



**Employee Benefits
2024 Spring Budget Workshop
March 21, 2024**

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About NMPSIA

- A state agency created in 1986 by the legislature to provide group health insurance and risk-related coverage for public schools, charter schools and voluntary educational entities
- NMPSIA's revenues are derived from other state funds (i.e., premiums, investment funds, etc.)

Purpose of act. 22-29-2.

The purpose of the Public School Insurance Authority Act is to provide comprehensive core insurance programs, including reimbursement coverage for the costs of providing due process to students with disabilities, for all participating public schools, school board members, school board retirees and public school employees and retirees by expanding the pool of subscribers to maximize cost containment opportunities for required insurance coverage.

Authority created. 22-29-4.

There is created the "public school insurance authority", which is established to provide for group health insurance, other risk-related coverage and due process reimbursement with the exception of the mandatory coverage provided by the risk management division on the effective date of the Public School Insurance Authority Act.

NMPSIA Today

• School Districts

- 88 Mandatory (*Excludes APS*)

• Charter Schools

- 100 Mandatory

• 27 Other Educational Entities

- 9 Higher Education and 18 Other Entities

• Monthly Membership

- 78,400 Employees and Dependents
- 50,150 Employees
- Employees and Dependents by Coverage
 - 47,213 Medical & Rx
 - 55,594 Dental
 - 48,392 Vision
 - 12,956 Long-Term Disability
 - 18,900 Additional Life



• Staff

- 12 Positions

• Board of Directors

- 11 Board Members
 - Governor Appointees
 - Alfred Park, President
 - Denise Balderas
 - Sammy J. Quintana
 - New Mexico Association of School Business Officials
 - Chris Parrino, Vice President
 - Educational Entities at Large
 - Trish Ruiz, Secretary
 - AFT-NM
 - Tim Crone
 - NEA-NM
 - Bethany Jarrell
 - David Martinez, Jr.
 - Public Education Commission
 - K.T. Manis
 - School Boards Association
 - Pauline Jaramillo
 - Superintendents' Association
 - Vicki Chavez

Employee Benefits & Well-Being Programs

NMPSIA Medical Plan Coverage Self Insured Medical Plan Options:	High Option Preferred Provider Organization (PPO)		Low Option Preferred Provider Organization (PPO)		Exclusive Provider Organization (EPO)
	In-Network Providers	Out-Of-Network Providers	In-Network Providers	Out-Of-Network Providers	Exclusive Network Preferred Providers
Offered by the following medical benefit claims administrators:	BlueCross BlueShield of New Mexico Cigna Healthcare Presbyterian Health Plan		BlueCross BlueShield of New Mexico Cigna Healthcare Presbyterian Health Plan		BlueCross BlueShield of New Mexico
Wellness & Well Being Programs administered by all Medical Plans	Member Online & Mobile Platforms, Participation Incentives & Discounts, Physical Health & Coaching Programs, Cognitive Wellbeing Support Programs, Virtual Health Visits				

Prescription Drug Coverage Retail & Specialty Pharmacy Plan Networks & Mail Order Self Insured Coverage for all on a Medical Plan	CVS Caremark	CVS Caremark	CVS Caremark
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Dental Coverage Self Insured Coverage Plan Options:	High Option Preferred Provider Organization (PPO)		Low Option Preferred Provider Organization (PPO)		Employee Benefits Administration Enrollment and Eligibility Premium Billing, Premium Collection, COBRA Administration
	In-Network Providers	Out-Of-Network Providers	In-Network Providers	Out-Of-Network Providers	
Offered by the following dental benefit claims administrators:	Delta Dental (PPO and Premier Network) United Concordia Dental		Delta Dental (PPO and Premier Network) United Concordia Dental		Provided by Erisa Administrative Services, Inc. (EASI)

Vision Coverage Fully Insured Plan Offered by the following vision benefit carrier:	Davis Vision (Versant Health)	Benefit Resources Visit https://nmipsia.com/ Program Guide Medical Side by Side Comparison
Life & Long Term Disability Coverage Fully Insured Plan Offered by the following life & disability benefit carrier:	The Standard	

