



BlueCross BlueShield of New Mexico

# Enrollment Guide





# Get the Most from Your Health Plan

**Welcome to Blue Cross and Blue Shield of New Mexico (BCBSNM)**, a leader in health care benefits. We have been helping people like you get the most from their health care plans for many years.

Read this guide to learn about benefits your employer is offering. Think about how you and your family will use these benefits. Learn more about products, services and how to be a smart health care user at [bcbsnm.com](https://bcbsnm.com).

## Your ID Card

After you enroll, you will get a member ID card in the mail. Show this ID card when you see a doctor, visit the hospital or go to any other place for care. The back of the card has phone numbers you might need.

## Blue Access for Members<sup>SM</sup>

Go to [bcbsnm.com/member](https://bcbsnm.com/member) and sign up for the secure member website, **Blue Access for Members**. Find the "Log In" tab and click "Register Now." Use the information on your ID card to complete the process. On this site, you can check your claims, order more ID cards, get health information and much more.

## Save Money – Stay In-Network

Using independently contracted network providers can help you save. Look at your ID card to find your network. Then go to [bcbsnm.com](https://bcbsnm.com) to look for doctors, hospitals and other places for care.

## Call Customer Service for Help

Our team knows your health plan and can help you get the most from your benefits. Just call the toll-free number on the back of your ID card.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.

# Confused About Where to Go for Care?



**SmartER Care<sup>SM</sup>** options may save you money. If you aren't having an emergency, deciding where to go for medical care may save you time and money. You have choices for where you get non-emergency care — what we call SmartER Care. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at [bcbsnm.com](http://bcbsnm.com) or by calling the Customer Service number on your member ID card.



## 24/7 Nurseline

- Available 24 hours a day, seven days a week
- 24/7 Nurseline\* can help you identify options when you or a family member have a health problem or concern

- Call 800-973-6329 to speak with a nurse
- At no additional cost as part of your health plan



## Urgent/Immediate Care Clinic

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency

- Average wait time is 16-24 minutes<sup>2</sup>
- Many have online and/or telephone check-in



## Hospital Emergency Room

- Open 24 hours, seven days a week
- Average wait time is 35 - 49 minute<sup>3</sup>
- Multiple bills for services such as doctors and facility

- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more.



## Need help deciding where to go for care?

If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

\* 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

‡ Internet/Wi-Fi connection is needed for computer access. Data charges may apply.

1. Vitals Annual Wait Time Report, 2017.

2. Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

3. National Center for Health Statistics, Centers for Disease Control and Prevention, 2019.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.


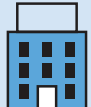

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

# Deciding Where to Go?

## Doctor's Office, Urgent Care or ER.

If you aren't having an emergency, knowing where to go for medical care may save you on cost and time.

You have choices for where you get non-emergency care — what we call SmartER Care Options. Use these places instead of the emergency room (ER). Plus, when you visit in-network providers, you may pay less for care.

	Doctor's Office	Urgent Care	Hospital ER
			
Who usually provides care	Primary Care Doctor	Internal Medicine, Family Practice and Pediatric	ER Doctors, Internal Medicine, Specialists
Sprains, strains	■	■	<ul style="list-style-type: none"> <li>Any life-threatening or disabling conditions</li> <li>Sudden or unexplained loss of consciousness</li> <li>Major injuries</li> <li>Chest pain; numbness in the face, arm or leg; difficulty speaking</li> <li>Severe shortness of breath</li> <li>High fever with stiff neck, mental confusion or difficulty breathing</li> <li>Coughing up or vomiting blood</li> <li>Cut or wound that won't stop bleeding</li> <li>Possible broken bones</li> </ul>
Animal bites	■	■	
X-rays		■	
Stitches		■	
Mild asthma	■	■	
Minor headaches	■	■	
Back pain	■	■	
Nausea, vomiting, diarrhea	■	■	
Minor allergic reactions	■	■	
Coughs, sore throat	■	■	
Bumps, cuts, scrapes	■	■	
Rashes, minor burns	■	■	
Minor fevers, colds	■	■	
Ear or sinus pain	■	■	
Burning with urination	■	■	
Eye swelling, irritation, redness or pain	■	■	
Vaccinations	■	■	



### Need help with your SmartER Care options?

Find urgent care centers<sup>1</sup> near you by texting<sup>2</sup> **URGENTNM** to **33633**.

† "Freestanding ED 101: What you need to know" July 2016, The Advisory Board Company.

1. The closest urgent care center may not be in your network. Be sure to check Provider Finder® to make sure the center you go to is in-network.

2. Message and data rates may apply. Read terms, conditions and privacy policy at [bcbsnm.com/mobile/text-messaging](http://bcbsnm.com/mobile/text-messaging).



## Your Doctor Is In... Provider Finder<sup>®</sup>

**Spend less time looking for a doctor and more time enjoying your life.**

Provider Finder from BCBSNM is a fast, easy-to-use tool to find your next health care provider. Plus, it can help you manage health care costs.

Go to [bcbsnm.com](https://bcbsnm.com) and log in or create a **Blue Access for Members (BAM<sup>SM</sup>)** account and click on the Doctors and Hospitals tab in Provider Finder to:

- Find in-network providers, hospitals, laboratories and more.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Estimate the out-of-pocket costs of more than 1,600 health care procedures, treatments and tests.\*
- Use quality awards such as Blue Distinction<sup>®</sup> Center (BDC), BDC+ or Total Care to inform your choices.
- See side-by-side provider or facility quality ratings and patient reviews.\*

