

2022 Benefits Active Open Enrollment
Frequently Asked Questions

Line	Question	Response
1	General Questions	
2	What is Open Enrollment?	Open Enrollment is your annual opportunity to enroll in or change certain benefits without experiencing a qualifying event. Qualifying events information is available at https://benefits.nmsu.edu/enrollment/changes/ . An enrollment/waiver form, documentation supporting the qualifying event, and dependent documentation are due with 31 days of the event otherwise you will have to wait until the next open enrollment.
3	Which benefits are included in Open Enrollment?	Medical/prescription, dental, vision, pre-tax premium, voluntary benefits, and flexible spending accounts.
4	Why is Open Enrollment being called "Active Open Enrollment"?	The Open Enrollment event is called "Active" because this year ALL benefit-eligible employees are being called to action. Every employee must complete their enrollment online or through a Benefit Counselor during this Open Enrollment Event (October 1-31). https://www.mybenefit.site/nmsu
5	Why do I have to participate in Open Enrollment this year if I don't want to make changes?	This year, Active Open Enrollment requires ALL BENEFIT-ELIGIBLE employees to complete enrollment either online at www.employeenavigator.com or by scheduling and completing an enrollment with a benefit counselor https://www.mybenefit.site/nmsu . This year changes include a shift in the plan year, new medical carrier and plan designs, switching pharmacy benefit manager, new dental carrier and plan designs, and new health savings account and limited purpose flexible spending accounts. Active enrollment provides an opportunity to verify your information is correct, to better understand which benefits are available to you and how to get the most out of your benefits.
6	What changes have been made to the offered coverages this year ?	This year we are shifting from a calendar plan year to a fiscal plan year (July 1 - June 30). We now have 3 medical carriers to choose from (Presbyterian, BCBSNM, United Healthcare), each are offering 4 plans (HMO Clear Cost Platinum, HMO Basic Gold, PPO Basic Gold, PPO High Deductible Health Plan). Our pharmacy benefit manager is switching from CVS Caremark to Express Scripts. There are two dental carriers to choose from (Delta Dental and MetLife), each are offering a basic and a buy-up plan. If you elect a High Deductible Health Plan, Health Savings Account and Limited Purpose Flexible Spending Account options are available.
7	When will my changes be effective?	Changes made during Open Enrollment are effective July 1, 2026. Review your pay advice carefully in July/August to verify your deductions are correct, exempt employees will see the changes 7/15/2026, non-exempt employees on 7/31/2026, and 9-month faculty on 8/31/2026. Contact Benefit Services immediately if the deductions are not accurate, there is a small window of time for us to make corrections.
8	I am a new employee and recently completed my new hire enrollment, do I have to participate in the Open Enrollment?	Yes, your new hire enrollment included the options available in the 2026 short plan year, you will also need to complete Open Enrollment to enroll in benefits for the 2026-2027 plan year.
9	How do I find out more information about the changes to benefits?	Please visit https://benefits.nmsu.edu/enrollment/open.html for presentations, plan summaries, comparisons, and additional resources.
10	I am already contributing to a Flexible Spending Account and don't want to make changes, do I have to re-enroll?	Yes, Flexible Spending Accounts require re-enrollment during Open Enrollment for the following plan year. Every year you want to utilize a Flexible Spending Account, you must re-enroll.
11	Current Coverage	
12	If I want to keep my coverage the same, do I still need to do anything?	Yes. Your current coverage is ending June 30, 2026. You must enroll/re-enroll in coverage for the July 1, 2026-June 30, 2027 plan year. ALL BENEFIT-ELIGIBLE employees need to complete enrollment by April 30 either online at www.employeenavigator.com or by scheduling and completing an enrollment with a benefit counselor. https://www.mybenefit.site/nmsu
13	How do I find out what coverage(s) I currently have?	You may also see your current elections online through Employee Navigator by clicking Enrollment Summary on the home page. While you are completing your enrollment, your current election is also viewable within each benefit option on the right side of the page. To view life insurance and long term disability coverage visit my.nmsu.edu Employee Self-Service.
