New Mexico Judicial Branch

Administrative Office of the Courts

Health Benefits FAQs

The New Mexico Judicial Branch health benefits are administered by ERISA Administrative Services Inc. (ERISA) the State's Third Party Administrator. ERISA provides benefits administration to plan participants of the Judicial, Executive and Legislative Branches of Government in addition to Local Public Bodies (LPBs).

ERISA can answer enrollment questions on Medical, Pharmacy, Dental, and Vision, Domestic Partnership Coverage for Medical, Pharmacy, Dental, and Vision, and Basic, Supplemental and Dependent Life, Disability, and Flexible Spending Accounts.

ERISA's contact information:

ERISA Administrative Services, Inc.
1200 San Pedro NE
Albuquerque NM 87110-6726
Albuquerque (505)244-6000
Toll-free: (855) 618-1800
Fax: (505) 244-6009
E-mail: sonm@easitpa.com
Monday-Friday 8:00 AM – 5:00 PM

Please contact insurance carriers directly with deductible & copay questions.

Benefit	Carrier	Phone
Medical	Blue Cross Blue Shield of NM HMO & PPO Website: https://www.bcbsnm.com/sonm	(877) 994-2583 Group # 268390 (PPO) Group # 266002 (HMO)
	Presbyterian HMO Website: https://www.phs.org/health-plans/employer-plans/Pages/state-of-new-mexico.aspx	(888) 275-7737 Group # As of 4/1/2021 A0000034
	Cigna HMO (OAPIN) & PPO (OAP) Website: https://connections.cigna.com/newmexico/	(888) 244-6224 Group #3343553
Prescription	CVS Caremark Website: https://www.caremark.com/	(877) 744-5313 Group # RX22AR
Dental	Delta Dental PPO Website: www.deltadentalNM.com	(877) 395-9420 Group #8523
Vision	EyeMed Vision Care Website: member.eyemedvisioncare.com/sonm	(855) 219-3138 Group #1028738

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Flexible Spending Account	ERISA Administrative Services, Inc. (EASI) Fax: (505) 244-6009 Email: FSA@easitpa.com Website: https://erisatrust.com/	(855) 618-1800 Press 2 or (505) 244-6000
Employee Term (Basic) Additional / Supplemental Life Accidental Death & Dismemberment (AD&D) And Dependent Life	The Hartford Website: https://gateway.on24.com/wcc/experience/elite/HartfordFireInsuranceCom/2594735/3725682/State%2520of%2520New%2520Mexico%2520Risk%2520Management%2520Division	Contact ERISA at (505) 244-6000 for enrollment and claims (888) 563-1124 Group #681601
Disability	ERISA Administrative Services, Inc. (EASI) Website: http://www.mybenefitsnm.com/BenefitsInformation.html Email: SONM@easitpa.com	(855) 618-1800 (press 1)
Employee Assistance Program (EAP) & Wellness Program	Well-Being Solutions/ComPsych Website: https://www.guidanceresources.com/groWeb/login/login.xhtml	(833) 515-0771
Stay Well Health Center – Santa Fe	Website: https://staywellnm.proactive-md.com/	(505) 570-4949

OPEN/SWITCH:

1. **Are we in an Open/Switch Period?**
   a. No. Open Enrollment Season started in September 2022 with interactive webinars by each carrier. The Enrollment period was during the month of October 1 – 31, 2022.

2. **When is the next Open/Switch Enrollment Period?**
   a. The next Open/Switch Enrollment period should be scheduled for fall 2023 for the Benefits Plan Year beginning January 1, 2024. This includes enrollment for the Flexible Spending Accounts (FSA).
   b. Risk Management Division and ERISA, will send out more information in the fall of 2023.

3. **How do I make changes or additions to my Benefits if I have a qualifying event?**

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a. Please refer to the online enrollment/change form that is available for you to complete, & submit your benefits changes directly to ERISA.
b. When you have completed the online enrollment form you will be directed to push the submit button. Please print a copy of your changes and send it to your HR Professional to be placed in your personnel file.
c. If you are making changes or additions, you **MUST re-enter ALL** elections and dependent information.

4. **How do I find out what my current benefits are today?**
   a. You can access your Benefits Summary through SHARE. The navigation is: Navigator – Menu - Self Service – Benefits – Benefits Summary.
   b. You can also contact AOC HRD or your HR Department.

NOTE: This same page will also show you your PERA and Retiree Health Care contributions, your supplemental life coverage, disability coverage, and if you are set up to accrue annual and sick leave.

5. **How do I request a new identification card?**
   a. You can request new identification cards directly from the carriers.

