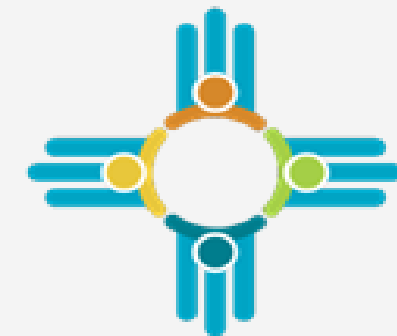




State of New Mexico

Open Enrollment

Plan Year: January - December 2025



HEALTH CARE
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Welcome to Enrollment overview





Key Dates

- **Open Enrollment Web Events:**

October 1, 2024

October 10, 2024

October 15, 2024

October 24, 2024

October 29, 2024



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Key Dates

- **Enrollment Period:**

October 1 – October 31, 2024



Key Dates

- **Deadline to Enroll/Make Changes:**

October 31, 2024, 11:59 p.m.



Key Dates

- **Benefits Effective:**

January 01, 2025



Key Dates

- **State Employees First Payroll Deduction:**

January 10, 2025



Key Dates

- **LPB Employees First Payroll Deduction:**

Please confirm with HR/Payroll office

Key Dates

• Voluntary Benefits:



NEW Aflac plans are now available for Employees and your loved ones. Aflac is insurance that helps cover expenses health insurance doesn't cover – and pays cash benefits directly to you!

The State of New Mexico is offering Employees the following plans:

- Accident Insurance
- Cancer Insurance
- Critical Illness Insurance
- Life Insurance with accelerated benefits for Long Term Care

ENROLLMENT IS OPEN YEAR AROUND

To learn more about Aflac and Enroll...

HAVE QUESTIONS OR NEED ASSISTANCE ENROLLING – CALL (505) 510-0156

Click below to review your plans, rates, watch product videos, file your claims and more!



The Employee Services Division of Globe Life (ESD) offers supplemental life insurance for government employees. ESD policies do not replace your existing employer-provided life insurance. Our policies supplement the security you already have in place and pay in addition to all other insurance.

[Whole Life Insurance - Link](#)

You own the policy, not your employer, which means that this coverage stays with you if you change jobs or retire. As long as your premiums are paid on time, your policy will remain in force and cannot be cancelled, with NO rate increase.

Customer Service
Sales: (303) 717-8122
Policyholders: (855) 624-5623

Visit our website to learn more and enroll TODAY!

ENROLLMENT IS OPEN YEAR AROUND



We all know someone who's been impacted by a health issue. From a broken arm at soccer practice to a heart attack – accidents or critical illnesses can happen at any time.

With Accident, Critical Illness and Cancer Insurance from MetLife, you can prepare for unexpected expenses. For example, consider medical costs that may not be covered in full by your existing plan, like co-pays, deductibles, and physical therapy, as well as costs you may not think of, like transportation to doctors' appointments or additional childcare expenses. These unexpected costs can cut into your budget and make managing everyday expenses a challenge.

To learn more and enroll, visit [MLVolBenefits.com](#).

Questions? Call 855-862-3912.



The Hartford is a carrier for Accident and Critical Illness insurance. We have been a trusted leader in the insurance industry since 1810.

[Accident Insurance](#)

With Accident insurance, you'll receive a cash benefit for each covered injury and related services. You can use the payment in any way you choose—from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills. No medical questionnaire is required to enroll.

[Critical Illness Insurance](#)

With Critical Illness insurance, you'll receive a lump-sum payment when a covered illness is diagnosed. You can use the payment in any way you choose. No medical questionnaire is required to enroll.

Need more information?
For more information about your coverage options, visit [MyTomorrow](#), The Hartford's decision support tool.

Have questions or need assistance?
1-855-396-7655 (855.EZ.NROLL)
Ready to enroll?

Eligibility



HEALTH CARE
A U T H O R I T Y

Eligible Dependents:

- Legal spouse
- Dependent children/stepchildren under age 26
- Domestic partner/domestic partner's child/ren
Affidavit of Domestic Partnership is required



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Documentation Required:

- Employees who wish to enroll dependents must submit **Proof of Dependency**, as well as all required supporting documentation.
- All required documents must be faxed to Erisa at 505-244-6009 or scanned and emailed to sonm@easitpa.com at time of enrollment.

