



## OPEN ENROLLMENT 2022 FOR BENEFIT PLAN YEAR 2023

<https://www.mybenefitsnm.com/OpenEnrollment.html>



### FREQUENTLY ASKED QUESTIONS

**Q. When is Open Enrollment?**

- A.** Open Enrollment Season starts in September with interactive webinars by each carrier. The Enrollment period is during the month of October 1<sup>st</sup> – 31<sup>st</sup>.
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**Q. Where can I find information about Open Enrollment 2022 for Benefit Plan Year 2023?**

- A.** <https://www.mybenefitsnm.com/OpenEnrollment.html>.
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**Q. How do I find out what coverage(s) I currently have?**

- A.** To see current elections, an employee can go to SHARE and utilize the Share Self-Service Manual. The manual contains instruction on how to view current elected benefits or can visit [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)
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**Q. If I am happy with my current coverage, do I still need to fill out a form?**

- A.** No action is needed if you are happy with your current elections.

**HOWEVER**, you must complete a new Premium Only Plan (POP) waiver form if you wish to have your health benefit premiums taken on an after-tax basis, **AND**

You must complete a new enrollment form if you wish to participate in Flexible Spending Account (FSA) Health Care and Dependent Care in 2023.

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**Q. What does POP mean and what's its purpose? Also, why would an employee waive POP?**

**A.** POP stands for "Premium Only Plan". POP by default allows an employee's health premiums to be deducted before taxes are taken out of their pay. This reduces tax withholdings, so it puts a bit more money back into the employee's pay check. There are some conditions that an employee would waive POP, such as being close to retirement, in which there may be a tax advantage to waiving POP.

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**Q. Are there any health premium changes for 2023?**

**A.** No, there are no premium changes for Fiscal Year 2023; July 1, 2022 – June 30, 2023.

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**Q. What is the difference between the Tier I and Tier II services? How do we decide between these two tiers?**

**A.** Members enrolled in Blue Cross and Blue Shield or Presbyterian plans automatically gain access to providers in both tier 1 and tier 2. The benefit of choosing to receive services from the select network of providers within tier 1 is a potential out of pocket cost savings. If a service or provider is not available within tier 1, the member still has the flexibility to receive care from providers within the larger network (tier 2). Employees can visit <https://www.bcbsnm.com/sonm/doctors-and-hospitals> or <https://www.phs.org/health-plans/employer-plans/Pages/state-of-new-mexico.aspx> to locate tier 1 and tier 2 contracted providers.

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**Q. Is there a premium sheet for the 3 different medical plans?**

**A.** Yes, it can be found at: <https://www.mybenefitsnm.com/OpenEnrollment.html>. Employees can check the current rate sheet, and cross reference by coverage level and income for bi-weekly deductions.

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**Q. If I only want to enroll in FSA for 2023, which form do I use?**

**A.** To enroll in an FSA, employees must submit an FSA Electronic Form found on the Open Enrollment page at <https://www.mybenefitsnm.com/OpenEnrollment.html> website.