Broker Sold Version - With QR code

BlueCross BlueShield of New Mexico

Please post this page on your refrigerator or bulletin board as a reminder to act on your 2027 health plan.

Welcome to Your 2027 Plan

Prepared for: <Subscriber_First_Name> <Subscriber_Last_Name>
Member ID number: <Subscriber_ID>

How to Prepare for a New Year of Coverage

To view your health plan highlights for 2027, visit **MyRenewalCodeNM.com** and enter your access code <**0123456789**>.

- Confirm the benefit costs for your 2027 plan in your Summary of Benefits and Coverage online.
- <Review your new estimated 2027 premium.>
- Check your list of prescription drug changes.
- <Go over your 2027 dental plan information.>

Changes to Your Pharmacy Benefit Program Starting on January 1, 2027

View your 2027 drug list and coverage changes or get more info at **BlueRxNM.com**. Some drugs may:

- Be newly covered on your drug list.
- Be moving to a higher or lower drug tier.
- No longer be covered.
- Have new special requirements such as prior authorization.

Help is Available (Ayuda en Español Disponible)

Talk with your independent, authorized agent, <Agent_Name>, about your 2026 health plan options. Please call **1-855-414-6183**. Or contact a licensed Health Plan Specialist at **1-855-636-8536**. We are available:

- Monday through Friday: 7 a.m. to 7 p.m. MT
- Saturday: 7 a.m. to 5 p.m. MT
- Sunday: 9 a.m. to 1 p.m. MT

Expect longer wait times closer to January 15, when open enrollment ends.

StayBlueNM.com

Broker Sold Version - NO QR Code

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StayBlueNM.com

Government-Required Notice

<First Name> <Last Name>
<Address line 1>
<Address line 2>
<City> <State> <Zip>

<Date>

Important: It's time to review your health coverage. **Pick a plan by December 15, 2026**, or we'll automatically re-enroll you in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Blue Cross and Blue Shield of New Mexico for your health care needs. We are here to help you prepare for Open Enrollment which begins November 1, 2026.

Why am I getting this letter?

We're still offering your health coverage in 2027, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by <December 15>, we'll automatically keep you in this plan for 2027.

You did not enroll in <Current_Health_Plan_Name> through the New Mexico Health Insurance Exchange (BeWell). You won't get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) unless you enroll in a plan through the New Mexico Health Insurance Exchange (BeWell).

- To find out if you qualify for these savings and to enroll in a plan through the New Mexico Health Insurance Exchange, visit bewellnm.com by <January 15>.
- If you don't enroll in a plan through the New Mexico Health Insurance Exchange (BeWell) by <January 15>, you may not be able to do so for 2027, even if your finances change.

What's changing in 2027?

Your new premium

- **Starting in January, your estimated monthly premium amount in <Current_Health_Plan_Name> will be $<YYY.YY>.**
  Important: This is only an estimate based on current information we have. It doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. You'll see your new monthly premium when you get your January bill.
- Your 2026 monthly premium amount is $<XXX.XX>.

Other changes

- <Please visit **MyRenewalCodeNM.com** and enter access code <**0123456789**> to view your **Benefit Changes**.>
- Please see the enclosed **Benefit Changes** section.
- You can also review more details about your plan at **StayBlueNM.com** and in your 2027 **Summary of Benefits and Coverage** at <SBC_URL_English> (English) or <SBC_URL_Spanish> (Español).

Government-Required Notice *continued*

What should I do next?

Decide if you want to enroll in <Current_Health_Plan_Name> outside of the New Mexico Health Insurance Exchange (BeWell) or choose another one.

I want to enroll in this plan outside of the New Mexico Health Insurance Exchange (BeWell).

Pay the new monthly premium by January 1, 2027, and you'll be automatically enrolled.

I want to pick a different plan.

You can choose a different plan between November 1, 2026, and January 15, 2027. Enroll by December 15, for coverage to start January 1.

- Check with BCBSNM to see what other plans may be available, including whether <Current_Health_Plan_Name> is available on the New Mexico Health Insurance Exchange (BeWell).
- Visit bewellnm.com to see New Mexico Health Insurance Exchange (BeWell) plans. Compare plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in. Remember, you won't get financial help unless you qualify and enroll through the New Mexico Health Insurance Exchange (BeWell).