Historical Data

Historical Look – Rate Increases and Fund Balance

Plan Year	Fund Balance at Start of Plan Year	Blended Increase to “Breakeven”	Actual October 1 Rate Increase		Increase/(Decrease) in Fund Balance
2016 – 2017	\$20.9 million	Not Evaluated/Reported	High Low	8.30% 7.15%	(\$7.1 million)
2017 – 2018	\$13.8 million	Not Evaluated/Reported	High & HMO Low	3.98% 1.82%	\$3.6 million
2018 – 2019	\$17.4 million	Not Evaluated/Reported	High & EPO Low	4.00% -0.70%	\$9.3 million
2019 – 2020	\$26.7 million	2.9%	High & EPO Low	5.90% 3.10%	\$4.9 million
2020 – 2021	\$31.6 million	11.3%	High & EPO Low	6.00% 2.10%	\$0.1 million
2021 – 2022	\$31.7 million	11.9%	High & EPO Low	6.00% 3.60%	(\$16.7 million)
2022 – 2023	\$15.0 million	8.10%	High & EPO Low	6.00% 3.20%	\$2.6 million (unaudited)
2023 – 2024	\$17.6 million (unaudited)	7.55%	Medical/Rx	7.24%	(\$15.2 million) (unaudited)

- **2023-2024 target fund balance (1 month of claims) = \$34M**
- **2021 to 2023 no premium rate increases allowed**
- **Revenue not supporting expenses**

Key Cost Drivers

FY2024 Experience and Projection

\$15.2M

Projected total loss over FY2024

Projected fund balance of
\$2.41M is 0.1 months of
claims



Key Drivers

- Recent Rx claims experience outpacing expectations
- Continued migration from High Option plans to Low Option plans
- Impact of 2023 legislation that became effective January 1, 2024



- ***Experiencing multiple high-dollar claims for multiple members on Medical and Rx***

Benefits Premium Rate History

Plan Year	Rate Increase	
2016-2017	Medical High Option	8.30%
	Medical Low Option	7.15%
2017-2018	Medical High Option/HMO	3.98%
	Medical Low Option	1.82%
2018-2019	Medical High Option/EPO	4.0%
	Medical Low Option	-0.7%
2019-2020	Medical High Option/EPO	5.9%
	Medical Low Option	3.1%
	Dental	5.0%
2020-2021	Medical High Option/EPO	6.0%
	Medical Low Option	2.1%
2021-2022	Medical High Option/EPO	6.0%
	Medical Low Option	3.6%
2022-2023	Medical High Option/EPO	6.0%
	Medical Low Option	3.2%
2023-2024	Medical High Option	7.24%
	Medical Low Option	7.24%
	Medical EPO Option	7.24%
2024-2025	Medical High Option	15.53%
	Medical Low Option	15.53%
	Medical EPO Option	15.53%
	Dental	5.0%
	Vision	3.0%

100% Monthly Premiums Effective October 1, 2024

HEALTH COVERAGES	<u>Single</u>	<u>Two-Party</u>	<u>Family</u>
Blue Cross Blue Shield New Mexico – High Option	\$1,066.00	\$2,027.30	\$2,707.70
Blue Cross Blue Shield New Mexico – Low Option	\$739.08	\$1,405.62	\$1,877.46
Blue Cross Blue Shield New Mexico – Exclusive Provider Organization (EPO) Option*	\$959.36	\$1,824.52	\$2,436.88
Cigna – High Option	\$1,017.84	\$1,964.86	\$2,633.58
Cigna – Low Option	\$709.02	\$1,368.66	\$1,834.48
Presbyterian – High Option	\$862.02	\$1,810.12	\$2,413.70
Presbyterian – Low Option	\$597.76	\$1,255.08	\$1,673.52
Delta Dental – High Option	\$30.04	\$57.16	\$89.82
Delta Dental – Low Option	\$15.04	\$28.62	\$44.92
United Concordia Dental – High Option	\$30.04	\$57.16	\$89.82
United Concordia Dental – Low Option	\$15.04	\$28.62	\$44.92
Davis Vision Plan	\$6.46	\$10.80	\$14.56

Employee Medical Insurance Estimated Increase Per Paycheck

***Estimated Increase Per Pay Period Effective October 1, 2024**
*Calculations based on 24 equal deductions with
 Employer Minimum Contribution Requirements
 set forth in NM State Statute*