PREMIUM RATES FOR FY2023:

6. **Where can I find the FY2023 Bi-weekly Contribution Schedule?**
   a. The FY2023 Bi-weekly Contribution Schedule can be found at: https://www.mybenefitsnm.com/PremiumRatesSAE.html and is attached to the back of these FAQs.
   b. Premium rates for prior fiscal years are available at the same above link.

7. **Will the insurance premiums increase for FY2023?**
   a. No. There will not be a health benefit premium increase for FY2023; July 1, 2022-June 30, 2023. This includes medical, dental, vision, and disability premiums.
   b. Information regarding premiums for FY2024 will be available in approximately June 2023. We are not yet aware of any potential increase in FY2024.
   c. For deductibles, copays, and out-of-pocket costs refer to the attached "State of New Mexico Benefits Comparison Guide January 1 – December 31, 2022" handout.

8. **How will I know if I have been charged the correct insurance premium and payroll deductions for my insurance changes?**
   a. When you receive your pay advice look in the "Before-Tax Deductions" box (unless you opted out of POP and your insurances are after-tax). You can verify the premiums charged in this box on your pay advice against the insurance premium schedule for FY2023.

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b. You can contact AOC HRD or your HR Professional.

a. **Current Deductibles**

- Presbyterian Preferred Network Plan deductibles are: $350 for employee-only coverage; $700 for two-person coverage; and $1,050 for family coverage.
- BCBS HMO IN-Network Plan deductibles are: $425 for employee-only coverage; $850 for two-person coverage; and $1,275 for family coverage.
- BCBS PPO Preferred Plus (NBP) Provider Plan deductibles are: $500 for employee-only coverage; $1,000 for two-person coverage; and $1,500 for family coverage.
- BCBS PPO Preferred (PPO) Provider Plan deductibles are: $700 for employee-only coverage; $1,400 for two-person coverage; and $2,100 for family coverage.
- BCBS PPO Non-preferred (OON) Provider Plan deductibles are: $3,000 for employee-only coverage; $6,000 for two-person coverage; and $9,000 for family coverage;
- Cigna-Open Access Plus IN-Network Plan HMO deductibles are: $500 for employee-only coverage; $1,000 for two-person coverage; and $1,500 for family coverage.
- Cigna-Open Access Plus Plan PPO Preferred Provider Plan deductibles are: $750 for employee-only coverage, $1,500 for two-person coverage; and $2,250 for family coverage.
- Cigna-Open Access Plus Plan PPO Non-preferred Provider Plan deductibles are: $3,000 for employee-only; $6,000 for two-person coverage; and $9,000 for family coverage.

b. **Current Out-of-Pocket Expenses (combined pharmacy & medical).**

- Presbyterian Preferred Network Plan Out-of-Pocket: $3,750 for employee-only coverage; $7,500 for two-person coverage; and $11,250 for family coverage.
- Presbyterian National HMO Network Plan Out-of-Pocket: $4,250 for employee-only coverage; $8,500 for two-person coverage; and $12,750 for family coverage.
- BCBS IN-Network HMO Plan Out-of-Pocket: $4,000 for employee-only coverage; $8,000 for two-person coverage; and $12,000 for family coverage.
- BCBS Blue Preferred Plus (NBP) Plan Out-of-Pocket : $4,000 for employee-only coverage; $8,000 for two-person coverage; and $12,000 for family coverage.

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- BCBS Preferred (PPO) Plan Out-of-Pocket: $5,600 for employee-only coverage; $11,200 for two-person coverage; and $16,800 for family coverage
- BCBS PPO Plan Out-of-Pocket Non-preferred (OON) Provider: $9,000 for employee-only coverage; $ 18,000 for two-person coverage; and $ 27,000 for family coverage;
- Cigna-Open Access Plus IN-Network Plan HMO Plan Out-of-Pocket: $5,000 for employee-only coverage; $10,000 for two-person coverage; and $15,000 for family coverage.
- Cigna-Open Access Plus Plan PPO Out-of-Pocket Preferred Provider: $5,000 for employee-only coverage; $10,000 for two-person coverage; and $15,000 for family coverage.
- Cigna-Open Access Plus Plan PPO Plan Out-of-Pocket Non-preferred Provider: $9,000 for employee-only; $18,000 for two-person coverage; and $ 27,000 for family coverage.

c. **Current Primary Care Provider Copays.**
- Presbyterian Preferred Network – $25 (deductible waived);
- Presbyterian National HMO Network – $40 (deductible waived);
- BCBS IN-Network HMO Primary Care Provider - $35 (deductible waived);
- BCBS Blue Preferred Plus NBP Primary Care Provider - $40 (deductible waived)
- BCBS PPO Preferred PPO Primary Care Provider - $50 (deductible waived);
- BCBS PPO Non-preferred OON Primary Care Provider - 50%;
- Cigna IN-Network HMO Primary Care Provider - $35 (deductible waived);
- Cigna PPO Preferred Primary Care Provider - $40 (deductible waived)
- Cigna PPO Non-preferred Primary Care Provider – 50%.

