BlueCross BlueShield of New Mexico

2027 Summary of Benefits

Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]

January 1, 2027 – December 31, 2027

This booklet gives you a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*.

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Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-688-1813 (TTY: 711). We are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on the weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Call Customer Service at 1-877-688-1813 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ You must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2028.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

1 SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the *Evidence of Coverage*. Members can also see the *Evidence of Coverage* on our website, getbluenm.com/dsnp.

You have choices about how to get your Medicare benefits

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)**).

Tips for comparing your Medicare choices

This *Summary of Benefits* booklet gives you a summary of what **Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their *Summary of Benefits* booklets. Or, use the Medicare Plan Finder on https://www.medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at https://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About **Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP).**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print, or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-688-1813 (TTY: 711).

Things to Know About Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)

Hours of Operation & Contact Information

- From October 1 to March 31, we are open 8 a.m. – 8 p.m., local time, 7 days a week.
- From April 1 to September 30, we are open 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.
- If you are a member of this plan, call us at 1-877-688-1813, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-213-1817, (TTY: 711).
- Our website: getbluenm.com/dsnp.

Who can join?

To join **Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area. If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary. Our service area includes these counties in New Mexico: Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, De Baca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Union and Valencia.

Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) may enroll partial dual-eligibles who are SLMB, QMB, FBDE, QI and QDWI.

Which doctors, hospitals, and pharmacies can I use?

Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's *Provider Finder* and *Pharmacy Directory* at our website (getbluenm.com/dsnp).

Or, call us at 1-877-688-1813 (TTY: 711) and we will send you a copy of the *Provider Directory* and *Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, getbluenm.com/dsnp.
- Or, call us at 1-877-688-1813 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Deductible, Initial Coverage and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of New Mexico

2 SECTION II - SUMMARY OF BENEFITS

Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium	You pay $0 per month. You must continue to pay your Medicare Part B premium.
Part B Premium Buy-down (if applicable)	This plan does not have a Part B Premium Buy-down.
Deductible	$0 or $283
Maximum Out-of-Pocket Responsibility	If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs. Your yearly limit(s) in this plan: • $5,000 for services you receive from in-network providers. • No maximum out-of-pocket amount for services you receive from out-of-network providers.
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods. In 2026 the amounts for each benefit period are $0 or: • $0 or $1,736 deductible for each benefit period; $0 copay per day for days 1-60; $0 or $434 copay per day for days 61-90

	• $0 or $868 copay per day for each benefit period (up to 60 days over your lifetime) These amounts may change for 2027. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. **Out-of-Network:** Not Covered.
Outpatient Hospital	**In-Network:** $0 or $550 copay. **Out-of-Network:** Not Covered.
Ambulatory Surgical Center	**In-Network:** $0 or $500 copay. **Out-of-Network:** Not Covered.
Doctor's Office Visits	**In-Network:** Primary care physician visit: $0 copay. Specialist visit: $0 or $25 copay. **Out-of-Network:** Primary care physician visit: Not Covered. Specialist visit: Not Covered.
Preventive Care ***(e.g., flu vaccine, diabetic screenings)***	**In-Network:** $0 copay for all preventive services covered under Original Medicare at zero cost sharing. **Out-of-Network:** Not Covered.

	Other preventive services are available. There are some covered services that have a cost. Please reference the EOC for more details. **Important Message About What You Pay for Vaccines** Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.
Emergency Care	0% or 20% of the total cost up to $115 per visit. Copay is waived if you are admitted to the hospital within 24 hours for the same condition. See the "Inpatient Hospital" section of this booklet for other costs. Worldwide Emergency Coverage: $130 copay. $50,000 yearly maximum coverage amount. Copay is waived if you are admitted to the hospital within 24 hours for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.
Urgently Needed Services	0% or 20% of the total cost. up to $40 per visit. Worldwide Urgent Coverage: $130 copay. $50,000 yearly maximum coverage amount.
Diagnostic Services /Labs/Imaging	**In-Network:** Diagnostic tests and procedures: $0 or $50 copay. Lab services: 0% or 20% of the total cost. Diagnostic Radiology Services (such as MRIs, CT scans): $0 or $260 copay. X-rays: $0 or $25 copay. Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the total cost. **Out-of-Network:** Diagnostic tests and procedures: Not Covered. Lab services: Not Covered. Diagnostic Radiology Services (such as MRIs, CT scans): Not Covered. X-rays: Not Covered. Therapeutic radiology services (such as radiation treatment for cancer): Not Covered.