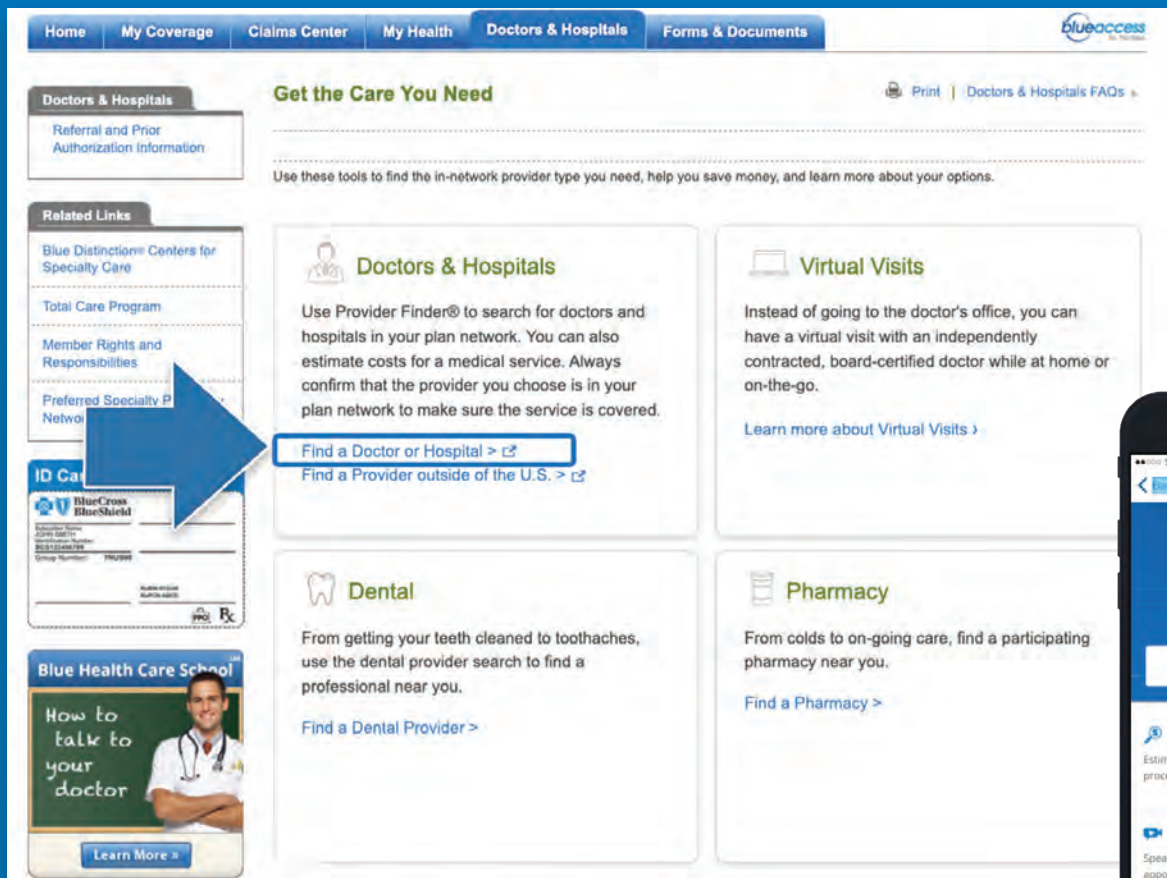


### Go Mobile with BCBSNM

At [bcbsnm.com](https://bcbsnm.com), log into or create your BAM account.

You can stay linked to your claims activity, member ID card and coverage details. It's also where to see prescription refill reminders and health tips by text messages at 33633.

\*Available for most networks and plans.



Screen shots are for illustrative purpose only.

**OR ACCESS PROVIDER FINDER THROUGH THE BCBSNM APP.**

# Accessing the Provider Finder

It's easy to get started with Provider Finder by registering for Blue Access for Members:

- 1 Log in to **Blue Access for Members**.
- 2 Click the **Doctors & Hospitals** tab.
- 3 Then select **"Find a Doctor or Hospital."**

You can also call a **BCBSNM Customer Service Advocate** at the toll-free telephone number on the back of your member ID card for help in locating a provider.



# Peace of Mind While Traveling

## BlueCard® PPO Has You Covered

### Use BlueCard PPO When You're Away From Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield (BCBS) plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospitals and other health care providers throughout the country.

#### How BlueCard Works

1. Always carry your most current Blue Cross and Blue Shield of New Mexico (BCBSNM) ID card.
2. When you're outside of your local BCBSNM service area and need health care, refer to your ID card and call BlueCard Access at 800-810-BLUE (2583) or visit the BlueCard Doctor and Hospital Finder at [bcbs.com](http://bcbs.com) for information on the nearest PPO doctors and hospitals. In an emergency, go to the nearest hospital.
3. You are responsible for calling BCBSNM for precertification, when necessary. Refer to the precertification phone number on your ID card, which is different than the BlueCard Access number above.
4. When you arrive at the doctor's office or hospital, present your ID card, and the office or hospital staff will verify your membership and coverage information.
5. After you receive medical attention, your claim will be routed to BCBSNM for processing by the provider. All doctors and hospitals are paid directly, so you won't have any paperwork.
6. You should not have to pay up front for medical services, except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). BCBSNM will provide you with an Explanation of Benefits (EOB) statement.

#### Get access to network providers when you're on the go:

- Freedom of choice: You can choose your provider. To receive the maximum benefits allowed under your health care plan — choose contracted network providers whenever possible.
- Coast-to-coast care: Get access no matter where in the U.S. you travel.
- No paperwork or claims to file: When visiting a PPO provider, all you need to do is show your ID card.

#### HMO Plan Enrollees:

- The BlueCard Program is available for out-of-state urgent care and emergencies when traveling.
- For urgent care services while outside NM, contact your Primary Care Physician (PCP) first. The PCP will contact BCBSNM for authorization.

# Health and Wellness Resources





# Blue Access for Members Health Care at Your Fingertips



Blue Cross and Blue Shield of New Mexico helps you get the most out of your health care benefits with Blue Access for Members. You and all covered dependents age 18 and up can create a BAM account.

## With BAM, you can:

- Use our Provider Finder tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures (available on most plans)
- Download our app

## Sign up for text or email alerts It's Easy to Get Started!

1. Go to [bcbsnm.com/member](https://bcbsnm.com/member)
2. Click Log Into My Account
3. Use the information on your BCBSNM ID card to sign up

Or, text\* BCBSNMAPP to 33633 to get the BCBSNM App that lets you use BAM while you're on the go.

\*Message and data rates may apply.

# Find what you need with Blue Access for Members

The screenshot shows the member portal for Nathan Smith. At the top, the user's name 'NATHAN SMITH' and 'Settings' are visible, along with a '9' callout. The BlueCross BlueShield of New Mexico logo is on the left, and 'CURRENTLY VIEWING MY PLAN PPO' with a 'View My Plans' button is on the right, marked with a '8' callout. A navigation bar contains 'Home', 'My Coverage' (1), 'Claims Center' (2), 'My Health' (3), 'Doctors & Hospitals' (4), and 'Forms & Documents' (5). The 'blueaccess' logo is in the top right. Below the navigation bar, a 'Welcome NATHAN SMITH!' message is displayed. On the left, a 'Message Center' (6) shows 'You have no messages' and a 'Quick Links' (7) section with options like 'Stop receiving paper statements', 'Connect', 'Member Discount Program', 'Manage preferences', and 'Verification of Coverage'. The main content area is titled 'MY COVERAGE' and shows 'Plan Type: PPO', 'Group Number: 098765', and 'ID Number: ABC123456789'. Below this is a 'MEDICAL BENEFITS' section with a 'Preferred Network' table:

MEDICAL BENEFITS	
Preferred Network	
Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinsurance	N/A

At the bottom, 'Important Information | Non-Discrimination Notice | Help | Contact Us' is shown, with '10' and '11' callouts.

