



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



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[StayBlueNM.com](https://www.StayBlueNM.com)

Government-Required Notice

<First Name> <Last Name>

<Date>

<Address line 1>

<Address line 2>

<City> <State> <Zip>

Important: It is almost time to renew your coverage. There are changes for 2027. Review this notice and your renewal notice from BeWell around November 1, 2026, to understand your insurance options for next year.

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 on November 1, 2026.

Why am I getting this letter?

Your health coverage is still being offered 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. Also, make sure to update your information with BeWell, New Mexico's Health Insurance Marketplace ([Bewellnm.com](https://bewellnm.com)).

Savings in 2027

The New Mexico Marketplace Affordability Program will continue to assist eligible consumers. To ensure you get the savings you are eligible for, it is more important than ever to review your options on BeWell. You need to update your BeWell application on [BeWellnm.com](https://bewellnm.com) during Open Enrollment to find out the actual amount of financial help you may qualify for and your new monthly payment amount.

Help with Your Monthly Payments

- BeWell is the only place where you can qualify for extra savings on your monthly premiums; BeWell will send you notices with eligibility and renewal information. Review the notices and update your 2027 application to get the most accurate savings for 2027 coverage.

Clear Cost Plans

- **Clear Cost Plans have set co-pays and cover most services without a deductible.** Every issuer now offers Clear Cost Plans with the same out-of-pocket costs, making it easier to compare important differences, like which doctors and medications are covered. Look for the "Clear Cost" plan label when you shop for coverage.

Government-Required Notice *continued*

Eligibility for State Savings in 2027

If your expected household income for 2027 is less than the amounts listed in the table below, you may qualify for extra help with your monthly payments **and/or** out-of-pocket expenses.

New Mexico Marketplace Affordability Programs: Eligibility for Extra Savings in 2027

Family Size	Annual Income Limit for Lower Monthly Payments and Turquoise Plans with Lower Out-of-Pocket Costs
1	\$63,840
2	\$86,560
3	\$109,280
4	\$132,000

Note: If you have more than 4 people in your household, please visit <https://www.bewellnm.com> to see if you qualify.

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 BeWellnm.com and in your 2027 **Summary of Benefits and Coverage**.

If you want to pick another plan, please see the below information to ensure you have the coverage you want.

What you need to do

1. Look for your BeWell renewal notice by <November 1>, 2026.

Your BeWell renewal notice will tell you about your eligibility and your monthly premium for 2027, including additional savings you may receive.

2. Review your BeWell notices.

If necessary, update your BeWell application starting <November 1>, 2026. Make any necessary changes by <December **XX**>, 2026, for coverage that starts January 1, 2027. This may result in a lower monthly premium payment and/or lower out-of-pocket costs. Making sure that your information is current and correct will help you avoid paying money back when you file your tax return.

3. Decide if you want to enroll in this plan or choose another one.

If you want to enroll in the renewal notice plan

Check the BeWell renewal notice that you receive by <November 1>. If you like the plan in that notice and do not need to update your application, you do not have to take any other action. You can also update your BeWell application information, and then select <8 Plan name and ID> to re-enroll in your current plan.

<**Important:** To get extra savings on your out-of-pocket costs this year, you need to enroll in a Turquoise Plan. Check your options on bewellnm.com to make sure you are signed up for a plan with the most savings.>

Government-Required Notice *continued*

If you want to pick a different plan

You can choose a different plan starting <November 1>, 2026.

- Make changes by <December XX>, 2026 for coverage to start January 1, 2027.
- Changes made between <Month XX, Year> and <January 15,> 2027 will be effective starting February 1, 2026.

Here are some ways to look at other plans and enroll:

- Visit BeWellnm.com to see other BeWell Marketplace plans and find a plan that best meets your needs and budget.
- Let BeWell do the work for you! Certified Assistors can help you shop, apply and enroll in a plan for free! Make an appointment at BeWellnm.com/appointment.
- Check with BCBSNM to see what other plans may be available. Remember, you will not get financial help unless you qualify and enroll through BeWell.

Note: If you got federal financial help in 2026 to lower your monthly premium, you will have to "reconcile" using IRS Form 8962 when you file your federal taxes. This means you will compare the amount of the Premium Tax Credit you received in advance during 2026 with the amount you actually qualify for based on your final 2026 household income and eligibility information. If the amounts are different, this will affect the amount of your refund or taxes owed. You will not have to reconcile any financial help you receive from the State of New Mexico.

We're here to help

- Visit BeWellnm.com, or call 1-833-ToBeWell (1-833-862-3935) to learn more about BeWell and to see if you qualify for lower costs.
- <Contact an agent or broker you've worked with before <<49 like Agent/broker name>. <50 Call Agent/broker phone number>>.>
- Call Blue Cross and Blue Shield of New Mexico at 1-866-236-1702 or visit bcbsnm.com.
- Find in-person help from an assister, agent, or broker in your community at bewellnm.com/appointment.
- Call 1-866-236-1702 for a reasonable accommodation 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](https://www.bluerxnm.com).>
- Please review the 2027 drug list at [BlueRxNM.com](https://www.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](https://www.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.>



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

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
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
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal:
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.



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 Sprachassistentendienste 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. ચોક્કસ ઓફિસિયલ સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કોલ 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 l'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 yáníłt'ígogo, 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'í' ahoot'í'ígíí éí t'áá jiik'eh hóló. Kohjíl' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'í' hanidzihi.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 855-710-6984 (تله تاپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoc 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	توجه 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۔ 855-710-6984 (TTY: 711) 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.

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.>