Hearing Services	**<u>In-Network:</u>** Exam to diagnose and treat hearing and balance issues: 0% or 20% of the total cost. Routine hearing exam (1 every year): $0 copay. Hearing aid fitting/evaluation: $0 copay. Hearing aids: Benefit is limited to the TruHearing® branded hearing aids. $0 copay (1 per ear per year). There is a $1,250 maximum plan coverage limit for hearing aids (both ears combined) purchased every year. **<u>Out-of-Network:</u>** Exam to diagnose and treat hearing and balance issues: Not Covered.
Dental Services	**<u>In-Network:</u>** Medicare-covered: 0% or 20% of the total cost. **<u>Out-of-Network:</u>** Medicare-covered: 0% or 50% of the total cost. **<u>In-Network and Out-of-Network:</u>** **Preventive Dental Services:** • Oral exam (2 every year): $0 copay • Cleaning (2 every year): $0 copay • Dental X-ray (1 every year): $0 copay **Comprehensive Dental Services:** • $1,500 annual maximum coverage for preventive, basic and major restorative dental services. For more details on benefits and limitations regarding your dental coverage, please read your *Evidence of Coverage*.
Vision Services	**<u>In-Network:</u>** **<u>Medicare-covered:</u>** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the total cost.

	• Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the total cost **Routine Vision:** • Routine eye exam (1 every year): $0 copay • Eyewear: $0 copay • $150 yearly eyewear allowance maximum (eyewear includes: eyeglasses, frames, lenses, or contact lenses) **Out-of-Network:** **Medicare-covered:** • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): Not Covered • Eyeglasses or contact lenses after cataract surgery: Not Covered
Mental Health Services	Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods. In 2026, the amounts for each benefit period are $0 or: • $0 or $1,736 deductible for each benefit period; $0 copay per day for days 1-60; $0 or $434 copay per day for days 61-90 • $0 or $868 copay per day for each benefit period (up to 60 days over your lifetime) These amounts may change for 2027. **In-Network:** Outpatient group therapy visit: 0% or 20% of the total cost. Outpatient individual therapy visit: 0% or 20% of the total cost. **Out-of-Network:** Inpatient Mental Health Care: Not Covered.

	Outpatient group therapy visit: Not Covered. Outpatient individual therapy visit: Not Covered.
Skilled Nursing Facility (SNF)	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you are admitted as an inpatient and ends when you have not received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods. In 2026 the amounts for each benefit period are $0 or: • $0 copay per day for days 1-20; $217 copay per day for days 21-100 These amounts may change for 2027. **Our plan covers up to 100 days in a SNF.** **Out-of-Network:** Not Covered.
Physical Therapy	**In-Network:** $0 or $35 copay. **Out-of-Network:** Not Covered.
Outpatient Rehabilitation	**In-Network:** Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the total cost. Occupational therapy visit: $0 or $35 copay. **Out-of-Network:** Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): Not Covered Occupational therapy visit: Not Covered.
Ambulance	Ground Ambulance: $0 or $275 copay for each one-way trip. Air Ambulance: 0% or 20% of the total cost for each one-way trip. Worldwide Emergency Transportation: 20% of the total cost. $50,000 yearly maximum coverage.

Transportation	$0 copay. 24 one-way trips every year to plan-approved locations.
Medicare Part B Drugs	**<u>In-Network:</u>** For Part B drugs such as chemotherapy drugs: 0% or 20% of the total cost. For other Part B drugs: 0% or 20% of the total cost. For Part B Insulin Drugs: 0% or 20% of the total cost with a maximum copay amount per month of $35. **<u>Out-of-Network:</u>** For Part B drugs such as chemotherapy drugs: Not Covered. Other Part B drugs: Not Covered. For Part B Insulin Drugs: Not Covered.

PRESCRIPTION DRUG BENEFITS	
Deductible	Prescription Drug Deductible: $0 deductible for those who qualify for Extra Help. **Important Message About What You Pay for Insulin** You won’t pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven’t paid your deductible.

