



BlueCross BlueShield of New Mexico

live
your
Blue
lifeSM



Blue Cross Medicare Advantage Basic (HMO)SM

Welcome Guide

Important information about your HMO plan

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Look for these helpful icons to get the most from your plan.



When you see this icon,
TAKE ACTION
to complete a task.



When you see this icon,
SAVE THIS important
information somewhere
you can easily refer to it.



When you see this
icon, you have
NEW INFORMATION
to review.

live your Blue life

Thank you for choosing a Blue Cross Medicare Advantage plan.

More than 600,000 New Mexicans depend on Blue Cross and Blue Shield of New Mexico for their health insurance needs. We have served residents for over 85 years with health benefits and services designed to meet the needs of the community.

This Welcome Guide helps you, or those caring for you, manage your health and get the most from your benefits. It contains useful information on:

- How to use your member ID card
- How to understand your plan's network
- How to pay your bill
- How to access your extra health and wellness benefits
- How to earn rewards
- How we're here to help



Helpful Resources

Find care, manage your prescriptions, get the forms and documents you need and more at www.mybluenm.com/member-portal/guide.



We're here for you.

Contact us before calling Medicare.

Don't hesitate to call us with any questions about:

- Your plan
- Missed premium payments, moving outside the service area, or loss of Medicare Part A or Part B
- Your Social Security payment options

Our Member Advocates are standing by to help, and they will let you know if you need to contact Medicare for more information.

Call us at **1-877-774-8592 (TTY: 711)**.

Expect More from Your Medicare Advantage Plan

When you enrolled, you received important benefits documents. Those documents include:

Summary of Benefits

This booklet provides a summary of what we cover and what you pay. It doesn't list every service that we cover or every limitation or exclusion. For a complete list of services covered, see your plan's Evidence of Coverage.

Evidence of Coverage

This document explains your benefits and rights. Use it to understand:

- Your plan premium and cost sharing
- Your medical and prescription drug benefits
- How to file a complaint if you are not satisfied with a service or treatment
- How to contact us if you need further assistance
- Other protections required by Medicare law



SAVE THIS: We encourage you to review your Evidence of Coverage and Summary of Benefits at www.mybluenm.com/member-portal/guide.



Get Started

Here are some tips to help you get the most from your plan.



Check Your Member ID Card



It's your key to accessing the network's benefits and services.

You can start using your benefits on your plan's effective date, even if your card has not arrived in the mail. Your Confirmation of Enrollment letter will show your effective date (when coverage starts).

It is important to keep your member ID card with you in case of an emergency. Show your member ID card to the doctor, hospital, pharmacy or other provider when you get health care services.

When you receive your member ID card, review it for:



Personal information

Make sure the information on your member ID card is accurate. If you have questions or concerns, call the Member Services number on the back of the card.



