

UPDATES IMPLEMENTED IN THE ADMINISTRATIVE GUIDE

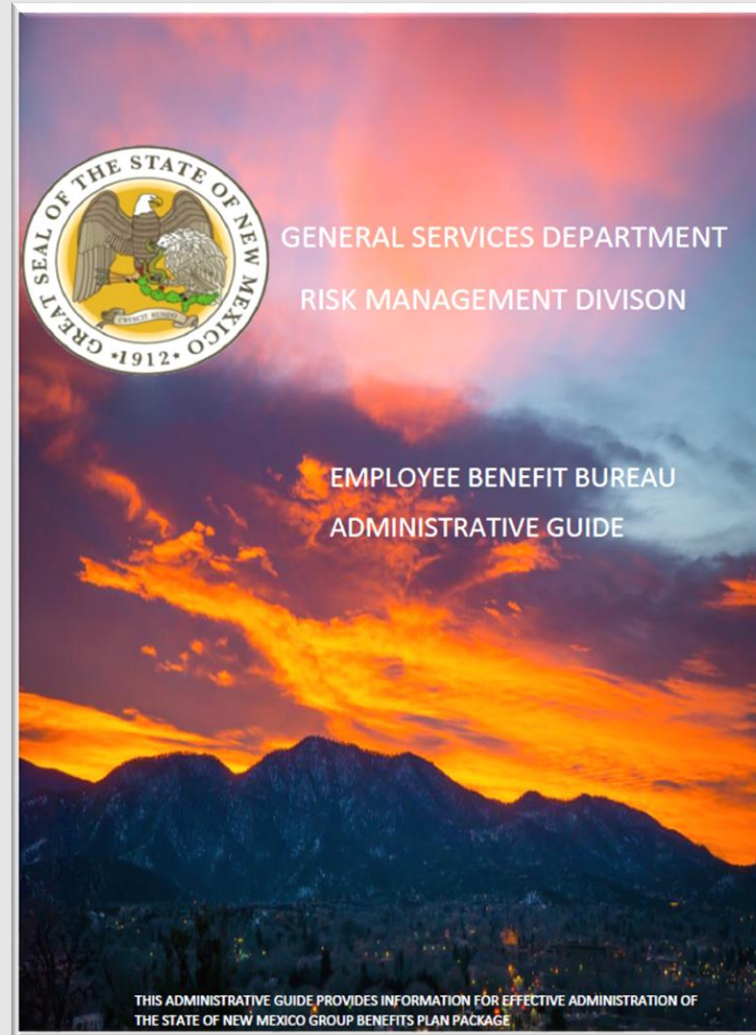
INTRODUCTION TO THE NEW EMPLOYEE BENEFITS  
BUREAU WEBSITE

ACTIVE ENROLLMENT 2021

HR-REMINDERS



# Updates Implemented in the Administrative Guide



# Updates Implemented in the Administrative Guide

## **EMPLOYEES DEMOGRAPHIC INFORMATION IN SHARE**

**Page 5**

- Maintaining accuracy of employee address and demographic information in SHARE is imperative. The carriers, EBB, and Erisa use the address for all mailed correspondence. Employees' addresses should be kept up to date.
- **Employee Name entered in SHARE should match the Drivers License or Real ID**
- **Special characters (-, #, ~, etc.) should not be used when entering the name or address as it corrupts carrier eligibility files**
- Address should not exceed 30 characters
- **Zip Codes should not contain spaces between the zip code and extension**
  - NO - 87532 1804
  - YES - 87532-1804

# Updates Implemented in the Administrative Guide

## COVERAGE OPTIONS

Page 8

Other voluntary benefits offered to employees include Accident, Critical Illness, Cancer, and Whole Life Insurance. Employees should contact the respective carrier of choice for information and enrollment into these benefits. Information can be found at the Employee Benefits Bureau.