<table>
<tr><td>Initial Coverage</td><td>If you receive Extra Help, you pay the following for covered Part D drugs, depending on your income and institutional status:

Generic Drugs (including brand drugs treated as generic):

• You pay $0 copay

Other Drugs

• You pay $0 copay; or $5.00 copay; or $14.40 copay

If you do not receive Extra Help, you pay the copay or coinsurance indicated in the following table until your yearly out-of-pocket drug costs reach $2,400 at which time you will leave the Initial Coverage stage and enter the Catastrophic Coverage stage.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. We cover prescriptions filled at out-of-network pharmacies in only limited situations.

Retail Cost-Sharing

<table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$0 copay</td><td>$0 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>18% coinsurance</td><td>18% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>31% coinsurance</td><td>Not Applicable</td></tr></table>
Mail Order

<table><tr><th>Tier</th><th>One-month supply</th><th>Three-month supply</th></tr><tr><td>Tier 1 (Preferred Generic)</td><td>$0 copay</td><td>$0 copay</td></tr><tr><td>Tier 2 (Generic)</td><td>$0 copay</td><td>$0 copay</td></tr><tr><td>Tier 3 (Preferred Brand)</td><td>18% coinsurance</td><td>18% coinsurance</td></tr><tr><td>Tier 4 (Non-Preferred Drug)</td><td>25% coinsurance</td><td>25% coinsurance</td></tr><tr><td>Tier 5 (Specialty Tier)</td><td>31% coinsurance</td><td>Not Applicable</td></tr></table></td></tr>
<tr><td>Catastrophic Coverage</td><td>Depending on your income and institutional status, after your yearly out-of-pocket drug costs reach $2,400, you pay nothing for covered Part D drugs.</td></tr>
</table>

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]
Acupuncture for Chronic Low Back Pain	**In-Network:** • $0 or $25 copay **Out-of-Network:** • Not Covered
Chiropractic Care	**Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).** **In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • Not Covered
Diabetes Supplies and Services - Diabetes Monitoring Supplies - Diabetes self-management training - Therapeutic shoes or inserts - Diabetic Monitors	**In-Network:** **Diabetes monitoring supplies** • 0% or 20% of the total cost **Diabetes self-management training** • $0 copay **Therapeutic shoes or inserts** • 0% or 20% of the total cost **Diabetic Monitors** • 0% or 20% of the total cost **Out-of-Network:** **Diabetes monitoring supplies** • Not Covered **Diabetes self-management training** • Not Covered

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]
	Therapeutic shoes or inserts • Not Covered **Diabetic Monitors** • Not Covered
Durable Medical Equipment ***(wheelchairs, oxygen, etc.)***	**In-Network:** • 0% or 20% of the total cost **Out-of-Network:** • Not Covered
Wellness Programs	$0 copay for SilverSneakers® Fitness Program SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations. You have access to a nationwide network of participating locations where you can take classes. SilverSneakers is a registered trademark of Tivity Health, Inc.© 2026 Tivity Health, Inc. All rights reserved.
Foot Care ***(podiatry services)***	**Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.** **In-Network:** • $0 or $35 copay **Out-of-Network:** • Not Covered
Home Health Care	**In-Network:** • $0 copay **Out-of-Network:** • Not Covered

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]
Opioid Treatment Program Services	**In-Network:** • $0 or $35 copay **Out-of-Network:** • Not Covered
Outpatient Substance Abuse Services	**In-Network:** **Group therapy visit** • $0 or $35 copay **Individual therapy visit** • $0 or $35 copay **Out-of-Network:** **Group therapy visit** • Not Covered **Individual therapy visit** • Not Covered
Over-the-Counter Items	Every three months, you'll receive an $50 allowance to spend on over-the-counter (OTC) medications and other health-related items. Those include aspirin, vitamins, toothpaste and more. Your OTC allowance is loaded on your Flexible Spending card, a preloaded debit card. Use it to buy plan-approved items at participating retailers (in-store and online). Or order from our OTC catalog for home delivery. If the Flexible Spending card cannot be used at checkout, an alternative reimbursement process is available. Unused quarterly allowance amounts will roll over into the next quarter. All funds expire at the end of the plan year or when you leave the plan. For details, please read your *Evidence of Coverage*.
Prosthetic Devices *(braces, artificial limbs, etc.)*	**In-Network:** **Prosthetic devices** • 0% or 20% of the total cost