			10/1/2023 24 Pay Periods	24 PAY PERIODS 20%/80% Increase	10/1/2024 Estimated Increase	10/1/2023 24 Pay Periods	24 PAY PERIODS 30%/70% Increase	10/1/2024 Estimated Increase	10/1/2023 24 Pay Periods	24 PAY PERIODS 40%/60% Increase	10/1/2024 Estimated Increase
MEDICAL BCBS High Option	Single	Employee share	\$92.27	\$14.33	\$106.60	\$138.40	\$21.49	\$159.89	\$184.54	\$28.66	\$213.20
		Employer	\$369.08	\$57.32	\$426.40	\$322.95	\$50.15	\$373.10	\$276.81	\$42.99	\$319.80
	Two-Party	Employee share	\$175.48	\$27.25	\$202.73	\$263.21	\$40.88	\$304.09	\$350.95	\$54.50	\$405.45
		Employer	\$701.91	\$109.01	\$810.92	\$614.18	\$95.38	\$709.56	\$526.44	\$81.76	\$608.20
	Family	Employee share	\$234.37	\$36.40	\$270.77	\$351.56	\$54.60	\$406.16	\$468.74	\$72.80	\$541.54
		Employer	\$937.49	\$145.59	\$1,083.08	\$820.30	\$127.39	\$947.69	\$703.12	\$109.19	\$812.31
Cigna High Option	Single	Employee share	\$88.10	\$13.68	\$101.78	\$132.15	\$20.52	\$152.67	\$176.20	\$27.36	\$203.56
		Employer	\$352.41	\$54.73	\$407.14	\$308.36	\$47.89	\$356.25	\$264.31	\$41.05	\$305.36
	Two-Party	Employee share	\$170.07	\$26.41	\$196.48	\$255.11	\$39.62	\$294.73	\$340.15	\$52.82	\$392.97
		Employer	\$680.30	\$105.65	\$785.95	\$595.26	\$92.44	\$687.70	\$510.22	\$79.24	\$589.46
	Family	Employee share	\$227.95	\$35.40	\$263.35	\$341.93	\$53.10	\$395.03	\$455.91	\$70.80	\$526.71
		Employer	\$911.83	\$141.61	\$1,053.44	\$797.85	\$123.91	\$921.76	\$683.87	\$106.20	\$790.07
Presbyterian High Option	Single	Employee share	\$74.61	\$11.59	\$86.20	\$111.92	\$17.38	\$129.30	\$149.23	\$23.18	\$172.41
		Employer	\$298.46	\$46.35	\$344.81	\$261.15	\$40.56	\$220.59	\$223.84	\$34.76	\$258.60
	Two-Party	Employee share	\$156.68	\$24.33	\$181.01	\$235.02	\$36.50	\$271.52	\$313.36	\$48.66	\$362.02
		Employer	\$626.72	\$97.33	\$724.05	\$548.38	\$85.16	\$463.22	\$470.04	\$73.00	\$543.04
	Family	Employee share	\$208.92	\$32.45	\$241.37	\$313.38	\$48.67	\$362.05	\$417.85	\$64.89	\$482.74
		Employer	\$835.70	\$129.78	\$965.48	\$731.24	\$113.56	\$617.68	\$626.77	\$97.34	\$724.11

