Employee
Online System Tutorial

Switch Enrollment

IMPORTANT!
**To ensure a successful experience on this tutorial,
please read the following in its entirety before proceeding.**

- A Switch Enrollment change can only be done during NMPSIA's Switch Enrollment period (October 1, 2024- November 1, 2024).

- **If you do not want to make changes to your benefits, you do not have to take any action and your current plan will automatically renew.**

- Only one transaction may be performed at a time.

- Only one transaction is allowed per day.

- Be prepared to START AND FINISH during one sitting. If you are interrupted during the process, the system may time out due to inactivity and/or log you out. Simply log back in to pick up where you left off.

- Have all information needed and available to prevent system time out, such as dependents date of birth and social security number.

- Enter all data in the required format (i.e., DOB: mmddyyyy).

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What is Switch Enrollment?

Switch Enrollment is the period each fall when eligible employees may switch their medical carrier and/or dental carrier. Eligible employees may also switch medical and/or dental plan options.

Changes to benefits are effective January 1, 2025.

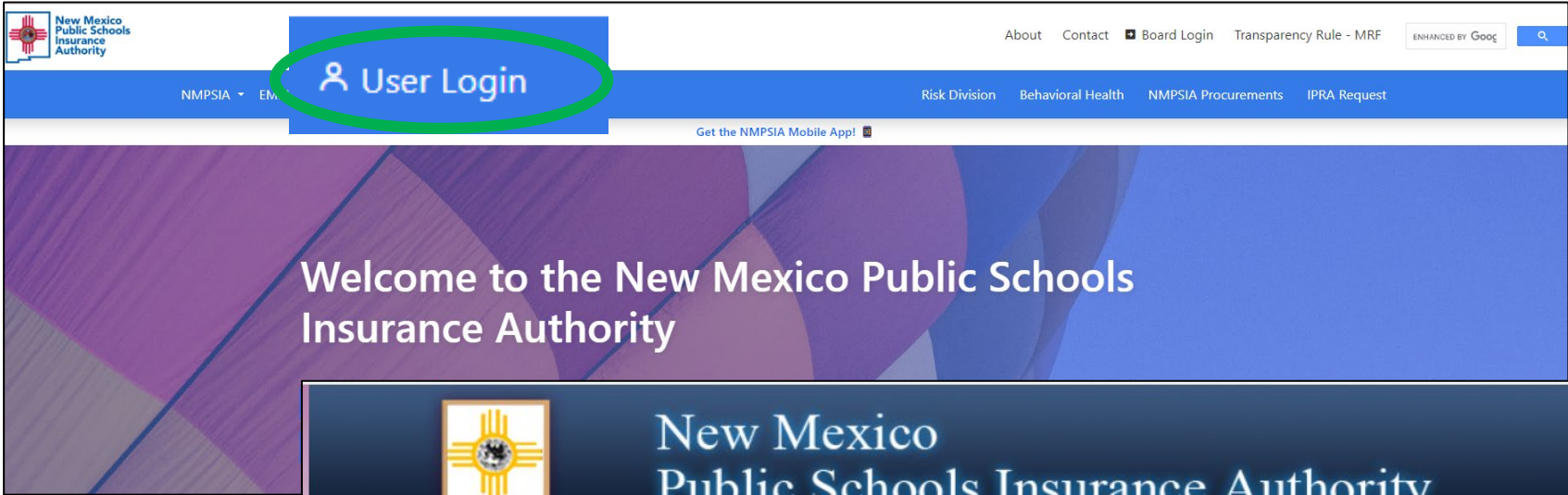**During Switch Enrollment an eligible employee may elect to:**

- **Switch** medical carrier (e.g., Presbyterian(PRES) to Blue Cross Blue Shield (BCBS)) or plan option (e.g., High Option to Low Option) or vice versa.

- **Switch** dental carrier (e.g., Delta(DLTA) to United Concordia(UCD)) or BCBS Dental or plan option (e.g., High Option to Low Option) or vice versa.