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]
	Related medical supplies • 0% or 20% of the total cost **<u>Out-of-Network:</u>** **Prosthetic devices** • Not Covered **Related medical supplies** • Not Covered
Special Supplemental Benefits for the Chronically Ill (SSBCI)	$0 copay for nutritional and dietitian support $100 every quarter for healthy groceries Our SSBCI program includes nutritional and dietitian support. Plus, it includes a healthy grocery allowance each quarter. To get started, our nutritional and dietitian support vendor will contact you to schedule your appointment with a dietitian. After you complete the appointment, you will get a quarterly allowance to spend on healthy groceries. Funds will be loaded on your Flexible Spending card and can be used to purchase healthy groceries at participating retailers. Unused amounts do not roll over to the next calendar year. The benefits mentioned are Special Supplemental Benefits for the Chronically Ill (SSBCI). To be eligible for SSBCI benefits, you must meet the plan's criteria for increased risk of hospitalization and have one or more of these chronic conditions: cardiovascular disorders, chronic heart failure, diabetes and stroke. Please note, if you have one or more of the listed chronic conditions, you are not guaranteed access to SSBCI benefits because other eligibility and coverage criteria may also apply. The plan will determine your eligibility for this benefit. If you qualify, we will notify you. Refer to your *Evidence of Coverage* for a non-exhaustive list of items that cannot be purchased as part of your SSBCI benefit.
Meals	Eligible members will receive 2 meals for 14 days after a qualifying inpatient hospital or skilled nursing facility stay. This benefit is unlimited.

Additional Member Benefits	Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]
	This benefit does not apply to releases from an emergency room, observation stay or outpatient visit.
Renal Dialysis	**<u>In-Network:</u>** • 0% or 20% of the total cost **<u>Out-of-Network:</u>** • Not Covered
Telehealth Services	• $0 copay for urgent care visits through the HCSC telehealth vendor
Hospice	You pay nothing for hospice care from a Medicare-certified hospice provider. You may have to pay part of the total costs for drugs and respite care. Hospice care is covered outside of our plan. Please contact us for more details.

New Mexico MEDICAID BENEFITS

New Mexico MEDICAID ELIGIBLE MEMBERS

A person who is eligible for both Medicare and Medicaid, and is enrolled in the Blue Cross and Blue Shield of New Mexico Medicaid plan, may enroll in the Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) plan for their Medicare services.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Turquoise Care (Medicaid) covers and what this Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

COST-SHARE/COPAYMENT INFORMATION

In the Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) plan, the member receives Medicare cost-sharing assistance from the state Medicaid program. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-877-688-1813 (TTY users should call 711). The Medicaid eligibility categories and amount of member cost-sharing are listed below:

IF YOU ARE A QUALIFIED MEDICARE BENEFICIARY (QMB)

You are entitled to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, you must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Medicaid will pay your Medicare premiums, deductibles, and co-insurance charges on Medicare covered services only.

IF YOU ARE A SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)/QUALIFIED INDIVIDUALS (QI1)

You are entitled to payment of your Medicare Part B premiums. For SLMBs, your income must be below 120% of the Federal Poverty Level Guidelines and for QI1's, your income must be between 120-135% of the Federal Poverty Level Guidelines. You must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

IF YOU ARE A QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)

For a QWDI, Medicaid coverage is limited to payment of the Medicare Part A premium. No Medicaid card is issued.

