

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- November 10, 2023).
- **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).

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, 2024.

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

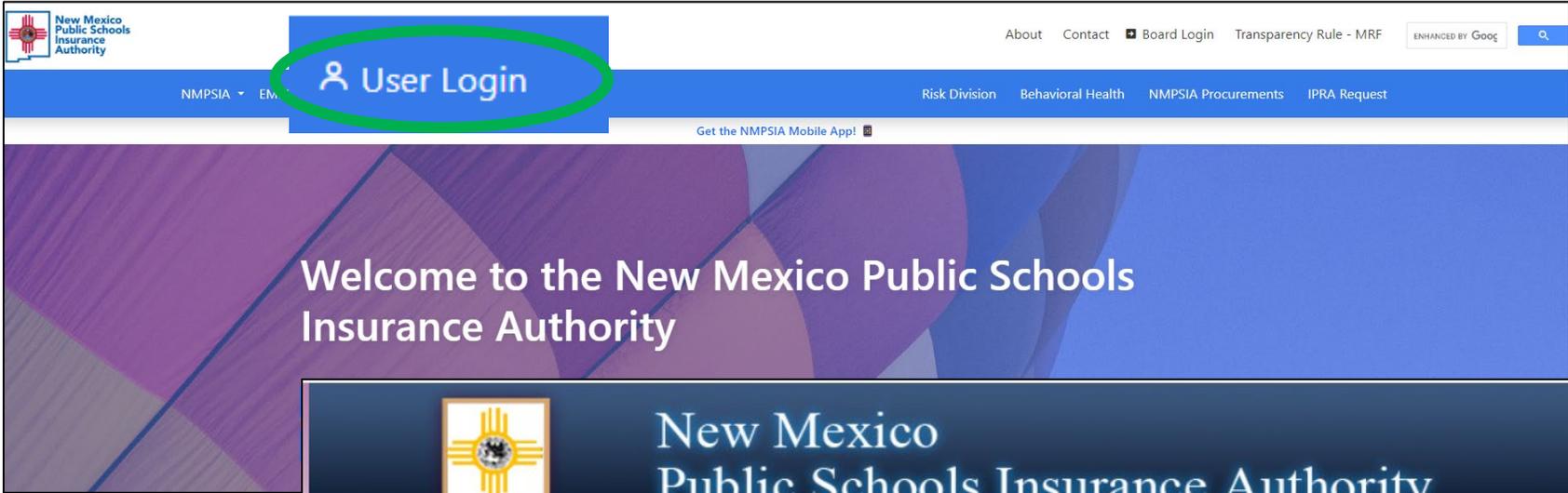
- **Switch** medical carrier (e.g., Presbyterian(PRES) to Blue Cross Blue Shield (BCBS)) or plan option (e.g., High Option to Low Option) or vice versa.
- **Switch** dental carrier (e.g., Delta(DLTA) to United Concordia(UCD)) or plan option (e.g., High Option to Low Option) or vice versa.

Adding LTD or Additional Life coverage is allowed throughout the year, however it is discouraged during Switch Enrollment as processing time will take longer.