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



## Be Your Healthiest Self...We'll Help

Online...on the phone...on the go. However you choose to fit good health into your daily life, you've got tools to help you. Follow these simple steps to sign up for Blue Access for Members – where you can access all the health and wellness programs included with your plan.



Go to [bcbsnm.com](https://bcbsnm.com).



Sign up for **BAM**.



Click the **My Health** tab.



## A Path to Wellness

Complete self-management online programs to help reach your wellness goals with Well onTarget®. Plus earn rewards for healthy activities.<sup>1</sup>

## Commit to Be Fit

Get unlimited access to a national network of fitness centers, so you can exercise wherever life takes you.<sup>2</sup>

## Quick Answers to Health Questions

Should you go to the emergency room? Urgent care? Wait to see your doctor? 24/7 Nurseline can help you decide – any day, any time.<sup>3</sup>

## Behavioral Health Support

Your mental health is vital to your wellbeing. Your plan gives you access to treatment options to help with anxiety, depression, substance use and more.

## Guidance for Your Growing Family

Get personal phone calls with a maternity specialist who can help you understand and manage pregnancy risks.



## Get healthy reminders and tips for using your benefits.

Text **MYCONTACTNM** to **33633** or go to **upp.bcbsnm.com** to let us know how we should contact you.<sup>4</sup>

1. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at [wellontarget.com](http://wellontarget.com) for further information. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.
2. Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.
3. For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.
4. Message and data rates may apply. Terms and conditions and our privacy policy are available at [bcbsnm.com/mobile/text-messaging](http://bcbsnm.com/mobile/text-messaging).



## Experience Wellness Your Way

Well onTarget gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

### Member Wellness Portal

The heart of Well onTarget is the member portal, available at [wellontarget.com](http://wellontarget.com)\*. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)**<sup>1</sup>: The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Self-Management Programs**: These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson.

Start experiencing the wellness portal today. Go to [wellontarget.com](http://wellontarget.com).

\* Members can use their Blue Access for Members credentials to access the [wellontarget.com](http://wellontarget.com) site

- **Wellness Coaching:** Certified health coaches offer you guidance with these programs — Decrease Weight, Maintain Weight, Manage Stress, Quit Tobacco, Maintain Tobacco-Free Status, Improve Blood Pressure, Improve Cholesterol, Improve Dietary Habits and Improve Fitness Level.
- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals. Plus, corporate challenges let you track your progress against other Well onTarget members.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

## Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. You can visit locations while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.<sup>2</sup>
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

## Wellness Program Questions?

Call Customer Service at **877-806-9380**.



## Take Wellness on the Go

Check out the AlwaysOn Wellness mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc.

AlwaysOn is owned and operated by Onlife Health Inc®, an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide digital health management for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

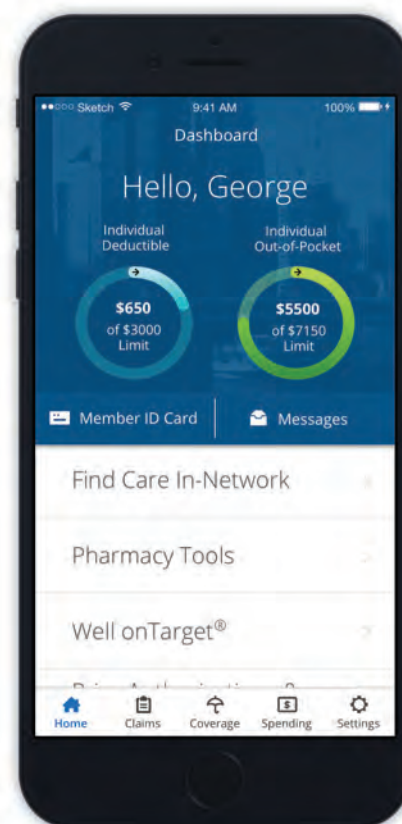
# We're with you wherever you go



To access your important Blue Cross and Blue Shield of New Mexico health benefit information anywhere you go, download the BCBSNM App.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits\*
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits\*
- Get Push Notifications and access to Message Center\*

**Text\*\* BCBSNM to 33633 to get the app.**  
Available in Spanish.



Available in Spanish

\* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

\*\* Message and data rates may apply. Terms and conditions and privacy policy at [bcbsnm.com/mobile/text-messaging](http://bcbsnm.com/mobile/text-messaging).



## 24/7 Nurseline

### Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.



**Call the 24/7 Nurseline** number on the back of your member ID card.

**Hours of Operation:** Anytime

Note: For medical emergencies, call 911.  
This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.





# Blue365<sup>®</sup>



## A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of New Mexico member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at [blue365deals.com/bcbsnm](https://blue365deals.com/bcbsnm), weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

### EyeMed | Davis Vision

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

### TruHearing<sup>®</sup> | Beltone<sup>™</sup> | American Hearing Benefits

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

### Dental Solutions<sup>SM</sup>

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.\*

### Jenny Craig<sup>®</sup> | Profile by Sanford | Nutrisystem<sup>®</sup>

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

For more great deals, or to learn more about Blue365, visit [blue365deals.com/bcbsnm](https://blue365deals.com/bcbsnm).

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.



### **Fitbit®**

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

### **Reebok | SKECHERS®**

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

### **InVite® Health**

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

### **Livekick**

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.

### **eMindful**

Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

The relationship between these vendors and Blue Cross and Blue Shield of New Mexico is that of independent contractors. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

\* Dental Solutions requires a \$9.95 sign-up and \$6 monthly fee.

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# Prescription Drug Information





# Prior Authorization Program

Blue Cross and Blue Shield of New Mexico is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as prior authorization, that can help control costs for everyone.

## What is prior authorization?

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through Blue Cross and Blue Shield of New Mexico.

If you are already taking or are prescribed a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider website at [bcbsnm.com](http://bcbsnm.com). Doctors may also call 800-544-1378 with questions, or to get a form.

