SONM Benefits Employee Orientation





STATE OF NEW MEXICO
EMPLOYEE BENEFITS BUREAU

Welcome

- Employee Benefits Bureau Role
- Cafeteria Plan and how it works
- HIPAA- Health Insurance Portability and Accountability Act
- Premium Only Plan-POP
- Benefits No Cost to You
- Stay Well Health Center
- Wellness Program
- Employee Eligibility
- Erisa Administrative Services
- •What health plans can you elect for health benefits?
- Additional Benefits
- Voluntary Benefits
- Optional Benefits

- How to Enroll in SONM Benefits
 - Important Documentation Needed
 - Qualifying Events
 - Open Enrollment
- Benefit coverage payments while on FMLA or LWOP
- Termination of benefits and COBRA
- Benefits 101
- FAQ'S- Can you be double-covered? How are benefit premiums calculated?
- Helpful Links

Our Roles within the Employee Benefits Bureau

- The State of NM (SoNM), Risk Management Division (RMD) administers the self-funded Health Care Benefits Fund. The Health Care Benefits package offered to employees is a competitive and valuable health care package. SoNM/Local Public Body (LPB) employee participation in the benefits program serves to help reduce overall costs and improve the health of both our members, as well as the fund. Members play an important part in keeping the fund solvent by staying up to date with premiums via payroll deduction, as well as self-paying premiums when out on leave. In addition, utilizing offered benefits rich with tools and information can help member obtain and maintain good health.
- •SoNM is governed by a cafeteria plan.
 - You must either elect or waive your benefit elections no later than 31 calendar days from your date of hire or a Qualifying Event.
 - Please visit <u>www.mybenefitsnm.com</u> for your opportunity to enroll or change coverage.

How does the Cafeteria Plan work?

HOW IT WORKS

A "Cafeteria Plan" is a benefit provided by your employer which allows you to contribute a certain amount of your gross income to a designated account before taxes are calculated. These accounts are for insurance premiums and medical (or dependent care) expenses not covered by your insurance from which you can be reimbursed throughout the plan year or claim period as you incur the expenses. A cafeteria plan allows you to reduce your gross income, thereby reducing the amount you pay in Federal, Social Security, and some State taxes - a savings of between 25 percent and 40 percent of every dollar you contribute to the plan.

WEB FEATURES

https://www.coredocuments.com/irs_section_125.php

HIPAA: The Health Insurance Portability and Accountability Act

•HIPAA compliance is the privacy guidelines which protect how Personal Health Information (PHI) is disseminated. RMD has been careful to engineer agreements with vendors to minimize exposure with regard to these requirements. RMD consciously limits access to PHI and does not disseminate this information outside of HIPAA guidelines. HIPAA guidelines state that the PHI may be disseminated (to the Health Plan) to facilitate the payment of a claim.

WEB FEATURES

https://www.mybenefitsnm.com/Documents/HIPAA Policies and Procedures RMD.pdf

Premium Only Plan (POP)

•All State employees are automatically enrolled in (POP)

- •The SoNM Premium Only Plan (POP) allows an employee to have their share of the contribution on the cost of medical, dental and/or vision coverage(s) deducted from their gross pay before taxes are calculated, which increases the employees' net pay.
- If the desire is to have the medical, dental and vision premiums taken **after-tax**, a POP Waiver Form must be completed and faxed or e-mailed to Erisa within 31 days of hire and annually thereafter during Annual Enrollment.

Fax 505-244-6009

E-Mail sonm@easitpa.com

Note: An employee cannot choose specific premiums to be pre or post-tax

Benefits-No cost to you!

Basic Term Life and AD&D Insurance -\$50,000 basic life insurance policy is 100% paid by the SoNM and all employees are automatically enrolled.

■Term Line Of Duty AD&D- \$75,000-Basic Life Insurance (Law Enforcement and Corrections Officer)

\$25,000-Occupational Death Benefit

\$100,000-Total Benefit

■Term Line of Duty AD&D \$50,000 Basic Life Insurance (Undercover Agents)

\$50,000-Basic Life Insurance

\$250,000-Occupational Death Benefit

\$300,000-Total Benefit

Benefits-No cost to you, Cont.