Qualifying Events:

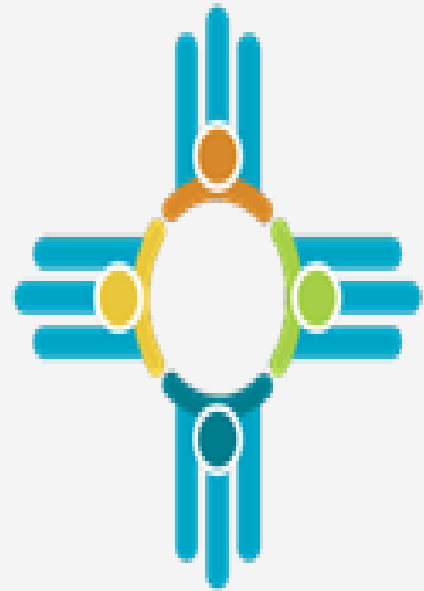
- After the open enrollment period, you cannot make changes to your coverage during the year unless you experience a change in status, such as:
 - Marriage, divorce, legal separation
 - Birth or adoption of a child
 - A qualified medical child support order
 - Death of a spouse or child
 - Loss or gain of coverage elsewhere.

Changes must be made within 31 days of a qualifying event.



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2025 BENEFITS



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MEDICAL:

- Blue Cross Blue Shield of New Mexico
- Presbyterian Health Plan

CVS-Caremark

- pharmaceutical

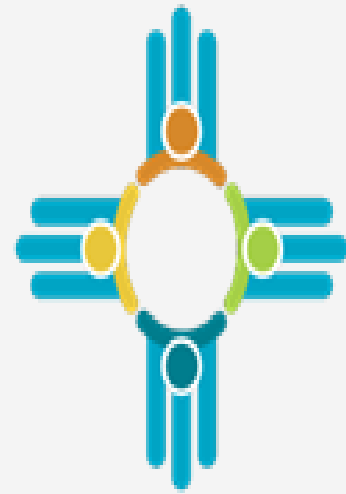
DENTAL:

- Delta Dental of NM

VISION:

- EyeMed

2025 BENEFITS



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BASIC LIFE & AD&D/SUPPLEMENTAL LIFE & AD&D:

- The Hartford

FLEXIBLE SPENDING ACCOUNTS

- Medical
- Dependent Care
- Transportation and Parking

DISABILITY

- Short -Term Disability
 - Long-Term Disability
-

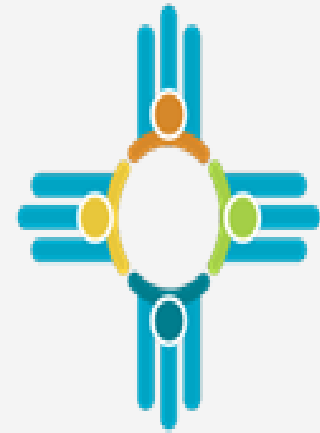
EAP

- Well-Being Solutions
-

2025 BENEFITS

Basic Life & AD&D

Administered by The Hartford



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- BASIC LIFE/SUPPLEMENTAL LIFE: This is your opportunity to increase any supplemental insurance coverage by one increment (\$10,000) up to \$150,000 spouse or Domestic Partner: can increase coverage by (10,000) up to \$30,000 any amount over the guaranteed issue amount will require an EOI
Be sure to keep your beneficiary up to date!

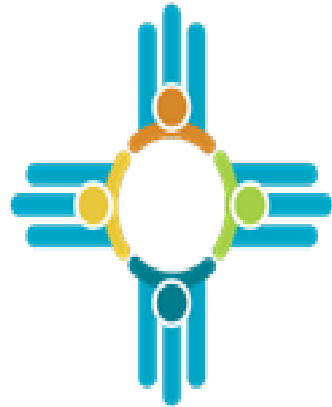
DISABILITY PROGRAM

2025 BENEFITS

Administered by ERISA Administrative Services

Disability is 100% paid by the employee.