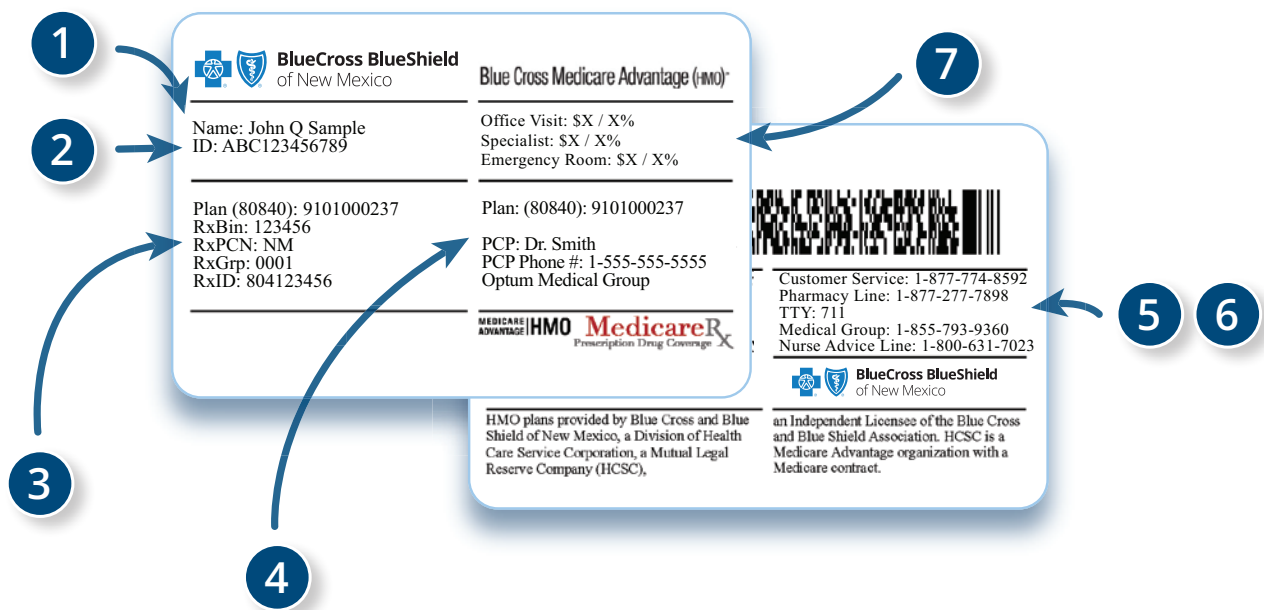
Primary care provider (PCP) selection

Remember to confirm that the PCP listed on your member ID card is the one you selected when you enrolled. If you did not select a PCP when you enrolled, a PCP in your area will be assigned to you. If you switch your PCP, you will receive a new member ID card.

Present your member ID card when you visit health care providers.

Your card lists:

- 1 Member name
- 2 Member ID
- 3 Medicare prescription information
- 4 Primary care provider name and phone number
- 5 The toll-free Member Services phone number and TTY line
- 6 Other important phone numbers such as provider services, 24/7 Nurseline and pharmacy
- 7 Copays and/or coinsurance



If your card is damaged, lost or stolen:

- **Call** Member Services at **1-877-774-8592** right away and we will send you a new one
- You can also **log in to Blue Access for MembersSM (BAM)** to request or print your member ID card



It's Easy to Get Started!

Grab your member ID card and visit www.mybluenm.com/member-portal/guide to create an account.

You can also use the mobile app

- Text **BCBSNMAPP** to 33633 so you can use BAM while you're on the go or*
- Search for **BCBSNM** in the Apple App Store or Google Play

* Message and data rates may apply.

Understand Your Plan's Network

You chose or were assigned a PCP when you enrolled. It's important to know that your PCP selection impacts your plan's network options.

Your PCP will refer you to see a specialist in your plan's provider network, so you avoid paying any unnecessary out-of-pocket costs.



Select a provider from the plan network.

To get the most from your benefits and avoid unnecessary out-of-pocket costs, use providers in your plan's network. Both your PCP and specialists need to be in your chosen network. Your PCP helps you coordinate your specialists and save money. If you need a specialist, the best way to make sure your services are covered is by working with your PCP.



Call ahead and be prepared.

Calling your referred specialist's office before your appointment will help ensure:

- All your information is up to date
- The specialist is in network



Work closely with your provider to receive the best care.

Before you receive coverage for some medications, or certain high-cost medical services, your doctor will need authorization from us. You may need to try other clinically appropriate or cost-effective drugs first. Quantity limits may be set for cost or safety reasons.

Our plans follow government guidelines in this area to ensure you receive the most appropriate, cost-effective care available.

Please note: It's important to give your PCP the full name of your specific plan (Blue Cross Medicare Advantage) and network and not just say you have Blue Cross and Blue Shield coverage. Many physicians are usually part of more than one Blue Cross and Blue Shield network. This information is located on your member ID card.



Find a provider at www.mybluenm.com/mapd/providers/guide.

Pay Your Bill

If you are enrolled in a plan that requires monthly premium payments, you have the following options for how to pay your bill.

Auto Bill Pay	To set up recurring monthly payments, call the number on the back of your member ID card and speak to a Member Advocate.
Mail	Pay by mail with a personal check, cashier's check or money order. Be sure you: • Make the check payable to Blue Cross Medicare Advantage • Write your account/member ID number on your personal check, cashier's check or money order • Include the payment coupon that was sent to you with your bill • Send your payment at least five business days before the payment due date to make sure it posts to your account on time • Mail your payment to the address on your bill
Monthly Social Security Administration Payments	You can have your monthly premiums taken out of your Social Security check. Call the number on the back of your member ID card for more information.
Pay Online (One-time Payment)	Visit our online payment portal to make a quick and easy one-time payment for your monthly premium. Visit www.mybluenm.com/mapd/payment-portal/guide to: • Pay your bill • Check your balances • Pay multiple bills at one time • View your payment history • Explore other payment options
Phone	You can pay your premium by phone 24 hours a day, 7 days a week. To make an expedited payment, have your checking account information ready and call 1-866-398-9058.