Employee Assistance Program (EAP)-Well Being Solutions

 Automatic benefit available to any SoNM/LPB employee, their household family members, and eligible dependents. The benefit is completely confidential and available by phone 24/7, 365 days a year.

5 FREE counseling sessions per issue-Employees and their household members

- + Additional services offered under the EAP program 833-515-0771
 - Confidential Emotional Support
 - Training Libraries
 - Work-Life Solutions
 - Legal Guidance
 - Financial Resources
 - Online Support

Stay Well Health Center

- High quality, no cost, convenient health care for all SoNM/LPB employees and their dependents age 2 and up who are enrolled in a SoNM Medical Plan.
- Zero co-pay, never a deductible, and medication dispensed through the health Center is free!
- Patients can call for same-day availability, patients seen by appointment only.
- No Worker's Comp injuries

Joseph Montoya Bldg. 1100 St. Francis Dr. Suite 1000 Santa Fe, NM 87505

Hours:

Monday-Friday

Visit our Website for more information

https://www.mybenefitsnm.com/documents/Hrs Location.pdf

https://www.mybenefitsnm.com/healthCenter.html

Wellness Program





https://www.mybenefitsnm.com/healthwellness.html

Employee Eligibility

- Classified
- Governor-Exempt
- Probationary
- Temporary
- Term or hourly

- Scheduled to work a minimum of 20 hours/week (and meets the prospective employers waiting period), are eligible to elect coverage.
- •Elected Officials of the State or Local Public Bodies (LPB) are considered eligible and not required to meet the work schedule of 20 hours/week and are responsible to pay 100% of benefit premiums.

Employee Eligibility

New Hire: Enroll within 31 calendar days of hire date

Benefit Changes: Qualifying Event (31 days)

Yearly-Open Enrollment

Erisa Administrative Services

Erisa is the Third Party Administrator for the SoNM.

Any questions regarding Enrollment for Health Benefits, FSA, COBRA, Life Insurance, Disability, Grievances, and Initial Appeals for enrollment should be directed to Erisa

Contact Information

Phone 505-244-6000 or Toll Free 1-855-618-1800

E-Mail <u>SONM@easitpa.com</u>

Fax 505-244-6009

What Health Plans can you elect for Health Benefits?

The state of New Mexico offers the following coverage plans:

- Medical Insurance-
 - Blue Cross and Blue Shield of New Mexico PPO and HMO
 - Presbyterian HMO
 - Cigna PPO and HMO
- CVS Caremark-Pharmaceutical Benefit
 - Automatically combined with Medical Enrollment
- Dental Insurance-Delta Dental of New Mexico
- Vision Insurance-EyeMed

Local Public Body Employees: Confirm with your HR office if your agency participates in specific benefits

Additional Benefits

The State of New Mexico offers the following additional benefits you can enroll in:

Optional

- •Short/Long Term. Disability (Erisa) Employee only benefit. Because the benefit is paid 100% by the employee, this benefit is available for enrollment at anytime. Employee must pay 12 consecutive months of premiums before being eligible to submit a claim. Its important to understand the Disability policy which can also be found at www.mybenefitsnm.com
- **Supplemental Life Insurance-** Employee, Spouse or Domestic Partner, and Children

Automatic

Term Life Insurance: Basic Life AD&D Insurance-\$50,000

Term Line of Duty-Additional \$25,000 (Law Enforcement and Corrections Officer)

Term Line of Duty-Additional \$250,000 AD&D (Undercover Agents)

Additional Benefits

Flexible Spending Accounts (FSA) (Erisa)

- Health Care
- Dependent Care
- Transportation or Parking
 - Note: Domestic Partners and their dependents are not eligible

Voluntary Benefits

The State of New Mexico offers the following voluntary benefits:

• Aflac: Whole Life, Cancer, Critical Illness, and Accident

The Hartford: Critical Illness and Accident

Globe: Whole Life and Cancer

MetLife: Cancer, Critical Illness, and Accident

Contact the respective carrier for <u>any</u> changes, enrollment, cancellation or questions.