- <https://www.mybenefitsnm.com/volben.htm>



# Updates Implemented in the Administrative Guide

## COVERAGE OPTIONS

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The benefit offers five (5) FREE counseling sessions per issue per year

Employees also have access to an Employee Assistance Program (EAP), which offers confidential consultation on personal issues, legal information and resources, financial information, and referrals and resources for work-life needs. EAP is a free benefit offered to employees, their dependents, and all members of their household.

Call: 833.515.0771

# Updates Implemented in the Administrative Guide

## POP PROCEDURE

All State employees are automatically enrolled in (POP). If the desire is to have the medical, dental and vision premiums taken post-tax, a POP Waiver Form must be completed and faxed to Erisa within 31 days of hire and annually thereafter during Open/Switch Enrollment. The POP Waiver Form can be faxed to Erisa at 505-244-6009, or scanned and emailed to [sonm@easitpa.com](mailto:sonm@easitpa.com) at time of online enrollment (cc. Reina Espinoza at [Reina.Espinoza@state.nm.us](mailto:Reina.Espinoza@state.nm.us).) Employees can also change their POP option within 31 days of an eligible Qualifying Event (see Qualifying Event in the “Eligibility and Effective Date” section of this guide).

POP

# Updates Implemented in the Administrative Guide

## DEPENDENT ELIGIBILITY

Page 10

- Current Employees: To apply for continued medical and/or life coverage for a disabled dependent once they turn 26 years of age, complete and submit all required forms directly to the medical/life carriers (forms can be found at <https://www.mybenefitsnm.com/FGP.htm> under “Disabled Forms”). Approval/denial notification will be sent to employee directly from the carrier.
- **Note: requested forms must be submitted and approved by carrier prior to dependent turning 26.**
- New employees seeking coverage for disabled dependents 26 years or older must complete and submit all required forms and proceed as specified above.
- Note: This is not required for Cigna members
- <https://www.mybenefitsnm.com/FGP.htm>



# Updates Implemented in the Administrative Guide

## **DEPENDENT ELIGIBILITY**

**Page 11**

- **Newborns:**

Will be extending the requirement of providing the Birth Certificate from 60 days to 90 days.



# Updates implemented in the Administrative Guide

## **REFUNDS**

**Page 28**

### **LPB EMPLOYEES:**

The State does not directly refund premiums to LPB employees. Adjustments are made on the monthly LPB billing from Erisa. Each LPB employee should consult his or her HR Representative for refund processes. LPB HR Representative must communicate closely with Erisa regarding refunds and adjustments to monthly premium invoices.

# Updates implemented in the Administrative Guide

## FORM LINKS:

1. [BENEFITS ELIGIBILITY ACKNOWLEDGEMENT](#) (MUST BE READ & SIGNED BY EMPLOYEE UPON HIRE)
2. [HIPAA PRIVACY POLICIES AND PROCEDURES](#) (MUST BE READ & SIGNED BY EMPLOYEE UPON HIRE)
3. [COBRA FORM-NOTICE OF RIGHTS TO CONTINUE COVERAGE](#) (MUST BE READ & SIGNED BY EMPLOYEE UPON HIRE)
4. [AFFIDAVIT OF DOMESTIC PARTNERSHIP](#)
5. [DOMESTIC PARTNERSHIP: NOTICE OF TERMINATION](#)
6. PREMIUM ONLY PLAN (POP) WAIVER FORM ([STATE](#))<sup>[A1]</sup> ([LPB](#))<sup>[A2]</sup>
7. FMLA & LWOP PREMIUM TRANSMITTAL FORM ([STATE](#))([LPB](#))
8. MEMO: FIRST NOTICE TO EMPLOYEE ([FMLA](#)) ([LWOP](#))
9. MEMO: SECOND NOTICE TO EMPLOYEE ([FMLA](#)) ([LWOP](#))
10. MEMO: FINAL NOTICE TO EMPLOYEE ([FMLA](#)) ([LWOP](#))
11. [EMPLOYEE REFUND: PRIOR CALENDAR YEAR REQUEST FOR REFUND FORM](#)
12. [AGENCY REFUND: PRIOR CALENDAR YEAR REQUEST FOR REFUND FORM](#)
13. Disabled Dependent Certification Forms: ([Blue Cross Blue Shield](#)) ([Presbyterian](#)) ([Delta Dental](#))

# Updates implemented in the Administrative Guide

## **GLOSSARY**

**Coinsurance** - the shared financial responsibility for services covered by the health plan.

**COBRA**- generally requires that group health plans sponsored by employers with 20 or more employees in the prior year offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) in certain instances where coverage under the plan would otherwise end.

