

# MEMORANDUM

To: EPS Employees

Fr: Leslie Garcia, Insurance Benefits Specialist

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Date: July 16, 2020

## Important Information and Reminders:

- NEA premium increase effective on August 30th check.
- Premium increase for Medical Insurance will start on your September 15<sup>th</sup> check. For an effective date of 10/1/2020.
- SPECIAL SWITCH ENROLLMENT 7/17/2020-8/21/2020 for an effective date of 10/1/2020. NMPSIA is allowing employees that currently have Medical coverage to switch coverage. If you decide to switch coverage, this change will take place on your September checks.

You can switch from:

- PRES to BCBS
  - BCBS to PRES
  - BCBS to BCBS EPO
  - PRES to BCBS EPO
  - BCBS EPO to PRES
  - BCBS EPO to BCBS
  - LOW Option to High Option
  - HIGH option to Low Option
- REGULAR SWITCH AND OPEN ENROLLMENT will still take place from 10/1/2020-11/13/2020 for an Effective date of January 1, 2021. More information at a later date.

**Please remember that any LIFE EVENT, such as Marriage, Divorce, Birth, Death, Adoption, Loss of Coverage, are all events that you must report to me within 31 days from the date they occur. Not reporting these events timely, can lead to serious issues with your insurance.**

For Employer Use: PAYROLL DEDUCTIONS	MEDICAL \$ <input type="text"/>	DENTAL \$ <input type="text"/>	VISION \$ <input type="text"/>	DISABILITY \$ <input type="text"/>	ADDITIONAL LIFE \$ <input type="text"/>	Former Employer (if covered under NMPSIA)	Basic Life Eff. Date (mm/dd/yyyy)	Other Cvg Eff. Date (mm/dd/yyyy) 10/1/2020
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**New Mexico Public Schools Insurance Authority EPS**

District/Entity Name \_\_\_\_\_ District/Entity # **55**

**EMPLOYEE CHANGE CARD**

Eligibility Administrative Office (505) 988-4974 (800) 233-3164

**Special Switch Enrollment**

<b>1</b>	Social Security Number	Name (Last, First, Middle)	Date of Birth
Mailing Address		City	State Zip Code Home Phone Number
Marital Status <input type="checkbox"/> S <input type="checkbox"/> M	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Preferred E-Mail Address <small>By furnishing my e-mail address on this form, I am consenting to receive communications related to my participation in NMPSIA's benefit program by e-mail.</small>	Work Phone Number Cell Phone Number
<input type="checkbox"/> Check this box only if you do NOT wish to receive plan communications by e-mail.			

**REASON FOR CHANGE:**

<input type="checkbox"/> Late Enrollment	<input type="checkbox"/> New address and/or phone number	<b>Answer questions below</b>
<input checked="" type="checkbox"/> Switch Enrollment	<input type="checkbox"/> Qualifying Event	What event took place? _____
		What date did event take place? _____

**2 ENROLLMENT**

What is your current enrollment status?  Employee Only  2-Party (Employee + Spouse or Child)  Family (Employee + 2 or more)

What enrollment status are you requesting?  Employee Only  2-Party (Employee + Spouse or Child)  Family (Employee + 2 or more)

**Check One:**  ADD COVERAGE  CANCEL COVERAGE  SWITCH ENROLLMENT

**BASIC LIFE:** The Standard

**MEDICAL**

<input type="checkbox"/> Blue Cross Blue Shield	<input type="checkbox"/> Presbyterian	<input type="checkbox"/> Decline Medical
<input type="checkbox"/> High Option (Default)	<input type="checkbox"/> High Option (Default)	Reason: _____
<input type="checkbox"/> Low Option	<input type="checkbox"/> Low Option	Eligible for Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> EPO Option		

**DENTAL:** United Concordia  High Option (Default)  Low Option  Decline Dental

**VISION:** Davis Vision (2 year enrollment required)  Decline Vision

**LONG TERM DISABILITY:** The Standard  Decline Long Term Disability

**ADDITIONAL LIFE:** The Standard Select:  1X  2X  3X Base Annual Salary  Decline Employee Additional Life

Spouse Life  Child Life  Decline Dependent Life

**3 DEPENDENT INFORMATION** List all dependents you wish to enroll. Provide requested information for additional dependents on separate sheet if necessary. Indicate an A (add), D (drop), C (continue coverage), or N/A (not applicable) for all names listed below.

