



BlueCross BlueShield  
of New Mexico

## Non-Discrimination Notice

### 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 **1-855-710-6984**.

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: **1-855-664-7270** (voicemail)  
TTY/TDD: **1-855-661-6965**  
Fax: **1-855-661-6960**

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: **1-800-368-1019**  
TTY/TDD: **1-800-537-7697**

Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you are a **Medicare** member, [access your Non-Discrimination Notice here](#) 📄

If you are a **Medicaid** member, [access your Non-Discrimination Notice here](#) 📄

1.1-2021