d. **Current Specialist Provider copays.**
- Presbyterian Preferred Network – $45 (deductible waived);
- Presbyterian National HMO Network – $75 (deductible waived);
- BCBS IN-Network HMO Specialist Provider - $50 copay (deductible waived);
- BCBS Blue Preferred Plus NBP Specialist Provider - $60 copay (deductible waived);
- BCBS PPO Preferred Provider - $70 copay (deductible waived);
- BCBS PPO Non-preferred Primary Care Provider – 50%;
- Cigna HMO Specialist Provider - $50 copay (deductible waived);
- Cigna PPO Preferred Provider - $60 copay (deductible waived);
- Cigna PPO Non-preferred Primary Care Provider – 50%.

e. **Current Laboratory copays.**
- Presbyterian Preferred Network – $20;

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- Presbyterian National HMO Network - $20;
- BCBS IN-Network HMO - 25%;
- BCBS Blue Preferred Plus NBP – 30%;
- BCBS PPO Preferred Provider – 40%;
- BCBS PPO Non-preferred Provider – 50%;
- Cigna IN-Network HMO – 25%;
- Cigna PPO Preferred Provider – 30%;
- Cigna PPO Non-preferred Provider – 50%.

f. **Current X-Rays copays.**
- Presbyterian Preferred Network – $100;
- Presbyterian National HMO Network - $100;
- BCBS IN-Network HMO - 25%;
- BCBS Blue Preferred Plus NBP – 30%;
- BCBS PPO Preferred Provider – 40%;
- BCBS PPO Non-preferred Provider - 50%;
- Cigna IN-Network HMO – 25%;
- Cigna PPO Preferred provider – 30%;
- Cigna PPO Non-preferred Provider – 50%.

g. **Current Inpatient Hospital copays.**
- Presbyterian Preferred Network – 20% coinsurance after deductible;
- Presbyterian National HMO Network - 20% coinsurance after deductible;
- BCBS IN-Network HMO - $700 per admission;
- BCBS Blue Preferred Plus NBP - $1,250 per admission;
- BCBS PPO Preferred Provider - $ 1,750 per admission;
- BCBS PPO Non-preferred Provider - 50%:
- Cigna IN-Network HMO - $ 700 per admission;
- Cigna PPO Preferred Provider - $1,250;
- Cigna PPO Non-preferred Provider – 50%.

h. **Current MRI/PET/CT Scan copays.**
- Presbyterian Preferred Network – $250 per test per day;
- Presbyterian National HMO Network - $250 per test per day;
- BCBS IN-Network HMO - 25% up to a maximum of $250 per test;
- BCBS Blue Preferred Plus NBP – 25% up to a maximum of $300 per test
- BCBS PPO Preferred Provider – 35% up to a maximum of $300 per test;
- BCBS PPO Non-preferred Provider - 50%;
- Cigna IN-Network HMO – $250 copay per type of scan per day, and then the plan pays 100%;
- Cigna PPO Preferred Provider - $300 copay per type of scan per day;
- Cigna PPO Non-preferred Provider – 50%.

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i. **Current Outpatient Surgery copays.**
- Presbyterian Preferred Network – $500 copay;
- Presbyterian National HMO Network - $500 copay;
- BCBS HMO IN-Network - 25% $250 per visit;
- BCBS Blue Preferred Plus NBP – 25% $500 per visit;
- BCBS PPO Preferred Provider - 35% %700 per visit;
- BCBS PPO Non-preferred Provider - 50%;
- Cigna IN-Network HMO - $250 copay/visit, plus 25% coinsurance;
- Cigna PPO Preferred Provider - $500 copay/visit, plus 25% coinsurance;
- Cigna PPO Non-preferred Provider – 50%.

j. **Current Emergency Room Visit copays.**
- Presbyterian Preferred Network - 20% coinsurance after deductible;
- Presbyterian National HMO Network – 20% coinsurance after deductible;
- BCBS IN-Network HMO - $300;
- BCBS Blue Preferred Plus NBP - $325;
- BCBS PPO Preferred Provider - $325;
- BCBS PPO Non-preferred Provider - $325;
- Cigna IN-Network HMO - $300;
- Cigna PPO Preferred Provider - $325;
- Cigna PPO Non-preferred Provider - $325.