Local Public Body Employees: Confirm with your HR office if your agency offers these benefits

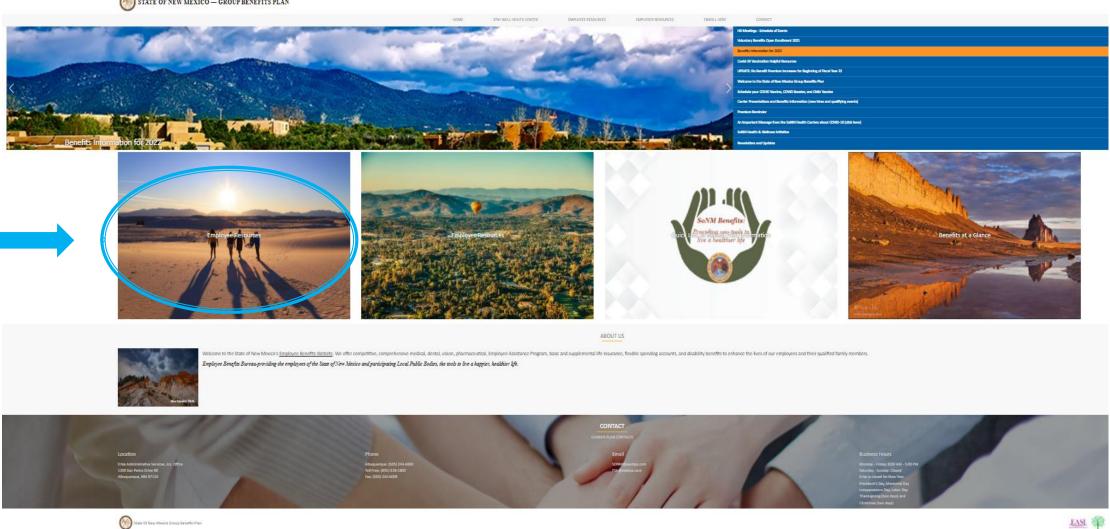
https://www.mybenefitsnm.com/volben.html

Optional Benefits

- PERA SmartSave Deferred Compensation Plan
 - Administered through Voya
 - Voluntary 457(b) retirement plan is offered through New Mexico Public Employees Retirement Association (PERA), and contributions are taken from your paycheck on a before-tax or after-tax basis.
 - Can enroll at anytime https://www.nmpera.org/deferred-compensation
- The Education Plan
 - College Savings Plan Sponsored by the State of New Mexico and is a section of the IRS Code that authorizes tax advantaged college savings plans.
 - https://www.theeducationplan.com/
- Fitness and Wellness Policy- Refer to Designated HR Administrator for this policy

Enrolling in SONM Benefits

STATE OF NEW MEXICO — GROUP BENEFITS PLAN



Ready to Enroll

STEP 1

Get Organized

-Learn about offered benefits through the Benefits Website and Carrier Webinars

All recorded carrier presentations are available at:

mybenefits (mybenefitsnm.com)

STEP 2

Review Your Options and Resources

-Choose benefits you wish to enroll in

-Gather supporting documentation to add eligible dependents.

*List is provided on the next slide

-All employees are required to complete a Hartford Beneficiary Form to ensure benefits are distributed as desired.

STEP 3

Enroll/Switch Benefits

You are ready to Enroll!

https://www.mybenefitsnm.com/employeePortal.html

-Paper Enrollment forms are available

-31 Days from Date of Hire or Qualifying Event PLEASE SUBMIT A COPY OF YOUR BENEFITS ELECTIONS TO YOUR HR ADMINISTRATOR

Remember to verify deductions are taken accurately from each bi-weekly pay advice:

<u>SoNM</u>-Waiting Period of Two Full Pay Periods

Deductions to process for 2 full pay periods

<u>LPB</u>- Please check with your Human Resource/Payroll Office

Supporting Documentation

Spouse

- Marriage Certificate or Divorce Decree (relevant pages)
- Certificate of Coverage-Due to gain or loss of coverage

Children

- Birth Certificate(s)
- Court Guardianship/Kinship Papers
- Legal Adoption document
- Gain or Loss of Coverage: Documentation from the provider clearly showing you and/or the dependent who is affected and whom you will be adding or dropping as the covered participant; must include the effective date in which your other coverage started or ended
- Note: Any child considered disabled and who is over the age of 26 is eligible. A Request for Coverage for Mentally or Physically Impaired Dependents is required by medical carrier of choice.