Med	Dntl	Visn	Add'l Life	Dependent's Name (Last, First, Middle)	Social Security Number (REQUIRED)	Date of Birth (mm/dd/yyyy)	Gender	Dependent's Relationship to You	Proof of Marriage, Birth, Loss of Coverage, or Court Order Attached
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> Yes <input type="checkbox"/> No

**4 EMPLOYEE AUTHORIZATION STATEMENT**

I hereby authorize my school district/employer to deduct from my earnings until further written notice, amounts equal to the contribution required of me toward the plan(s) herein enrolled. I hereby apply to the Authority for the coverage offered to myself and dependents shown above. I understand that services will be available subject to the exclusions, limitations and the conditions described in the Master Group Insurance Policies. I authorize any hospital, physician, or other health care provider to furnish (when applicable) to the Insurance Carrier such medical information as it may require for myself and my dependents. I authorize the Insurance Carrier to coordinate benefits and/or reimbursements with other health plans or insurance companies. Under penalties of perjury and insurance fraud, I declare that I have examined this application and supporting documentation, and to the best of my knowledge and belief, they are true, correct, and complete. **Read reverse side before signing.**

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN THIS FORM TO YOUR EMPLOYEE BENEFITS OFFICE NO LATER THAN 31 DAYS FROM YOUR QUALIFYING EVENT**

**5 EMPLOYER CERTIFICATION** ALL INFORMATION IN THIS SECTION IS REQUIRED TO DETERMINE ELIGIBILITY. PLEASE COMPLETE THIS SECTION THOROUGHLY. FORM MUST BE SIGNED BY EMPLOYER.

I attest that to the best of my knowledge that this applicant is an employee of my district/entity (or meets the one-bus owner definition) and works the minimum number of hours per week required for NMPSIA benefits.

Date of Hire	Base Annual Salary \$	# of hours worked weekly	Job Title	<input type="checkbox"/> Check <i>only</i> if Variable Hour Employee	List date Variable Hour Employee became eligible for medical only coverage	Date Received in Your Office
BENEFITS SPECIALIST SIGNATURE _____				DATE _____		



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**NMPSIA PREMIUM**  
**CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2020**  
 24 PAY PERIOD BREAKDOWN