**Copayment** - the set amount that you will pay when you access covered services.

# Updates implemented in the Administrative Guide

## **RESOURCES**

[Insurance Carriers Summary Plan Descriptions](#)

[State of NM Group Benefits Plan: Forms, Guidelines, and Policies](#)

[The Uniformed Service Employment and Re-employment Rights Act](#)

[US Department of Labor USERRA](#)

# EMPLOYEE BENEFITS WEBSITE



STATE OF NEW MEXICO — GROUP BENEFITS PLAN

[HOME](#)

[STAY WELL HEALTH CENTER](#)

[EMPLOYEE RESOURCES](#)

[EMPLOYER RESOURCES](#)

[CONTACT](#)

Active Enrollment 2021

[Learn More](#)

Active Enrollment 2021

[Covid-19 Vaccination Helpful Resources](#)

[UPDATE: No Benefit Premium Increases for Beginning of Fiscal Year 22](#)

[Welcome to the State of New Mexico Group Benefits Plan](#)

[Do you want to pre-register for your COVID-19 Vaccine?](#)

[Carrier Presentations and Benefits Information \(new hires and qualifying events\)](#)

[Premium Reminder](#)

[An Important Message from the SoNM Health Carriers about COVID-19 \(click here\)](#)

[SoNM Health & Wellness Initiative](#)

[Newsletters and Updates](#)

[Employee Resources](#)

[Quick Link to Benefit Plan Information](#)

[ABOUT US](#)



Welcome to the State of New Mexico's [Employee Benefits Website](#). We offer competitive, comprehensive medical, dental, vision, pharmaceutical, Employee Assistance Program, basic and supplemental life



# EMPLOYEE BENEFITS WEBSITE



STATE OF NEW MEXICO

HOME

## Active Enrollment 2021

Learn More

### Active Enrollment 2021

- Virtual Presentations: September 7, 2021- September 29, 2021 ([SCHEDULE](#))
- Enrollment Period: October 1, 2021-October 31, 2021
- Changes Effective: January 1, 2022
- As we prepare for Open Enrollment 2021 all dependents that will be added will need the following supporting documentation. [Click Here](#) for documentation requirements.

Close

CONTACT

Helpful Resources

Premium Increases for Beginning of Fiscal Year 22

Welcome to the State of New Mexico Group Benefits Plan

Do you want to pre-register for your COVID-19 Vaccine?

Carrier Presentations and Benefits Information (new hires and qualifying events)

Premium Reminder

An Important Message from the SoNM Health Carriers about COVID-19 ([click here](#))

SoNM Health & Wellness Initiative

Newsletters and Updates

Employee Resources

Employer Resources

Quick Link to Benefit Plan Information

# EMPLOYEE BENEFITS WEBSITE





# EMPLOYEE BENEFITS WEBSITE



## STATE OF NEW MEXICO — GROUP BENEFITS PLAN

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### EMPLOYEE INFORMATION RESOURCES

[I Am A State Employee](#)[I Am A Local Public Body \(LPB\) Employee](#)

I am a  
New Hire



I have a  
Qualifying  
Event



Active Enrollment  
Information



Benefits  
Information



SHARE Self  
Service Manual



Special Rules –  
LWOP, FMLA and More



Appeals



# EMPLOYEE BENEFITS WEBSITE



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### EMPLOYER INFORMATION RESOURCES

[I Am A State Employer](#)[I Am A Local Public Body \(LPB\) Employer](#)

