



BlueCross BlueShield
of New Mexico

2025 Summary of Benefits

Blue Cross MA Dual Care Plus Preferred (PPO DSNP)SM

January 1, 2025 – December 31, 2025

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."

Y0096_8634009SB25_M

485418.0924

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Customer Service representative at 1-877-688-1813 (TTY: 711). We are open 8:00 a.m. – 8:00 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 the weekends and holidays.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit getbluenm.com/dsnp or 1-877-688-1813 (TTY: 711) to request a copy of the EOC.
- ☐ Review the *Provider Finder* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2026.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

1

SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

The benefit information provided is a summary of what we cover and what you pay. It does not 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." You can also see the Evidence of Coverage on our website, getbluenm.com/dsnp.

You have choices about how to get your Medicare benefits

- 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 MA Dual Care Plus Preferred (PPO DSNP)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)** covers and what you pay.

- 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 <https://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 <https://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

- Things to Know About **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)**.
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services.
- Covered Medical and Hospital Benefits.
- Prescription Drug Benefits.

This document is available in other formats such as Braille, large print or audio.

This document may be available in a non-English language. For additional information, call us at 1-877-688-1813 (TTY: 711).

Things to Know About Blue Cross MA Dual Care Plus Preferred (PPO DSNP)

Hours of Operation & Contact Information

- From October 1 to March 31 we're open 8 a.m. – 8 p.m. Local Time, 7 days a week.
- From April 1 to September 30, we're 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.
- If you are a member of this plan, call us at 1-877-688-1813, (TTY: 711).
- If you are not a member of this plan, call us at 1-877-213-1817, (TTY: 711).
- Our website: getbluenm.com/dsnp.

Who can join?

To join **Blue Cross MA Dual Care Plus Preferred (PPO DSNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and you must live in our service area and receive any level of assistance from the New Mexico Medicaid. If you receive both Medicare and Medicaid benefits, this means you are a dual-eligible beneficiary. Our service area includes these counties in New Mexico: Bernalillo, Catron, Chaves, Cibola, Curry, Dona Ana, Eddy, Grant, Guadalupe, Harding, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance and Valencia.

Blue Cross MA Dual Care Plus Preferred (PPO DSNP) may enroll dual-eligibles who are [SLMB](#), [QMB](#), [FBDE](#), [QI](#) and [QDWI](#).

Which doctors, hospitals, and pharmacies can I use?

Blue Cross MA Dual Care Plus Preferred (PPO DSNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

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

You can see our plan's *Provider Finder* and *Pharmacy Directory* at our website (getbluenm.com/dsnp).

Or, call us at 1-877-688-1813 (TTY: 711) and we will send you a copy of the *Provider Directory* and *Pharmacy Directory*.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more. Some of the extra benefits are outlined in this booklet.

We cover Part D drugs. In addition, we cover Part B drugs including chemotherapy and some drugs administered by your provider.

- You can see the complete plan *Formulary* (list of Part D prescription drugs) and any restrictions on our website, getbluenm.com/dsnp.
- Or, call us at 1-877-688-1813 (TTY: 711) and we will send you a copy of the *Formulary*.

How will I determine my drug costs?

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 and Catastrophic Coverage.

If you have any questions about this plan's benefits or costs, please contact Blue Cross and Blue Shield of New Mexico

2

SECTION II - SUMMARY OF BENEFITS

Blue Cross MA Dual Care Plus Preferred (PPO DSNP)

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

Monthly Plan Premium	You pay \$0 - \$15.80 per month. In addition, you must keep paying your Medicare Part B premium.
Part B Premium Buy-down (if applicable)	\$0.40
Deductible	\$0 or \$248
Maximum Out-of-Pocket Responsibility	<p>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.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> • \$9,350 for services you receive from in-network providers. • \$14,000 for services you receive from out-of-network providers. • \$14,000 for services you receive from in and out-of-network providers combined.

