



**BlueCross BlueShield
of New Mexico**

University of New Mexico

Summary of Benefits

Blue Cross Medicare Advantage (PPO)SM

July 1, 2018 – December 31, 2018

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

INTRODUCTION TO SUMMARY OF BENEFITS

July 1, 2018 - December 31, 2018

Blue Cross Medicare Advantage (PPO)SM	
You have choices about how to get your Medicare benefits	<ul style="list-style-type: none">• One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.• Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Blue Cross Medicare Advantage (PPO)SM).
Tips for comparing your Medicare choices	<p>This Summary of Benefits booklet gives you a summary of what Blue Cross Medicare Advantage (PPO)SM covers and what you pay.</p> <ul style="list-style-type: none">• If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on http://www.medicare.gov.• If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
Sections in this booklet	<ul style="list-style-type: none">• Things to Know About Blue Cross Medicare Advantage (PPO)• Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services• Covered Medical and Hospital Benefits• Prescription Drug Benefits

Blue Cross Medicare Advantage (PPO)SM

This document is available in other formats such as Braille and large print. This document may be available in a non-English language.

For additional information, call us at 1-877-299-1008 (TTY/TDD users should call 711).

Es posible que este documento esté disponible en un idioma distinto al inglés. Para obtener información adicional, llame a servicio al cliente al 1-877-299-1008 (los usuarios de TTY/TDD deben llamar al 711).

THINGS TO KNOW ABOUT BLUE CROSS MEDICARE ADVANTAGE (PPO)

Hours of Operation

Things to Know About **Blue Cross Medicare Advantage (PPO)**

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Central time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Central time.

Phone Numbers and Website

- If you are a member of this plan, call toll-free 1-877-299-1008 (TTY/TDD users should call 711).

Who can join?

To join **Blue Cross Medicare Advantage (PPO)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and be a retiree, or spouse of a retiree, of the University of New Mexico.

Which doctors, hospitals, and pharmacies can I use?

Blue Cross Medicare Advantage (PPO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies.

You can see our plan's provider and pharmacy directory at our website getbluenm.com/mapd/sb.

Or, call us and we will send you a copy of the provider and pharmacy directories.

Blue Cross Medicare Advantage (PPO)SM

What do we cover?	<p>Like all Medicare health plans, we cover everything that Original Medicare covers - and <i>more</i>.</p> <p>Our plan members get <i>all</i> of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.</p> <p>Our plan members also get <i>more than what is covered by Original Medicare</i>. Some of the extra benefits are outlined in this booklet.</p> <p>We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.</p> <p>You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, getbluenm.com/mapd/sb.</p> <p>Or, call us and we will send you a copy of the formulary.</p>
How will I determine my drug costs?	<p>Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug’s tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage, Coverage Gap, and Catastrophic Coverage.</p>

Blue Cross Medicare Advantage (PPO)

MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES

How much is the monthly premium?

For information concerning the actual premiums you will pay, please contact your employer or your employer group benefits plan administrator. In addition, you must keep paying your Medicare Part B premium.

How much is the deductible?

This plan does not have a deductible.

Is there any limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

- \$2,500 for services you receive from in-network providers.
- \$5,100 for services you receive from out-of-network providers.
- \$5,100 for services you receive from any provider. Your limit for services received from in-network providers and your limit for services received from out-of-network providers will count toward this limit.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Blue Cross Medicare Advantage (PPO)

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE: Services with a ¹ may require prior authorization. Services with a ² may require a referral from your doctor.