Step
1

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

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

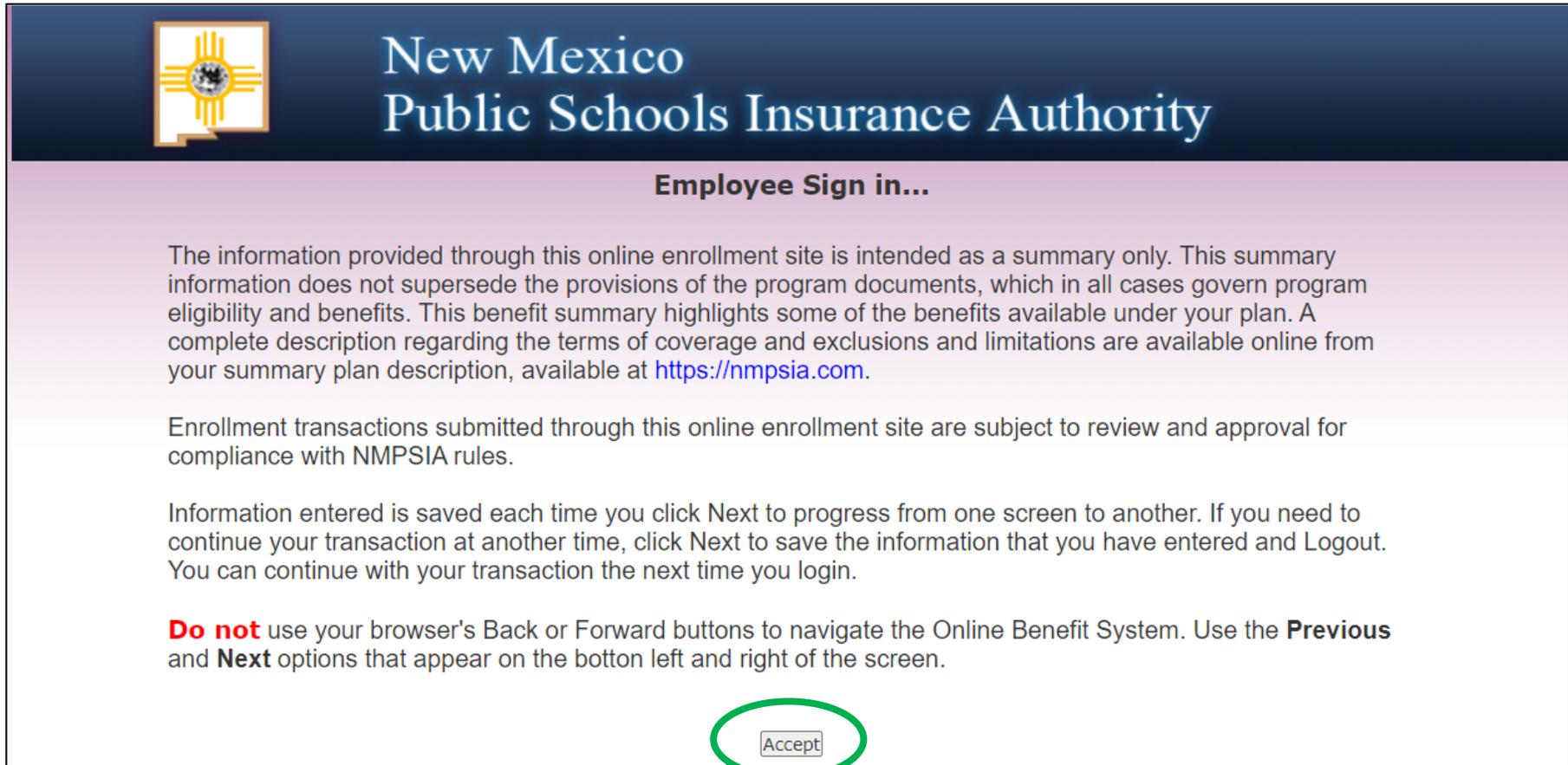


Go to <https://nmpsia.com/> and click on User Login then choose Employee Login.

Step
2

Employee Login

Read the page and select **“Accept”** to continue.



 **New Mexico
Public Schools Insurance Authority**

Employee Sign in...

The information provided through this online enrollment site is intended as a summary only. This summary information does not supersede the provisions of the program documents, which in all cases govern program eligibility and benefits. This benefit summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations are available online from your summary plan description, available at <https://nmpsia.com>.

Enrollment transactions submitted through this online enrollment site are subject to review and approval for compliance with NMPSIA rules.

Information entered is saved each time you click Next to progress from one screen to another. If you need to continue your transaction at another time, click Next to save the information that you have entered and Logout. You can continue with your transaction the next time you login.

Do not use your browser's Back or Forward buttons to navigate the Online Benefit System. Use the **Previous** and **Next** options that appear on the botton left and right of the screen.

Step
3

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**.

New Mexico
Public Schools Insurance Authority

Employee Sign in...

Sign in with your HIPAA ID: Sign in with your user defined login option: **Sign in with your SSN number:**

Please log in with your SSN and Birthday:

Employer Name:

