



General Services Department Risk Management Division Employee Benefits Bureau

November 2017

Fall 2017 Open/Switch Enrollment For Plan Year 2018

Open Enrollment is your once-a-year opportunity to review your health, dental, vision, and disability benefits to make the choices that are right for you and your family! Below is a list of frequently asked questions. Remember to visit the benefits website regularly as questions will be added as they are received and additional information will be added to assist you when making decisions about your health benefits.

Open Enrollment information is available online 24/7 at the State of New Mexico Benefits Website: www.mybenefitsnm.com – **Open/Switch Enrollment 2018**

Frequently Asked Questions

Q: When does Open Enrollment begin?

A: The season opens with a series of live and interactive Webinar presentations scheduled for October 2017; hosted by the Employee Benefits Bureau and Erisa Administrative Services, Inc.

October 3rd through October 26, 2017

Please visit www.mybenefitsnm.com / Open/Switch Enrollment 2018 to access the schedule

The season ends with a two week enrollment period. Employees are required to actively submit an Open/Switch Enrollment/Change Form during the Enrollment Period, using the electronic form.

November 6th, 12:01AM to November 21/17, 11:59PM

Please visit www.mybenefitsnm.com / Open/Switch Enrollment 2018 to access the electronic enrollment form.

Q: Can I make changes after I completed and submitted the 2018 Open/Switch Enrollment/Change form?

A: Yes, all changes must be received by 11:59PM on November 21, 2017. However, changes after November 21, must accompany a qualifying event.

Q: How do I find out what my current benefits are today?

A: [SHARE Introduction to Employee Self Service.pdf](#) - Lesson 4, Page 50

Q: Am I required to submit an enrollment form during the enrollment period?

A: YES – You are required to submit an enrollment form during the **Enrollment Period** (November 6th, 12:01AM to November 21/17, 11:59PM), if you wish to participate in Flex Spending Account (FSA) – Health Care and/or Dependent Care in 2018; even if you participated last year!

FSA-Commuter (Transportation/Parking): Election into the commuter program can be made at any time during the year. Change to pledge amounts can also be made at any time of the year.

NO – You are not required to submit an enrollment form during the **enrollment period** (November 6th, 12:01AM to November 21st, 11:59PM), if you **do not** wish to make any changes to your current Medical, Dental, Vision or Disability elections.

Q: What about the Premium Only Plan?

A: Although the Premium Only Plan (POP) is not a health benefit it is a pre-tax benefit offered to State of New Mexico employees.

POP is a pre-tax conversion plan that allows medical, dental, and vision insurance premiums to be deducted from wages before taxes are calculated. As enrollment for this benefit is automatic, a 2018 Waiver Form must be submitted if the employee wishes to opt-out of POP participation and his/her benefit premiums taken after-tax. Please visit www.mybenefitsnm.com / Open/Switch Enrollment 2018 to find the 2018 POP Waiver Form.

Q: When will the electronic enrollment form be available?

A: State Employee Open Enrollment starts November 6th and runs through November 21st. The online tool will be available in that window.

Q: Are there changes to the benefits for the 2018 Plan Year:

A: Yes, There are only two changes to our benefits package:

- Emergency Room Co-pay/per Visit - \$250 (from \$225), and
- Free EAP Counseling Sessions – 3 free sessions instead of 6

Q: If I add eligible dependents which are not currently covered to my medical, dental and/or vision benefits during open enrollment, do I need to provide any additional documentation?

A: Yes – Proof of dependency documentation **must** be submitted by the close of the Enrollment Period (November 6th, 12:01AM to November 21/17, 11:59PM). **Failure to submit dependency documentation will prohibit coverage for the dependent.** Acceptable proof of dependency documents are: Court Filed Marriage Certificate, Notarized Domestic Partnership Affidavit, State birth certificate, court awarded adoption papers, Qualified Medical Child Support Order (QMCSO) or Court ordered coverage of eligible dependents.

Q: Who can be considered a dependent?

A: A dependent would include spouse, domestic partner, and any child under age 26 whom you are the parent of or have legal custody/adoption papers for. Certain dependents over age 26 who are disabled may qualify. More details are available at www.mybenefitsnm.com.

Q: Is there an age limit for a dependent?

A: Dependents must be under age 26. A dependent over 26 who is disabled and whom you have custodial arrangements over may be eligible. Contact Erisa for details.

Q: Does the child under 26 have to be in college?

A: Any dependent under age 26 qualifies. No school prerequisite is required.