Schedule Your Annual Wellness Visit



Your Annual Wellness Visit is important because it helps you take charge of your health and prevent future concerns. It also helps you measure your health from year to year.

There's no copay or cost to you. The Annual Wellness Visit Checklist is designed to help you get the most from your appointment. Schedule your Annual Wellness Visit today.

Your Annual Wellness Visit Checklist

Wellness begins with understanding. This checklist gives you a clearer picture of your health and starts the conversation with your health care provider about any changes you might need.

Download the checklist and take it to your Annual Wellness Visit.



Scan this QR code to download the checklist

Complete your Annual Wellness Visit and earn rewards through the Rewards Program.

Additional information on the Rewards Program can be found on page 17.

Earn up to \$100 in gift cards from national and local retailers for completing your Annual Wellness Visit and additional preventive screenings (as indicated with 💰).



Talk With Your Doctor About	Completion Date/Notes
☐ All your current conditions and treatments	
☐ Prescription and over-the-counter medications	
☐ Any pain you have and what you do for it	
☐ Difficulties with daily activities	
☐ Your level of physical exercise	
☐ Balance issues or recent falls 💰	
☐ Difficulties with bladder control	
☐ Problems with sleeping or memory loss	
☐ Tobacco, alcohol or drug use	
☐ Hospital or ER visits in the last 90 days	
Complete These Basic Exams	Completion Date/Notes
☐ Blood pressure	
☐ Height, weight and body mass index	
☐ Retinal eye exam (if applicable) 💰	
Review Your Screenings and Vaccines	Completion Date/Notes
☐ Annual flu vaccine 💰	
☐ Bone density exam 💰	
☐ Colorectal screening 💰	
☐ Mammogram 💰	
☐ Pneumonia vaccine	

The Healthy Activity Portal is a website owned and operated by HealthMine, Inc., an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide digital health and personal clinical engagement tools and services 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.

Registration is required to participate. Visit www.mybluenm.com/rewards/guide to register and see what Healthy Actions earn rewards. Maximum annual rewards of \$100 in gift cards. One reward per Healthy Action per year. Healthy Action dates of service must be in the current plan year. Healthy Actions that earn rewards are subject to change.

Explore Convenient Pharmacy Options

Blue Cross Medicare Advantage covers a broad range of prescription drugs.

Show your new member ID card to your PCP and pharmacy so they have the most up-to-date information. This can help prevent your claim from being denied due to incorrect information.

You may pay less when you use an in-network pharmacy or mail-order service.

Find network pharmacies at www.mybluenm.com/mapd/pharmacies/guide or call Customer Service.

Home Delivery Pharmacy

Choose convenience with our mail-order services. A 90-day supply of the medications you take regularly (for example, blood pressure medicine) can be delivered directly to your home at one time (100-day supply for Tier 1 – Tier 4 drugs). Note, Tier 5 drugs are limited to a 30-day supply.

You must set up an account using your member ID with one of these three options:

Amazon Pharmacy

Visit pharmacy.amazon.com
or call **1-855-393-4279**.

Express Scripts® Pharmacy

Visit express-scripts.com/rx
or call **1-833-599-0729**.

Walgreens Mail Service

Visit WalgreensMailService.com
or call **1-877-277-7895**.

Orders may take 1–10 business days to deliver depending on the home delivery pharmacy of your choice. If your medication requires refrigeration, it will be shipped separately in packaging designed to keep your medication at a safe temperature.

Need help enrolling? We can help.

Call the number on the back of your member ID card to speak to a Member Advocate about how to enroll in a Home Delivery Pharmacy.

Specialty Pharmacy

Specialty medications are often prescribed to treat complex and/or chronic conditions and have unique shipping or handling needs. You may be able to fill specialty prescriptions at certain retail pharmacies, if they stock the medication.