COVERED MEDICAL AND HOSPITAL BENEFITS

Inpatient Hospital	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2024 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$0 or \$1,632 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$408 copay per day for days 61-90 • \$0 or \$816 copay per day for each benefit period (up to 60 days over your lifetime) <p>These amounts may change for 2025.</p>
---------------------------	--

	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>
Outpatient Hospital	<p><u>In-Network:</u></p> <p>0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>40% of the total cost.</p>
Ambulatory Surgical Center	<p><u>In-Network:</u></p> <p>0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>40% of the total cost.</p>
Doctor's Office Visits	<p><u>In-Network:</u></p> <p>Primary care physician visit: 0% or 20% of the total cost.</p> <p>Specialist visit: 0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>Primary care physician visit: 40% of the total cost.</p> <p>Specialist visit: 40% of the total cost.</p>
Preventive Care (e.g., flu vaccine, diabetic screenings)	<p><u>In-Network:</u></p> <p>\$0 copay for all preventive services covered under Original Medicare at zero cost sharing.</p> <p><u>Out-of-Network:</u></p> <p>40% of the total cost for all preventive services covered under Original Medicare at zero cost sharing.</p> <p>Other preventive services are available. There are some covered services that have a cost. Please reference EOC for more detail.</p> <p>Important Message About What You Pay for Vaccines</p> <p>Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.</p>
Emergency Care	<p>0% or 20% of the total cost up to \$110 per visit.</p>

	Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital" section of this booklet for other costs.
Urgently Needed Services	0% or 20% of the total cost up to \$45 per visit.
Diagnostic Services / Labs/ Imaging	<p><u>In-Network:</u></p> <p>Diagnostic tests and procedures: 0% of the total cost.</p> <p>Lab services: 0% of the total cost.</p> <p>Diagnostic Radiology Services (such as MRIs, CT scans): 0% or 20% of the total cost.</p> <p>X-rays: 0% or 20% of the total cost.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>Diagnostic tests and procedures: 40% of the total cost.</p> <p>Lab services: 40% of the total cost.</p> <p>Diagnostic Radiology Services (such as MRIs, CT scans): 40% of the total cost.</p> <p>X-rays: 40% of the total cost.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): 40% of the total cost.</p>
Hearing Services	<p><u>In-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: 0% or 20% of the total cost.</p> <p>Routine hearing exam (1 every year): \$0 copay.</p> <p>Hearing aid fitting/evaluation: \$0 copay</p> <p>Purchase includes unlimited provider visits for fitting and adjustments within 12 months of purchase of hearing aids.</p> <p><u>Out-of-Network:</u></p> <p>Exam to diagnose and treat hearing and balance issues: 40% of the total cost.</p> <p><u>In-Network and Out-of-Network:</u></p> <p>There is a \$2,000 maximum plan coverage limit for hearing aids (both ears combined) purchased every year.</p>

<p>Dental Services</p>	<p><u>In-Network:</u></p> <p>Medicare-covered: 0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>Medicare-covered: 40% of the total cost.</p> <p><u>In-Network and Out-of-Network:</u></p> <p>Preventive dental services:</p> <ul style="list-style-type: none"> • Oral exam (2 every year): \$0 copay. • Cleaning (2 every year): \$0 copay. • Dental X-ray (1 every year): \$0 copay. <p>Comprehensive dental services:</p> <ul style="list-style-type: none"> • \$4,000 annual maximum coverage. For more details on benefits and benefit limitations regarding your dental coverage, please see your Evidence of Coverage.
<p>Vision Services</p>	<p><u>In-Network:</u></p> <p><u>Medicare-covered:</u></p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 0% or 20% of the total cost • Eyeglasses or contact lenses after cataract surgery: 0% or 20% of the total cost <p><u>Routine Vision:</u></p> <ul style="list-style-type: none"> • Routine eye exam (1 every year): \$0 copay • Eyewear allowance maximum amount (annual): \$0 copay • \$250 Annual eyewear allowance maximum (Eyewear includes: frames, lenses, and contact lenses). <p><u>Out-of-Network:</u></p> <p><u>Medicare-covered:</u></p> <ul style="list-style-type: none"> • Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): 40% of the total cost for an eye exam; 40% of the total cost for one vision specialist exam. • Eyeglasses or contact lenses after cataract surgery: 40% of the total cost <p><u>Routine Vision:</u></p> <ul style="list-style-type: none"> • Routine eye exam (1 every year): \$0 copay