## How does the program work?

**If the prior authorization request is approved:** You will pay the appropriate amount based on your prescription drug benefit when you fill your prescription.

**If the prior authorization request is not approved:** The medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. Or, you can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are always between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

## Why are only certain drugs included in the program?

The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Growth hormone is one example. These drug products are meant to treat growth hormone deficiency and other medical conditions. However, growth hormone is sometimes used to increase muscle mass and for its anti-aging effects, which may not be medically necessary.



### What should I do if I take a drug that is part of the program?

If you are already taking a medication that becomes part of a prior authorization program for your prescription drug benefit: your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.

If you start taking a medication that is included in the prior authorization program for your prescription drug benefit: your doctor will need to submit a prior authorization request before the drug can be covered under your benefit plan.

### What medications are included in the prior authorization program?

The box below shows examples of drug categories which may be included in the prior authorization program. If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the number on the back of your ID card. You may also visit [bcbsnm.com](https://www.bcbsnm.com) and log in to Blue Access for Members to view your plan's prescription drug list. If a drug commonly requires prior authorization, it is noted in the list.

#### Drug Categories Which May Be Included in the Prior Authorization Program\*

Androgens/Anabolic Steroids

Antibiotics (e.g., doxycycline/minocycline)

Antifungal Agents

Fentanyl (oral/nasal)

Narcolepsy

Specialty Medications

\* Categories may be added or removed and the program may change from time to time.



The prior authorization program encourages safe and cost-effective medication use.

Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.

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# Health Care Reform





# Adult Wellness Guidelines

## Making Preventive Care a Priority



### Adult Health – for ages 18 and over

Preventive care is very important for adults. By making some good, basic health choices, women and men can boost their health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Cholesterol	Adults 40 to 75 years of age should be screened; or adults 20 to 39 years old who have risk for coronary heart disease. Talk with your health care provider* about the starting and frequency of screening that is best for you.
Colon Cancer Screening	Adults age 45-75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years.* The risks and benefits of different screening methods vary
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults age 18-79. Most adults need to be screened only once. Persons with continued risk for HCV infection (eg, PWID) should be screened periodically; and persons at high risk for infection.
HIV Screening	Adults ages 18 to 65, older adults at increased risk and all pregnant women should be screened. Those 26-45 years of age, should discuss their options with their health care provider.

\* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

\*\* Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

## Adult Health

Men and women are encouraged to get care as needed, make smart choices and make regular screenings a priority. That includes following a healthy lifestyle and getting recommended preventive care services. If everyone follows a game plan for better overall health, they'll be more likely to win at wellness.

In addition to the services listed in the Adult Health section, you should also discuss the recommendations shown in the chart below with your health care provider.

Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All Adults age 18-26, 2 or 3 doses depending on age at time of initial vaccination if not already given.** Those 27-45 should discuss options with their health care provider.
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses if no evidence of immunity
Pneumococcal (Pneumonia)	Ages 65 and over, one dose of PCV 13 and one dose of PCV 23 at least one year after PCV 13**
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
COVID-19 Vaccine	The CDC recommends adults get the COVID-19 vaccine. Talk to your health care provider or pharmacist about the COVID-19 vaccine and when you should get it.
Women's Recommendations	
Mammogram	At least every 2 years for women ages 50 to 74 Ages 40 to 49 should discuss the risks and benefits of screening with their health care provider
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years Another option for ages 30 to 65: Pap test with HPV test every 5 years Women who have had a hysterectomy or are over age 65 may not need a Pap test*
Osteoporosis Screening	Women who are at an increased risk for osteoporosis should be screened at ages 65 and older.
Low-dose Aspirin Use	Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.
Intensive Behavioral Counseling	All sexually active adolescents and for adults who are at increased risk for sexually transmitted infections (STIs).
Men's Recommendations	
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.**
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Low-dose Aspirin Use	Ages 50-59 talk with your health care provider about low-dose aspirin use for the prevention of cardiovascular disease and colorectal cancer.

**Learn more.** Additional sources of health information include:

- [ahrq.gov/patients-consumers/prevention/index.html](http://ahrq.gov/patients-consumers/prevention/index.html)
- [cancer.org/healthy/index](http://cancer.org/healthy/index)
- [cdc.gov/healthyliving/](http://cdc.gov/healthyliving/)

**You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:**

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

\* Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

\*\* Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.



# Children's Wellness Guidelines

## Laying the Groundwork for a Healthy Tomorrow

### Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider\* following immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:



Check your child's Body Mass Index percentile regularly beginning at age 2



Check blood pressure yearly, beginning at age 3



Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10



Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

### Learn more!

An additional source of health information is available at [healthychildren.org](https://www.healthychildren.org)

**Please note:** These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccinations

Blue Cross and Blue Shield of New Mexico wants your child to be well.

# Be sure your child is up-to-date on immunizations and health screenings.

## Routine Children's Immunization Schedule<sup>1</sup>

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	1½ - 3 years	4 - 6 years
Hepatitis B (HepB)	●	●					●			
Rotavirus (RV) RV1 (2 Dose Series); RV 5 (3 Dose Series)			●	●	●	3 dose series				
Diphtheria Tetanus and Pertussis (DTaP)			●	●	●			●		●
Haemophilus Influenzae Type B (Hib)			●	●	●		●			
Pneumococcal Conjugate (PCV)			●	●	●		●			
Inactivated Polio Vaccine (IPV)			●	●			●			●
Influenza (Flu)					●	Recommended <b>yearly</b> starting at age 6 months with 2 doses given the first year				
Measles, Mumps and Rubella (MMR)							●			●
Varicella (Chicken pox)							●			●
Hepatitis A (HepA)						●	First dose: 12 to 23 months Second dose: 6 to 18 months later		●	

● One dose  
 ■ Shaded areas indicate the vaccine can be given during shown age range.

## Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.



1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics ([cdc.gov/vaccines/hcp/acip-recs/index.html](http://cdc.gov/vaccines/hcp/acip-recs/index.html)). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.  
 Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

## Recommended Immunizations for ages 7 to 18<sup>1</sup>

	7 - 10 years	11 - 12 years	13 - 15 years	16 years	17 - 18 years
Tetanus Diphtheria Pertussis (Tdap)		●			
Human Papillomavirus (HPV) - boys and girls		● 2 doses			
Meningococcal (MenACWY)		●		●	
Influenza (Flu)	Yearly				



# Health Insurance Fraud

## Fraud Affects Everyone

Fraud may cost the health care industry (public and private payers) more than \$200 billion each year. As a member of Blue Cross and Blue Shield of New Mexico, this fraud may cause you to face rising premiums, increased copayments and deductibles, and the elimination of certain benefits.