You also can use one of these two specialty pharmacy options:

Accredo®

Visit accredo.com or
call **1-833-721-1619** to get started.

Walgreens Specialty Pharmacy

Visit WalgreensSpecialtyRx.com
or call **1-877-627-6337** to get started.



The formulary (drug list) is always available for you to view at www.mybluenm.com/mapd/plandocs/guide.



Amazon Pharmacy is contracted to provide pharmacy home delivery services to Blue Cross and Blue Shield of New Mexico.

Accredo is a specialty pharmacy that is contracted to provide services to members of Blue Cross and Blue Shield of New Mexico.

Accredo is a trademark of Express Scripts Strategic Development, Inc.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Walgreens Mail Service is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico.

Walgreens Specialty Pharmacy is contracted to provide specialty pharmacy services to members of Blue Cross and Blue Shield of New Mexico.

Understanding Drug Tiers

In Medicare Advantage plans, prescription drugs are placed into tiers. The costs for drugs in each tier are different. Tier 1 drugs are the lowest cost while Tier 5 drugs are generally the most expensive.

The tiers are:

Tier 1	Preferred Generic (lowest tier)
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty Tier (highest tier)

Prescription Drug Coverage Stages

How much you spend on your prescriptions will depend on your coverage stage.

Stage 1 Annual Deductible

You pay 100% of the cost of your prescription drugs until your deductible is met. If your plan has no deductible, you will start in Stage 2.

Stage 2 Initial Coverage

You will pay a copay or coinsurance for each prescription drug until your total out-of-pocket costs reach **\$2,100**.

Stage 3 Catastrophic Coverage

Your plan will pay the full cost for your prescription drugs through December 31. On January 1, you will return to Stage 1.



IMPORTANT: If you're on 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 during the deductible or initial coverage stage.

Save With Our Preferred Pharmacy Network

As a member of Blue Cross Medicare Advantage, you could save even more money on your prescriptions by using a preferred pharmacy.

Your prescription drug coverage offers savings on medications that treat conditions, such as arthritis, high blood pressure, high cholesterol, depression, osteoporosis and many others.

In fact, most prescription drugs are available at a pharmacy in the preferred network:



Other pharmacies are available in the preferred and standard pharmacy networks.

We want you to get the most from your plan benefits.

To find a pharmacy near you, visit www.mybluenm.com/mapd/pharmacies/guide or call the number on your member ID card.

We've made it simple.

If you're not already using a preferred pharmacy, it's easy to switch and save.

Stay healthy and get the savings you deserve

1. Select a preferred pharmacy

Go to www.mybluenm.com/mapd/pharmacies/guide to find a list of preferred pharmacies near you or call the number on your member ID card.

2. Tell your doctor

Once you've made a choice, call your PCP's office and let them know which preferred pharmacy location you've chosen. That way, they can update their records and send future prescriptions there.

3. Pick up your prescription

Stop by when your prescription is ready and pay less because you're a member.

If you have questions about your plan or need help finding pharmacies, please contact us.



Access Extra Health and Wellness Benefits

Why miss out? Take advantage of ALL your plan benefits.

Blue Cross Medicare Advantage plans offer numerous benefits above and beyond standard insurance coverage.



Vision

Your eyes shape your world view. Don't miss a moment.

Visit www.mybluenm.com/mapd/vision-provider/guide to find vision providers near you.





Rewards Program

The Rewards Program gives you a healthy and easy way to earn up to \$100 in gift cards from major retailers. You receive a gift card for completing Healthy Actions throughout the year.

Visiting your doctor at least once a year can help you catch small health problems before they become big ones. You can earn up to \$50 just for completing your Annual Wellness Visit.

Earn rewards with these Healthy Actions:

- Annual flu vaccine
- Annual Wellness Visit
- Bone density screening
- Colorectal cancer screening
- Fall Risk Assessment
- Mammogram
- Retinal eye exam

TAKE ACTION: Sign up to get started with the program

1. Go to www.mybluenm.com/rewards/guide. You will need your member ID card, date of birth and email address. After you register, you will get an email confirming your account has been created.
2. If you don't have an email address, a computer, or have difficulty getting online, you can call the number on the back of your member ID card to register.

It may take up to 90 days for Healthy Actions to show as completed in the system. As soon as this happens, you can select your gift card from a list of national and local retailers.