NOTE: **Long Term Disability, Additional Employee Life, and/or Additional Spouse Life is allowed any time of the year** by requesting □ Evidence of Insurability on the Employee Enrollment/Change Form or via the Employee Login online system and submitting to your employer for signature or approval. *(Evidence of insurability and approval by The Standard will be required. If approved, the effective date will be determined as the first of the following month from the decision date.)*

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Employee Login Process from https://nmpsia.com/

All Employees will have access to the Online System during Switch Enrollment.

Go to https://nmpsia.com/ and click on User Login then choose Employee Login.

Step 2

Employee Login

Read the page and select **"Accept"** to continue.

Employee Login

You have the option to sign in using your *HIPAA ID* (found on a Confirmation Notice)*, User Defined Login Option* (previously created by you)*, or your Social Security Number (SSN).* In this example, we will use an **SSN**.

Employee Login

Find your **Employer Name** by clicking the *caret* on the dropdown box.

Scroll down to find your employer and click on the "Employer Name".

Step 3b

Employee Login

Enter your SSN (**do not use dashes or spaces**)
Enter your Date of Birth (*MMDDYYYY)* and click **"Log In"**.

Employee Login

You can create your own username and password and click **"Submit"** or click **"Maybe Later"** to proceed.

Employee Login - Open/Switch Enrollment

Under **Enrollment and Plan Information**, click on **Open/Switch Enrollment**.

Employee Login - Choose Switch Enrollment

On this screen the employee will select **"Switch Enrollment"**.

"Switch Enrollment" allows Employees to:

- SWITCH **medical carrier** (e.g., (PRES to BCBS) or plan option (e.g., High Option to Low Option) or vice versa
- SWITCH **dental carrier** (e.g., DLTA to UCD/BCBS) or plan option (e.g., High Option to Low Option) or vice versa

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BENA; JAKE

○ Open Enrollment   ◉ Switch Enrollment

Only one Change Enrollment transaction may be performed at a time. If you are trying to perform multiple transactions, such as adding a benefit and adding a dependent, please direct your request to your employer's Benefits Representative.

ACADEMY FOR TECHNOLOGY AND THE CLASSICS
CHRISTINE GARCIA , BUSINESS MANAGER
Phone: (505)438-4056
E-Mail: CHRISTINE.GARCIA@ATCSCHOOL.ORG

Medical and Prescription Drug Coverage – If you enroll in the medical plan, you are automatically enrolled in the Prescription Drug Program. You will receive a separate ID card from the NMPSIA Prescription Drug Manager to purchase your prescription drugs.

BENEFICIARY INFORMATION

Complete a **Schedule A** form to make your selection(s) for your beneficiary for basic life and/or additional life coverage. You may change your beneficiary designation at any time. If you do not designate a beneficiary for your life insurance, the life insurance carrier will apply its established processes to determine the individual(s) entitled to your life benefit.

CONFIRMATION OF ENROLLMENT

Once your enrollment has been processed, the NMPSIA Eligibility Administrative Office will email you or mail you a Confirmation of Enrollment Notice to your *home (and to your employer)*. Please review this confirmation notice carefully and report any discrepancies to your Employee Benefits Office or to the NMPSIA Eligibility Administrative Office at 1 (800) 233-3164.

If you do not provide your employer with all of the appropriate documentation necessary to finalize your enrollment request, you will be contacted for the appropriate documentation. Please be sure to adhere to all deadlines associated with this request.

☑ I have read and understand NMPSIA's Eligibility Rules and administrative guidelines for enrollment presented above.

Next

Read notifications in their entirety and click acceptance of NMPSIA's Eligibility Rules and click "Next".

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Employee Login - Choose Benefit Carrier and Plan Option

This is the place to select a **benefit carrier** and **benefit carrier plan option** during **"Switch Enrollment"**. Once you have made your selection click **"Next"**.

Click on the *caret* on the drop-down box for the **benefit carrier** you would like to switch for Medical or Dental.

Your current carrier will be shown in the top box. Scroll down to select a different carrier.

Click on the *caret* on the drop-down box to **select the carrier plan option** you would like to select: "High, Low, or EPO".