*Amounts are approximate

Employee Dental & Vision Insurance Estimated Increase Per Paycheck

*Estimated Increase Per Pay Period Effective October 1, 2024 Calculations based on 24 equal deductions with Employer Minimum Contribution Requirements set forth in NM State Statute				10/1/2023 24 Pay Periods	24 PAY PERIODS 20%/80% Increase	10/1/2024 Estimated Increase	10/1/2023 24 Pay Periods	24 PAY PERIODS 30%/70% Increase	10/1/2024 Estimated Increase	10/1/2023 24 Pay Periods	24 PAY PERIODS 40%/60% Increase	10/1/2024 Estimated Increase
Delta Dental United Concordia High Option	Single	Employee share	\$2.86		\$0.14	\$3.00	\$4.29	\$0.22	\$4.51	\$5.72	\$0.29	\$6.01
		Employer	\$11.44		\$0.58	\$12.02	\$10.01	\$0.50	\$10.51	\$8.58	\$0.43	\$9.01
	Two-Party	Employee share	\$5.44		\$0.28	\$5.72	\$8.17	\$0.40	\$8.57	\$10.89	\$0.54	\$11.43
		Employer	\$21.78		\$1.08	\$22.86	\$19.05	\$0.96	\$20.01	\$16.33	\$0.82	\$17.15
Davis Vision	Family	Employee share	\$8.55		\$0.43	\$8.98	\$12.83	\$0.64	\$13.47	\$17.11	\$0.86	\$17.97
		Employer	\$34.22		\$1.71	\$35.93	\$29.94	\$1.50	\$31.44	\$25.66	\$1.28	\$26.94
	Single	Employee share	\$0.62		\$0.03	\$0.65	\$0.94	\$0.03	\$0.97	\$1.25	\$0.04	\$1.29
		Employer	\$2.51		\$0.08	\$2.59	\$2.19	\$0.07	\$2.26	\$1.88	\$0.06	\$1.94
	Two-Party	Employee share	\$1.05		\$0.03	\$1.08	\$1.57	\$0.05	\$1.62	\$2.09	\$0.07	\$2.16
		Employer	\$4.19		\$0.13	\$4.32	\$3.67	\$0.11	\$3.78	\$3.15	\$0.09	\$3.24
	Family	Employee share	\$1.41		\$0.05	\$1.46	\$2.12	\$0.06	\$2.18	\$2.83	\$0.08	\$2.91
		Employer	\$5.66		\$0.16	\$5.82	\$4.95	\$0.15	\$5.10	\$4.24	\$0.13	\$4.37

*Amounts are approximate

Monthly Employee/Employer Medical Premium Contribution

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2024

MONTHLY COST SHARING based on salary and EMPLOYER

MINIMUM CONTRIBUTION REQUIREMENTS

set forth in NM State Statute

**Less than
\$50,000.00
20%/80%**

**\$50,000.00
\$59,999.00
30%/70%**

**\$60,000.00
and Over
40%/60%**

BCBS High Option	Single (employee deduction)	\$213.20	\$319.80	\$426.40
	Single (district/employer contribution)	\$852.80	\$746.20	\$639.60
	Two-Party (employee deduction)	\$405.46	\$608.19	\$810.92
	Two-Party (district/employer contribution)	\$1,621.84	\$1,419.11	\$1,216.38
	Family (employee deduction)	\$541.54	\$812.31	\$1,083.08
	Family (district/employer contribution)	\$2,166.16	\$1,895.39	\$1,624.62
Cigna High Option	Single (employee deduction)	\$203.57	\$305.35	\$407.14
	Single (district/employer contribution)	\$814.27	\$712.49	\$610.70
	Two-Party (employee deduction)	\$392.97	\$589.46	\$785.94
	Two-Party (district/employer contribution)	\$1,571.89	\$1,375.40	\$1,178.92
	Family (employee deduction)	\$526.72	\$790.07	\$1,053.43
	Family (district/employer contribution)	\$2,106.86	\$1,843.51	\$1,580.15
Presbyterian High Option	Single (employee deduction)	\$172.40	\$258.61	\$344.81
	Single (district/employer contribution)	\$689.62	\$603.41	\$517.21
	Two-Party (employee deduction)	\$362.02	\$543.04	\$724.05
	Two-Party (district/employer contribution)	\$1,448.10	\$1,267.08	\$1,086.07
	Family (employee deduction)	\$482.74	\$724.11	\$965.48
	Family (district/employer contribution)	\$1,930.96	\$1,689.59	\$1,448.22