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)SM (See benefit details above)**
Acupuncture	• Not Covered	• Coverage is limited to Medicare-covered acupuncture for chronic low back pain
Ambulance	If an emergency occurs, there is no need to call BCBSNM before going or calling 911 for emergency ambulance services. In an emergency, you do not have to worry about whether or not the ambulance is in the Blue Cross of New Mexico network.	• Covered
Chemotherapy and Radiation Therapy	• Is covered and prior authorization is required.	• Covered
Chiropractic Care	• Not Covered	• Covered
Dental Services	Services for eligible members are covered through a program administered by DentaQuest. One complete oral exam every 12 months all ages. Emergency dental care is available	• Covered
Diabetes Supplies and Services	Includes coverage for test strips, lancets, and screening tests	• Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for	• Laboratory, X-ray, EKGs, medical imaging services and other diagnostics tests dependent on exact services. PET, MRA, MRI and	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]** **(See benefit details above)**
these services may be different if received in an outpatient surgery setting)*	CT scans are covered and require prior authorization.	
Doctor's Office Visits	• Office visits to PCPs or specialists, including dieticians, nurse practitioners, and physician assistants.	• Covered
Durable Medical Equipment (wheelchairs, oxygen, etc.)	Medical supplies; durable medical equipment. Some durable medical equipment and supplies (Turquoise Care suppliers of these services know what is covered by Medicaid and what needs prior authorization. Please call customer service and speak with a Care Coordinator/Case Manager for more information. Prior authorization is required.	• Covered
Emergency Care	• Ground and air ambulance are covered. Air ambulance requires prior authorization.	• Covered
Foot Care (podiatry services)	• Podiatry (foot and ankle services require prior authorization).	• Covered
Hearing Services	• Hearing services are covered and require prior authorization.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)SM** **(See benefit details above)**
Home Health Care	• Home health care and intravenous services are covered and require prior authorization.	• Covered
Behavioral Health Care	• Inpatient professional services, hospital outpatient services, evaluations, assessments, counseling, applies to all ages with no prior authorization. Psychiatric Inpatient hospital services applies to all ages and requires prior authorization. Partial hospitalization requires prior authorization. Therapy services, Psychological testing and comprehensive community support services are covered and services beyond core coverage may need prior authorization	• Covered
Outpatient Rehab	• Outpatient rehab services are covered and require prior authorization.	• Covered
Outpatient Substance Abuse Services	Intensive outpatient services for substance abuse and Co-occurring Disorders applies to all ages with no prior authorization required.	• Covered
Outpatient Surgery	• Minor surgeries dependent on exact service are covered. Surgery, including pre- and post-operative care dependent on surgery require prior authorization. Assistant	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]** **(See benefit details above)**
	Surgeon Anesthesiologist, Organ transplants; all transplants and pre-transplant evaluation require prior authorization.	
Special Rehabilitation Services	• Special rehabilitation services such as Physical therapy, Occupational therapy, Speech therapy, Cardiac therapy, and Pulmonary rehabilitation are covered and require prior authorization.	• Covered
Over-the-Counter Items	• Not Covered	• Covered
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic coverage depends on the section number of the procedure code and prior authorization is required	• Covered
Renal Dialysis	• Dialysis services are covered and require prior notification.	• Covered
Transportation	Blue Cross and Blue Shield of New Mexico (BCBSNM) provides coverage for non-emergency transportation if it is not covered by Medicare. This includes meals and lodging expenses when long distance travel is needed to get covered medical care (Prior Approval required). Rides to routine appointments, mileage reimbursement, and mass transit are covered.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)SM** **(See benefit details above)**
Urgently Needed Services	Urgent care is provided for sudden illnesses or injuries that are not life threatening at in-network Blue Cross of New Mexico facilities.	• Covered
Vision Services	Routine vision care, eyeglasses, and eye checkups are covered anytime and apply to all ages through a program administered by Davis Vision.	• Covered
Preventive Care	Preventive health care is for everyone and well-child visits from birth to age 21. Early and periodic Screening Diagnostic and treatment (EPSDT) services are provided to every Medicaid-eligible child from birth to age 21. Blue Cross of New Mexico will provide checkups and preventive services through providers. Other recommended health screenings include mammograms for women ages 40 through 69 every one or two years and both men and women age 50 should be screened for colon cancer. Routine PCP visits are covered as preventative measures.	• Covered
Second Opinions	Members may disagree with PCP or specialist, have concerns and need more information or treatment regarding illness. In these cases, the second opinion needs prior authorization	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]** **(See benefit details above)**
Hospice	Hospice is covered with prior authorization.	• Covered
Pregnancy-Related and Maternity Services	Pregnancy-related and maternity services are covered	• Covered
Inpatient Hospital Care	Hospital services (inpatient, outpatient, is covered with prior authorization).	• Covered
School-Based Health Clinics	Covered services with no prior authorization required.	• Covered
Bariatric Surgery	Covered service with prior authorization required.	• Covered
Skilled Nursing Facility (SNF)	Skilled nursing is covered with prior authorization required.	• Covered
Prescription Drug Benefits	The Blue Cross of New Mexico Drug List is a list of drugs that are covered.	• Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]** **(See benefit details above)**
ADDITIONAL INFORMATION		
Alternative Benefit Plan	The Alternative Benefit Plan (ABP) is a part of the New Mexico Medicaid program. The ABP offers coverage for Medicaid-eligible adults ages 19-64 who have income up to 138% of the Federal Poverty Level (FPL).	• Not Covered
Value-Added Services	In addition to covering the services required by state law, Blue Cross of New Mexico offers extra services to help keep you and your family healthy. Some services are not always available all year and may have additional limits and steps. Call Customer Service at 1-877-688-1813 (TTY: 711) for more details. **Note:** Services may change from year-to-year.	See SilverSneakers® Fitness Program
Member Rewards	Every member of Blue Cross of New Mexico is able to enroll in the Turquoise Rewards Program. The Rewards Program allows you to earn "credits" by just taking part in certain healthy actions. To use your credits, enrollment is required. You can enroll at www.turquoiserewards.com or call Turquoise Rewards Wellness Services at 1-877-806-8964. Credits can be used by making choices from a catalog. You	• Not Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2027 – December 31, 2027	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2027 – December 31, 2027
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	**Turquoise Care (Medicaid)**	**Blue Cross Medicare Advantage Dual Care (HMO-POS D-SNP)[SM]** **(See benefit details above)**
	can order catalog items through a website or by calling Turquoise Rewards Wellness Services at 1-877-806-8964. Shipping costs will not apply. You will get your Turquoise Rewards Program catalog when you earn your first credits.	