Domestic Partner

- Signed and notarized Affidavit of Domestic Partnership (Note: Must be 12 or more months since any prior identified domestic partnership or marriage)
- Social Security Card or ITIN Number
- Termination of Domestic Partnership

BENEFIT CHANGING OPPORTUNITIES Qualifying Events

Enrollment and Qualifying Event	Effective Date
Birth, adoption, legal guardianship, marriage.	Date is the day the event occurs
Domestic Partnership Affidavits	Date it is notarized
Divorce, Termination of domestic partnership	Date the Final Decree is filed
Dependent losing coverage due to turning 26 years of age	Benefits will terminate at the end of the last day of the month in which the dependent turns 26
Change in job status (reduction of hours or termination)	Date is the day following the event
Gain of other coverage	Date is the day prior to new coverage effective date
Loss of other coverage	Coverage becomes effective the day following loss of coverage
Death of employee	Date is the day reflected on Death Certificate (Coverage for dependents ends the last day of the pay period in which the death occurred)
Death of dependent	Date is day reflected on Death Certificate
For eligible dependents enrolled at the same time as the employee.	Date the employee's coverage becomes effective.

DIRECTIONS: QUALIFYING EVENTS (QE)

- Website https://www.mybenefitsnm.com/
- Gather supporting documentation for dependents you wish to cover
- Enroll on-line within 31 days of QE-Erisa Administrative Services
 - Paper forms available
 - Fax (505) 244-6009 or E-mail <u>SONM@easitpa.com</u> to Erisa Administrative Services
- •Keep two copies of the enrollment form; one for your records and give one to your HR Dept for your personnel file.
- Confirm deductions are correct after election.

OPEN ENROLLMENT

A period in the fall in which current benefit eligible employees may **switch** medical carriers, **add/drop** insurance, or **remove/add** eligible dependents

•WHERE: Webinars, Presentations, E-mail blasts, and Newsletters

•WHEN: Fall: October or November

•HOW: Online-Electronic Enrollment Form

Limited Access-Fillable Enrollment Form

Leave Options

- <u>Military Leave</u> If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while on active duty.
- •If you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries. For more information please refer to the link below.
 - https://www.dol.gov/sites/dolgov/files/VETS/legacy/files/USERRA_Private.pdf
- •<u>Family Medical Leave (FML)</u> A benefit allowing eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.
- <u>Leave Without Pay</u> A temporary non-pay status and absence from duty that, in most cases, is granted at the employee's request. In most instances, granting LWOP is a matter of supervisory discretion and may be limited by agency internal policy.

Premium Payments When Out on Leave

- **FAMILY MEDICAL LEAVE (FML):** If an employee is on LWOP and on FML. The employee is responsible for paying employee share of the gross premium of all elected health benefit coverages in force. Employees are given a 30 day grace period from the end of each pay period to make payment. Failure to submit payment by the due date will result in a loss of coverage.
- **LEAVE WITHOUT PAY (LWOP)**: Employees on LWOP are responsible for paying 100% of the gross premium of all elected benefit coverages in force. Premium payment is due by the Friday following the end of the pay period.
- **DISABILITY**: This includes employees receiving Disability benefits while on a LWOP status. Employees on Short-Term Disability must continue to pay their disability premium to be eligible for disability benefits. If keeping other benefits, employee is required to pay whatever premium is due.
 - https://www.mybenefitsnm.com/Documents/Disability-Policy-01.15.2020-Fillable-Forms.pdf
 - Please work with your HR Department to guide you through this process

TERMINATION OF BENEFITS and COBRA

TERMINATION

- •Effective Date of Termination:
 - The last day of the pay period for which deductions/payments were made.
 https://www.mybenefitsnm.com/COBRA.html
 - Continue through COBRA-Consolidated Omnibus Budget Reconciliation Act

RETIREMENT

•A retiring State employee who will receive retirement benefits from either PERA or ERB can continue health coverage through the Retiree Health Care Authority (RHCA) or through COBRA (short-term up to 18 months). They should arrange for coverage through RHCA 3 months prior to retirement.