Monthly Employee/Employer Dental & Vision Contribution

CONTRIBUTIONS EFFECTIVE OCTOBER 1, 2024 <i>MONTHLY COST SHARING based on salary and EMPLOYER MINIMUM CONTRIBUTION REQUIREMENTS set forth in NM State Statute</i>		Less than \$50,000.00 20%/80%	\$50,000.00 \$59,999.00 30%/70%	\$60,000.00 and Over 40%/60%
Delta Dental United Concordia Dental High Option	Single (employee deduction)	\$6.01	\$9.01	\$12.02
	Single (district/employer contribution)	\$24.03	\$21.03	\$18.02
	Two-Party (employee deduction)	\$11.43	\$17.15	\$22.86
	Two-Party (district/employer contribution)	\$45.73	\$40.01	\$34.30
	Family (employee deduction)	\$17.96	\$26.95	\$35.93
	Family (district/employer contribution)	\$71.86	\$62.87	\$53.89
Davis Vision	Single (employee deduction)	\$1.29	\$1.94	\$2.58
	Single (district/employer contribution)	\$5.17	\$4.52	\$3.88
	Two-Party (employee deduction)	\$2.16	\$3.24	\$4.32
	Two-Party (district/employer contribution)	\$8.64	\$7.56	\$6.48
	Family (employee deduction)	\$2.91	\$4.37	\$5.82
	Family (district/employer contribution)	\$11.65	\$10.19	\$8.74

NMPSIA Benefits Enrollment

Erisa Administrative Services, Inc. (EASI)

NMPSIA Employee Benefits Administration

Erisa Administrative Services, Inc.

P.O. Box 9054

Santa Fe, NM 87504-9054

Santa Fe: (505) 988-4974 • Toll Free: (800) 233-3164

Email: sf@easitpa.com

Kathy Payanes: kpayanes@easitpa.com

Contact us for assistance with:

NMPSIA rules of enrollment and administrative practices, enrollment, eligibility, premium billing, premium collection and employer & employee online system

Billing Reconciliation

It is the employer's responsibility to reconcile their billing and premiums collected **EACH MONTH.**



Consequences of not reconciling monthly:

- No refund of premiums for late reporting of terminated employees or ineligible dependents
 - REMINDER : Employers pay majority of the premiums
- NMPSIA pays claims for ineligible members which may require collection from the employee or employer
 - Claim overpayments contribute to premium increases the following year

Promote Employee Life Event Timely Reporting Deadlines

Helpful Tip:

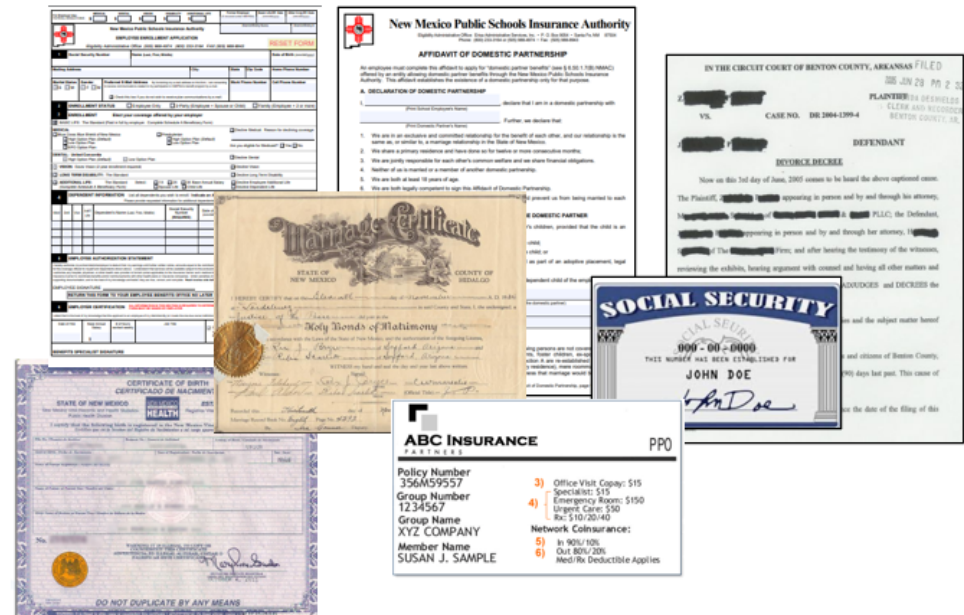
Advise employees to report life event changes timely and impose payroll deadlines for life event changes due from the Benefits Department to ease the bill reconciliation process

Case Study: Actual Occurrence

- February 2024 the ex-spouse of an employee contacted NMPSIA to report that he divorced in **November 2002**, he recently acquired coverage
- Employee was enrolled in two-party medical, dental and vision
- Employee's ex spouse was retroactively terminated to 11/30/2002
 - No premium refund to the school or employee
 - Cost to the employee \$53,710
 - **Cost to the employer \$80,585**
 - Claims for medical and dental enrollment checked back to 12/1/2002 – results still pending