Important: You may qualify for discounts on your monthly payments and out-of-pocket costs if you pick a plan on bewellnm.com. The state of New Mexico is offering extra savings to most shoppers in 2027. Visit bewellnm.com to see if you can save.

We're here to help

- Call BCBSNM at 1-866-236-1702 or visit **bcbsnm.com**.
- Visit bewellnm.com, or call 1-833-862-3935 (TTY: 711) to learn more about the New Mexico Health Insurance Exchange (BeWell) and to see if you qualify for lower costs.
- Find in-person help from an assister, agent, or broker in your community at bewellnm.com.
- <Contact an agent or broker you've worked with before <<like <Agent_Name>.> <Call Agent phone number>>.>
- Call 1-866-236-1702 to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1254. The time required to complete this information collection is estimated to average 9 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Benefit Changes

Here Are Key Plan Changes

	2026 Health Plan	2027 Health Plan
Your plan name	<Current_Health_Plan_Name>	<Current_Health_Plan_New>

Your Benefits	2026	2027
Plan is compatible with a health savings account	<Yes><No>	<Yes><No>
In-network individual deductible	<$X,XXX>	<$X,XXX>
In-network family deductible	<$X,XXX>	<$X,XXX>
In-network individual out-of-pocket maximum	<$X,XXX>	<$X,XXX>
In-network family out-of-pocket maximum	<$X,XXX>	<$X,XXX>
In-network coinsurance	<XX%>	<XX%>

Coinsurance (%) and Copay ($) Changes

Your Out-of-Pocket Costs for:	2026	2027
In-network PCP office visit	<$XX> copay	<XX%> coinsurance after deductible is paid
In-network specialist office visit	<XX%> coinsurance after deductible is paid	<$XX> copay
In-network urgent care visit	<$XX> copay	<XX%> coinsurance after deductible is paid
In-network mental health and substance abuse office visit	<XX%> coinsurance after deductible is paid	<$XX> copay

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Preferred Generic	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Generic	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Preferred Specialty	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>

Benefit Changes *continued*

Your Out-of-Pocket Costs for Prescription Drugs:	2026	2027
Generic	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Specialty	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Generic	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Brand	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Preferred Specialty	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>
Non-Preferred Specialty	<$XX copay> <XX% coinsurance>	<$XX copay> <XX% coinsurance>

- <Your plan has moved from a four-tier to a six-tier pharmacy cost-share structure. For more information about pharmacy tiers and your pharmacy benefits, please visit **BlueRxNM.com**.>
- Please review the 2027 drug list at **BlueRxNM.com** to see if the drugs that you take or are prescribed are affected by any changes. For example, a drug may have moved to a lower or higher drug tier or no longer be covered.

  Please check **BlueRxNM.com** **each month** for any changes to the drug list.
- Review your 2027 **Summary of Benefits and Coverage** for cost share differences between using a network **preferred** pharmacy vs. a network non-**preferred** pharmacy.
- <Your dental plan, <Current_Dental_Plan>, is being renewed for 2027. Your new dental monthly payment amount will be $<2027_Dental_Rate>. Your rate adjustment will take effect January 1, 2027.>

Benefit Changes *continued*

This is not a complete list of benefit changes.

For a more complete summary of your benefits, see the **Summary of Benefits and Coverage** for 2027, available online at <**SBC_URL_English**> (English) or <**SBC_URL_Spanish**> (Español). You can also request an SBC in paper form, free of charge, by calling the number on your member ID card.

<Important Notice

Our agents and brokers help you choose and enroll in the health care coverage that is right for you. They also serve you throughout the year. When you enroll in or renew a plan, we pay them between $17–$28 (depending on the plan) per member per month for up to five total members. That means that if there are three people on your policy, a broker receives $51–$84 per month in commissions.
They may additionally receive other bonus and marketing payments ranging from $50–$100 based on their total sales for a period of time.
These commissions or bonuses/marketing payments are paid by BCBSNM and do not affect the amount of your premium.
If you have questions, please contact your BCBSNM agent or broker.>

BlueCross BlueShield of New Mexico

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

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

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

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

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

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

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

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

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

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

BlueCross BlueShield of New Mexico

中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujurati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama il'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 855-710-6984 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.