	<ul style="list-style-type: none"> • Eyewear allowance maximum amount (annual): \$0 copay • \$250 Annual eyewear allowance maximum (Eyewear includes: frames, lenses, and contact lenses).
Mental Health Services	<p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2024, the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$0 or \$1,632 deductible for each benefit period; \$0 copay per day for days 1-60; \$0 or \$408 copay per day for days 61-90 • \$0 or \$816 copay per day for each benefit period (up to 60 days over your lifetime) <p>These amounts may change for 2025.</p> <p><u>In-Network:</u></p> <p>Outpatient group therapy visit: 0% or 20% of the total cost.</p> <p>Outpatient Individual therapy visit: 0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>Outpatient group therapy visit: 40% of the total cost.</p> <p>Outpatient Individual therapy visit: 40% of the total cost.</p>
Skilled Nursing Facility (SNF)	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>In 2024 the amounts for each benefit period are \$0 or:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1-20; \$204 copay per day for days 21-100. <p>These amounts may change for 2025</p> <p>Our plan covers up to 100 days in a SNF.</p>
Physical Therapy	<u>In-Network:</u>

	<p>0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>40% of the total cost.</p>
Outpatient Rehabilitation	<p><u>In-Network:</u></p> <p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 0% or 20% of the total cost.</p> <p>Occupational therapy visit: 0% or 20% of the total cost.</p> <p><u>Out-of-Network:</u></p> <p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): 40% of the total cost.</p> <p>Occupational therapy visit: 40% of the total cost.</p>
Ambulance	<p>Ground Ambulance: 0% or 20% of the total cost for each one-way trip.</p> <p>Air Ambulance: 0% or 20% of the total cost for each one-way trip.</p>
Transportation	<p>\$0 copay.</p> <p>30 one-way trips every year to plan-approved locations.</p>
Medicare Part B Drugs	<p><u>In-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 20% of the total cost.</p> <p>For other Part B drugs: 20% of the total cost.</p> <p>For Part B Insulin Drugs: 20% of the total cost with a maximum copay amount per month of \$35.</p> <p><u>Out-of-Network:</u></p> <p>For Part B drugs such as chemotherapy drugs: 40% of the total cost.</p> <p>Other Part B drugs: 40% of the total cost.</p> <p>For Part B Insulin Drugs: 40% of the total cost with a maximum copay amount per month of \$35.</p>

PRESCRIPTION DRUG BENEFITS

Deductible	<p>If you receive Extra Help, you do not have a prescription drug deductible.</p> <p>If you do not receive Extra Help, your deductible is \$590 per year for Part D prescription drugs.</p> <p>Important Message About What You Pay for Insulin</p> <p>If you do not receive Extra Help, 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, even if you haven't paid your deductible.</p>
Initial Coverage	<p>If you receive Extra Help, you pay the following for covered Part D drugs, depending on your income and institutional status:</p> <p>Generic Drugs (including brand drugs treated as generic):</p> <ul style="list-style-type: none"> You pay \$0 copay; or \$1.60 copay; or \$4.90 copay <p>Other Drugs</p> <ul style="list-style-type: none"> You pay \$0 copay; or \$4.80 copay; or \$12.15 copay <p>If you do not receive Extra Help, you pay 25% coinsurance for all covered Part D drugs until your yearly out-of-pocket drug costs reach \$2,000 at which time you will leave the Initial Coverage stage and enter the Catastrophic Coverage stage.</p> <p>If you reside in a long-term facility, you pay the same as at a standard retail pharmacy.</p> <p>We cover prescriptions filled at out-of-network pharmacies in only limited situations.</p>
Catastrophic Coverage	<p>Depending on your income and institutional status, after your yearly out-of-pocket drug costs reach \$2,000, you pay nothing for covered Part D drugs.</p>

**Additional
Member
Benefits**

Blue Cross MA Dual Care Plus Preferred (PPO DSNP)SM

<p>Acupuncture for Chronic Low Back Pain</p>	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
<p>Chiropractic Care</p>	<p>Medicare-covered manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)</p> <p><u>In-Network:</u></p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
<p>Diabetes Supplies and Services</p> <ul style="list-style-type: none"> - Diabetes Monitoring Supplies - Diabetes self-management training - Therapeutic shoes or inserts 	<p><u>In-Network:</u></p> <p>Diabetes monitoring supplies</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p>Diabetes self-management training</p> <ul style="list-style-type: none"> • \$0 copay <p>Therapeutic shoes or inserts</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <p>Diabetes monitoring supplies</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p>Diabetes self-management training</p> <ul style="list-style-type: none"> • 40% of the total cost <p>Therapeutic shoes or inserts</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost
<p>Durable Medical Equipment</p>	<p><u>In-Network:</u></p>