INPATIENT CARE

Inpatient Hospital Care¹

In-Network:
Acute: \$125 copay (days 1-7)

Out-of-Network:
Acute: \$400 copay (days 1-7)

Inpatient Mental Health Care

In-Network: \$250 copay (days 1-6)
Out-of-Network: \$400 copay (days 1-7)

Outpatient Surgery

In-Network:
Ambulatory surgical center:
• \$0-\$50 copay (\$0 Bone Mass, Colonoscopy, Mammography (1st of year); \$50 all other services)
Outpatient Hospital:
• \$0-\$50 copay (\$0 Bone Mass, Colonoscopy, Mammography (1st of year); \$50 all other services)

Out-of-Network:
Ambulatory surgical center:
• 40% of the total cost
Outpatient Hospital:
• 40% of the total cost

OUTPATIENT CARE AND SERVICES

Doctor's Office Visits

- In-Network:
 - Primary care physician visit:
 - \$10 copay
 - Specialist visit:
 - \$25 Copay

- Out-of-Network:
 - Primary care physician visit:
 - \$30 copay
 - Specialist visit:
 - \$45 copay

Blue Cross Medicare Advantage (PPO)

<p>Preventive Care</p>	<p>In-Network: \$0 copay Out-of-Network: 40% of the total cost Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cardiovascular screenings • Cervical and vaginal cancer screening • Colorectal cancer screenings • Depression screening • Diabetes screenings • HIV screening • Lung cancer screening (Low dose computed tomography) • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots • “Welcome to Medicare” preventive visit (one-time) • Yearly “Wellness” visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>In-Network: \$75 copay Out-of-Network: \$75 copay</p>
<p>Urgently Needed Services</p>	<p>In-Network: \$40 copay Out-of-Network: \$40 copay</p>

Blue Cross Medicare Advantage (PPO)

Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service)^{1,2}

In-Network:

Advanced Imaging (such as MRIs, CT scans):

- \$50 copay

Diagnostic tests and procedures:

- \$0-\$25 copay POS (\$0 Bone Mass, Colonoscopy, Mammography (1st of year); \$25 all other services)

Lab services:

- \$0 copay

Diagnostic radiology services / X-ray:

- \$25 copay

Therapeutic radiology services (such as radiation treatment for cancer):

- \$10 copay

Out-of-Network:

Advanced Imaging (such as MRIs, CT scans):

- 40% of the total cost

Diagnostic tests and procedures:

- 40% of the total cost

Lab services:

- 40% of the total cost

Diagnostic radiology services / X-ray:

- 40% of the total cost

Therapeutic radiology services (such as radiation treatment for cancer):

- 40% of the total cost

Blue Cross Medicare Advantage (PPO)

Hearing Services	<p>In-Network: Hearing exams: • \$10 copay for 1 routine hearing exam each year • \$15 Medicare covered services</p> <p>Out-of-Network: Hearing exams: • 40% of the total cost for routine hearing exams • 40% of the total cost for Medicare covered services</p>
Dental Services	<p>In-Network: Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): Preventive Dental: • Not Covered Comprehensive Dental: • \$0 copay Medicare Covered</p> <p>Out-of-Network: Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): Preventive Dental: • Not Covered Comprehensive Dental: • 40% of the total cost for Medicare Covered Services</p>

Blue Cross Medicare Advantage (PPO)

<p>Vision Services¹</p>	<p>In-Network: Eye Exams: \$0 copay for Medicare covered eye exam; \$10 copay for routine eye exam annually Eye Wear: \$0 copay for standard eyeglass lenses; \$40 copay for Medicare-covered services</p> <p>Out-of-Network: Eye Exams: 40% of the total cost for Medicare-covered services; \$40 allowance toward routine eye exams Eye Wear: 40% of the total cost for Medicare-covered services Combined allowance (for both In-Network and Out-of-Network) of \$150 on frames and contact lenses every 2 years</p>
<p>Mental Health Care¹</p>	<p>In-Network: Mental Health Specialty Services: Non-Physician: \$25 copay Psychiatric Services: \$25 copay</p> <p>Out-of-Network: Mental Health Specialty Services: Non-Physician: \$45 copay Psychiatric Services: \$45 copay</p>
<p>Skilled Nursing Facility (SNF)^{1,2}</p>	<p>In-Network: \$0 copay (days 1-20); \$160/day (days 21-100) Out-of-Network: 40% of the total cost per stay</p>

Blue Cross Medicare Advantage (PPO)