Things to remember:

- Registration is required to participate
- One reward per Healthy Action per year
- Healthy Action dates of service must be in the current plan year
- Maximum annual rewards of \$100 in gift cards
- Healthy Actions that earn rewards are subject to change





Urgent Care Telehealth Services

If you can't see your doctor for non-emergency issues, such as cough, fever, nausea or sore throat, your Medicare Advantage plan covers virtual visits with health care providers through MDLIVE®. Make an appointment or talk to a doctor by mobile app, online video or phone. Providers are available 24 hours a day, 7 days a week.

To activate your account, choose what is easiest for you:

- Go to **www.mybluenm.com/mdlive/guide**
- Text **BCBSNMMEDICARE** to **635-483**
- Download the MDLIVE app

Call 1-888-680-8646 (TTY 1-800-770-5531) or visit www.mdlive.com to learn more or check your eligibility.



Blue365®

Blue365 is just one more advantage of being a member. With this exclusive member program, you may save money on top retailer health and wellness products and services that are not covered by insurance. There are no claims to file, and no referrals or preauthorization. Once you sign up for Blue365, weekly featured deals will be emailed to you. These deals offer special savings for a short period of time.

To learn more about Blue365, visit www.mybluenm.com/blue365/guide.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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

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. Employees should check their benefit booklet or call the Customer Service number on the back of their 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 only given through vendors that take part in this program. 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.



24/7 Nurseline

Our nurses are available 24 hours a day, 7 days a week to help with health concerns and give general health tips. Get trusted guidance on possible emergency care, urgent care and more. You can also access an audio library of more than 1,000 health topics ranging from allergies to women's health. More than 600 topics are available in Spanish.

When should you call the 24/7 Nurseline?

Call when you have questions about health problems, such as:

- Asthma, back pain or chronic health problems
- Cuts or burns
- Dizziness or severe headache
- High fever
- Sore throat

You can access the 24/7 Nurseline at 1-800-631-7023 (TTY: 711).



SilverSneakers® Fitness Program

SilverSneakers is a free fitness and lifestyle benefit that includes unlimited access to over 17,000 fitness locations nationwide. Seniors can enjoy classes designed for all skill levels and easy-to-follow, live, interactive, online classes.

SilverSneakers benefits include:

- Specialized fitness classes designed for people of all abilities and led by certified instructors
- FLEX classes like yoga and dance at parks, recreation centers and clubs
- Access to SilverSneakers LIVE virtual classes and hundreds of on-demand classes and workshops at **SilverSneakers.com**

**For more information, call 1-866-584-7389 (TTY: 711),
8 a.m. – 8 p.m., ET, Monday – Friday, visit www.mybluenm.com/sneakers/guide
or email support@silversneakers.com.**