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

Step
3a

Employee Login

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

ACADEMY FOR TECHNOLOGY AND THE CLASSICS | 309
ACE LEADERSHIP HIGH SCHOOL | 393
ACES TECHNICAL CHARTER SCHOOL | 444
ACTIVE BOARD MEMBERS | 405
AFT NEW MEXICO | 97
ALAMOGORDO PUBLIC SCHOOLS | 46
ALBUQUERQUE BILINGUAL ACADEMY | 351
ALBUQUERQUE CHARTER ACADEMY | 345
ALBUQUERQUE COLLEGIATE CHARTER SCHOOL | 439
ALBUQUERQUE INSTITUTE FOR MATH & SCIENCE | 354
ALBUQUERQUE SCHOOL OF EXCELLENCE | 396
ALBUQUERQUE SIGN LANGUAGE ACADEMY | 389
ALDO LEOPOLD CHARTER SCHOOL | 349
ALICE KING COMMUNITY SCHOOL | 364
ALMA D ARTE CHARTER HIGH SCHOOL | 337
ALTURA PREPARATORY SCHOOL | 440
AMY BIEHL CHARTER HIGH SCHOOL | 304
ANANSI CHARTER SCHOOL | 314
ANIMAS PUBLIC SCHOOLS | 30
ARTESIA PUBLIC SCHOOLS | 22

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”**.

New Mexico
Public Schools Insurance Authority

Employee Sign in...

Sign in with your HIPAA ID: Sign in with your user defined login option: Sign in with your SSN number:

Please log in with your SSN and Birthday:

Employer Name:

SSN (Please do not use dashes or spaces):

Date of Birth(MMDDYYYY):

Step
4

Employee Login

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

New Mexico
Public Schools Insurance Authority

Main View or Change Basic Information Enrollment and Plan Information Beneficiary Contact Us Management Tutorial Logout

Personal setting

Please enter your desired user name and password. User name can be an e-mail address or combination of letters and numbers. User name must be at least 6 characters and can only include numbers, alphabetic characters, and @ sign.

Email or User Name:

Password:

Confirm Password:

Maybe Later Submit

Step
5

Employee Login - Open/Switch Enrollment

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

The screenshot shows the website header for the New Mexico Public Schools Insurance Authority. The navigation menu includes: Main, View or Change Basic Information, **Enrollment and Plan Information** (highlighted with a green box), Beneficiary, Contact Us, Management, Tutorial, and Logout. The dropdown menu for 'Enrollment and Plan Information' is open, listing: View, NMPSIA Benefit Plan Information, New Hire, Change Enrollment, Change Beneficiary, **Open/Switch Enrollment** (circled in green), and Enrollment Notice. Below the menu, a message reads: 'Please select one of the menu bar above to perform an action.' At the bottom of the screenshot, a notice states: 'NMPSIA's Open and Switch enrollment period will be available to you from **October 1, 2023 - November 10, 2023**. After this period NMPSIA's Online Benefit System can no longer accept these changes and you must visit your employer's Benefits Department before January 1st to see if your employer is able to accept an Open or Switch enrollment request that you would like to have effective **January 1, 2024**.'

Step
6

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) or plan option (e.g., High Option to Low Option) or vice versa

New Mexico Public Schools Insurance Authority

Main View or Change Basic Information Enrollment and Plan Information Beneficiary Contact Us Management Tutorial Logout

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.

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”**.

Step
7

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.

The drop-down box will show your current carrier highlighted in dark blue and white print.

New Mexico Public Schools Insurance Authority

Employee: ABC PUBLIC SCHOOLS FAN; VIKING

FAN; VIKING

Change Enrollment

Social Security No.	Last Name	First Name	Middle Name	Suffix						
999-99-9999	FAN	VIKING	R							
Date of Birth	Marital Status	Gender	Home Phone	Work Phone	Cell Phone	E-Mail	Preferred Contact			
02/02/1965	N	F	(575)555-5555			VFAN@YAHOOO.NET				
Mailing address(Box#or Street Address)			Zip	City	State	County				
2 TOUCHDOWN LANE			57109	MINNESOTA	NM	SANTA FE				
Employer(District or Entity Name)	Job Title	Date of Hire	Base Annual Salary	No.of Hours Contracted Per Week						
ABC PUBLIC SCHOOLS	PRINCIPAL	10/10/2010	\$100,000.00	40.00						
Medical:	Presbyterian	Plan:	EPO							
Dental:	Blue Cross Blue Shield	Plan:	EPO							
Vision:	Cigna		High							
Basic Life Insurance:	Presbyterian		Low							
Additional Life Insurance:	Standard	Elected	\$0.00							
Spouse Life Insurance:	Standard	Elected	2X Base Salary							
Dependent Life Insurance:	Standard	Not Elected	\$0.00							
Long Term Disability:	Standard	Elected	30D							
Last	First	Middle	Sfx	SSN	Date of Birth	Gender	Relationship	Medical	Dental	Vision
FAN	VIKING	R		999-99-9999	02/02/1965	FEMALE	SELF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Effective Date:01/01/2024

Previous Next

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



Step
8

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”**.