Q: Are dependents automatically added or do they need to be added separately?

A: All dependents that you would like to have on your coverage must be added through the enrollment process. Please note you must provide documentation establishing that you are the legal parent or guardian of the dependent (such as marriage certificate, birth certificate, adoption papers, or court-issued custody/guardianship/kinship papers).

Q: Do I need to resubmit dependent documentation to make changes during open enrollment?

A: You do not need to resubmit any documentation already on file. If you are unsure, please contact Erisa at 1-855-618-1800.

Q: How do I add a domestic partner (DP) to my insurance?

A: You must submit a notarized Affidavit of Domestic Partnership form (located at www.mybenefitsnm.com/FGP.htm). Please read the terms and conditions carefully as you must meet specific requirements to qualify for domestic partnership. **Keep in mind;** you do not have to wait for open enrollment to add your DP to your coverage; if it is the first time. Initiation of the relationship is a qualifying event (QE) and allows the dependent to be added within 31 days from the date the document is notarized.

Q: Where do I go to find out how much I spent on medical claims this past year?

A: This information is available to you online at your Medical Carrier website: <https://www.mybenefitsnm.com/Medical.htm> - click on the Carrier Logo to access your personal account for medical claims history.

If you wish to know how much claims you submitted through your FSA account in 2017 or previous years, go to: <https://www.nmflex.com/Login.aspx>

Q: How can I find out more about the benefits offered during Open/Switch Enrollment?

A: All benefit information can be found by accessing the SoNM Benefits page at www.mybenefitsnm.com / Open/Switch Enrollment 2018. This page will have pre-recorded presentations regarding the health plans offered to members, a cost comparison sheet, contribution rates and other valuable information.

Q: What happens if I just started employment with the State of NM and I recently enrolled for benefits, do I have to participate in Open Enrollment?

A: No; **unless** the elections you made at time of hire **are** already in effect and you wish to make changes for an effective date of January 1, 2018.

Q: When will the selections I make during Open Enrollment take effect?

A: January 1, 2018. Premium deduction changes will occur on your first paycheck in January; 1/19/2018.

Q: If I add eligible dependents to my medical, dental and/or vision benefits during open enrollment, will I receive new ID cards?

A: Employees who add or drop dependents will receive a new medical card. Dental and Vision ID cards can be provided upon request.

Q: Can I add a dependent to my coverage that has insurance through the same carrier but not with the state?

A: Yes, so long as coverage is not through another employer participatory in the State of New Mexico Health Plan. If the dependent has employee coverage elsewhere, that would be the primary policy and SONM secondary. If the dependent has dependent coverage elsewhere, whichever of the two people they are a dependent under has a birthday earliest in the calendar year, their policy is primary.

Q: Can I make changes to my plan other than during this open enrollment period?

A: Outside of the open enrollment period, you can only change coverage for yourself and/or eligible dependents within 31 days of a qualifying life event, also called a "Family Status Change". **You must notify the Erisa, the State's Third Party "Benefits" Administrator (TPA) office within 31 days of the qualifying event.**

Family Status Changes (Qualifying Life Events) include:

- Marriage or Domestic Partnership/Divorce/Legal Separation or Termination of Domestic Partnership
- Birth/Adoption
- Death
- Loss of dependent status – Aging out – 26 years old
- Loss or Gain of other coverage
- Change in job status of employee such as: reduction of hours (part-time to full-time or vice-versa), FMLA, LWOP, or Disability.
- Receiving a Qualified Medical Child Support Order (QMCSO)

Q: Do any of the medical plans work in other states?

A: Presbyterian HMO is part of the national Multiplan network. Blue Cross Blue Shield PPO has a large national network. BCBSNM HMO provides access in other states through the Away From Home Care Program; however, a member must enroll into the program in order to gain access. This program is available for members and dependents who temporarily reside outside the state for more than 90 consecutive days.

Q: Is coverage with Express Scripts, Delta Dental, and Davis Vision available in other states?

A: Yes to all three, but always ask if the provider is contracted under the State of New Mexico. Delta Dental has multiple plans; you'll want to be sure to ask if they contract with PPO New Mexico.

Q: Can my current medical information be transferred to another carrier?

A: Yes; contact the customer service center of the carrier you are leaving and request that all medical records be forwarded to the new carrier to make transition of information as smooth as possible.

Q: How do I compare the different programs offered by Presbyterian and BCBS?

