	\$20.52	\$24.30	\$34.20	\$56.16	\$91.98	\$153.90	\$245.06	\$597.42	\$597.42
\$190,000	\$15.77	\$15.77	\$19.76	\$21.66	\$25.65	\$36.10	\$59.28	\$97.09	\$162.45	\$259.73	\$630.61	\$630.61
\$200,000	\$16.60	\$16.60	\$20.80	\$22.80	\$27.00	\$38.00	\$62.40	\$102.20	\$171.00	\$273.40	\$663.80	\$663.80
\$210,000	\$17.43	\$17.43	\$21.84	\$23.94	\$28.35	\$39.90	\$65.52	\$107.31	\$179.55	\$287.07	\$696.99	\$696.99
\$220,000	\$18.26	\$18.26	\$22.88	\$25.08	\$29.70	\$41.80	\$68.64	\$112.42	\$188.10	\$300.74	\$730.18	\$730.18
\$230,000	\$19.09	\$19.09	\$23.92	\$26.22	\$31.05	\$43.70	\$71.76	\$117.53	\$196.65	\$314.41	\$763.37	\$763.37
\$240,000	\$19.92	\$19.92	\$24.96	\$27.36	\$32.40	\$45.60	\$74.88	\$122.64	\$205.20	\$328.08	\$796.56	\$796.56
\$250,000	\$20.75	\$20.75	\$26.00	\$28.50	\$33.75	\$47.50	\$78.00	\$127.75	\$214.75	\$341.75	\$829.75	\$829.75

SUPPLEMENTAL TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE												
Monthly Premium Amount (Cost per Pay Period – 12/Year)												
Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.83	\$0.83	\$1.04	\$1.14	\$1.35	\$1.90	\$3.12	\$5.11	\$8.55	\$13.67	\$33.19	\$33.19
\$20,000	\$1.66	\$1.66	\$2.08	\$2.28	\$2.70	\$3.80	\$6.24	\$10.22	\$17.10	\$27.34	\$66.38	\$66.38
\$30,000	\$2.49	\$2.49	\$3.12	\$3.42	\$4.05	\$5.70	\$9.36	\$15.33	\$25.65	\$41.01	\$99.57	\$99.57
\$40,000	\$3.32	\$3.32	\$4.16	\$4.56	\$5.40	\$7.60	\$12.48	\$20.44	\$34.20	\$56.68	\$132.76	\$132.76
\$50,000	\$4.15	\$4.15	\$5.20	\$5.70	\$6.75	\$9.50	\$15.60	\$25.55	\$42.75	\$69.35	\$165.95	\$165.95
\$60,000	\$4.98	\$4.98	\$6.24	\$6.84	\$8.10	\$11.40	\$18.72	\$30.66	\$51.30	\$82.02	\$199.14	\$199.14
\$70,000	\$5.81	\$5.81	\$7.28	\$7.98	\$9.45	\$13.30	\$21.84	\$35.77	\$59.85	\$95.69	\$232.33	\$232.33
\$80,000	\$6.64	\$6.64	\$8.32	\$9.12	\$10.80	\$15.20	\$24.96	\$40.88	\$68.40	\$109.36	\$265.52	\$265.52
\$90,000	\$7.47	\$7.47	\$9.36	\$10.26	\$12.15	\$17.10	\$28.08	\$45.99	\$76.95	\$123.03	\$298.71	\$298.71
\$100,000	\$8.30	\$8.30	\$10.40	\$11.40	\$13.50	\$19.00	\$31.20	\$51.10	\$85.50	\$136.70	\$331.90	\$331.90

Note: The premium rate work sheet only shows up to a **\$400,000** election. If an employee whom has elected over the **\$400,000** premium you will need to combine and calculate the two benefit rates as follows at **Age 60**: **\$400,000.00** elected at the rate of **\$342.00** a month, Plus **\$50,000.00** at the rate of **\$42.75** a month for a total of **\$384.75** see **Example 3**

Example 3:

EE Supplemental coverage: \$450,000 at Age: 60

Monthly Rate: \$384.75 x 12 / 26 =

\$177.57 Bi Weekly

Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category. For Spouse/Partner Supplemental Term Life and Accidental Death & Dismemberment (AD&D) Insurance, rates are based on the spouse/domestic partner's age and increase as your spouse/domestic partner enters each new age category.

