



Blue Medicare SupplementSM

Blue Medicare Supplement
c/o Member Services
PO Box 4258
Scranton, PA 18505
Address Service Requested

<LETTER_DATE>

Member ID: <UID>

<MEMBER FIRST NAME> <MEMBER MIDDLE INITIAL> <MEMBER LAST NAME>
<FIRST STREET ADDRESS>
<SECOND STREET ADDRESS>
<CITY>, <ST> <ZIP>

Your 2026 Medicare Supplement Rates

Dear <Member First Name> <Member Last Name>:

Thank you for your membership in a Blue Cross and Blue Shield of New Mexico (BCBSNM) Medicare Supplement Insurance Plan. We want to continue to give you the best member experience and keep you aware of changes to your plan, which include updates to annual benefits and premiums.

This letter is about the annual premium change for the BCBSNM Medicare Supplement Insurance Plan that you are currently* enrolled in.

As of <rate effective date>, the premium will be <\$XXX.XX> per month.**

Your Medicare Supplement plan will automatically renew with the new rate starting <rate effective date>.

Please note if you are currently enrolled with a discount, the discount rate is not reflected in the above premium.

If you have questions about your new premium or the eligibility and discount options available, please contact your sales agent or our Customer Care Center at **1-877-587-6623**. We are open 7:00 a.m. – 6:00 p.m., CT, Monday through Friday.

We look forward to continuing to provide your Medicare Supplement coverage.

Sincerely,

Blue Cross and Blue Shield of New Mexico

** Please be advised the rates reflected in this Annual Renewal Letter are the approved individual Department of Insurance rates. All applicable discounts will be applied to the updated rate billed amount and the premium bill received. The automatic draft will reflect the net amount due after all applicable discounts have been applied. If you qualify for a discount it will be applied to your new premium rate. The discounted premium rate will appear on your next premium billing cycle on or after your rate effective date.

* Your premium may be different from what is listed above if you change your address, gender, plan or use of tobacco. Premiums are based on your age at the time of rate renewals. If you are billed quarterly, semiannually or annually, the rate renewal may lead to invoice adjustments. Premium change notifications are not sent out for new or changed plans, so it is important to keep track of any updates you make to your coverage and corresponding premium(s).

Not connected with or endorsed by the U.S. Government or Federal Medicare Program.

Medicare Supplement Insurance Plan Notice:

Medicare Supplement insurance plans are offered by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.