State Employee  
Resources Page



Benefit  
Information



Forms and Resources



Domestic  
Partnership



FMLA & LWOP  
Premium Transmittal Forms and Premiums Due Forms



FMLA & LWOP  
Premiums Due



COBRA  
Information Page



Term Life  
Calculator



# EMPLOYEE BENEFITS WEBSITE



## STATE OF NEW MEXICO — GROUP BENEFITS PLAN

[HOME](#)[STAY WELL HEALTH CENTER](#)[EMPLOYEE RESOURCES](#)[EMPLOYER RESOURCES](#)[CONTACT](#)

[Click to Return to: HOME / EMPLOYER INFORMATION RESOURCES / Benefits Information](#)

### Benefits Information

Welcome to the State of New Mexico Group Health Plan Benefits Information Page for the current Plan Year.

Please Click on the available links to learn more about your plan options. Webinar recordings include slides and audio (viewable in any MP4 compatible player).

[Click on the logos to visit the carrier web pages.](#)



Employee Benefits Bureau



Employee Assistance Program

**PRESBYTERIAN**

Medical



Pharmaceutical



Blue Cross and Blue Shield  
of New Mexico

Medical



Cigna

Medical

**DELTA DENTAL**

Dental



Vision



Supplemental Life



FSA, Dependent Care and Transit/Parking



Disability Benefit

Voluntary Benefits

### CURRENT YEAR BENEFITS INFORMATION PAGE

- [2021 Plan Year Presentations and Recordings](#)
- [Benefits Comparison Guide 2021](#)
- [Express Scripts Benefits at a Glance](#)
- [POP Waiver Form \(State\) \(LPB\)](#)
- [Premium Rate Information](#)
- [Benefit Plan Contacts](#)
- [COBRA Resources](#)
- [Employee Self Service Instruction Guide](#)
- [Forms, Guidelines and Policies Page](#)
- [Creditable Coverage Notice](#)
- [Benefits at a Glance Brochure \(Trifold\)](#)



## “SoNM ACTIVE ENROLLMENT-2021”

- This year’s Annual Open Enrollment is an “Active Enrollment”. As a benefit-eligible State and Local Public Body employee you will be required to submit an enrollment/change form whether you intend to elect to change your benefit election(s) for calendar year 2022 or not!

\*Exception: New Hires in 2021 are not required to submit proof of dependency.



## “SoNM ACTIVE ENROLLMENT-2021”

- There are two reasons this is being done.
  - First, plan design changes are being made to the Blue Cross Blue Shield and Presbyterian plans. The changes made will aid our members in saving money while obtaining the services they need. We encourage all employees to attend the “live-interactive webinars” during the month of September. The account representatives will explain the changes and have the opportunity to answer questions pertaining to these changes.
  - Secondly, we are requiring the verification of proof of dependency. This means proof of dependency documentation must be submitted/resubmitted with the enrollment/change form for any dependent continuing or starting coverage for the first time. In addition a new Beneficiary Designation Form for life insurance must all be submitted. This is being done to ensure when submitting a claim there is no delay during these difficult times.
- Like all previous Annual Open Enrollment seasons, employees are given the opportunity to Switch medical carriers, add/drop insurance, or remove/add eligible dependents.



# “SoNM ACTIVE ENROLLMENT-2021”

## Right Around the Corner

[Click here to make changes or enroll](#)

[Click here for NO CHANGES to current enrollment](#)

- **Cover Page Instructions:**
- What is Mandatory and What is Optional
- Important Dates
- Enrollment Steps to complete and submit online form





## “SoNM ACTIVE ENROLLMENT-2021”

### Required Acknowledgments:

- ☐ I acknowledge that I have reviewed the benefit plans offered to me by the State of New Mexico. Benefit plan information is provided via Open Enrollment Webinars and the dedicated Employee Benefits Bureau website for the benefits plan year 2022.
- ☐ My current address will be listed in the Employee Information section of this enrollment form and in SHARE. \*Link
- ☐ My current E-Mail address will be listed in the Employee Information section of this enrollment form and in SHARE. \*Link
- ☐ I will provide all supporting documentation for this enrollment. The list of eligible Supporting documentation includes. \*List
- ☐ I acknowledge the deadline to submit supporting documentation is 10/31/2021 11:59 PM

### If not making changes

- ☐ I confirm that **NO CHANGES** are needed at this time.