MEDICAID COVERED BENEFITS

Medical, behavioral health, and long-term care services are covered. Some categories of eligibility may also cover dental, vision, transportation, and prescription services. Additional Medicaid covered services may include:

- Preventive services
- Well-child visits
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Medical/surgical services
- Family planning services
- Pregnancy-related and maternity services
- Prenatal care
- Urgent care services
- Emergency services
- Behavioral health benefits
- Prescription drug benefits
- Vision benefits
- Dental benefits
- Transportation benefits

MEDICAID LONG-TERM CARE SERVICES

Long-term care services for members who meet the Nursing Facility Level of Care (NFLOC) criteria are covered. Long-term care includes medical and nonmedical care for people who have disabilities or long- lasting illnesses. The member has to be in Agency-Based Community Benefit for 120 days before switching to Self-Directed Community Benefit.

The following services are covered for members who are eligible for the Self-Directed Community Benefit

- Behavior support consultation
- Customized community support
- Emergency response

MEDICAID AGENCY-BASED COMMUNITY BENEFIT

The following services are covered for members who meet NF LOC and select the Agency-Based Community Benefit (ABCB):

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Nutritional Counseling
- Personal care services
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy services

MEDICAID SELF-DIRECTED COMMUNITY BENEFIT

The Self-Directed Community Benefit (SDCB) is composed of certain home and community-based services available to eligible members. Self-direction gives you choices. It also gives you control over how the services are provided. You can choose who provides the services.

OTHER INSURANCE

If a Medicaid member has other medical or dental plan coverage, including Medicare, it is important that the member inform the Human Services Departments (HSD) Income Support Division (ISD) office. If the member does not know how to contact ISD, they should call the

- Employment supports
- Environmental modifications
- Home health aide
- Homemaker/direct support
- Nutritional counseling
- Private duty nursing for adults
- Related goods
- Respite
- Self-Directed Personal Care
- Skilled maintenance therapy services
- Specialized therapies
- Start-Up Goods
- Transportation (non-medical)

Medicaid Call Center at 1-888-997-2583 to get that information. The member should tell his or her provider about other insurance before any appointment.