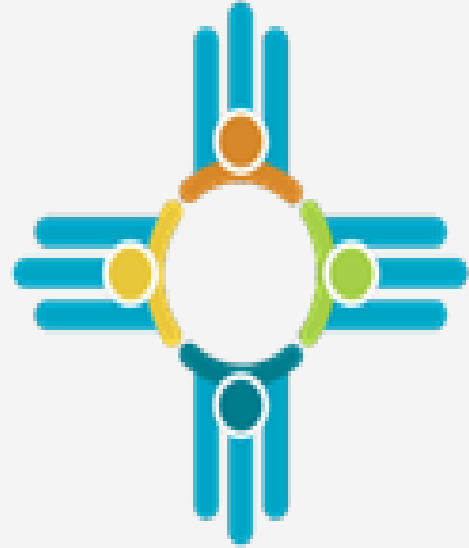
- Short -Term Disability (STD)
- Long-Term Disability (LTD)



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To be eligible for disability, an employee must:
Be enrolled in SoNM Disability Plan and have paid disability premiums for consecutive months, and suffered a disabling non-work-related illness or injury that prevents the employee from working in any capacity

2025 BENEFITS



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EAP WELL-BEING SOLUTIONS

Guidance and Resources for:
Wellness, Financial, Legal, Family and Behavior

WELLNESS

- Stay Well Health Center
- Virta- BCBS/PHP
- Omada-Cigna
- Hinge -BCBS
- Wonder-BCBS

Premium Only Plan (POP)

Benefits are deducted from pay as a pre-tax deduction

Enrollment

- Current enrollment, with the exception of FSA, will carry over to the new plan year if no action is taken.
- FSA enrollment is required annually.
- FSA: Medical, Dependent Care, Transportation and Parking.
- Premium only plan (POP) is required annually, if you wish to have premiums deducted after tax.
- Spouse/ dependent re-entry is required.
- Link to enroll or change benefits for all benefits: www.mybenefitsnm.com/OpenEnrollment.html

2022 Open Enrollment Form for State of New Mexico Employee
Enrollment Change forms must be completed electronically and to its entirety. No hand-written forms will be accepted or processed.

Section A: EMPLOYEE INFORMATION

1. SSN / ITIN _____ 2. Employee (Last, First, M.I.) _____ 3. Date of Birth _____ 4. Sex M F 5. Marital Status Married Single

6. Mailing Address _____ 7. City _____ 8. County of physical residence _____ 9. State _____ 10. Zip _____

11. Home Phone _____ 12. Work Phone _____ 13. Cell Phone _____ 14. Preferred Phone _____ 15. Email Address _____ 16. Employee ID _____

17. State Agency Code _____ 18. Hire Date _____ 19. Effective Coverage Change Date 01/01/2023 20. Reason for Change OPEN ENROLLMENT 21. Annual Salary \$ _____

Section B: MEDICAL

Waiver of Medical Pharmacy - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Spouse Employee + Child/Children Family

Presbyterian Health Plan - HMO

Blue Cross Blue Shield of New Mexico - HMO

Blue Cross Blue Shield of New Mexico - PPO

Cigna - OAPN

Cigna - OAP

Section C: DENTAL

Waiver of Dental - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Spouse Employee + Child/Children Family

Enroll me in Dental

Section D: VISION

Waiver of Vision - An "X" in this box waives my enrollment in this benefit plan. Single Employee + Spouse Employee + Child/Children Family

Enroll me in Vision

Section E: LIFE

Life carrier is The Hartford.
 Enrollment in Basic Life for state Employee is automatic.
 Information regarding your Life coverage and Enrollment/change in Additional (Supplemental) Life and Dependent Life coverage can be found at <http://www.mybenefitsnm.com>

Section F: DISABILITY (For Employee Only)

Waiver of Disability - An "X" in this box waives my enrollment in this benefit plan.

Enroll me in Disability - Check with your HR Rep for Disability Guidelines or visit <https://www.mybenefitsnm.com/BenefitsInformation.html>

Make no changes to my current disability elections

Note: If you are not sure you have Disability Coverage please contact Erisa (505-244-6000)

Section G: IF YOU MADE A SELECTION ABOVE, LIST ALL DEPENDENTS TO BE COVERED, INCLUDING YOUR SPOUSE OR DOMESTIC PARTNER.