14	What you need to do	
15	If I want to keep my coverage the same, do I still need to do anything?	Yes. Plans are changing and you should make an informed choice to enroll in a similar plan or change your elections. Active Open Enrollment requires ALL BENEFIT-ELIGIBLE employees to complete enrollment by April 30, 2026 either online at www.employeenavigator.com or by scheduling and completing an enrollment with a benefit counselor. https://www.mybenefit.site/nmsu .
16	When can I enroll or make changes to my health benefits?	The enrollment window is open from April 6, 2026 through April 30, 2026. Changes received after April 30, 2026 can only be made within 31 days of a qualifying life event; supporting documentation is required and the enrollment/change must correspond to the event.
17	Where do I submit my Active Open Enrollment information?	You may complete your online enrollment at www.employeenavigator.com . New users register using your name, date of birth, social security number, and the company identifier "NMSU". Click "Open Enrollment", then follow the prompts to elect or decline each benefit. Or you may schedule an appointment with a Benefit Counselor. Schedule an appointment at https://www.mybenefit.site/nmsu , an enrollment counselor will contact you at the scheduled time to complete your enrollment over the phone.
18	What is the company identifier?	NMSU
19	What if I make a mistake or change my mind after I complete enrollment?	Log in to www.employeenavigator.com , next to Open Enrollment click Make Changes, make your selections and complete the enrollment through the Click to Sign step. Please note, all necessary changes must be made on or before the close of the enrollment period, April 30, 2026.

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20	My name (or one of my dependent's name) is incorrect in Employee Navigator. How do I change it?	Your name (and the names of your dependents) must match the name registered with the Social Security Administration. This includes your first name, middle name or initial, and last name. Information was imported from the NMSU system into Employee Navigator at the beginning of April. If your name is incorrect in our records, we will need to a copy of your social security card to make the change to the NMSU system and with the insurance carriers. If any of your information is incorrect in Employee Navigator submit a ticket at https://help.nmsu.edu/TDClient/267/Portal/Requests/TicketRequests/NewForm?ID=eRXVtU~qt-o_&RequestorType=Service .
21	Can I submit my enrollment information now and my supporting documentation later?	All supporting documentation must be submitted during the Open Enrollment period. All enrollments and documentation must be submitted by the deadline, April 30, 2026. The documentation may be submitted after enrollment, but must be received by the deadline.
22	I submitted my information in the system, who can I contact to confirm it was received?	You may log in to Employee Navigator at any time to review your benefit elections. Click Benefit Summary, choose Current Period or Open Enrollment to view your current elections or your elections that will be effective 7/1/2026. You may make changes to your Open Enrollment elections up until 4/30/2026, if you make changes remember to complete the new enrollment through the signing step.
23	My salary is not correct in Employee Navigator, what should I do?	Salaries were uploaded on 4/3/2026, if your salary has changed you may contact Benefit Services and we can manually update the salary for you. The salary is only used to display which salary tier premiums apply to you for medical coverage while you are enrolling. Your actual salary is used each pay period to determine your payroll deductions.
24	Who can I contact for help completing my enrollment?	Schedule an appointment with a benefit counselor, they can answer questions and complete your enrollment for you by phone. There are a limited number of appointments, schedule your appointment early and be sure to be ready and answer the phone when they call. The Benefit Services team will also have Zoom times scheduled to answer your questions. https://outlook.office365.com/owa/calendar/NMSU@voluntarysolutionsinc.net/bookings/
25	The premium displayed in Employee Navigator is not accurate, why?	If the premium displayed is off by up to a few cents, it is due to rounding; we cannot change these small discrepancies. The premiums in Employee Navigator are illustrative for your convenience when you are enrolling, the premiums set up in Banner are the premiums that will be deducted from your pay. If your medical premium is displaying an incorrect tier, it may be because your salary has changed since the data was pulled on 4/3/2026. You may contact benefits@nmsu.edu and we will manually update your salary in Employee Navigator .