## “SoNM ACTIVE ENROLLMENT-2021”

### Right Around the Corner



- Virtual Carrier Presentations September 7 through 29
  - Actual enrollment event October 1 through 31
  - Changes becoming effective January 1, 2022
    - Deductions:

Primary Benefits Deduction: 1/14/2022

FSA Benefits Deduction: 1/14/2022

The Employee Benefits website is always the place to go to find information about all the benefits offered by the SoNM. [www.mybenefitsnm.com](http://www.mybenefitsnm.com)

- [Please keep an eye out for EBB newsletters, EBB website, Round the Roundhouse, and Eblasts for more Active Enrollment information!!](#)

September						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
5	6	7 WEBINAR 10:00 PM - 2:00 PM	8	9 WEBINAR 10:00 PM - 2:00 PM	10	11
12	13 WEBINAR 10:00 PM - 2:00 PM	14	15 WEBINAR 10:00 PM - 2:00 PM	16	17	18
19	20	21 WEBINAR 10:00 PM - 2:00 PM	22	23 WEBINAR 10:00 PM - 2:00 PM	24	25
26	27 WEBINAR 10:00 PM - 2:00 PM	28	29 WEBINAR 10:00 PM - 2:00 PM	30		

# “SoNM ACTIVE ENROLLMENT-2021”

## Right Around the Corner

### VOLUNTARY BENEFITS

- Event November & December
- Changes becoming effective January 1, 2022

The Employee Benefits website is always the place to go to find information about all the benefits offered by the SoNM. [www.mybenefitsnm.com](http://www.mybenefitsnm.com)

- *Please keep an eye out for EBB newsletters, EBB website, Round the Roundhouse, and Eblasts for more Active Enrollment information!!*





# HR-REMINDERS

- Upon submission of Military Activation Orders to Human Resources, employee's Agency HR Representative must immediately notify **Erisa by Fax at 505-244-6009 or Email: sonm@easitpa.com.**
- If the employee does not wish to continue coverage while on active duty, the employee must fill out an enrollment form under the Employee Benefits Website: <https://www.mybenefitsnm.com> and waive coverage. The employee's HR Representative must enter a job status change of Leave of Absence/Military Leave (LOA/MIL) in order to stop all benefit coverage and premiums from being required. **NOTE:** Do not use this code for National Guard 2- week summer trainings.

# Additional Reminders

## **DEDUCTIONS NOT TAKEN PROCESS**

**Page 25**

HR Representative can also run the following query in SHARE: NMS\_BN\_DEDUCTIONS\_NOT\_TAKEN, which will show all deductions that have not been taken for employee(s) for a specific agency and pay period. HR departments should run the query on the Monday after payroll week.

### **Reasons for Terminations**

1. Benefits termination due to non-payment of premiums
2. The premiums were not paid via self-pay or payroll deduction on time
3. Benefit termination date is earlier than job termination date
4. Employee was terminated after the start of a new payroll period and the termination of benefit is earlier than the termination date in the SHARE Job Data.

HR Representative should submit by email the completed Notification to Terminate Benefits Due to Non-Payment Form and all supporting documentation (emails exchanges between HR office and employee attempting to collect the premiums), to Erisa; with a copy to EBB (contact information shown below). Once received, Erisa will terminate benefits in SHARE and notify carriers of termination date. The Notification to Terminate Benefits due to Non-Payment: <https://www.mybenefitsnm.com/Documents/Notification-to-Term-Benefits.pdf>

# Additional Reminders

## DEDUCTIONS NOT TAKEN PROCESS

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Payroll deduction: If premiums were not deducted from a state employee's payroll, agency HR Representative shall follow the steps below:

- Make a 1-time deduction for the amounts shown in the employees "review paycheck Deduction Detail 2" tab in SHARE (shown below).