k. **Current Urgent Care Center copays.**
- Presbyterian Preferred Network - $100 all-inclusive;
- Presbyterian National HMO Network - $100 all-inclusive;
- BCBS IN-Network HMO - $60;
- BCBS Blue Preferred Plus NBP - $65
- BCBS PPO Preferred Provider - $75;
- BCBS PPO Non-preferred Provider - $75 (after PPO deductible);
- Cigna IN-Network HMO - $60;
- Cigna PPO Preferred Provider - $65;
- Cigna PPO Non-preferred Provider $75.

l. **Current Chiropractic, Acupuncture copays include up to 25 combined visits per plan year.**
- Presbyterian HMO - $50 (deductible waived) (up to 25 combined visits per plan year);
- Presbyterian National HMO Network - $50 (deductible waived) (up to 25 combined visits per plan year)
- BCBS IN-Network HMO - $55 (deductible waived) (up to 25 combined visits per plan year);

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- BCBS Blue Preferred Plus NBP - $60 (deductible waived) (up to 25 visits combined visits per plan year)
- BCBS PPO Preferred Provider - $70 (deductible waived) (up to 25 combined visits per plan year);
- BCBS PPO Non-preferred Provider – %50 (deductible waived) (up to 25 combined visits per plan year);
- Cigna IN-Network HMO - $55 (deductible waived) (up to 25 combined visits per plan year);
- Cigna PPO Preferred Provider - $60 (deductible waived) (up to 25 combined visits per plan year);
- Cigna PPO Non-preferred Provider – 50% (up to 25 combined visits per plan year).

m. **Current Naprapathic Services include up to 25 visits per plan year (vs. $500 per plan year).**
- Presbyterian HMO - $55 (deductible waived) (up to 25 visits per plan year);
- Presbyterian National HMO Network - $55 (deductible waived) (up to 25 visits per plan year);
- BCBS IN-Network HMO - $60 (deductible waived) (up to 25 visits per plan year);
- BCBS Blue Preferred Plus NBP - $65 (deductible waived) (up to 25 visits per plan year);
- BCBS PPO Preferred Provider - $75 (deductible waived) (up to 25 visits per plan year);
- BCBS PPO Non-preferred Provider - 50% (up to 25 visits per plan year);
- Cigna IN-Network HMO – $60 (deductible waived) (up to 25 visits per plan year);
- Cigna PPO Preferred Provider - $65 (deductible waived) (up to 25 visits per plan year);
- Cigna PPO Non-preferred Provider – 50% (up to 25 visits per plan year).

n. **Current Durable Medical Equipment copays.**
- Presbyterian HMO – 20% coinsurance after deductible;
- Presbyterian National HMO Network – 20% coinsurance after deductible;
- BCBS IN-Network HMO - 25%;
- BCBS Blue Preferred Plus NBP – 25%;
- BCBS PPO Preferred Provider – 35%;
- BCBS PPO Non-preferred Provider - 45%;
- Cigna IN-Network HMO – 25%;
- Cigna PPO Preferred Provider – 28%;
- Cigna PPO Non-preferred Provider – 45%.

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o. **Current Physical, Occupational, & Speech Therapy copays.**
- Presbyterian HMO - $25 (deductible waived);
- Presbyterian National HMO Network - $40 (deductible waived);
- BCBS IN-Network HMO - $35 (deductible waived);
- BCBS Blue Preferred Plus NBP - $40 (deductible waived);
- BCBS PPO Preferred Provider - $50 (deductible waived);
- BCBS PPO Non-preferred Provider - 50%;
- Cigna IN-Network HMO - $35 (deductible waived);
- Cigna PPO Preferred Provider - $40 (deductible waived);
- Cigna PPO Non-preferred Provider – 50%.

9. Current Pharmaceutical copays.

a. Out of Pocket (combined Pharmacy & Medical)
- Presbyterian HMO - $3,750/ $7,500/ $11,250
- Presbyterian National HMN Network - $4,250/ $8,500/ $12,750
- BCBS IN-Network HMO - $4,000/ $8,000/ $12,000
- BCBS Blue Preferred Plus NBP - $4,000/ $8,000/ $12,000
- BCBS PPO Preferred Provider $5,600/ $11,200/ $16,800
- BCBS PPO Non-preferred Provider - $9,000/ $18,000/ $27,000
- Cigna IN-Network HMO – $5,000/ $10,000/ $15,000
- Cigna PPO Preferred Provider – $5,000/ $10,000/ $15,000
- Cigna PPO Non-preferred Provider - $9,000/ $18,000/ $27,000

b. SONM introduced CVS/Caremark who is managing the SONM's prescription plan that began July 1, 2022. Although, you are not required to use a CVS Pharmacy, you can find CVS Caremark Benefit Comparison Guide Below.