## Don't Be a Victim

In addition to losing money through fraud, members may also experience physical and mental harm as a result of health care fraud schemes in which a provider performs unnecessary or dangerous procedures.

## Identifying Fraud

Commonly identified schemes involving providers include:

- **Misrepresenting Services** – Intentionally billing procedures under different names or codes to obtain coverage for services that aren't included in a member's plan.
- **Upcoding** – Deliberately charging for more complex or more expensive services than those actually provided.
- **Non-rendered and/or "Free" Services** – Some providers intentionally bill for tests or services never provided. This can also mean that the provider offered "free" services to bill the insurance company for services not performed or needed.
- **Kickbacks, Bribes or Rebates** – Referring patients to a provider or facility where the referring provider has a financial interest.

## Commonly identified member schemes include:

- **Identity Swapping** – Allowing an uninsured individual to use your insurance card.
- **Identity Theft** – Using false identification to gain employment and the health insurance benefits that come with it.
- **Non-eligible Members** – Adding someone to a policy who is not eligible or failing to remove someone when that person becomes ineligible.
- **Prescription Medicine Abuse and Diversion** – Controlled substances can be obtained through deception or dishonesty for personal use or sale "on the street." Prescription medications can be obtained through doctor shopping, visiting several emergency rooms or stealing doctors' prescription pads.

# Fighting Fraud

## BCBSNM offers these tips:

- Know your own benefits and scope of coverage.
- Review all Explanation of Benefits (EOB) forms. Make sure the exams, procedures and tests billed were the ones you actually had with the provider who treated you.
- Understand your responsibility to pay deductibles and copayments, and what you can and cannot be balance-billed for once your claim has been processed.
- Guard your health insurance card and personal insurance information. Notify BCBSNM immediately if your card or insurance information is lost or stolen.
- Sign and date only one claim form per office visit.
- Never lend your member ID card to another person.
- Don't give out insurance or personal information if services are offered as "free." Be sure you understand what is "free" and what you or your employer will be charged for.
- Ask your doctors exactly what tests or procedures they want you to have and why. Ask why the tests or procedures are necessary before you have them.
- Be sure any referrals you receive from your network provider are to other network doctors or facilities. If you're not sure, ask.
- Monitor your prescription utilization via the BCBSNM website or your Pharmacy Benefit Manager (PBM). Make sure the medications billed to your insurance are accurate.

## Preventing Health Care Fraud

BCBSNM created the Special Investigations Department (SID) to fight fraud and help lower health care costs. The staff includes individuals with medical, insurance and law enforcement backgrounds as well as data analysts experienced in detecting fraudulent billing schemes. The SID aggressively investigates allegations of fraud and refers appropriate cases for criminal prosecution.

### Fraud Isn't Fair. Help Us Fight It.

Reducing health care fraud is a collaborative effort between BCBSNM, its providers and its members. Additional information — including a fighting fraud checklist — is available through the SID website at [bcbsnm.com/sid](https://bcbsnm.com/sid).

We also encourage you to report any suspected incidence of fraud by calling our Health Care Fraud Hotline, completing a form online or sending us a note in the mail. Suspicions of fraud can be reported to the SID anonymously.

## Three Ways To Report Fraud To BCBSNM

The SID is here to help you. You can contact the SID in any of the following ways:

### 1. **800-543-0867**

The toll-free Fraud Hotline operates 24 hours a day, seven days a week. You can remain anonymous or provide information if you want to be contacted by a member of the SID.

### 2. **[bcbsnm.com/sid/reporting](https://bcbsnm.com/sid/reporting)**

This website address links to an online fraud reporting form that can be completed and sent to the SID electronically.

### 3. **U.S. Mail**

You can write the SID at:  
Blue Cross and Blue Shield of New Mexico  
Special Investigations Department  
P.O. Box 27630,  
Albuquerque, New Mexico 87125-7630



# Important Notices

## I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured non-federal governmental plans. Contact your employer or plan administrator for more information.

### **SPECIAL ENROLLMENT PROVISIONS**

#### *Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)*

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or move out of the prior plan's HMO service area, or after the employer stops contributing toward the other coverage).

#### *Loss of Coverage For Medicaid or a State Children's Health Insurance Program*

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

#### *New Dependent by Marriage, Birth, Adoption, or Placement for Adoption*

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

#### *Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children's Health Insurance Program*

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

**To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield of New Mexico ID card.**

## II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

### **NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)**

*For plans that require, or allow for, the designation of primary care providers by participants or beneficiaries:*

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

*For plans that require or allow for the designation of a primary care provider for a child:* For children, you may designate a pediatrician as the primary care provider.

*For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider:* You do not need prior authorization from the plan or from any other person (including a primary care provider) to obtain obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