Company	NM	Pay Group	CLS	Pay Period End	01/24/2020	Page	2032	Line	47	Separate Check	
<b>Paycheck Information</b>										<b>Paycheck Totals</b>	
Paycheck Status Confirmed					Paycheck Option Check					Earnings	0.00
Issue Date 01/31/2020					Paycheck Number 464616					Taxes	0.00
<input type="checkbox"/> Off Cycle					<input type="checkbox"/> Reprint					Deductions	0.00
<input type="checkbox"/> Adjustment					<input type="checkbox"/> Corrected					Net Pay	0.00
<input type="checkbox"/> Cashed											
<b>Deductions</b>											
Personalize   Find   View All     First 1-7 of 7 Last											
Deduction Details 1   <b>Deduction Details 2</b>   Deduction Details 3											
Deduction Code	Plan	Benefit Record	Plan Type	Not Taken	Reason						
MEDPRE	BCBSP	0	Medical	57.68	Not Enough Net Pay						
MEDPRE	BCBSP	0	Medical								
DENPRE	DELTP	0	Dental	6.86	Not Enough Net Pay						
DENPRE	DELTP	0	Dental								
ADMIN	ADMIN	0	GSD/RMD Administrative Fee	0.13	Not Enough Net Pay						
ADMIN	ADMIN	0	GSD/RMD Administrative Fee								
BASIC	BASLF	0	Basic Life/AD&D								

# Additional Reminders

## DEDUCTIONS NOT TAKEN PROCESS

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b. Agency HR Representatives should review paychecks to determine the correct benefit termination date. Termination date is based on the last pay period ending of which the premiums were collected from employee via payroll deduction. The example below shows that pay period ending (PPE) 01/10/2020, all premiums were taken. This date will be used to determine the benefit termination date. Agency HR Representative should use the day after the PPE, which in this example would be 01/11/2021, when completing the Notification to Term Benefits form.

Company NM	Pay Group CLS	Pay Period End 01/10/2020	Page 2028	Line 46	Separate Check
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**Paycheck Information**

Paycheck Status	Confirmed	Paycheck Option	Advice	
Issue Date	01/17/2020	Paycheck Number	7734966	
<input type="checkbox"/> Off Cycle	<input type="checkbox"/> Reprint	<input type="checkbox"/> Adjustment	<input type="checkbox"/> Corrected	<input type="checkbox"/> Cashed

**Paycheck Totals**

Earnings	1,391.76
Taxes	201.95
Deductions	204.73
Net Pay	985.08

**▼ Deductions**

Personalize | Find | View 8 | First 1-13 of 13 Last

Deduction Details 1 | Deduction Details 2 | Deduction Details 3 |

Deduction Code	Description	Class	Amount	Calculated Base
MEDPRE	Medical Pre Tax	Before-Tax	57.68	
MEDPRE	Medical Pre Tax	Nontaxable Benefit	230.71	
DENPRE	Dental Pre Tax	Before-Tax	6.86	
DENPRE	Dental Pre Tax	Nontaxable Benefit	27.45	
ADMIN	GSD/RMD Admin Fee	After-Tax	0.13	
ADMIN	GSD/RMD Admin Fee	Nontaxable Benefit	0.50	

# Additional Reminders

**DEDUCTIONS NOT TAKEN PROCESS**

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**Page 25**

**Erisa Administrative Services, Inc.**

**Phone: (505) 244-6000 Fax: (505) 244-6009**

**Toll Free: 1-855-618-1800**

**Email: SONM@easitpa.com**

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**Employee Benefits Bureau**

**CC: Katherine.Chavez2@state.nm.us**





*Thank you for joining us!*

## EBB WEBSITE

- <https://www.mybenefitsnm.com/HomePage.htm>

## DISABLED FORMS

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

## VOLUNTARY BENEFITS

- <https://www.mybenefitsnm.com/volben.htm>

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