Benefit	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	\$0.83	\$0.83	\$1.04	\$1.14	\$1.35	\$1.90	\$3.12	\$5.11	\$8.55	\$13.67	\$33.19	\$33.19
\$20,000	\$1.66	\$1.66	\$2.08	\$2.28	\$2.70	\$3.80	\$6.24	\$10.22	\$17.10	\$27.34	\$66.38	\$66.38
\$30,000	\$2.49	\$2.49	\$3.12	\$3.42	\$4.05	\$5.70	\$9.36	\$15.33	\$25.65	\$41.01	\$99.57	\$99.57
\$40,000	\$3.32	\$3.32	\$4.16	\$4.56	\$5.40	\$7.60	\$12.48	\$20.44	\$34.20	\$54.68	\$132.76	\$132.76
\$50,000	\$4.15	\$4.15	\$5.20	\$5.70	\$6.75	\$9.50	\$15.60	\$25.55	\$42.75	\$68.35	\$165.95	\$165.95
\$60,000	\$4.98	\$4.98	\$6.24	\$6.84	\$8.10	\$11.40	\$18.72	\$30.66	\$51.30	\$82.02	\$199.14	\$199.14
\$70,000	\$5.81	\$5.81	\$7.28	\$7.98	\$9.45	\$13.30	\$21.84	\$35.77	\$59.85	\$95.69	\$232.33	\$232.33
\$80,000	\$6.64	\$6.64	\$8.32	\$9.12	\$10.80	\$15.20	\$24.96	\$40.88	\$68.40	\$109.36	\$265.52	\$265.52
\$90,000	\$7.47	\$7.47	\$9.36	\$10.26	\$12.15	\$17.10	\$28.08	\$45.99	\$76.95	\$123.03	\$298.71	\$298.71
\$100,000	\$8.30	\$8.30	\$10.40	\$11.40	\$13.50	\$19.00	\$31.20	\$51.10	\$85.50	\$136.70	\$331.90	\$331.90
\$110,000	\$9.13	\$9.13	\$11.44	\$12.54	\$14.85	\$20.90	\$34.32	\$56.21	\$94.05	\$150.37	\$365.09	\$365.09
\$120,000	\$9.96	\$9.96	\$12.48	\$13.68	\$16.20	\$22.80	\$37.44	\$61.32	\$102.60	\$164.04	\$398.28	\$398.28
\$130,000	\$10.79	\$10.79	\$13.52	\$14.82	\$17.55	\$24.70	\$40.56	\$66.43	\$111.15	\$177.71	\$431.47	\$431.47
\$140,000	\$11.62	\$11.62	\$14.56	\$15.96	\$18.90	\$26.60	\$43.68	\$71.54	\$119.70	\$191.38	\$464.66	\$464.66
\$150,000	\$12.45	\$12.45	\$15.60	\$17.10	\$20.25	\$28.50	\$46.80	\$76.65	\$128.25	\$205.05	\$497.85	\$497.85
\$160,000	\$13.28	\$13.28	\$16.64	\$18.24	\$21.60	\$30.40	\$49.92	\$81.76	\$136.80	\$218.72	\$531.04	\$531.04
\$170,000	\$14.11	\$14.11	\$17.68	\$19.38	\$22.95	\$32.30	\$53.04	\$86.87	\$145.35	\$232.39	\$564.23	\$564.23
\$180,000	\$14.94	\$14.94	\$18.72	\$20.52	\$24.30	\$34.20	\$56.16	\$91.98	\$153.90	\$246.06	\$597.42	\$597.42
\$190,000	\$15.77	\$15.77	\$19.76	\$21.66	\$25.65	\$36.10	\$59.28	\$97.09	\$162.45	\$259.73	\$630.61	\$630.61
\$200,000	\$16.60	\$16.60	\$20.80	\$22.80	\$27.00	\$38.00	\$62.40	\$102.20	\$171.00	\$273.40	\$663.80	\$663.80
\$210,000	\$17.43	\$17.43	\$21.84	\$23.94	\$28.35	\$39.90	\$65.52	\$107.31	\$179.55	\$287.07	\$696.99	\$696.99
\$220,000	\$18.26	\$18.26	\$22.88	\$25.08	\$29.70	\$41.80	\$68.64	\$112.42	\$188.10	\$300.74	\$730.18	\$730.18
\$230,000	\$19.09	\$19.09	\$23.92	\$26.22	\$31.05	\$43.70	\$71.76	\$117.53	\$196.65	\$314.41	\$763.37	\$763.37
\$240,000	\$19.92	\$19.92	\$24.96	\$27.36	\$32.40	\$45.60	\$74.88	\$122.64	\$205.20	\$328.08	\$796.56	\$796.56
\$250,000	\$20.75	\$20.75	\$26.00	\$28.50	\$33.75	\$47.50	\$78.00	\$127.75	\$213.75	\$341.75	\$829.75	\$829.75
\$260,000	\$21.58	\$21.58	\$27.04	\$29.64	\$35.10	\$49.40	\$81.12	\$132.86	\$222.30	\$355.42	\$862.94	\$862.94
\$270,000	\$22.41	\$22.41	\$28.08	\$30.78	\$36.45	\$51.30	\$84.24	\$137.97	\$230.85	\$369.09	\$896.13	\$896.13
\$280,000	\$23.24	\$23.24	\$29.12	\$31.92	\$37.80	\$53.20	\$87.36	\$143.08	\$239.40	\$382.76	\$929.32	\$929.32
\$290,000	\$24.07	\$24.07	\$30.16	\$33.06	\$39.15	\$55.10	\$90.48	\$148.19	\$247.95	\$396.43	\$962.51	\$962.51
\$300,000	\$24.90	\$24.90	\$31.20	\$34.20	\$40.50	\$57.00	\$93.60	\$153.30	\$256.50	\$410.10	\$995.70	\$995.70
\$310,000	\$25.73	\$25.73	\$32.24	\$35.34	\$41.85	\$58.90	\$96.72	\$158.41	\$265.05	\$423.77	\$1,028.89	\$1,028.89
\$320,000	\$26.56	\$26.56	\$33.28	\$36.48	\$43.20	\$60.80	\$99.84	\$163.52	\$273.60	\$437.44	\$1,062.08	\$1,062.08
\$330,000	\$27.39	\$27.39	\$34.32	\$37.62	\$44.55	\$62.70	\$102.96	\$168.63	\$282.15	\$451.11	\$1,095.27	\$1,095.27
\$340,000	\$28.22	\$28.22	\$35.36	\$38.76	\$45.90	\$64.60	\$106.08	\$173.74	\$290.70	\$464.78	\$1,128.46	\$1,128.46
\$350,000	\$29.05	\$29.05	\$36.40	\$39.90	\$47.25	\$66.50	\$109.20	\$178.85	\$299.25	\$478.45	\$1,161.65	\$1,161.65
\$360,000	\$29.88	\$29.88	\$37.44	\$41.04	\$48.60	\$68.40	\$112.32	\$183.96	\$307.80	\$492.12	\$1,194.84	\$1,194.84
\$370,000	\$30.71	\$30.71	\$38.48	\$42.18	\$49.95	\$70.30	\$115.44	\$189.07	\$316.35	\$505.79	\$1,228.03	\$1,228.03
\$380,000	\$31.54	\$31.54	\$39.52	\$43.32	\$51.30	\$72.20	\$118.56	\$194.18	\$324.90	\$519.46	\$1,261.22	\$1,261.22
\$390,000	\$32.37	\$32.37	\$40.56	\$44.46	\$52.65	\$74.10	\$121.68	\$199.29	\$333.45	\$533.13	\$1,294.41	\$1,294.41
\$400,000	\$33.20	\$33.20	\$41.60	\$45.60	\$54.00	\$76.00	\$124.80	\$204.40	\$342.00	\$546.80	\$1,327.60	\$1,327.60