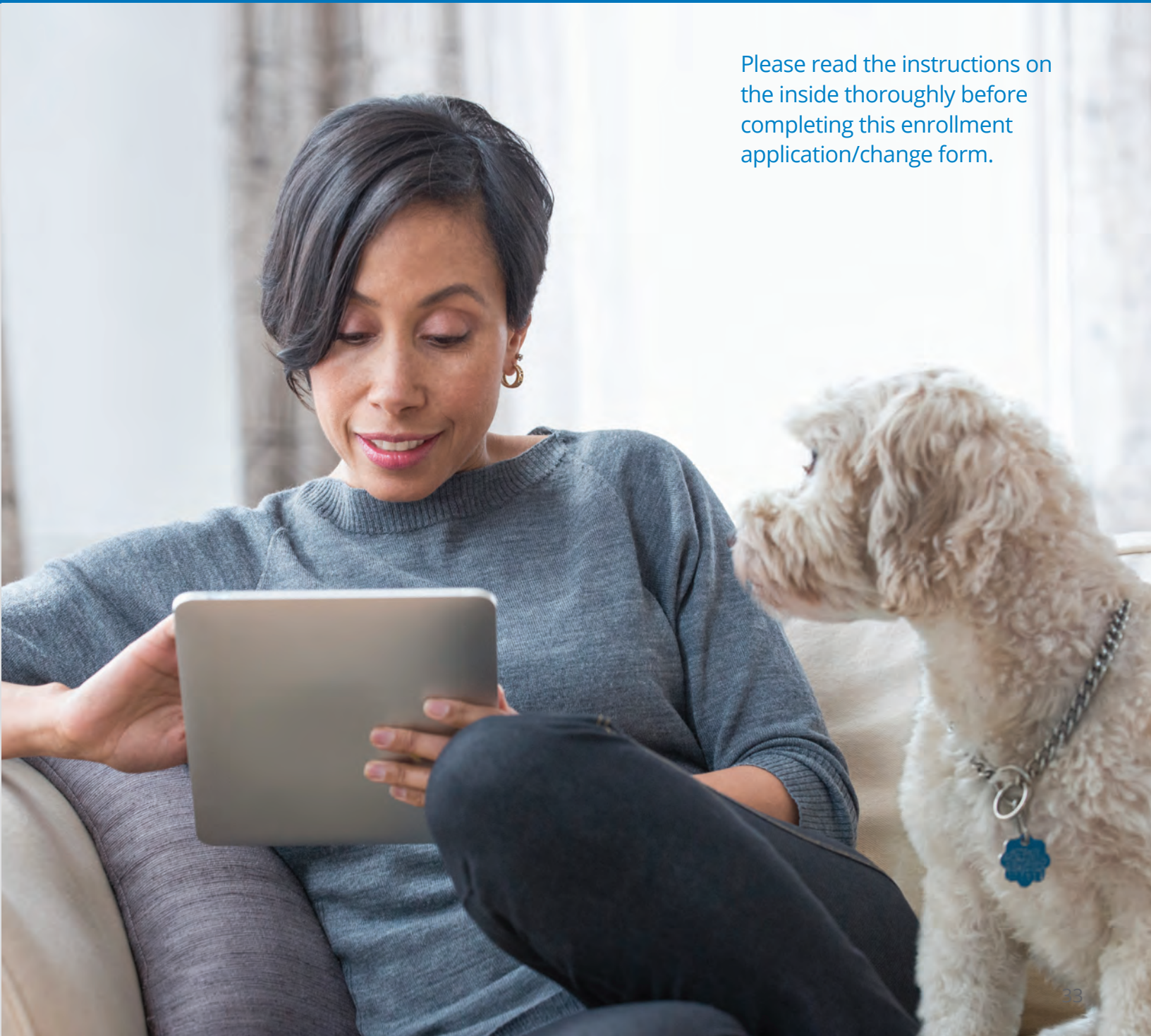
**For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield of New Mexico ID card.**



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# Enrollment Application and Change Form

Please read the instructions on the inside thoroughly before completing this enrollment application/change form.



# ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM

**Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.**

<p><b>SECTION 1 ENROLLMENT EVENTS</b></p>	<p>Check all the boxes that apply to indicate if you are a new enrollee or if you are requesting a change to your coverage. Indicate the event and date, if applicable. Complete the additional sections that correspond to your selection.</p> <p><b>New Enrollee:</b> Complete all sections where applicable.</p> <p><b>Add Dependent:</b> Complete all sections where applicable.</p> <ul style="list-style-type: none"> <li>• If you are applying for coverage for a disabled dependent over the age limit of your employer's plan, please provide the additional information requested in Section 5. Additional documentation may be required, as indicated in that section.</li> </ul> <p><b>Open Enrollment:</b> The period of time offered annually during which you can elect to enroll in a specific group health insurance plan or make changes to your current membership.</p> <p><b>Special Enrollment Event:</b> If you qualify, special enrollment is any change to your current membership due to an event such as marriage*, divorce**, adoption or placement for adoption, leave/layoff, moving out of the service area, etc. This change may occur outside of open enrollment.</p> <p><b>Effective Date of Benefits:</b> This field is mandatory and should reflect your requested date.</p> <p><b>Completion of Other Eligibility Requirements:</b> Check this box only if your employer has eligibility requirements that you have met/completed prior to enrollment, such as measurement period or orientation period.</p> <p><b>Cancel Enrollee/Cancel Dependent/Cancel Coverage:</b> Complete Sections 1, 2, 4 (skip Section 4 if declining coverage), 8 and 9. In Section 4 include name, Social Security number and date of birth of individual(s) canceling.</p>
<p><b>SECTION 2 YOUR INFORMATION</b></p>	<p>Complete this section with details about yourself even if you are declining coverage.</p>
<p><b>SECTION 3 YOUR COVERAGE</b></p>	<p>Complete all portions related to the coverages for which you are applying. Please list the seven-character plan ID for your selected benefit design (example: B816PPO) in the plan # field. If you are unsure of your group size or do not know your plan ID, please ask for guidance from your employer.</p>
<p><b>SECTION 4 COVERAGE OPTIONS</b></p>	<p>Complete all areas that apply to you and each dependent.</p> <p><b>For HMO Plans:</b></p> <ul style="list-style-type: none"> <li>• Those applying for HMO coverage are required to select a primary care physician/practitioner (PCP) for each covered individual. List the name of the physician/practitioner and the provider number from the provider directory or Provider Finder® at <a href="http://bcbsnm.com">bcbsnm.com</a>. Be sure to check the appropriate box for a new patient.</li> <li>• Blue Preferred EPO<sup>SM</sup> and Blue Preferred Plus<sup>SM</sup> require PCP selection for each person covered.</li> </ul> <p><b>Change Primary Care Physician/Practitioner:</b> Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2, 3, 4 and 9. In Section 4, please include enrollee's or dependent's name, Social Security number, date of birth and name and number of the new PCP.</p> <p><b>Change Address/Name:</b> Complete Section 1 and check the "Other Change(s)" box; then, complete Sections 2 and 9.</p>
<p><b>SECTION 5 DISABLED DEPENDENT</b></p>	<p>A disabled dependent must be medically certified as disabled and dependent upon you or your spouse***/domestic partner in order to be considered for coverage if disabled dependent coverage is part of your employer's plan. The disabled dependent is required to be covered prior to age 26 to be eligible for coverage over the dependent child age limit of your employer's plan. A Request for Coverage for Medically or Physically Impaired Dependents document must be completed and submitted with this enrollment application, if applicable.</p>
<p><b>SECTION 6 OTHER COVERAGE</b></p>	<p>Complete this section if you or any of your dependents have other group or individual health and/or dental coverage (if applicable) that will not be canceled when the coverage under this application becomes effective.</p>
<p><b>SECTION 7 MEDICARE COVERAGE</b></p>	<p>Complete this section if you or any of your dependents are covered by Medicare. Enter the start and end dates for the coverage that applies. Your Medicare HIC number must be listed (it can be found on your Medicare ID card). Check the reason for your Medicare coverage.</p>