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BENA; JAKE

Change Enrollment

Social Security No.	Last Name	First Name	Middle Name	Suffix
088-88-3096	BENA	JAKE		

Date Of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	EMail	Preferred Contact
01/01/1999	Y	M	(505)555-1122		(505)555-1122	BENJAK99@LIVE.COM	5

Mailing address(Box#or Street Address)		Zip	City	State	County
123 MAIN ST		77777	SANTA FE	NM	12345

Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week
ACADEMY FOR TECHNOLOGY AND THE CLASSICS	IT	07/05/2024	$50,000.00	35.00

Medical:	Blue Cross Blue Shield ▼		Plan:	EPO ▼
Dental:	Blue Cross Blue Shield		Plan:	High
Vision:	Presbyterian			Low
Basic Life Insurance:	Standard		Elected	EPO
Additional Life Insurance:	Standard		Elected	1X Base Salary
Spouse Life Insurance:	Standard		Elected	$0.00
Dependent Life Insurance:	Standard		Not Elected	$0.00
Long Term Disability:	Standard		Elected	30D

☑ 125 Cafeteria Plan

Section 125 Cafeteria Plan participation is provided by your employer and **_NOT_** part of the **NMPSIA Employees Benefits Program**. Please contact for information on this program.

Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision
BENA	JAKE			088-88-3096	01/01/1999	MALE	SELF			Y
BENA	HONEY			088-81-1211	07/07/1980	FEMALE	SPOUSE	☑	☑	Y

Effective Date:01/01/2025

Previous		Next

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Employee Login - Preview Change Enrollment Request

Read the disclaimer in red print and authorize by clicking **"Accept"**. *Check the box at the end of the disclaimer if someone helped you perform the online transaction.*

- **Enter your social security number.**

- **Enter your full name as shown.**

- **Enter the current date that you completed the process.**

- **Click "Finish".**

Employee Login - Switch Enrollment Submitted

You will see this message after you complete **"Step 8"**. This shows your transaction has been submitted to your Benefits Specialist for approval.

Employee Login – Confirmation of Enrollment

When an Employee makes a Change on the Online System, both the Employer's Benefits Specialist and Erisa will receive a Notification of an Online Pending Transaction.

When approved, the Employee will receive a **"Confirmation of Enrollment"** via USPS mail at the address provided, as in this example on the right. The wording will match the description of the transaction made by the employee.

The Employee must review this **"Confirmation of Enrollment"** carefully to confirm all the information is correct.

If information is **incorrect** the Employee **must report changes immediately** to their Benefits Specialist to make corrections.

New Mexico Public Schools Insurance Authority

c/o Erisa Administrative Services, Inc. (505) 988-4974 or (800) 233-3164
P. O. Box 9054; Santa Fe, NM 87504-9054

EASI

Confirmation of Enrollment

08/23/2024

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309
3CF495800

JAKE BENA
123 MAIN ST
SANTA FE NM 77777

This Confirmation of Enrollment was generated for the following reason:

Your medical plan has been switched from Blue Cross Blue Shield EPO to Presbyterian High Option effective 01/01/2025.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Presbyterian High	United Concordia Dental High	Davis Vision	The Standard	The Standard	The Standard	None	The Standard
Coverage	Employee and Spouse	Employee and Spouse	Employee and Spouse	30 Day Plan	1X $50,000	$ 25,000	Declined	$ 25,000

Information regarding you and your family as of 8/23/2024

ID	Name	Relation -ship	SS# Hipaa	Sex	Birth Date	Eligible until	Med	Den	Vsn	Lif	Additional Information
10	JAKE BENA	SELF	3CF495800	M	xx/xx/1999		Y	Y	Y	Y	
20	HONEY BENA	SPOU	xxx-xx-1211	F	xx/xx/1980		Y	Y	Y	Y	

Please visit https://nmpsia.com to view important plan documents, including the new wellness benefit and the video visit opportunity under the medical plans. Review and update your contact information at https://nmpsiaonline.nmpsia.com. This site may also be used for performing benefit enrollment transactions (subject to employer policy).

If you have any questions, please contact at Erisa Administrative Services, Inc. (800) 233-3164 or (505) 988-4974 within five (5) business days of this notice.

Thank you for utilizing this valuable tool.
We hope you found it helpful and user friendly.