State of New Mexico
Benefits Comparison Guide

CVS caremark -STATE OF NM 2022 (Pharmacy Benefit Manager)		
	Retail (30 Day Supply)***	Mail Order (90 Day Supply)
Out of Pocket	Combined prescription and medical OOP maximum	
Deductible**	$50 Individual/ $100 Family only on Non-Generics (applies to Medical annual OOP Max)	
Generic	$6.00	$17.00
Brand (Preferred)	30% ($35 min/ $95 max)	$120.00
Brand (Non-Preferred)	40% ($60 min/ $130 max)	$155.00
Specialty Medications (30 day supply) must move to mail order after 2 fill at retail	$60 Generic $85 Preferred Brand $125 Non-preferredBrand *Contact Prudent RX to confirm eligibility for co-pay assistance	$60 Generic $85 Preferred Brand $125 Non-preferred Brand *Contact Prudent RX to confirm eligibility for co-pay assistance
**DEDUCTIBLE: $50 PER INDIVIDUAL/$100 FAMILY APPLIES TO Formulary and Non-Formulary Only		
***Three retail fills are allowed on maintenance medications before your copay will increase to the mail order copays shown above (for a 30 day supply).		
Note: If you obtain a brand name drug when a generic equivalent is available, you are responsible for the applicable brand name co-payment plus the cost difference between the brand-name drug and the generic drug. This does not apply to specialty medications.		

c. For more information and answers to commonly asked questions, visit Caremark.com – Help Center, or call the Customer Care Team at 877-744-5313.

DEPENDENTS:

10. What do I need to do if I am adding a new dependent?

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a. If adding a new dependent, proof of dependency for any new dependent **must be faxed to ERISA at 505-244-6009**, on the **same day** as you submit your online enrollment form.
b. Enrollment forms missing the required proof of dependency documentation will result in the dependent not being added to your benefits.
c. Coverage will not be added without proof of dependency.

11. Who is considered a dependent?

a. To be eligible for coverage a dependent must be a lawful spouse or Domestic Partner, a biological child, adopted child, step-child (if married to the biological parent), or child of the domestic partner.

12. What forms are considered "Proof of Dependents"?

Relationship	Required Documentation
Spouse	Court Filed Marriage Certificate
Domestic Partner	Notarized Domestic Partnership Affidavit
Natural Born Children	State-issued Birth Certificate or birth notice/proof of birth certificate completed by the hospital or a medical provider including a midwife provided the employee is listed on the birth notice.*
Stepchildren	State-issued Birth Certificate with either mother's or father's name on it along with Court Filed Marriage Certificate
Adopted Children	Court-awarded Adoption Papers
Legal Guardianship	Court-awarded Guardianship Papers

13. Are birth notices/proof of birth documents completed by a hospital or a midwife acceptable documentation substitutes for birth certificates?

a. Yes, if the employee covering the dependent child is listed on the birth notice.
b. If the employee does not appear on the notice/documents and they are providing coverage for the dependent child, additional documentation is required such as Proof of Paternity/Maternity, or a Court Order.
c. The Proof of Paternity/Maternity form can be found at https://nmhealth.org/about/erd/bvrhs/vrp/.
d. If an employee can document that they are in the process of obtaining the required document(s), such as a letter or email from a state Vital Records agency, an extension of 30-days may be granted. However, if the acceptable proof of dependency document(s) is not received within the 30-days of the extension the dependents will be retro-termed and any expenses incurred during that time will be the responsibility of the Plan participant.

14. When is my child no longer eligible for State Benefits Plan coverage?

a. Your child can be covered up to the age of 26. Dependents turning 26 years of age will be covered through the end of the month in which they turn 26.

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b. Reminder – to continue coverage of disabled dependents beyond their 26th birthday, you must complete & submit disabled dependent forms for medical and life coverage (found on www.mybenefitsnm.com).

15. Can I cover my married dependent child who is under the age of 26?

a. Yes. The Healthcare Reform Act of 2011, allows you to continue to cover your dependent children up to the age of 26.
b. All coverages will automatically terminate at the end of the month in which the dependent child turns 26 years of age. Dependents of your married child, i.e., spouse and their children are not eligible to be covered.

16. My dependent children live out of state. Can I still cover them on my State Benefits Plan?

a. Yes. There is no requirement that dependents must be NM state residents, and you may cover your children up to age 26 on your State Benefits Plan regardless of where they live.

DUAL COVERAGE:

17. If I have DUAL COVERAGE on my dependent(s), who is the primary insurance company?

a. Generally, the "Birthday Rule" determines the primary insurance carrier; the "Birthday Rule" means the parent whose birthday comes first in the calendar year is the primary health insurance plan provider for the dependent(s).