# ENROLLMENT APPLICATION/CHANGE FORM INSTRUCTIONS

PLEASE READ THOROUGHLY BEFORE COMPLETING ENROLLMENT APPLICATION/CHANGE FORM

**Use a black or blue ballpoint pen only. Print neatly. Do not abbreviate.**

<b>SECTION 8 DECLINATION OF COVERAGE</b>	Complete this section if you are declining health coverage for yourself and your dependents. <b>Anyone</b> declining coverage for any reason should complete Section 8, not just those declining because of other coverage. <b>IMPORTANT NOTICE:</b> If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption, placement for adoption or placement of a foster child in your home, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, placement for adoption or placement of an eligible foster child in your home.
<b>SECTION 9 COVERAGE CONDITIONS</b>	Sign your name and date the enrollment application if you agree to the conditions set forth in this section. Submit the enrollment application to your employer's <b>Enrollment Department</b> , which will then submit your form to: <b>BCBSNM • PO Box 27630 • Albuquerque, NM 87125-7630 or via fax at 859-469-7767 or by email at <a href="mailto:bcbs_eligibility_nm@bcbsnm.com">bcbs_eligibility_nm@bcbsnm.com</a>.</b>
	As used on the application (unless indicated otherwise): These terms may be used in a different way in other documents. <i>* The term "marriage" includes legal marriage and the establishment of a domestic partnership (coverage subject to your employer's plan).</i> <i>** The term "divorce" includes legal divorce and the comparable termination of a domestic partnership (coverage subject to your employer's plan).</i> <i>*** The term "spouse" includes a legal spouse and a party to a domestic partnership (coverage subject to your employer's plan).</i>

**Changes in state or federal law or regulations, or interpretations thereof, may change the terms and conditions of coverage.**

**Forms referenced above may be obtained by accessing the Blue Cross and Blue Shield of New Mexico (BCBSNM) website at [bcbsnm.com](http://bcbsnm.com), or from your employer. If you are a current member and have questions, you may also call the Customer Service number on the back of your member ID card.**

# ENROLLMENT APPLICATION/CHANGE FORM



Group #

Account #

Section

Social Security #

Category

**SECTION 1 — ENROLLMENT EVENTS** PLEASE CHECK ALL THAT APPLY — IF YOU ARE DECLINING COVERAGE, COMPLETE SECTIONS 2, 8 AND 9 ONLY.

<input type="checkbox"/> <b>New Enrollee</b> <input type="checkbox"/> <b>Add Dependent</b> <input type="checkbox"/> <b>Open Enrollment</b> <input type="checkbox"/> <b>Other Changes</b> <b>Are you applying as a result of a Special Enrollment Event?</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes, Event Date:</b> ___/___/___ <b>Event:</b> <input type="checkbox"/> New Hire <input type="checkbox"/> Marriage* <input type="checkbox"/> Birth <input type="checkbox"/> Adoption or Placement for Adoption (provide legal documents) <input type="checkbox"/> Court Order (provide court order or decree) <input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Other (explain): _____ <b>Effective Date of Benefits:</b> ___/___/___ <input type="checkbox"/> <b>Completion of Other Eligibility Requirements</b>	<input type="checkbox"/> <b>Cancel Enrollee</b> <input type="checkbox"/> <b>Cancel Dependent</b> <b>Cancel Coverage:</b> <input type="checkbox"/> Health <input type="checkbox"/> Dental List names of those canceling in Section 4 below <b>Event:</b> <input type="checkbox"/> Divorce** <input type="checkbox"/> Death <input type="checkbox"/> Terminated Employment <input type="checkbox"/> Other <b>Indicate Event Date:</b> ___/___/___
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**SECTION 2 — PLEASE TELL US ABOUT YOURSELF** COMPLETE EVEN IF DECLINING COVERAGE

Last Name	First Name	MI (opt)	Suffix	Birth Date (MM/DD/YYYY)	Social Security #
Mailing Address - Street - Apt #		City		State	ZIP code
Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female		Home/Cell Phone #	
Name of Employer	Job Title	Business Phone #	Employment Date (MM/DD/YYYY)	On average, how many hours a week do you work? (required)	
Eligibility Status: <input type="checkbox"/> Active Employee		<input type="checkbox"/> Retired Employee - Date of Retirement: _____			
<input type="checkbox"/> COBRA Continuation		<input type="checkbox"/> State Six-Month Continuation of Group Coverage (insured plans only)			

**SECTION 3 — SELECT YOUR COVERAGE** PLEASE CHECK ALL THAT APPLY

Small Group Plans			
<b>Health Coverage (select one)</b> <input type="checkbox"/> Blue PPO <sup>SM</sup> <input type="checkbox"/> Blue HMO <sup>SM</sup> <input type="checkbox"/> Blue Preferred EPO <sup>SM</sup> <input type="checkbox"/> Blue Advantage HMO <sup>SM</sup> <input type="checkbox"/> Other _____ Plan # (required) _____	<b>Who is covered? (select one)</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse*** <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I am not applying for health coverage	<b>BlueCare Dental<sup>SM</sup> Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Who is covered? (select one)</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I am not applying for dental coverage
Large Group Plans			
<b>Health Coverage (select one)</b> <input type="checkbox"/> BlueEdge HCA <sup>SM</sup> <input type="checkbox"/> BluePPO Evolution <sup>SM</sup> <input type="checkbox"/> BlueEdge HSA <sup>SM</sup> <input type="checkbox"/> HMO Blue Alternatives <sup>SM</sup> <input type="checkbox"/> BlueEdge HSA 100 <sup>SM</sup> <input type="checkbox"/> Blue Preferred Plus <sup>SM</sup> <input type="checkbox"/> BlueNet EPO <sup>SM</sup> <input type="checkbox"/> Blue Preferred EPO <input type="checkbox"/> BlueNet H EPO <sup>SM</sup> <input type="checkbox"/> Other _____	<b>Who is covered? (select one)</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I am not applying for health coverage	<b>Dental Coverage</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Plan # (required) _____	<b>Who is covered? (select one)</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family <input type="checkbox"/> I am not applying for dental coverage
Additional Coverage Options		Supplemental Coverage Options	
<input type="checkbox"/> COBRA <input type="checkbox"/> Six-Month Continuation		<input type="checkbox"/> BlueSecure <sup>SM</sup> <input type="checkbox"/> Group Secondary to Medicare	
Primary Language: _____			