*Increase  
Sept Payroll*

			Less than \$15,000 25%/75%	1/2 25%/75%	\$15,000 - \$19,999 30%/70%	1/2 30%/70%	\$20,000 - \$24,999 35%/65%	1/2 35%/65%	\$25,000 and Over 40%/60%	1/2 40%/60%
MEDICAL	Single	Employee share	\$196.30	\$98.15	\$235.56	\$117.78	\$274.82	\$137.41	\$314.10	\$157.05
		Employer	\$588.94	\$294.47	\$549.68	\$274.84	\$510.42	\$255.21	\$471.14	\$235.57
High Option	Two-Party	Employee share	\$373.34	\$186.67	\$448.02	\$224.01	\$522.68	\$261.34	\$597.36	\$298.68
		Employer	\$1,120.06	\$560.03	\$1,045.38	\$522.69	\$970.72	\$485.36	\$896.04	\$448.02
	Family	Employee share	\$498.64	\$249.32	\$598.38	\$299.19	\$698.10	\$349.05	\$797.84	\$398.92
		Employer	\$1,495.96	\$747.98	\$1,396.22	\$698.11	\$1,296.50	\$648.25	\$1,196.76	\$598.38
BCBS	Single	Employee share	\$139.48	\$69.74	\$167.38	\$83.69	\$195.28	\$97.64	\$223.18	\$111.59
		Employer	\$418.46	\$209.23	\$390.56	\$195.28	\$362.66	\$181.33	\$334.76	\$167.38
Low Option	Two-Party	Employee share	\$265.28	\$132.64	\$318.34	\$159.17	\$371.40	\$185.70	\$424.46	\$212.23
		Employer	\$795.86	\$397.93	\$742.80	\$371.40	\$689.74	\$344.87	\$636.68	\$318.34
	Family	Employee share	\$354.34	\$177.17	\$425.20	\$212.60	\$496.06	\$248.03	\$566.94	\$283.47
		Employer	\$1,063.00	\$531.50	\$992.14	\$496.07	\$921.28	\$460.64	\$850.40	\$425.20
BCBS	Single	Employee share	\$176.68	\$88.34	\$212.02	\$106.01	\$247.34	\$123.67	\$282.68	\$141.34
		Employer	\$530.04	\$265.02	\$494.70	\$247.35	\$459.38	\$229.69	\$424.04	\$212.02
EPO Option	Two-Party	Employee share	\$336.00	\$168.00	\$403.20	\$201.60	\$470.40	\$235.20	\$537.60	\$268.80
		Employer	\$1,008.02	\$504.01	\$940.82	\$470.41	\$873.62	\$436.81	\$806.42	\$403.21
	Family	Employee share	\$448.78	\$224.39	\$538.54	\$269.27	\$628.30	\$314.15	\$718.06	\$359.03
		Employer	\$1,346.36	\$673.18	\$1,256.60	\$628.30	\$1,166.84	\$583.42	\$1,077.08	\$538.54
Presbyterian	Single	Employee share	\$158.76	\$79.38	\$190.50	\$95.25	\$222.26	\$111.13	\$254.00	\$127.00
		Employer	\$476.26	\$238.13	\$444.52	\$222.26	\$412.76	\$206.38	\$381.02	\$190.51
High Option	Two-Party	Employee share	\$333.36	\$166.68	\$400.02	\$200.01	\$466.70	\$233.35	\$533.36	\$266.68
		Employer	\$1,000.06	\$500.03	\$933.40	\$466.70	\$866.72	\$433.36	\$800.06	\$400.03
	Family	Employee share	\$444.50	\$222.25	\$533.40	\$266.70	\$622.30	\$311.15	\$711.22	\$355.61
		Employer	\$1,333.54	\$666.77	\$1,244.64	\$622.32	\$1,155.74	\$577.87	\$1,066.82	\$533.41
Presbyterian	Single	Employee share	\$112.82	\$56.41	\$135.38	\$67.69	\$157.94	\$78.97	\$180.50	\$90.25
		Employer	\$338.44	\$169.22	\$315.88	\$157.94	\$293.32	\$146.66	\$270.76	\$135.38
Low Option	Two-Party	Employee share	\$236.88	\$118.44	\$284.24	\$142.12	\$331.62	\$165.81	\$379.00	\$189.50
		Employer	\$710.62	\$355.31	\$663.26	\$331.63	\$615.88	\$307.94	\$568.50	\$284.25
	Family	Employee share	\$315.84	\$157.92	\$379.00	\$189.50	\$442.18	\$221.09	\$505.34	\$252.67
		Employer	\$947.54	\$473.77	\$884.38	\$442.19	\$821.20	\$410.60	\$758.04	\$379.02

NMPSIA PREMIUM  
CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2019  
24 PAY PERIOD BREAKDOWN