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM
<i>(wheelchairs, oxygen, etc.)</i>	<ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 20% of the total cost
Wellness Programs	<p>\$0 copay for SilverSneakers^{®†} Fitness Program</p> <p>SilverSneakers can help you live a healthier, more active life through fitness and social connection. You are covered for a fitness benefit through SilverSneakers online and at participating locations¹</p> <p>¹ You have access to a nationwide network of participating locations where you can take classes.</p> <p>[†]SilverSneakers is a registered trademark of Tivity Health, Inc. © 2023 Tivity Health, Inc. All rights reserved.</p>
Flexible Spending Card	<p>\$1,000 annual Dental, Vision, Hearing benefit:</p> <p>The flexible spending card is a preloaded debit card that can be used to help with out-of-pocket expenses at your dental, vision and hearing providers.</p> <p>\$335/every quarter Over-the-Counter (OTC) Items¹:</p> <p>The flexible spending card is a preloaded debit card that includes a separate quarterly benefit for approved over-the-counter health and wellness items at participating retail locations or for home delivery through our OTC catalog.</p> <p>¹SSBCI approved members: Qualifying members have access to Dietitian and Nutrition counseling through our supplemental benefit vendor. In addition, members have the ability to use up to \$100 per quarter on groceries from the OTC benefit.</p> <p>All funds expire at the end of the plan year, or when you leave the plan. Please see your Evidence of Coverage for details.</p>
Foot Care <i>(podiatry services)</i>	<p>Medicare-covered foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p> <p><u>In-Network:</u></p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
Home Health Care	<u>In-Network:</u>

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM
	<ul style="list-style-type: none"> • \$0 copay <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
Opioid Treatment Program Services	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • 0% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
Outpatient Substance Abuse Services	<p><u>In-Network:</u></p> <p>Group therapy visit</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p>Individual therapy visit</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <p>Group therapy visit</p> <ul style="list-style-type: none"> • 40% of the total cost <p>Individual therapy visit</p> <ul style="list-style-type: none"> • 40% of the total cost
Over-the-Counter Items	<p>\$335 quarterly allowance on a preloaded debit card that can be used for approved over-the-counter health and wellness items at participating retail locations or for home delivery through our OTC catalog. Unused quarterly allowance amounts roll over to the next quarter. All funds expire at the end of the plan year, or when you leave the plan.</p> <p>Please see your Evidence of Coverage for details.</p>
Prosthetic Devices (braces, artificial limbs, etc.)	<p><u>In-Network:</u></p> <p>Prosthetic devices</p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p>Related medical supplies</p>

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM
	<ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <p>Prosthetic devices</p> <ul style="list-style-type: none"> • 20% of the total cost <p>Related medical supplies</p> <ul style="list-style-type: none"> • 20% of the total cost
Special Supplemental Benefits for Chronically Ill (SSBCI)	<p>\$0 Copay for Nutrition & Dietitian Support</p> <p>\$100/every quarter Grocery benefit</p> <p>The Plan will determine your eligibility for this benefit. Qualified members will be identified and informed of eligibility. Qualified members who have approved chronic conditions cardiovascular disorders, chronic heart failure, diabetes, and stroke will have access to Dietitian and Nutrition counseling through our supplemental benefit vendor, in addition, the ability to use up to a \$100 per quarter on groceries from your OTC benefit.</p> <p>See the Flexible Spending Card benefit for additional details.</p> <p>The benefits mentioned are Special Supplemental Benefits for the chronically ill (SSBCI). To be eligible for SSBCI benefits, you must have one or more of the following chronic conditions: cardiovascular disorders, chronic heart failure, diabetes, and stroke.</p> <p>Note that even if you have one or more of the listed chronic conditions, you are not guaranteed access to SSBCI benefits because other eligibility and coverage criteria also apply. Contact us to confirm eligibility for this benefit.</p>
Meals	<p>Eligible members will receive 2 meals a day for 14 days. Unlimited occurrences annually, after an inpatient stay.</p>
Renal Dialysis	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • 0% or 20% of the total cost <p><u>Out-of-Network:</u></p> <ul style="list-style-type: none"> • 40% of the total cost
Telehealth Services	<ul style="list-style-type: none"> • \$0 copay for urgent care visits through MDLive

Additional Member Benefits	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the total costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

New Mexico MEDICAID BENEFITS

New Mexico MEDICAID ELIGIBLE MEMBERS

A person who is eligible for both Medicare and Medicaid, and is enrolled in the Blue Cross and Blue Shield of New Mexico Medicaid plan, may enroll in the Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan for their Medicare services.