26	What if i cant login to employee navigator and ive tried to reset password and doesn't work?	Please contact our office at 575-646-8000 or at https://help.nmsu.edu/TDClient/267/Portal/Requests/TicketRequests/NewForm?ID=Q-FfIO%7eYs4g_&RequestorType=Service so that we may look into the issue. You may also attend one of our Zoom Q&A sessions, held every weekday at 11:00 and 3:00 (no sessions on 4/16/2026, 4/20/2026, and 4/21/2026).
27	Dependent Coverage	
28	How do I know if my dependent is still eligible?	Review the dependent eligibility criteria at https://benefits.nmsu.edu/enrollment/eligibility/ . The following dependents are eligible for our benefit plans. (Please note, dependents can not be dual covered by the State of NM medical or dental plans.) *Legal spouse, unless legally separated. *Qualified Domestic Partner (DP) See ARP 8.03 https://arp.nmsu.edu/8-03/ . *DP is not eligible for pretax benefits, including Flexible Spending Accounts (FSAs). *Your biological or adopted child, or the biological or adopted child of your spouse or DP, under the age of 26. Children of DP, that are not also the biological or adopted child of the employee are not eligible for pretax benefits, including FSAs Spending Accounts. *Your child defined above that is financially dependent due to a permanent mental or physical disability occurring prior to age 26.
29	I am getting married after Open Enrollment, can I add my spouse during Open Enrollment?	No, dependents must be eligible during the Open Enrollment event and documentation to support the relationship is required by April 30, 2026. Newly eligible dependents may be added within 31 days of a qualifying event such as marriage. Visit https://benefits.nmsu.edu/enrollment/change.html for more information about mid-year changes due to a qualifying event.
30	What supporting documentation is required to enroll a dependent in my coverage?	To add new dependents to your benefits you must provide marriage certificate, domestic partner affidavit, and/or birth certificates/legal adoption/custody papers to verify the relationship to the new dependent by April 30, 2026. Late submissions will not be accepted and your dependent will not be enrolled.
31	Do I have to submit dependent proof of eligibility documents if they are enrolled in my benefits?	No. During this Active Open Enrollment you do not need to submit proof of eligibility documents unless you are adding a new dependent to your coverage. If you are adding a new dependent, proof of dependency documentation is required no later than April 30, 2026. Submit dependent documentation at https://help.nmsu.edu/TDClient/267/Portal/Requests/TicketRequests/NewForm?ID=eRXVtU~qt-o_&RequestorType=Service .
32	Can an employee cover a dependent that is a parent?	No, parent's are not eligible dependents.
33	My wife is currently on my insurance. Do I need to submit Dependent Documentation to keep her on it?	No, if you have already submitted dependent documentation you do not need to resubmit it.
34	What if have my stepchild covered on my health insurance and I am getting divorced?	It is your responsibility to remove any dependents who do not meet the eligibility requirements within 31 days of the disqualifying event by submitting an enrollment change and supporting documentation to Benefit Services through https://help.nmsu.edu/TDClient/267/Portal/Requests/TicketRequests/NewForm?ID=eRXVtU~qt-o_&RequestorType=Service . Failure to do so may result in losing the ability to participate in any health benefits offered by NMSU, as well as a responsibility to repay all claims paid out on behalf of the ineligible dependent.
35	I have already submitted dependent documents, do I need to upload or resubmit the documents?	No. If you have already submitted documents for your spouse, children, or domestic partner, please do not resubmit the documents.
36	Medical Coverage	

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37	Which of these PPO's prescription drug coverage are considered 'Creditable' under the 2026 Medicare Part D standards?	All of the medical plans have the same creditable prescription coverage through Express Scripts. The creditable coverage notice is available at https://www.mybenefitsnm.com/FGPOpenFPN.html .
38	I'm not clear on which health plans these tables describe -- or are the prices the same across all plans?	There are now 3 medical carriers (Presbyterian, BCBSNM, and United Healthcare UMR) that each have 4 similar plan designs (HMO Clear Cost Platinum, HMO Basic Gold, PPO Basic Gold, PPO High Deductible Health Plan Silver). There are also 2 dental carriers (Delta Dental and MetLife) offering a basic plan and a buy-up option. The premiums for each of the plans are the same for each carrier.