Billing Reconciliation

- Timely reporting and verification **REQUIRED**:
- Complete enrollment or change requests neatly and accurately
- Provide (*date stamped received*) supportive documents
- Respond to Erisa email requests immediately
- Check Confirmation notices **DAILY**
- Approve Online transactions only when they meet the rules of enrollment
- Confirm accurate premium collection and payment
- Track transactions for next month's bill



Billing Reconciliation



The Excel version for the monthly bill allows for modification to align with payroll register reports to assist with bill reconciliation to match employee and employer deductions to the 100% premium due for that month.


New Mexico Public Schools Insurance Authority
Erisa Administrative Services, Inc.; Santa Fe, NM 87504 (800) 233-3164

New Mexico Public Schools Insurance Authority																											
Erisa Administrative Services, Inc.; Santa Fe, NM 87504 (800) 233-3164																											
SS#	HIPPA	Name	For Month	Medical			Dental			Vision			Basic Life		Additional Life			Spouse Life			Dependent Life	Long-Term Disability	DOB	Spouse DOB	Salary	Total	
				Carrier	CVRG	Premium	Carrier	CVRG	Premium	Carrier	CVRG	Premium	Age	Premium	Plan	Age	Face	Premium	Age	Face	Premium	Premium					Premium
111111111	0C3943520	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	30	\$5.76		30	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	12/12/1993	00/00/0000	71157	\$5.76
111111112	E1FA26620	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	26	\$5.76		26	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	12/27/1997	00/00/0000	26704	\$5.76
111111113	08BEC2720	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	48	\$5.76		48	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	03/18/1975	00/00/0000	22041	\$5.76
111111114	C10B76020	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	BCHI	EF	\$2,343.72			\$0.00			\$0.00	35	\$5.76		35	0	\$0.00	35	0	\$0.00	\$0.00	\$20.38	12/12/1988	03/08/1988	42176	\$2,369.86
111111115	C10B66F20	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	32	\$5.76		32	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	01/10/1991	00/00/0000	42176	\$5.76
111111116	EAAE05B20	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	BCHI	EF	\$2,343.72	DLTC	EF	\$85.54	DV	EF	\$14.14	43	\$5.76		43	0	\$0.00	62	0	\$0.00	\$0.00	\$23.44	11/29/1980	09/06/1961	48484	\$2,472.60
111111117	B79E52720	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	BCHI	EF	\$2,343.72	DLTC	EF	\$85.54	DV	EF	\$14.14	39	\$5.76		39	0	\$0.00	39	0	\$0.00	\$0.00	\$0.00	05/15/1984	10/05/1984	65728	\$2,449.16
111111118	D0C401F20	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	38	\$5.76		38	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	03/30/1985	00/00/0000	26440	\$5.76
111111119	814F02810	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	PRSH	ES	\$1,566.80	DLTC	ES	\$54.44	DV	ES	\$10.48	50	\$5.76	2X	50	166000	\$39.84	64	0	\$0.00	\$0.00	\$39.92	01/13/1973	09/12/1959	82611	\$1,717.24
111111120	069393100	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	PRSL	EF	\$1,448.56	DLTC	EF	\$85.54	DV	EF	\$14.14	30	\$5.76		30	0	\$0.00	27	0	\$0.00	\$0.00	\$0.00	01/29/1993	07/01/1996	83786	\$1,554.00
111111121	86E9FB310	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	45	\$5.76		45	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	06/13/1978	00/00/0000	94412	\$5.76
111111122	E7C4FA410	LAST NAME, FIRST & MIDDLE NAME	01/01/2024			\$0.00			\$0.00			\$0.00	45	\$5.76		45	0	\$0.00	0	0	\$0.00	\$0.00	\$0.00	01/04/1978	00/00/0000	65671	\$5.76
111111123	BC6E72120	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	BCLW	EC	\$1,625.08	DLTC	EC	\$85.54	DV	EC	\$14.14	31	\$5.76	2X	31	168000	\$13.44	0	0	\$0.00	\$0.00	\$40.20	01/22/1992	00/00/0000	83183	\$1,784.16
111111124	C656A2610	LAST NAME, FIRST & MIDDLE NAME	01/01/2024	BCHI	EE	\$922.70	DLTC	EE	\$28.60	DV	EE	\$6.26	56	\$5.76		56	0	\$0.00	0	0	\$0.00	\$0.00	\$43.50	07/24/1967	00/00/0000	141966	\$1,006.82