18. What is the "Birthday Rule"?

a. The parent whose birthday comes first in the calendar year is the primary health insurance plan.

DENTAL:

19. Delta Dental is the state of New Mexico and the NMJB dental plan provider.

Benefits Overview

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

State of New Mexico

Benefits Comparison Guide

DELTA DENTAL PPO-STATE OF NM 2022			
Services	PPO Provider	Premier Provider	Non-Participating Provider
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	80% Plan Pays	80% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	60% Plan Pays	35% Plan Pays
Calendar Year Deductibles $50 per person, $150 per family Deductible does not apply to Diagnostic, Preventive or Orthodontic Services			
Orthodontic Services Children up to 18 - 75% up to $2,000.00 Lifetime Maximum Adults 18 and over - 60% up to $1,750.00 Lifetime Maximum			
Benefit Annual Maximum - Calendar Year $1,750.00 per enrolled person - per calendar year			
Please contact Delta Dental for service descriptions or further details at 1-877-395-9420			

a. For complete details on the dental benefits call 877-395-9420 or go to https://www.deltadentalnm.com/.

VISION:

20. **VISION PROVIDER – benefits plan and copays have not changed.**
EyeMed Vision Care is the NEW state of New Mexico and the NMJB vision plan provider.

EYEMED STATE OF NEW MEXICO 2022		
SERVICES	IN-NETWORK	OUT-OF-NETWORK
EXAM SERVICES		
Eye Exam -Every 12 Months	Paid in Full after $10 Copay	Reimbursement - up to:Eye Exam: $40
Retinal Imaging	Up to $39	Not Covered
Lenses -Every 12 Months	Single/Bifocal/Trifocal-Paid in Full at $15 Co-Pay	Single-Vision Lenses: $40
		Tri-focal Lenses: $80
Frame-Every 24 Months	$150 retail allowance, plus 20% off overage	Up to $50
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	$0 copay; paid in full fit and two follow-up visits	Up to $40
Fit and Follow-up - Premium	$0 copay; 10% off retail price less $40 allowance	Up to $40
CONTACT LENSES		
Contacts – Conventional	$0 copay; 15% off balance over $150 allowance	Up to $105
Contacts – Disposable	$0 copay; $150 allowance	Up to $105
Contacts – Medically Necessary	$0 copay; paid in full	Up to $210
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	

For complete details on the vision benefits go to https://member.eyemedvisioncare.com/sonm/en and log in with group number 1028738, or call 855/219-3138.

FLEXIBLE SPENDING ACCOUNTS:

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

21. How do I make changes to my Flexible Spending Account (FSA) due to a Qualifying Event?

a. Complete the online enrollment form and submit it directly to ERISA.
b. Please send a copy to AOC HRD or your HR Department for your employee file, and so we may confirm the correct deductions.
c. Employees can access the enrollment form at www.mybenefitsnm.com.
d. For questions, regarding Flexible Spending Accounts please call 505-244-6000.

22. What is a Flexible Spending Account or FSA?

a. It is an employer-sponsored benefit that allows you to set aside pre-tax dollars into an account to be used for eligible expenses.
b. MEDICAL FSA - you may contribute up to $3,050 per individual annually. The minimum contribution per employee is $130.
c. DEPENDENT CARE FSA – you may contribute up to $5,000 annually per household. The minimum contribution per family is $130.
d. TRANSPORTATION/PARKING FSA – you may elect a pre-tax maximum election of $270 a month ($540 total) for parking and transit passes. Mass-transit election of $300 a month ($600 total) for Parking. Any money left in your account after December 31 is rolled over and will be available for you to use for expenses incurred in the next plan year. You can make adjustments to your contributions, or terminate your plan participation at any time during the year.

23. Who does the FSA benefit cover?

a. The MEDICAL FSA may be used for eligible expenses by the employee, spouse, and children under age 26, even if they are not covered under the primary health plan. Domestic partners and children of Domestic Partners are not covered.
b. The DEPENDENT CARE FSA may be used for eligible expenses for dependent children under age 13 who share the same residence as you, or a qualifying dependent who is physically or mentally unable to care for themselves, and who shares the same residence as you.
c. The TRANSPORTATION/PARKING FSA may be used for eligible expenses by the employee only.

ELIGIBILITY PERIOD:

24. What is the 31-day eligibility period?

a. An eligibility period is the time frame when an employee is eligible to enroll in the State's Benefits Plans.
b. This time frame is 31 days from the date of hire or the date of the qualifying event or change in status.