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Stay Connected

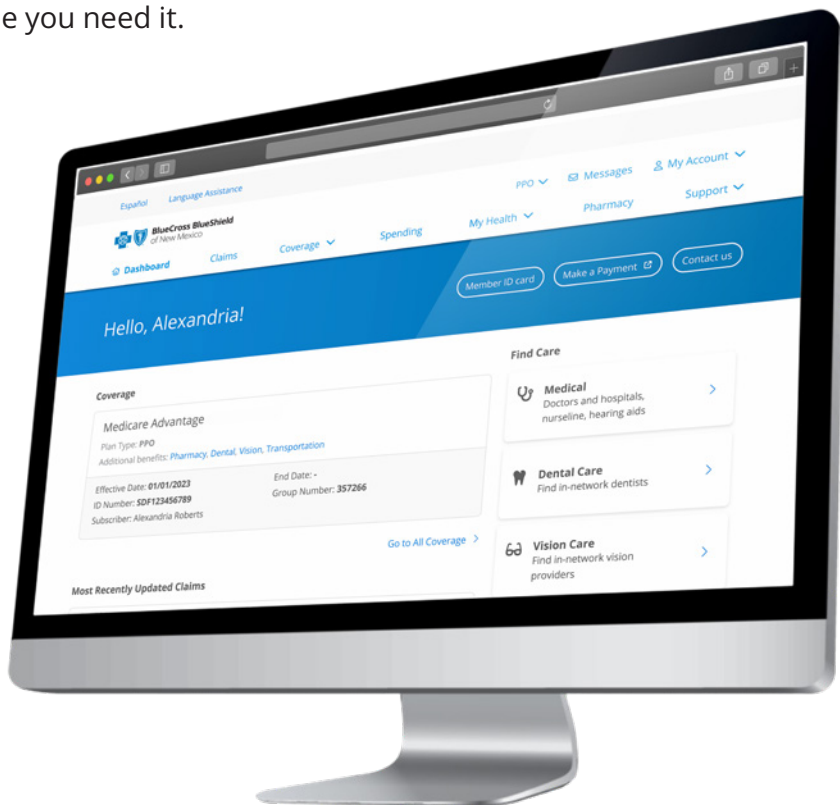


Everything you need to know about your coverage — in one place.

Get the most out of your health care benefits with Blue Access for Members (BAM)SM. It's the health information you need, anytime you need it.

Here are a few things you can do:

- View your claims, coverage and benefits
- See your prescription history
- Search for a health care provider, hospital, urgent care facility or pharmacy
- Compare providers on a single page — you can view and sort providers by quality, cost and accessibility
- View or print Explanation of Benefits statements
- Request or print your member ID card
- Check the status or history of a claim
- Pay your bill online



It's Easy to Get Started!

Visit www.mybluenm.com/member-portal/guide to create an account.

You can also download the mobile app.

Text BCBSNMAPP to 33633 so you can use BAM while you're on the go or search for BCBSNM in the Apple App Store or Google Play.*

* Message and data rates may apply.

Information for Caregivers

You are like many people these days, caring for someone and perhaps being asked to help make decisions you never expected. You need information, guidance and peace of mind.

Getting Started

Start gathering records and information for the person you are helping.

Legal records

There are certain forms that may need to be signed so you can be of assistance. For health insurance purposes, a CMS Appointment of Representative form will need to be filled out. See page 22.

Insurance

Review and understand the member's health insurance and prescription drug coverage. Know when coverage expires. Learn about their medical conditions. Will their prescription drug needs change in the future?



Taking Care of Yourself

Caring for yourself while caring for others can be a challenge. But taking care of yourself is one of the most important things you can do as a caregiver or Medicare coach.

For information on ways to recharge and preserve your own health and well-being, **visit our Connect website at www.mybluenm.com/connect/guide.**

Forms You May Need

These are some of the forms you or your caregiver may need during the year. They are important documents about your plan, so you'll want to keep them in a safe place.

All forms can be found at www.mybluenm.com/mapd/plandocs/guide.

Scan the QR codes below to download each form.



Automatic Premium Payment Program Authorization Agreement (ACH)

To use our hassle-free Automatic Premium Payment Program, fill out and sign the form. Be sure to check that your bank accepts automated electronic withdrawals.



Appointment of Representative

This form lets you choose someone to make decisions on your behalf. It also allows them to get your health information, such as Explanation of Benefits forms and bills (if you have a premium). This form may also be used to let the plan share your health information with a third party, such as another health plan or provider. Having this completed form on file is vital for caregivers.

Prescription Mail Order

Be sure to take advantage of the mail-order program for eligible maintenance medicines. You'll enjoy the ease of home delivery and the chance to save money. When you have a new prescription, go to www.mybluenm.com/mapd/pharmacies/guide. See page 12 for all your home delivery options.



Authorization to Disclose Protected Health Information (PHI)

Use this form to allow the plan to share your PHI with a person or entity you choose.



Coverage Determination

If the plan will not cover a prescription drug or medical service, you may ask for a coverage determination. Choose the form that matches your request.

We'll Keep in Touch

Because we care about your well-being and want you to get the most from your Medicare plan, we'll be in touch with you throughout the year.



Expect to hear from us!

- **We will send you personalized** welcome communications and helpful reminders about your valuable benefits, health tips and guidance.
- **We will help you schedule** an Annual Wellness Visit — a valuable part of your plan.
- **We may call you** to provide information about other BCBSNM Medicare plan options available to you. You may opt out of these phone calls by calling the number on the back of your member ID card.
- **You may receive text messages from us** to help you understand your plan and benefits. The messages will come from "33633." You can opt-out of receiving texts at any time.

Remember to register for the Rewards Program to earn up to \$100 in gift cards.