Old rates

			Less than \$15,000 25%/75%	1/2 25%/75%	\$15,000 - \$19,999 30%/70%	1/2 30%/70%	\$20,000 - \$24,999 35%/65%	1/2 35%/65%	\$25,000 and Over 40%/60%	1/2 40%/60%
MEDICAL	Single	Employee share	\$180.60	\$90.30	\$216.72	\$108.36	\$252.84	\$126.42	\$288.96	\$144.48
		Employer	\$541.80	\$270.90	\$505.68	\$252.84	\$469.56	\$234.78	\$433.44	\$216.72
High Option	Two-Party	Employee share	\$343.46	\$171.73	\$412.16	\$206.08	\$480.86	\$240.43	\$549.54	\$274.77
		Employer	\$1,030.42	\$515.21	\$961.72	\$480.86	\$893.02	\$446.51	\$824.34	\$412.17
	Family	Employee share	\$458.74	\$229.37	\$550.48	\$275.24	\$642.24	\$321.12	\$733.98	\$366.99
		Employer	\$1,376.22	\$688.11	\$1,284.48	\$642.24	\$1,192.72	\$596.36	\$1,100.98	\$550.49
BCBS	Single	Employee share	\$136.62	\$68.31	\$163.94	\$81.97	\$191.26	\$95.63	\$218.58	\$109.29
		Employer	\$409.84	\$204.92	\$382.52	\$191.26	\$355.20	\$177.60	\$327.88	\$163.94
Low Option	Two-Party	Employee share	\$259.82	\$129.91	\$311.80	\$155.90	\$363.76	\$181.88	\$415.72	\$207.86
		Employer	\$779.50	\$389.75	\$727.52	\$363.76	\$675.56	\$337.78	\$623.60	\$311.80
	Family	Employee share	\$347.04	\$173.52	\$416.46	\$208.23	\$485.86	\$242.93	\$555.28	\$277.64
		Employer	\$1,041.16	\$520.58	\$971.74	\$485.87	\$902.34	\$451.17	\$832.92	\$416.46
BCBS	Single	Employee share	\$162.54	\$81.27	\$195.04	\$97.52	\$227.56	\$113.78	\$260.06	\$130.03
		Employer	\$487.62	\$243.81	\$455.12	\$227.56	\$422.60	\$211.30	\$390.10	\$195.05
EPO Option	Two-Party	Employee share	\$309.12	\$154.56	\$370.94	\$185.47	\$432.76	\$216.38	\$494.58	\$247.29
		Employer	\$927.34	\$463.67	\$865.52	\$432.76	\$803.70	\$401.85	\$741.88	\$370.94
	Family	Employee share	\$412.86	\$206.43	\$495.44	\$247.72	\$578.00	\$289.00	\$660.58	\$330.29
		Employer	\$1,238.60	\$619.30	\$1,156.02	\$578.01	\$1,073.46	\$536.73	\$990.88	\$495.44
Presbyterian	Single	Employee share	\$146.04	\$73.02	\$175.26	\$87.63	\$204.46	\$102.23	\$233.68	\$116.84
		Employer	\$438.16	\$219.08	\$408.94	\$204.47	\$379.74	\$189.87	\$350.52	\$175.26
High Option	Two-Party	Employee share	\$306.68	\$153.34	\$368.00	\$184.00	\$429.34	\$214.67	\$490.68	\$245.34
		Employer	\$920.02	\$460.01	\$858.70	\$429.35	\$797.36	\$398.68	\$736.02	\$368.01
	Family	Employee share	\$408.94	\$204.47	\$490.72	\$245.36	\$572.50	\$286.25	\$654.30	\$327.15
		Employer	\$1,226.80	\$613.40	\$1,145.02	\$572.51	\$1,063.24	\$531.62	\$981.44	\$490.72
Presbyterian	Single	Employee share	\$110.50	\$55.25	\$132.58	\$66.29	\$154.68	\$77.34	\$176.78	\$88.39
		Employer	\$331.48	\$165.74	\$309.40	\$154.70	\$287.30	\$143.65	\$265.20	\$132.60
Low Option	Two-Party	Employee share	\$232.00	\$116.00	\$278.40	\$139.20	\$324.80	\$162.40	\$371.20	\$185.60
		Employer	\$696.02	\$348.01	\$649.62	\$324.81	\$603.22	\$301.61	\$556.82	\$278.41
	Family	Employee share	\$309.34	\$154.67	\$371.22	\$185.61	\$433.08	\$216.54	\$494.96	\$247.48
		Employer	\$928.06	\$464.03	\$866.18	\$433.09	\$804.32	\$402.16	\$742.44	\$371.22