QUALIFYING LIFE EVENT or FAMILY STATUS CHANGE:

25. What is a qualifying event or family status change?

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

The table below shows the **EFFECTIVE DATES USED FOR** Enrollment and 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
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, coverage becomes.	Date the employee's coverage becomes effective.
Temporary to Permanent	Benefits will remain continuous, with no interruption.

a. **If you believe you have had a qualifying event or change in status, you must notify HR and ERISA within 31 days of the qualifying event**.
b. A voluntary economic decision to move coverage from one employee to another is no longer considered a qualifying event. This change will have to occur during open/switch enrollment.
c. Dependent children between the ages of 3 and 5 are no longer allowed to enroll in dental and vision without a qualifying event. This change will have to occur during open/switch enrollment.

LIFE INSURANCE & DISABILITY

THE HARTFORD LIFE INSURANCE COMPANY

http://www.mybenefitsnm.com/BenefitsInformation.html

26. How much are the Basic Life and Accidental Death & Disability (AD&D) Insurance premiums for the employee?

a. For FY2022, the State of NM (SoNM), currently pays 100% of the employee's basic life and AD&D insurance premium.

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

27. What is the coverage amount for the Basic Life and AD&D Insurance?

a. Basic life insurance is offered to the employee only.
b. The coverage amount is $50,000 for Basic Life and $50,000 for Accidental Death.

28. What coverage amount of supplemental life insurance are available?

a. Employees may elect additional life insurance coverage for themselves in $10,000 increments, up to a maximum of $500,000, including matching AD&D benefits.
b. Requires an evidence of insurability (EOI) if the requested amount if over $150k.
c. Premiums are based on the coverage amount you select and will increase with age.

29. What is the coverage amount for Dependent Spouse/Domestic Partner Life and AD&D Insurance?

a. You can elect Dependent Spouse/Domestic Partner life insurance coverage in $10,000 increments, up to a maximum of $250,000 with Evidence of Insurability (EOI) maximum coverage.
b. Premiums are based on the coverage amount you select and will increase with age.

30. What is the coverage amount for Dependent Child(ren) Life and AD&D Insurance?

a. You can select the dependent child's life insurance coverage in the amounts of $5,000, $10,000, or $15,000.
b. All coverage is guaranteed for the dependent child(ren).
c. You may elect dependent child(ren) life insurance coverage at any time without providing Evidence of Insurability (EOI).
d. One premium provides coverage for all eligible children.

31. Can I cover my spouse/domestic partner or child on the Life Insurance if they work for the State?

a. No. Effective January 1, 2016, employees may not be enrolled in the state of NM Basic Life Insurance and be covered under the state of NM Dependent Life Insurance.
b. Anyone with dual coverage up until December 31, 2015, has been grandfathered in.

32. Can I list more than one person on the Hartford Life Insurance Company Beneficiary Designation Form?

a. Yes. If you name two or more persons as beneficiaries (primary or contingent), payment will be made in equal shares to the beneficiaries unless you specify an amount or percentage for different beneficiaries.

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b. If you specify percentages to be paid to beneficiaries, the percentages must total 100%.

33. How do I calculate the monthly premium of the supplemental or dependent Life Insurance?

a. To calculate your monthly cost, go to the Life Insurance Calculator at https://www.thehartfordtools.com/gbd/costcalculator/?employerID=2FD2C6DA&src=&enrollmentURL=https://www.mybenefitsnm.com/?_ga=GA1.2.173482188.1627319326.

SHORT AND LONG-TERM DISABILITY

34. Who pays the premiums for short and long-term disability?

a. Disability premiums are paid 100% by the employee.

35. What does the SoNM Disability Insurance Plan cover?

a. Eligible employees who cannot work due to an illness or a non-work-related injury and meet the criteria.
b. The disability plan is comprised of two benefits, short-term, and long-term.

36. What are the required criteria for the SoNM Disability insurance?

An employee must:

a. Be enrolled in the SoNM Group Disability Benefits Program,
b. Have paid disability premiums for twelve consecutive months prior to the qualifying illness or injury, and
c. Have suffered a disability, non-work related illness or injury, which prevents them from working.

37. What is the Short-Term Disability Plan?

a. After a 28-day waiting/elimination period, eligible employees receive 60% of their gross weekly earnings for a maximum of 26 weeks and a maximum benefit of $500 per week.

38. What is the Long-Term Disability Plan?

a. Eligible employees receive 40% of their gross monthly salary for a maximum of 18 months and a maximum benefit of $2,000 per month, or until approved for social security or retirement.

39. How can I enroll in the Disability Plan?

a. You may enroll in the SoNM Disability Plan during Open/Switch enrollment or anytime throughout the year.