39	Is the UNM network the same that we at NMSU qualify for?	The UNM network is a network of doctor's and facilities that have contracted with medical carriers. Please check the provider finder to determine if the UNM network doctor you visit is in-network for the carrier you have chosen and whether they are in the Tier 1 or Tier 2 network.
40	If someone lives outside NM and seeks major medical care outside of NM, what are the healthcare plan options available for them?	The PPO Options all have nationwide coverage. The BCBSNM HMO plans only cover in-network services in New Mexico, Presbyterian HMO plans cover out-of-NM services through the Aetna network at Tier 2 coverage, and United Healthcare HMO is nationwide.
41	Regarding the Presbyterian plans, they mentioned that the Mayo Clinics were included because they are covered under Aetna. Is this for both their HMO and PPO plans?	Yes, their network is the same for HMO and PPO plans.
42	I currently carry Presbyterian and get specialized healthcare out of state . How could we find out before July 1, 2026 if they will remain a provider through Aetna?	Network agreements between carriers and providers can change at any time. You may contact your doctor or Presbyterian to see if there are any upcoming changes that they are aware of.
43	Which one is the least expensive plan, meaning which will take the least out of my check? BCBS/Pres/United	Each of the carriers BCBS/Pres/United have the same premiums for each of the plans. The PPO High Deductible Health Plan has the lowest premium, highest deductible which must be met before coverage begins. The HMO Clear Cost Platinum plan has the highest premium, lowest cost when you use the benefit.
44	It sounds like the Health Savings Account is only available with the high deductible coverage. Is that correct? Is it possible to maintain the same health savings account benefits with other coverage?	Correct, Health Savings Accounts are only available if you are enrolled in a High Deductible Health Plan. It is not possible to contribute to a Health Savings Account while you are enrolled in other health coverage. Please see the HSA Education Guide at https://benefits.nmsu.edu/documents/EBS-HSA-Education-Guide-2026.pdf for more information.
45	What are the co-pays for the high deductible PPO?	There is no copay for in-network Telehealth, Preventive Services/Immunizations, and Well Child Services/Immunizations. For all other services, you must meet the \$3,000 deductible before the coverage begins, then you pay a 30% coinsurance for each service. Mental health is \$0 copay after the deductible is met.
46	What is the difference between Presbyterian, BCBS, and UHC if they're all offering the same plan design?	When choosing a medical carrier, you should consider their networks and the supplemental programs that they offer.
47	if I already have Blue Cross Blue Shield of NM for my daughter and I do I need to select a new provider or will it roll over?	Yes. Your current coverage will end on June 30, 2026. You must enroll in coverage for the 2026-2027 plan year.
48	Which new plan is most similar to the current plans?	The HMO Basic Gold plans are most similar to our current HMO plans and the PPO Basic Gold plans are the most similar to our current PPO plan.
49	Are the current plan deductible and out of pocket costs that started on 1/1/2026 through 6/30/2026 resetting to zero beginning on 7/1/2026?	Yes—we are currently in a short plan year (January 1, 2026 – June 30, 2026). For this period, all deductibles and out-of-pocket maximums are reduced to 50% of the annual amounts. These will reset at the start of the new plan year on July 1, 2026 (July 1, 2026 – June 30, 2027).
49	Prescription Coverage	
50	Is ExpressScripts now the ONLY prescription plan option? Or do we now choose between ExpressScripts and CVS/Caremark?	Our pharmacy benefit manager is switching from CVS Caremark to Express Scripts. If you enroll in any of our medical plans, regardless which carrier you choose, the prescription plan will be managed by Express Scripts.
51	Will express scripts be filled at our regular pharmacy, such as CVS?	Yes. Present your Express Scripts card to your retail pharmacy after June 30, 2026.
52	If my doctor prescribes me medication and I would need to take it to a pharmacy, what is the deductible that I would need to pay?	The deductible is \$50 for brand-name medications. There is no deductible for Generic medications.