<p>Outpatient Rehabilitation</p>	<p>In-Network: Cardiac and Pulmonary Rehabilitation Services: • \$40 copay Occupational therapy services: • \$25 copay Physical therapy and speech and language therapy services: • \$25 copay</p> <p>Out-of-Network: Cardiac and Pulmonary Rehabilitation Services: • 40% of the total cost Occupational therapy services: • 40% of the total cost Physical therapy and speech and language therapy services: • \$45 copay</p>
<p>Ambulance</p>	<p>In-Network: \$150 copay Out-of-Network: \$200 copay</p>
<p>Transportation</p>	<p>In-Network: Not covered Out-of-Network: Not covered</p>
<p>Medicare Part B Rx Drugs</p>	<p>In Network: 20% of the total cost Out of Network: 50% of the total cost</p>
<p>Acupuncture</p>	<p>In-Network: Not covered Out-of-Network: Not Covered</p>
<p>Chiropractic Care¹</p>	<p>In-Network: \$20 copay Out-of-Network: 40% of the total cost</p>

Blue Cross Medicare Advantage (PPO)

<p>Diabetes Supplies and Services</p>	<p>In-Network: Diabetes monitoring supplies: • \$0 copay (0% Preferred Test Strips; 20% all other supplies) Diabetes self-management training: • \$0 copay</p> <p>Out-of-Network: Diabetes monitoring supplies: • 40% of the total cost Diabetes self-management training: • \$0 copay</p>
<p>Durable Medical Equipment <i>(wheelchairs, oxygen, etc.)¹</i></p>	<p>In-Network: \$20 copay Out-of-Network: \$50 copay</p>
<p>Foot Care <i>(podiatry services)</i></p>	<p>In-Network: \$20 copay Out-of-Network: \$45 copay</p>
<p>Home Health Care¹</p>	<p>In-Network: \$0 copay Out-of-Network: \$0 copay</p>

Blue Cross Medicare Advantage (PPO)

Outpatient Substance Abuse	In-Network: \$25 copay Out-of-Network: 40% of the total cost
Over-the-Counter Items	In-Network: \$20 per month Out-of-Network: Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)¹	In-Network: \$20 copay Out-of-Network: \$50 copay
Renal Dialysis	In-Network: \$0 copay Out-of-Network: 20% of the total cost
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered.

Blue Cross Medicare Advantage (PPO)

PRESCRIPTION DRUG BENEFITS

Initial Coverage

You pay the following until your total yearly drug costs reach \$3,750. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5	\$15
Tier 2 (Generic)	\$11	\$33
Tier 3 (Preferred Brand)	\$44	\$132
Tier 4 (Non-Preferred Brand)	\$95	\$285
Tier 5 (Specialty Tier)	33%	33%

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$6	\$18
Tier 3 (Preferred Brand)	\$39	\$117
Tier 4 (Non-Preferred Brand)	\$85	\$255
Tier 5 (Specialty Tier)	33%	33%

Blue Cross Medicare Advantage (PPO)

Initial Coverage (continued)	Standard Mail Order Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5	\$15
	Tier 2 (Generic)	\$11	\$33
	Tier 3 (Preferred Brand)	\$44	\$132
	Tier 4 (Non-Preferred Brand)	\$95	\$285
	Tier 5 (Specialty Tier)	33%	33%
	Preferred Mail Order Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0
	Tier 2 (Generic)	\$6	\$18
	Tier 3 (Preferred Brand)	\$39	\$117
	Tier 4 (Non-Preferred Brand)	\$85	\$255
	Tier 5 (Specialty Tier)	33%	33%
If you reside in a long-term care facility, you pay the same as at a retail pharmacy.			

Blue Cross Medicare Advantage (PPO)

Coverage Gap

Your plan provides additional coverage through the gap. You continue to pay similar amounts as you did in the Initial Coverage stage. You stay in this stage until your total yearly out-of-pocket drug costs reach \$5,000.