40. What will happen to my Disability benefit if I separate from the SoNM or the NMJB?

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

a. If an employee, who is receiving short or long-term disability benefits separates from the State Group Benefits Plan, their short or long-term disability benefits will continue until the disability claim is closed according to the terms and conditions of the plan.
b. To continue short or long-term disability payments, claimants must pay monthly disability premiums directly to the Risk Management Division.
c. Download the state of NM Disability Policy at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.mybenefitsnm.com/Documents/Disability-Policy-01.15.2020-Fillable-Forms.pdf

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

41. STAY WELL HEALTH CENTER & Wellness Program: What is the Free "Stay Well" Health Care Center?

a. The Stay Well Health Center offers free health care services.
b. They are located at 1100 S. St. Francis Drive, Suite 1000 in Santa Fe, New Mexico 87505.
c. The Stay Well Health Center is available to enrolled employees and their covered dependents (age two (2) and up).
d. To be eligible you must be enrolled in one of the state-sponsored medical programs.

42. What type of services does the "Stay Well" Health Care Center provide?

a. Same-day visits and primary care, such as:
   - Health Screening & Testing
   - Lab Services, Physical, & Wellness Visits
   - Patient Advocacy
   - Ongoing Health Conditions
   - Illnesses, Aches & Pains
   - Skin Conditions
   - Minor Injuries
   - Cannot treat Worker's Compensation Claims.
b. Health and Wellness, e.g., education, motivation, support coaching, and personal health coaching on diabetes and pre-diabetes, hypertension, dyslipidemia (high cholesterol) metabolic syndrome, exercise and nutrition, and weight management. *The Stay Well Health Center cannot treat Workers' Compensation claims.

43. Is there a copay or a cost for the services or prescriptions provided by the "Stay Well" Health Care Center?

a. Zero copays and no deductible costs. All services are at no cost including some medications for immediate treatment.
b. Medications dispensed through Stay Well Heath Center are free.

44. What are the hours of the "Stay Well" Health Care Center?

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

a. The “Stay Well” Health Care Center is open Monday – Friday from 7:00 a.m. to 5:00 p.m. Closed on Saturday and Sunday.
b. To schedule an appointment call 505/570-4949.
c. There are same day appointments available if needed. For a better experience and optimum time with your care team, please be sure to call ahead to schedule your appointment.

NEW EMPLOYEE ASSISTANCE PROGRAM (EAP):

45. The State / NMJB’s NEW Employee Assistance Program (EAP) provider is:

a. The Well-Being Solutions is administered by ComPsych. Pioneer of fully integrated counseling, legal, financial, work-life, and wellness services. 24-hr service centers staffed by dedicated clinical, legal, financial, wellness, absence-management, behavioral, and work-life experts.

46. Who is covered under EAP?

a. For employees and their eligible dependents living in the same household.

47. Do I need to re-enroll in EAP?

a. No re-enrollment is required.
b. EAP is available for all State employees, regardless of other benefits selected (enrollment in a health program is not required).

48. What does the EAP provider – Well-Being Solutions offer employees?

a. For employees and their eligible dependents, EAP provides up to five (5) FREE confidential counseling sessions per incident;
b. 24/7/365 Support, Resources, and Information;
c. Telephonic Consultation;
d. Monthly Newsletters;
e. Confidential Emotional Support;
f. Work-life Solutions;
g. Legal Guidance;
h. Financial Resources;
i. Online Support;
j. Webinars.
k. Contact: www.guidanceresources.com **Organization Web ID: SONMEAP** or call 833/ 515-0771.

QUESTIONS:

Call ERISA Administrative Services Inc., Risk Management Division, or AOC HRD with benefit questions.

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022

AOC HRD or your local HR Professional still manages an employee's FMLA, and LWOP, which could include collecting insurance premium payments from an employee if leave hours are not sufficient to cover premium costs.

AOC HRD or your local HR Professional also processes all life insurance claim forms. Generally, employees should contact ERISA for other questions on their benefits.

PREMIUM REMINDER:

Please be sure to look carefully at your pay advice regularly, to confirm that you have all the correct benefit coverages you elected (including correct premiums for spouse/domestic partner/children, if applicable).

- **If your deduction does not look correct, please contact ERISA at (505) 244-6000 or (855) 618-1800.**

Attachments:

1. July 1, 2022 – June 30, 2023, SoNM Employee's *Biweekly Contribution Schedule.* You can find the premium rates listed on the Benefits Plan and Contact Information webpage: https://www.mybenefitsnm.com/PremiumRatesSAE.html.
2. State of New Mexico Benefits Comparison Guide FY23.

Dev: Nov. 2013; Rev: Nov. 2014, May 2015, May 2016, May 2017, October 2016, October 2017, October 2018, October 2019, September 2020, May 2021; November 2022