New Mexico Public Schools Insurance Authority

Main View or Change Basic Information Enrollment and Plan Information Beneficiary Contact Us Management Tutorial Logout

Employee: ABC PUBLIC SCHOOLS FAN; VIKING FAN; VIKING

New Mexico Public Schools Insurance Authority
Preview for Change Enrollment Request
ABC PUBLIC SCHOOLS

This preview was generated for the following reason: Switch Enrollment
Your online Change Enrollment request has been submitted for review. Coverage is scheduled to be effective 01/01/2024

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Effective Date	01/01/2024							
Carrier	Blue Cross Blue Shield-High	Delta Dental-High	DV	30D	2X Base Salary	Yes	Decline	50K
Coverage	Employee and Spouse/Domestic Partner	Employee and Spouse/Domestic Partner	Employee and Spouse/Domestic Partner					

Information regarding you and your family as of

Name	Relationship	SS#	Gender	Birth Date	Medical	Dental	Vision	Life	status
VIKING R FAN	SELF	999-99-9999	FEMALE	02/02/1965	Yes	Yes	Yes	Yes	

I Represent that I VIKING FAN, am the person identified as the named employee in this Enrollment Application. I acknowledge and agree to the statements contained within this application. I also acknowledge and agree that by typing my name, social security number and today's date in the designated boxes on the screen below this form and clicking "Continue," I am electronically signing this application, which will have the same legal effect as the execution of this document by a written signature and shall be valid evidence of my intent and agreement to be bound by its terms. I understand that by choosing to electronically sign this application, this application will be securely stored. I also understand that if I do not electronically sign this application, it will not be processed.

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 in this Enrollment Application. I understand that services will be available subject to the exclusions, limitation 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.

Check if someone helped you perform this online transaction.

Accept: Employee SSN: 999-99-9999 Employee Name: VIKING FAN Date: 02/18/2023
As entered as VIKING FAN (mm/dd/yyyy)

Previous 13 Finish



Step
9

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.

The screenshot shows the website header for the New Mexico Public Schools Insurance Authority. The header includes the organization's logo and name. Below the header is a navigation menu with the following items: Main, View or Change Basic Information, Enrollment and Plan Information, Beneficiary, Contact Us, Management, Tutorial, and Logout. The user is logged in as 'Employee ABC PUBLIC SCHOOLS FAN; VIKING' and is viewing the 'Enrollment and Plan Information' page. The page title is 'Change Enrollment'. The main content area displays the following message: 'Transaction has been submitted. Another Change Enrollment transaction cannot be submitted until the prior transaction is reviewed by your employer. Click Here To Employee Home.'

Step
10

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.



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



Confirmation of Enrollment

10/18/2023
 ABC PUBLIC SCHOOLS
 VIKING FAN
 2 TOUCHDOWN LANE
 MINNESOTA, NM 87109

555
 A1458JK0

This Confirmation of Enrollment was generated for the following reason:
 Your Medical plan has been switched from Presbyterian High Option to Blue Cross Blue Shield High Option effective 01/01/2024.

You have the following coverages in effect

Benefit	Medical	Dental	Vision	Long Term Disability	Additional Life	Spouse Life	Dependent Life	Basic Life
Carrier	Blue Cross High	Delta Dental High	Davis Vision	Not offered by this employer	None	None	None	The Standard
Coverage	Employee Only	Employee and Family	Employee and Family		Declined	Declined	Declined	\$ 50,000

Information regarding you and your family as of 10/14/2022

ID	Name	Relation -ship	SS# Hipaa	Sex	Birth Date	Eligible until	M e d	D e n	V i s	L i f e	Additional Information
10	VIKING FAN	SELF	A1458JK0	.	xx/xx/1964		Y	Y	Y	N	

Please visit <https://ampsis.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://ampsisonline.ampsis.com>. This site may also be used for performing benefit enrollment transactions (subject to employer policy).
 If you have any questions, please contact Jackie Martinez at Erisa Administrative Services, Inc. (800) 233-3164 or (505) 988-4974 within five (5) business days of this notice.

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.



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