Last Name: \_\_\_\_\_

Social Security #: | |

Group #

SECTION 4 — COVERAGE OPTIONS		PLEASE COMPLETE ALL AREAS THAT APPLY (Select a PCP for HMO, Blue Preferred EPO and BluePreferred Plus plans only.)			
Employee/Enrollee's Name	PCP Name	PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N		
Dependent's Name <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Domestic Partner	Dependent's PCP Name	PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N		
Dependent's Social Security # - -	Birth Date (MM/DD/YYYY)	Home Address (If different) Street/City/State/ZIP code			
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent	Dependent's Social Security No. - -	Dependent's PCP Name	PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N	
Birth Date (MM/DD/YYYY)	Home Address (If different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, adopted child or foster child? <input type="checkbox"/> Y <input type="checkbox"/> N		
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent	Dependent's Social Security No. - -	Dependent's PCP Name	PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N	
Birth Date (MM/DD/YYYY)	Home Address (If different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, adopted child or foster child? <input type="checkbox"/> Y <input type="checkbox"/> N		
Dependent's Name <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other Eligible Dependent	Dependent's Social Security No. - -	Dependent's PCP Name	PCP #	New Patient? <input type="checkbox"/> Y <input type="checkbox"/> N	
Birth Date (MM/DD/YYYY)	Home Address (If different) Street/City/State/ZIP code		Is this dependent a natural child, stepchild, adopted child or foster child? <input type="checkbox"/> Y <input type="checkbox"/> N		
SECTION 5 — DISABLED DEPENDENT		PLEASE COMPLETE IF APPLICABLE			
Name of Disabled Dependent		Nature of Disability			
Name of Disabled Dependent		Nature of Disability			
If a disabled dependent is over the dependent age limit of your employer's plan, please attach a completed Request for Coverage for Medically or Physically Impaired Dependents document.					
SECTION 6 — OTHER COVERAGE INFORMATION		PLEASE COMPLETE ALL AREAS THAT APPLY			
Complete this section only if you or any of your dependents have other health and/or dental coverage <b>that will not be canceled</b> when the coverage under this application becomes effective. <b>List names of each individual covered:</b>					
Group Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No	Name and Address of Other Insurance Carrier		Effective Date (MM/DD/YYYY)	Type of Policy <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child(ren) <input type="checkbox"/> Family
Name of Policyholder		Birth Date (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Employer's Name	Employment Date (MM/DD/YYYY)	Health Group #	Health ID #	Dental Group #	Dental ID #

\* The term "marriage" includes legal marriage and the establishment of domestic partnership (coverage subject to your employer's plan).

\*\* The term "divorce" includes legal divorce and the comparable termination of domestic partnership (coverage subject to your employer's plan).

\*\*\* The term "spouse" includes a legal spouse and a party to a domestic partnership (coverage subject to your employer's plan).

Last Name: \_\_\_\_\_

Social Security #: | |

Group #

SECTION 7 — MEDICARE COVERAGE INFORMATION		PLEASE COMPLETE IF APPLICABLE
Name of person covered:	Medicare A (Hospital) Effective Date: _____ End Date: _____ Medicare B (Medical) Effective Date: _____ End Date: _____ Medicare D (Drug) Effective Date: _____ End Date: _____ Medicare D (Drug) Carrier: _____	Medicare HIC # (From Medicare Card)
Please indicate reason for Medicare eligibility: <input type="checkbox"/> Entitled Age <input type="checkbox"/> Entitled Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability and Current Renal Disease		
Name of person covered:	Medicare A (Hospital) Effective Date: _____ End Date: _____ Medicare B (Medical) Effective Date: _____ End Date: _____ Medicare D (Drug) Effective Date: _____ End Date: _____ Medicare D (Drug) Carrier: _____	Medicare HIC # (From Medicare Card)
Please indicate reason for Medicare Eligibility: <input type="checkbox"/> Entitled Age <input type="checkbox"/> Entitled Disability <input type="checkbox"/> End-Stage Renal Disease <input type="checkbox"/> Disability and Current Renal Disease		
SECTION 8 — DECLINATION OF COVERAGE		PLEASE COMPLETE IF YOU ARE DECLINING COVERAGE
This is to certify the available coverage has been explained to me. I have been given the opportunity to apply for the coverage offered to me and my eligible dependents and have voluntarily elected to decline the coverage as indicated below. If I desire to apply for coverage at a later date, I understand there may be a delay in the effective date of the coverage.		
Name <input type="checkbox"/> Employee	Reason for declining <b>Health</b> : <input type="checkbox"/> Other Group Health Coverage — Carrier: _____ <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage — Carrier: _____ <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage	
Name <input type="checkbox"/> Employee	Reason for declining <b>Dental</b> : <input type="checkbox"/> Other Group Dental Coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> Individual Dental Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any dental insurance plan, but do not want this coverage	
Name <input type="checkbox"/> Spouse	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage	
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage	
Name <input type="checkbox"/> Dependent	Reason for declining: <input type="checkbox"/> Other Group Health Coverage <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Other Individual Health Coverage <input type="checkbox"/> Other (explain) _____ <input type="checkbox"/> I am not enrolled in any health insurance plan, but do not want this coverage	
SECTION 9 — COVERAGE CONDITIONS		
<ul style="list-style-type: none"> <li>• I am an employee of the employer or a retiree named in this enrollment application. I am eligible to participate in the coverage(s) afforded by my employer's plan, which is underwritten or administered by Blue Cross and Blue Shield of New Mexico. On behalf of myself and any dependents listed on this enrollment application, I apply for those coverage(s) for which I am eligible. I state that the information given on this enrollment application is true and correct.</li> <li>• I understand and agree that any intentional misrepresentation of a material fact made by me will invalidate my coverage(s).</li> <li>• Only those coverage(s) and amounts for which I am eligible will be available to me. I understand that if this enrollment application is accepted, the coverage(s) will become effective in accordance with the provisions of the Contract(s)/Plan(s).</li> <li>• I agree that my employer acts as my agent. I authorize necessary payroll deductions by my employer, if any, to cover the cost of my coverage(s).</li> <li>• I understand that my participation in the coverage(s) is subject to any future amendment. I also understand that all notices given to my employer are applicable to me.</li> </ul> <p>ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.</p> <p>Applicant's Signature _____ Date _____</p>		

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، ف لديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બાજુ વ્યાકત્તને એસ.બી.એમ. કાયકમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'k'e níká a'doolwoł dóó bína'ídíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.





**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

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

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