Supplemental Life

- **Process for Electing Life Coverage with The Hartford above the Guaranteed Issue (GI) amount, (\$150K for employees and \$30K for spouse/DP) is as follows:**
- **Employees (does not pertain to New Hires or new dependents), go to www.mybenefitsnm.com. At top of page, click “Enrollment” tab to find Life Coverage Enrollment Form. Complete form with desired election, then submit. ERISA will submit request to The Hartford. The Hartford will then contact the employee via email on file to request EOI and any additional information needed. Employee will receive approval/denial within 7 days of submission. For further explanation and more information, please see “Coverage Options” document:**

https://www.mybenefitsnm.com/documents/SoNM%20RMD%20Life%20AD_D%20BHS%208.22.19.pdf

Flexible Spending Account

CompuSys

2019 Plan Year

- Balance from 2019 Plan Year
 - Encourage employees to use remaining balance for the 2019 plan year.
 - Incur Claims up to March 15, 2020
 - Submit Claims up to March 31, 2020
- Phone 1-800-933-7472
- E-Mail at nmflex@cserisa.com
- Website <https://nmflex.com/>



2020 Plan Year

- FSA benefits for the State of New Mexico are now handled in-house with Erisa Administrative Services. Our goal is to make this transition as smooth as possible for you.
- Phone 1-855-618-1800 or (505) 244-6000
- E-mail at SONM@easitpa.com
- Website <https://www.mybenefitsnm.com/FSA.htm>

HR Reminder's

- **POP-Premium Only Plan**

- The option to have premium deductions for benefits After –Tax and not Pre-Tax. In which it allows for the employee to drop benefit coverage at any time and affects taxes at the end of the year.
- Advise employees the POP Waiver is only required if POST-TAX deductions are desired.

- **Employees Address:** Address should be kept up to date in SHARE. Special characters are prohibited -, #, ~, etc...

- [https://www.mybenefitsnm.com/documents/SHARE Introduction to Employee Self-Service12.24.19.pdf](https://www.mybenefitsnm.com/documents/SHARE%20Introduction%20to%20Employee%20Self-Service12.24.19.pdf)

- **Blue Cross Blue Shield: Home away from Home Care Program.** For dependents who live or go to college out of State and application is required.

- https://www.bcbsnm.com/pdf/formfinder/afhc_guest_app_nm.pdf



- **HR Trainings: Administrative Guide**



Thank You