Under this plan, you may pay even less for the brand and generic drugs on the formulary. Your cost varies by tier. You will need to use your formulary to locate your drug's tier. See the chart that follows to find out how much it will cost you.

Standard Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$5	\$15
Tier 2 (Generic)	\$11	\$33
Tier 3 (Preferred Brand)	\$44	\$132
Tier 4 (Non-Preferred Brand)	\$95	\$285
Tier 5 (Specialty Tier)	24%	24%

Preferred Retail Cost-Sharing

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0	\$0
Tier 2 (Generic)	\$6	\$18
Tier 3 (Preferred Brand)	\$39	\$117
Tier 4 (Non-Preferred Brand)	\$85	\$255
Tier 5 (Specialty Tier)	24%	24%

PRESCRIPTION DRUG BENEFITS

Coverage Gap (Continued)	Standard Mail Order Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$5	\$15
	Tier 2 (Generic)	\$11	\$33
	Tier 3 (Preferred Brand)	\$44	\$132
	Tier 4 (Non-Preferred Brand)	\$95	\$285
	Tier 5 (Specialty Tier)	24%	24%
	Preferred Mail Order Cost-Sharing		
	Tier	One-month supply	Three-month supply
	Tier 1 (Preferred Generic)	\$0	\$0
	Tier 2 (Generic)	\$6	\$18
	Tier 3 (Preferred Brand)	\$39	\$117
	Tier 4 (Non-Preferred Brand)	\$85	\$255
	Tier 5 (Specialty Tier)	24%	24%
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the total cost, or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copayment for all other drugs. 		

ADDITIONAL INFORMATION ABOUT Blue Cross Medicare Advantage (PPO)

BENEFIT	
<p>Rewards and Incentives Program Rewards and Incentives for healthy activities <i>You can earn rewards for completing selected screenings, managing chronic conditions, or seeing your physician for a physical.</i> Members can potentially receive rewards for completing eligible health activities during the calendar year (January 1 - December 31). The amount of the reward is up to a maximum of \$100 annually and will be triggered by submission of a claim. Each healthy action is \$25 which will be placed on a gift card. These rewards can be redeemed for a variety of gift cards that can be used at select pharmacies or national retailers. Members can opt to obtain a gift card for the completion of each individually completed healthy activity or they can opt to pool their reward amounts for numerous completed healthy activities. A maximum of one payment for each specific healthy activity per year will be rewarded until you reach the \$100 maximum.</p>	Included
<p>SilverSneakers®† Fitness Program SilverSneakers is the nation’s leading exercise program designed exclusively for Medicare beneficiaries. Eligible members receive a standard fitness center membership where they can enjoy specialized low-impact SilverSneaker classes focusing on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination.</p>	Included

†SilverSneakers® is a wellness program owned and operated by Tivity Health, Inc., an independent company.

Tivity Health and SilverSneakers® are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BlueCross BlueShield of New Mexico

Blue Cross and Blue Shield of New Mexico complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of New Mexico does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of New Mexico:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of New Mexico has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960, Civilrightscoordinator@hcsc.net. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih 1-877-299-1008 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-299-1008 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-299-1008 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-299-1008 (TTY: 711)。

ملحوظ: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل رقم 1-877-299-1008 (رقم هاتف الصم والبكم: 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-299-1008 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-299-1008 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-299-1008 (TTY: 711) まで、お電話にてご連絡ください。

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-299-1008 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-299-1008 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

Звоните 1-877-299-1008 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-877-299-1008 (TTY: 711) पर कॉल करें।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی به صورت رایگان برای شما فراهم می باشد. با
1-877-299-1008 (TTY: 711) تماس بگیرید.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-299-1008

(TTY: 711).



**BlueCross BlueShield
of New Mexico**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-299-1008 (TTY: 711). We are open 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from February 15 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 15 de febrero al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

Out-of-network/non-contracted providers are under no obligation to treat Blue Cross and Blue Shield of New Mexico members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

You must continue to pay your Medicare Part B premium.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

PPO 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.