A: You can visit www.mybenefitsnm.com/Medical to find overviews of the different plans and what is offered by each carrier.

Q: Where can I find more information on the BCBS fitness program and health and wellness program offered through Presbyterian?

A: BCBS offers a fitness program which is \$25 to enroll and \$25 per month and provides access to all participating gyms. The fitness program offerings are not a part of most group plans. You can go to BCBS's portal at www.bcbsnm.com/sonm for more details. Details on what Presbyterian has can be found at www.phs.org/sonm.

Q: What happens after you reach maximum out-of-pocket expense?

A: Once you have met the out of pocket maximum, you are only required to pay co-pay costs.

Q: How do I request a new identification card?

A: You may request new identification cards from the carriers.

Q: Will I have to pay more than my copay if I go to an urgent care?

A: You will receive a claims statement and may receive a bill if you incur additional costs.

Q: Can I purchase over-the-counter medication through Express Scripts mail order at a lower cost?

A: Yes, there is a reduced cost in many cases. Please contact Express Scripts, Inc. at (800) 743-1720 for more information.

Q: Is there a way to evaluate prescribed medications for potential of contraindications?

A: Consult the resources available at www.mybenefitsnm.com/Prescription or via the PBM website at www.express-scripts.com for resources to assist.

Q: Does Express Scripts offer a plan ID card? If so, will one be sent when we enroll?

A: You do not receive a unique card through ESI, but instead utilize your medical ID card.

Q: Do any of the prescription mail order plans allow people to use Co-pay cards from the drug manufacturer to cover the patient's co-pay?

A: ESI mail order does not accept manufacturer coupons. That is primarily because the drug manufacturers are trying to work around the plans benefit and allow members to get higher cost drugs for a period of time. Then when the coupon runs out the member is stabilized but now has to be pay large costs. Accredo's programs are copay assistance programs, not coupons, and follow the plan's formulary and plan design.

Q: How do I check to see if a particular prescription is covered?

A: You will need to contact a patient care advocate to discuss your specific prescription to determine if it is covered. Please call the number on the back of your card.

Q: Are outside lenses covered?

A: You would be reimbursed according to the out of network schedule.

Q: Is the contact lens benefit an alternative to the annual eyeglasses benefit or to the every-other-year frame benefit?

A: It is in lieu of (either/or).

Q: Where are the Davis stores that offer an additional \$50 discount for frames?

A: Visionworks; there are three in ABQ and one in Las Cruces. Visit Visionworks.com for more details.

Q: Is Securian replacing Minnesota Life?

A: Securian is new branding for Minnesota Life. Same company, new name.

Q: How should payments for Additional Employee Life coverage or Dependent Life coverage be made?

A: To Securian Life Insurance Company. Payments should be paid via monthly Electronic Fund Transfer (EFT) or quarterly via paper check. Please contact Securian (1-855-750-2051) for more information.

Q: How do I select my beneficiaries?

A: You may set your beneficiaries as you wish through Securian's portal at web1.lifebenefits.com/sites/lbwem/sonm.

Q: Does FSA cover specialist deductibles?

A: Yes. There is a full listing of eligible expenses on the IRS website: www.healthcare.gov/have-job-based-coverage/flexible-spending-accounts. Another useful online resource for what you can use your FSA with is fsastore.com/FSA-Eligibility-List.aspx.

Q: Does the November 21 deadline apply to FSA as well?

A: Yes, if you're planning on enrolling or continuing the health or dependent benefit. If you are currently participating in transportation or parking, those are the only FSAs that roll over into the next calendar year. Please note that the Transportation/Parking benefit is monthly and rolls over. You may elect (or drop it) month to month.

Q: What is an EAP visit?

A: Employee Assistance Programs (EAP) offer free mental health visits, in this case 3 sessions per event. For more information regarding EAP, please visit www.solutionsbiz.com

Q: How can I view the presentation outside the webinar?

A: Please visit www.mybenefitsnm.com/WebinarPresentation to view recording of the live presentations.

Q: Where can I find the cost for premiums sheet?

A: The FY18 Contribution Sheets can be found at www.mybenefitsnm.com – Benefit Plan Information Link

Q: Why is the employee/spouse more expensive than the employee/domestic partner?

A: The cost is actually the same, but the calculation for before and after calculation on the taxed premiums is different; i.e., employee percentage is deducted before taxes (unless you opt out of POP) and the domestic partner portion is after tax. This results in a slightly different deduction off the same base premium cost. You may email sonm@easitpa.com for details.