The XLS version no longer includes adjustments


Billing Reconciliation

Adjustments will only show on the PDF detail and will be included in the grand total due on the last page of your PDF



New Mexico Public Schools Insurance Authority

Erisa Administrative Services, Inc.; Santa Fe, NM 87504 (800) 233-3164



Billing for January 2024

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Your Erisa Contact is

Social Security Number	Employee Name Last, First Middle	For Month	Medical			Dental			Vision			Additional Life			Long-Term Disability		\$ Subtotal	Basic Life		Total \$ Premium	Employee Date of Birth	Salary
			Car rier	Cv rg	Premium	Car rier	Cv rg	Premium	Car rier	Cv rg	Premium	Plan	Jan 1 EE	SP	Premium	Plan		Premium	Amount			
		1/2024	BCLW	EE	639.72	DLTC	EE	28.60									668.32	50,000	5.76	674.08	Mar 1977	84,646
		12/2023	BCLW	EE	(639.72)							1X	45	(11.90)			(651.62)	(50,000)	(5.76)	(657.38)		84,646
		12/2023	BCLW	EE	639.72												639.72	50,000	5.76	645.48		84,646
		11/2023	BCLW	EE	(639.72)							1X	45	(11.90)			(651.62)	(50,000)	(5.76)	(657.38)		84,646
		11/2023	BCLW	EE	639.72												639.72	50,000	5.76	645.48		84,646

Subtotal			\$786,216.34
Basic Life	<65	887	\$5,103.36
	<70	35	\$201.60
	<75	10	\$57.60
	75+	3	\$17.28
Basic Life		935	\$5,379.84
Total			\$791,596.18

The second to last page of the PDF does not include adjustments

Total Billing for January 2024	\$793,316.50
Account Receivable Balance as of 12/31/23	\$0.00
Outstanding Late Payment Penalty Assessment as of 12/31/23	\$0.00
Outstanding NOT Pay As Billed Penalty Assessment as of 12/31/23	\$0.00
Grand Total Due	\$793,316.50
Premium is due at Wells Fargo bank by the 10th of the month by either ACH or Wire Transfer. If using ACH, payment MUST be initiated before 3 p.m. on the 9th to ensure timely payment. ACH payment must be initiated and approved before sending and may take up to 3 days to complete. Weekends and holidays may also slow the ACH process.	
NMPSIA Benefits Account Routing Number: XXXXXXXXXX NMPSIA Benefits Account Number: XXXXXXXXXX	
(Information provided to pay the NMPSIA Employee Benefits Bill. Risk premiums SHOULD NOT be directed to this account)	
If payment is not received by the 10th of the month, you will be assessed a 1.5% penalty on the Grand Total Due.	
If payment is not Paid as Billed, you will be assessed a 1.5% penalty on the Grand Total Due and the minimum penalty will be \$500. This penalty will be doubled in each subsequent month the penalty is not paid.	

Adjustments will only show on the PDF detail and will be included in the grand total due on the last page of your PDF