RETIREE HEALTH CARE AUTHORITY

•Toll-free: 1-800-233-2576

Benefits 101

Helpful Terms:

- DEDUCTIBLE-Is the amount you pay each year for health care before your health insurance starts paying.
- Co-Pay A set fee you pay for a doctor visit/time of service or for a prescription. Copays do not count toward your deductible
- CO-INSURANCE A percentage of a medical charge that is paid by the member after the deductible has been met.
- COORDINATION OF BENEFITS (COB) the process of determining payment of a health insurance plan whether it be primary or secondary. Employer coverage is always primary, supplemental insurances like Medicaid and Medicare are always secondary. The employer membership information should always be presented at time of service.

FAQ'S

Q: My insurance benefits are through my spouse's Employer. If he leaves work this year, is that a "qualifying event" and can I enroll in State's benefits? And if yes, how much advance notice do I need to provide to be able to enroll?

A: Loss or gain of other coverage is a Qualifying Event. You have 31 days from the date of the Qualifying Event to make changes to your coverage.

Q: Are there copays and deductibles if you go to the Stay Well Health Center (SWHC)?

A: The SWHC is free to all employees and their dependents who are covered under a SoNM medical plan. All visits to the SWHC are free, because of this deductibles, copays and Out of Pocket Maximums do not apply.

FAQ'S, Cont.

Q: I have a question about dual insurance coverage. I am a Medical plan member and want to add my domestic partner (or spouse) to my coverage. My spouse/domestic partner wants to add me to their insurance as well. If we do this will we still have to pay copays and deductibles?

A: <u>Dual coverage is not permitted within State Agency to State Agency</u>, but if the coverage is from two unrelated employers then one will be designated as primary coverage, and the other as secondary. You are still required to pay the copays and meet the deductibles of each plan. The employee will be responsible for submitting uncovered expenses to the second coverage plan. Consult your respective carriers for more information on coordination of benefits. https://www.mybenefitsnm.com/CarrierContacts.html

Q: What is POP?

A: Premium Only Plan (POP) is a benefit that allows employees to have their premiums deducted from their pay on a **pre-tax** basis. If an employee does not wish to participate in POP, they must submit a POP Waiver Form during Open/Switch Enrollment <u>each year if they wish to opt out</u>
https://www.mybenefitsnm.com/Documents/POP Form2021 State Final.pdf

FAQ'S

Q: Can I also cover my spouse or domestic partner if they are a State or Local Public Body employee?

A: If you and your spouse or domestic partner are both employed by the State of New Mexico or Local Public Body, you can only elect coverage for yourself. Dual coverage is not allowed.

Q: Can I enroll in Voluntary Benefits at anytime?

A: You can enroll in Voluntary Benefits as a New Hire, with a Qualifying Event, or at Open Enrollment – some allow year round enrollment

Helpful Links

- Benefits Website- https://www.mybenefitsnm.com/
- Premium Rates- https://www.mybenefitsnm.com/PremiumRates.html
- Disability: https://www.mybenefitsnm.com/Documents/Disability-Policy-01.15.2020-Fillable-Forms.pdf
- Benefit Plans- https://www.mybenefitsnm.com/BenefitsInformation.html
- FSA Health Care/Dependent Care Transit & Parking- https://www.mybenefitsnm.com/FSA.html
- Voluntary Benefits- https://www.mybenefitsnm.com/volben.html

Helpful Links

- Enrollment Form
 - State Employee- https://eform.gsd.state.nm.us/ebb benefitsenrollment.aspx
 - LPB & Legislator Employee- https://eform.gsd.state.nm.us/EBB BENEFITSENROLLMENT.aspx
- •The Hartford Beneficiary Formhttps://www.mybenefitsnm.com/documents/Beneficiary Designation Form and Cover Letter-Final.pdf
- Stay Well Health Centerhttps://www.mybenefitsnm.com/healthCenter.html
- Employee Assistance Program- https://www.guidanceresources.com/groWeb/login/login.xhtml
- ■PERA Smart Save VOYA- https://www.nmpera.org/deferred-compensation
- ■The Education Plan-529 Education Plan | College Savings | The Education Plan
- •HIPPA- https://www.mybenefitsnm.com/Documents/HIPAA Policies and Procedures RMD.pdf

Thank You For Attending!