Annual Notice of Change

At the end of September, you'll receive an Annual Notice of Change document.

This notice outlines the premium/benefit changes (if any) for your plan. These changes will begin January 1 of the following calendar year. Review this document carefully.



Explanation of Benefits

You'll also receive an Explanation of Benefits statement. How often you receive it depends on how often you fill your prescriptions or see your provider. This statement is not a bill. It simply details what you have paid and indicates the level of benefits you have used. Review these details to be sure they are correct. If you think there are errors, call the number on the back of your member ID card. If you think you are the victim of fraud, report it immediately.



TAKE ACTION: Provide your email address.

Scan this **QR code** with your smartphone camera or visit **www.mybluenm.com/preferences/guide**.



Report Fraud

Medicare fraud costs billions of dollars each year.

Here are some ways you can help stop it:

- Keep your member ID card safe. Treat it like you would a debit or credit card.
- Make a copy of your member ID card and keep it in a safe place.
- If your member ID card is lost or stolen, call us right away.
- Be sure the pharmacy has your correct information.
- Look at your Explanation of Benefits carefully to be sure that you have been properly charged. If you think you may have been the victim of fraud, report it to our Fraud Hotline right away.



To report fraud,

call **1-800-543-0867 (TTY: 711)**, 24 hours a day, 7 days a week.



Glossary of Terms

We have described some commonly used terms to help you understand more about your plan. Refer to your benefit plan materials if you have questions.

Amount Billed

The amount your provider billed for the service(s) rendered.

Amount Covered (Allowed)

Discounts, reductions and amount covered (allowed) reflect the terms of your plan, and in the case of an in-network provider, the savings we have negotiated with your provider. Your deductible, coinsurance and copay are based on the allowed amount and the terms of your plan. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

Coinsurance

The percentage of the allowed amount you pay as your share of the bill. If your plan pays 80% after coinsurance of the allowed amount, then 20% would be your coinsurance.

Copay

The set fee you pay each time you receive a certain service. Some plans do not have copays.

Deductible

The amount, if any, you must pay before we start paying contract benefits. You do not send this amount to us. We subtract this amount from covered expenses on claims that you and health care professionals send us. Some services can be covered before the deductible is met.

Formulary

The formulary (drug list) is a list showing the drugs that your plan covers.

Non-Participating Provider

An out-of-network provider who does not accept rates for services we set to keep your costs down.

Out-of-Pocket Limit

Once you pay this amount in deductibles, copays and coinsurance for covered services, we pay 100% of the allowed amount for covered services for the rest of the benefit period.

Participating Provider

An in-network or out-of-network provider who accepts agreed-upon rates for services.

Your Total Costs

This is the sum of your copay, deductible and coinsurance. It also includes any amounts not covered by your health plan. Amounts that a non-participating provider may bill you are not part of your total costs.



Take Action Reminders and Medication Tracker





Important Reminders:

- 1 Check your member ID card (page 6)
- 2 Schedule your Annual Wellness Visit (page 10)
- 3 Find an in-network pharmacy (page 12)
- 4 Sign up for the Rewards Program (page 17)
- 5 Stay connected (page 20)
- 6 Provide your email address (page 23)



See back cover for contact information and important resources.

Prescription and Over-the-Counter Medication Tracker

Use this page to track your medications throughout the year to help take control of your health.

Prescription and Over-the-Counter Medications	

Important Plan Information

Use these materials to learn more about your coverage and how your plan works.





BlueCross BlueShield of New Mexico

Contact Information

Have questions or concerns? Call us first. We can help.



Call

1-877-774-8592 (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 weekends and holidays.



Web

Drug Formulary (List of Drugs)

www.mybluenm.com/mapd/plandocs/guide

Pharmacy Directory

www.mybluenm.com/mapd/pharmacies/guide

Plan Documents

www.mybluenm.com/mapd/plandocs/guide

Provider Directory

www.mybluenm.com/mapd/providers/guide

Rewards Program

www.mybluenm.com/rewards/guide



Connect Community

Connect is a fun way to interact with other members through our online blog-style format. Learn about health and wellness, benefits and coverage, how health insurance works and more at www.mybluenm.com/connect/guide.

HMO plans 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. Enrollment in HCSC's plans depends on contract renewal.