NOTE: I have provided supporting documentation securely for new dependents to ERISA at (505) 244-6009 with the enrollment form.
 Indicate with an A (add), D (drop), C (continue coverage), W (waived coverage) for all names listed below. Relationship Codes: 1=Employee, 2=Spouse, 3=Son, 4=Daughter, 5=Domestic Partner, 6=Domestic Partner Child, 7=Recognized Child

| Med Pkg | Dental | Vision | Dis | Life/Dep Life | Social Security No. | Name (Last Name, First Name, MI) | Sex M or F | Rel. Code 1-7 | Date of Birth |
|---------|--------|--------|-----|-------------------------------------|---------------------|----------------------------------|------------|---------------|---------------|
| | | | | <input checked="" type="checkbox"/> | | Employee | | | |
| | | | | <input checked="" type="checkbox"/> | | Spouse/Domestic Partner | | | |
| | | | | <input checked="" type="checkbox"/> | | Dependent | | | |
| | | | | <input checked="" type="checkbox"/> | | Dependent | | | |
| | | | | <input checked="" type="checkbox"/> | | Dependent | | | |
| | | | | <input checked="" type="checkbox"/> | | Dependent | | | |
| | | | | <input checked="" type="checkbox"/> | | Dependent | | | |

Any person who knowingly and with intent to defraud any insurance company or other person files a statement containing any materially false information, or conceals, for the purpose of obtaining, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime. Insurance Fraud will be prosecuted to the fullest extent of the law and will prohibit access to RMD benefits in the future. I have had the opportunity to ask questions about my benefit options and my enrollment elections reflect my informed decisions. I understand that once I submit my enrollment information, including any waiver, I will have limited opportunities to change my enrollment elections other than during the open/with enrollment in the fall of each year for benefit plan years starting each January 1st or with a qualifying event. I reviewed the information I provided in this enrollment before submitting and I confirm that the information accurately reflects my elections. I authorize premium deductions to be taken from my salary per NMSA § 10-7-5 to pay for the benefits I have elected. I understand those deductions shall be taken from my earnings on a pre-tax basis unless I submit the required POP waiver form. I understand that services will be available subject to exclusions, limitations, and conditions described in the summary plan descriptions (found on each carrier's website). I authorize any hospital, physician, dentist, or other health care provider to furnish, medical information regarding me and my dependents necessary to process claims. I authorize the carrier to coordinate benefits and/or reimbursements with other health or dental plans or insurance companies. I certify that the above information is correct to the best of my knowledge and belief. The State's Group Benefits Plan is required by Federal Law to maintain and protect the privacy of your health information and provide you with notice of its legal duties and privacy practices. The privacy notice is posted at https://www.mybenefitsnm.com/Documents/ERISA_Policies_and_Procedures_RMD.pdf on the mybenefitsnm.com website. If you have any questions regarding this notice or the privacy of your health information, please contact RMD at PO Box 4850 Santa Fe, NM 87502 or by telephone at 505-427-2036.

Signature _____ Submission Date _____



NEXT STEPS



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ENROLLMENT:

- **Complete Online or Fillable Benefit/Change Form** – Please Note: The online enrollment form will time out after 15 minutes of inactivity and please follow the notices provided at the top of each section of the enrollment form to ensure seamless enrollment.
- **The form will need to be completed to its entirety.** All dependent information must be entered whether adding, continuing, or dropping them from coverage.
- **Upon submitting the enrollment form, print two copies;** one for your personal records and one to forward to your HR for your Personnel File.
- Submit required supporting documentation securely via E-Mail: sonm@easitpa.com or Fax: 505-244-6009 to Erisa.
- **If using the Fillable Enrollment Form E-Mail:** sonm@easitpa.com or Fax: 505-244-6009 to Erisa. Remember to save proof of fax confirmation sheet.



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| | |
|--|---|
| <p>Dedicated Website: www.mybenefitsnm.com</p> | <p>Review Current Benefits (State Employees): SHARE Instructions</p> |
| <p>Online Enrollment:</p> | <p>Questions: Please contact Erisa Administrative Services, Inc. (505) 244-6000 or toll free (855) 618-1800</p> |

2025 VOLUNTARY BENEFITS



HAVE QUESTIONS OR NEED ASSISTANCE
ENROLLING –
CALL (505) 510-0156

mybenefitsnm.com

Events November 20 24 To be Announced.

Enrollment Period: December 1 - December 31, 20 24

Each carrier will determine individual effective date.



To learn more and enroll, visit MLVolBenefits.com.

Questions? Call 855-862-3912.



HAVE QUESTIONS OR NEED ASSISTANCE

ENROLLING –

CALL Sales: (303) 717-8122

Policyholders: (855) 624-5623



Have questions or need
assistance?

1-855-396-7655 (855.EZ.NROLL)

Ready to enroll?

Thank you!



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