53	Dental Coverage	
54	Delta Dental talked about deductibles for individuals and then a family of 3 or more, what about employee and spouse?	The deductible is \$50 per person, including employee and spouse. Once three family members each meet the \$50 deductible, the family maximum is reached and no additional deductibles apply for the rest of the family.
55	Flexible Spending Account & Health Savings Account	

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56	Is there still an annual fee for the payment debit card?	There is not an annual fee for the FSA debit card. A card is sent when you initially enroll. The fee to order a replacement card is \$10.
57	What happens if we currently have an FSA, but want to switch to HSA? Will it carry over to the HSA? Or do we get the limited FSA and also the HSA?	If you enroll in a High Deductible Health Plan, you may enroll in a Health Savings Account. Eligible expenses for your FSA must be incurred by June 30, 2026 and claimed by September 30, 2026. Remaining FSA funds not claimed for this plan year over \$680 will be forfeited. If you carry-over funds (up to \$680), and enroll in the Health Savings Account effective July 1, 2026, the remaining FSA funds are converted to a Limited Purpose FSA and can only be used for dental and vision expenses.
58	Can we have HSA and the limited FSA at the same time?	Yes, you can have an HSA and a Limited Purpose FSA at the same time. You cannot have an HSA and a Healthcare FSA at the same time.
59	What are the maximum contributions for HSA and FSA?	FSA and Limited Purpose FSA have a maximum contribution of \$3,400 and a carryover of \$680. Dependent care FSA maximum is \$7,500 and no carryover. HSA has a maximum contribution of \$4,400 for single HDHP coverage, \$8,750 for family HDHP coverage; if you are age 55+ you may contribute an additional \$1,000.
60	Voluntary Benefits	
61	Is there a breakdown of the critical illness/accident/hospital indemnity coverages?	Yes, please visit https://benefits.nmsu.edu/enrollment/open.html for plan information.
62	Resources	
63	Will the presentations be available to view later?	Yes, the presentations, handouts, rate sheets, plan comparisons, and other resources are all available on our website at https://benefits.nmsu.edu/enrollment/open.html .
64	How do we set up a 1-on-1 meeting if we need one?	You may schedule an appointment with a benefit counselor at https://outlook.office.com/book/Booking-VSNewMexicoStateUniversity@appriever3651012518.onmicrosoft.com/?ismsaljsauthenabed or call the call center at 877-700-8136. You may also join a Zoom drop-in session where we utilize breakout rooms to assist individuals.
65	I'm a brand new employee and it won't allow me to make any sort of selections for medical.	Please contact our office at 575-646-8000 or at https://help.nmsu.edu/TDClient/267/Portal/Requests/TicketRequests/NewForm?ID=Q-Ff1O%7eYs4g_&RequestorType=Service so that we may look into the issue. You may also attend one of our Zoom Q&A sessions, held every weekday at 11:00 and 3:00 (no sessions on 4/16/2026, 4/20/2026 and 4/21/2026).
66	If I schedule an appointment with a benefit counselor will it be NMSU staff that contacts me?	No, National Enrollment Partners is providing benefit counselor assistance for NMSU enrollment. At your scheduled time, a benefit counselor will call from the outbound call center. It is a 720-###-#### phone number. The benefit counselors are trained on NMSU benefit plans and can answer questions and complete your enrollment over the phone. Benefit counselor appointments are recorded for audit purposes however the recordings are not shared with NMSU. The call center is HIPAA compliant.
67	Security	
68	Is Employee Navigator secure?	Yes, Employee Navigator has various cyber risk mitigating controls that have been reviewed by NMSU's IT Acquisition team. Employee Navigator has also been audited by highly reputable companies. In connection with efforts to adhere to and maintain a controlled environment appropriate for Employee Navigator services to entities that may have specific regulatory obligations as covered entities under the Health Insurance Portability and Accountability Act (HIPAA) as amended by the HITECH Act of 2009 (ARRA Title XIII), Employee Navigator has undertaken an internal review and has documented its controls environment as a potential Business Associate. Employee Navigator has undertaken, where appropriate, to provide and document its control environment to meet the substantive requirements of the security rules for clients concerned with these issues.