This is the amount that should always be paid

Confirmation Notices



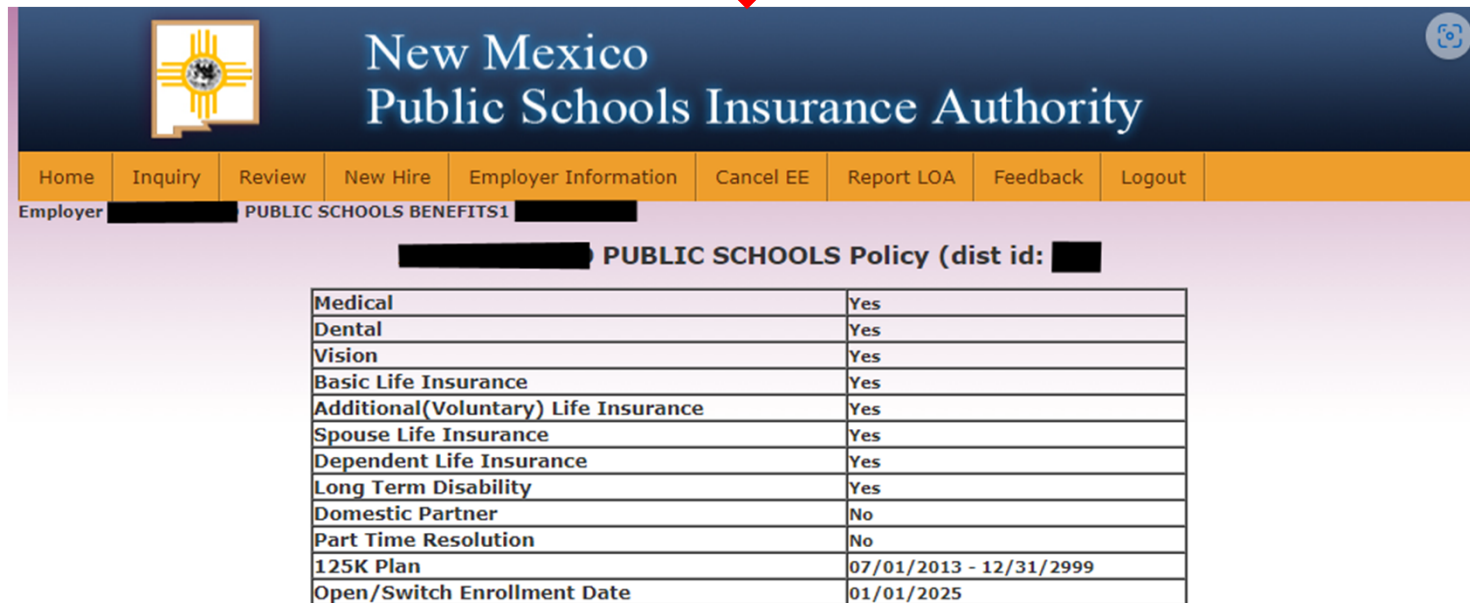
New Mexico
Public Schools Insurance Authority

Sign In...

Employee Login
You are an Employee.

**Employer Login
You are an Employer.**

Manager Login
You are a Manager.

New Mexico
Public Schools Insurance Authority

Home Inquiry Review New Hire Employer Information Cancel EE Report LOA Feedback Logout

Employer PUBLIC SCHOOLS BENEFITS1

PUBLIC SCHOOLS Policy (dist id:)

Medical	Yes
Dental	Yes
Vision	Yes
Basic Life Insurance	Yes
Additional(Voluntary) Life Insurance	Yes
Spouse Life Insurance	Yes
Dependent Life Insurance	Yes
Long Term Disability	Yes
Domestic Partner	No
Part Time Resolution	No
125K Plan	07/01/2013 - 12/31/2999
Open/Switch Enrollment Date	01/01/2025

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 bottom left and right of the screen.

Date (Click to change date)	Notice Type	Number of Notices Available (Click to download)
01/22/2024	Confirmation Notices	4
	COBRA Annual Notices	0
	COBRA Qualifying Event Notices	0
	COBRA Late Qualifying Event Notices	0

Premium Deductions

- Effective date of coverage is determined by the employer based on payroll deductions
- The soonest date means a double payroll deduction
 - Premiums are collected 1 month in advance
 - For the next possible effective date, payroll deductions are collected through normal pay cycles

Helpful Tip : Do NOT deduct from payroll until Confirmation notice is available

Reminders

- Bills need to be paid on time and as Billed
- If payment not received by the 10th of the month, you will be assessed a 1.5% penalty on the Grand Total Due
 - Minimum of \$500 penalty
 - Penalty doubles each subsequent month the penalty is not paid
- Mandatory Online Enrollment effective 01/01/2024
 - 2023 NMPSIA Regional Training
 - Resources include the Online Benefit System Introductory Guide found on the NMPSIA website

NMPSIA

410 Old Taos Highway
Santa Fe, New Mexico 87501
Phone: 505.988.2736 or 1.800.548.3724
Fax: 505.983.8670
Website: <https://nmpsia.com/>

Questions

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