The member should always show all insurance ID cards when he or she sees a provider and/or goes to the hospital. The other insurance plan needs to be billed for the members health care services before Turquoise Care (Medicaid) can be billed. The member's Medicaid Managed Care Organization (MCO) will work with the other insurance plan on payment for these services. The only exception to this is if a member has Indian Health Service (IHS) coverage. Medicaid will pay before IHS does.

If a member has both Medicare and Medicaid, the member has more than one insurance coverage. Medicare is considered as the primary insurance and Medicaid is the secondary insurance. The members Medicaid benefits will not change the primary insurance benefits.

IF YOU ARE A SLMB, QI1, OR QDWI BENEFICIARY:

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Blue Cross Medicare Advantage Dual Care Plus, where you will have a 0% cost-share.

Medicaid Plan Notice:

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. Such services are funded in part with the State of New Mexico.

Medicare Advantage Plan Notice:

Our service area includes these counties in New Mexico: Bernalillo, Catron, Chaves, Cibola, Colfax, Curry, De Baca, Dona Ana, Eddy, Grant, Guadalupe, Harding, Hidalgo, Lea, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Juan, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance, Union and Valencia.

HMO-POS Special Needs plan provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment depends on contract renewal.

Such services are funded in part with the State of New Mexico.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1813 (TTY: 711). Someone who speaks Spanish can help you. This is a free service.

Blue Cross Medicare Advantage Dual Care is a HMO-POS plan with a Medicare contract. Enrollment in **Blue Cross Medicare Advantage Dual Care** depends on contract renewal.

This information is not a complete description of benefits. Call 1-877-688-1813 (TTY: 711) for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of New Mexico members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Health coverage is offered by Health Care Service Corporation.

HMO-POS Special Needs plan provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. Enrollment depends on contract renewal.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association.

Such services are funded in part with the State of New Mexico.

This plan is available to anyone who has both Medical Assistance from the State, and Medicare and is enrolled in the Blue Cross and Blue Shield of New Mexico Medicaid plan.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

Benefits, features and/or devices vary by plan/service area. Limitations, copayments, exclusions and restrictions may apply. Contact the plan for more information.

Limitations, copayments, exclusions and restrictions may apply. Individuals must live in the plan service area. Benefits vary by plan. Prior authorization and/or referrals are required for certain services.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-688-1813 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	1-855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	1-855-661-6965
300 E. Randolph St., 35th Floor	Fax:	1-855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services	Phone:	1-800-368-1019
200 Independence Avenue SW	TTY/TDD:	1-800-537-7697
Room 509F, HHH Building	Complaint Portal:	
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf	
	Complaint Forms:	
	hhs.gov/civil-rights/filing-a-complaint/index.html	

If you are a Medicare member, access your Non-Discrimination Notice at https://www.bcbsnm.com/nm/documents/medicare/snp/2026/dsnp-mli-nm-2026.pdf

This notice is available on our website at bcbsnm.com/legal-and-privacy/non-discrimination-notice.

Blue Cross Blue Shield of New Mexico, A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-688-1813 (TTY: 711). Hours are 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. Or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-688-1813 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-688-1813 (TTY: 711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-688-1813（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-688-1813 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-688-1813 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ સંપર્ક મૂલ્યે ઉપલબ્ધ છે. 1-877-688-1813 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयोगी सामाजिक उपकरण और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-688-1813 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-688-1813 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-688-1813 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yánilti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-688-1813 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسی Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-688-1813 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود

Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-688-1813 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-688-1813 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-688-1813 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-877-688-1813 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
ไทย Thai	หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-688-1813 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ
فارسی Persian	ما در راستای پاسخگویی به سؤالات شما در مورد طرح سلامت یا دارویی خود، دارای خدمات مترجم رایگان هستیم. برای داشتن یک مترجم، کافیست از طریق شماره 1-877-688-1813 (TTY: 711) با ما تماس بگیرید. یک شخص فارسی زبان می‌تواند به شما کمک کند. این یک سرویس رایگان است
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-688-1813 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

THANK YOU

Connect with us

Contact Information: 1-877-688-1813, TTY: 711

Organization Name: Blue Cross and Blue Shield of New Mexico

Organization website: getbluenm.com/dsnp

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