The benefits described below are covered by Medicaid. The benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits are covered by Medicare. For each benefit listed below, you can see what Turquoise Care (Medicaid) covers and what this Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

COST-SHARE/COPAYMENT INFORMATION

In the Blue Cross MA Dual Care Plus Preferred (PPO DSNP) plan, the member receives Medicare cost-sharing assistance from the state Medicaid program. Coverage of the benefits described below depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Blue Cross MA Dual Care Plus Preferred (PPO DSNP) will cover the benefits described in the Covered Medical and Hospital Benefits section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to call: 1-877-688-1813 (TTY users should call 711). The Medicaid eligibility categories and amount of member cost-sharing are listed below:

IF YOU ARE A QUALIFIED MEDICARE BENEFICIARY (QMB)

You are entitled to payment of Medicare premiums as well as the deductible and coinsurance amounts on Medicare-covered services. To be eligible, you must already have, or be conditionally eligible for Medicare Part A (Hospital Insurance). Medicaid will pay your Medicare premiums, deductibles, and co-insurance charges on Medicare covered services only.

IF YOU ARE A SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES (SLMB)/QUALIFIED INDIVIDUALS (QI1)

You are entitled to payment of your Medicare Part B premiums. For SLMBs, your income must be below 120% of the Federal Poverty Level Guidelines and for QI1's, your income must be between 120-135% of the Federal Poverty Level Guidelines. You must be enrolled in Medicare Part A. Medicaid does not pay the Medicare Part A premium. Since payment of the Medicare Part B premium is the only benefit, no Medicaid card is issued.

IF YOU ARE A QUALIFIED WORKING DISABLED INDIVIDUALS (QWDI)

For a QWDI, Medicaid coverage is limited to payment of the Medicare Part A premium. No Medicaid card is issued.

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
Acupuncture	<ul style="list-style-type: none"> Not Covered 	<ul style="list-style-type: none"> Coverage is limited to Medicare-covered acupuncture for chronic low back pain
Ambulance	If an emergency occurs, there is no need to call BCBSNM before going or calling 911 for emergency ambulance services. In an emergency, you do not have to worry about whether or not the ambulance is in the Blue Cross of New Mexico network.	<ul style="list-style-type: none"> Covered
Chemotherapy and Radiation Therapy	<ul style="list-style-type: none"> Is covered and prior authorization is required. 	<ul style="list-style-type: none"> Covered
Chiropractic Care	<ul style="list-style-type: none"> Not Covered 	<ul style="list-style-type: none"> Covered
Dental Services	Services for eligible members are covered through a program administered by DentaQuest. One complete oral exam every 12 months all ages. Emergency dental care is available	<ul style="list-style-type: none"> Covered
Diabetes Supplies and Services	Includes coverage for test strips, lancets, and screening tests	<ul style="list-style-type: none"> Covered
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may be different if received in an outpatient surgery setting)*	<ul style="list-style-type: none"> Laboratory, X-ray, EKGs, medical imaging services and other diagnostics tests dependent on exact services. PET, MRA, MRI and CT scans are covered and require prior authorization. 	<ul style="list-style-type: none"> Covered
Doctor's Office Visits	<ul style="list-style-type: none"> Office visits to PCPs or specialists, including dietitians, nurse practitioners, and physician assistants. 	<ul style="list-style-type: none"> Covered
Durable Medical Equipment	Medical supplies; durable medical equipment.	<ul style="list-style-type: none"> Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
(wheelchairs, oxygen, etc.)	All medical supplies costing \$1,500 or more require prior authorization. Please call customer service and speak with a Care Coordinator/Case Manager for more information. Prior authorization is required.	
Emergency Care	<ul style="list-style-type: none"> Ground and air ambulance are covered. Air ambulance requires prior authorization. 	<ul style="list-style-type: none"> Covered
Foot Care (podiatry services)	<ul style="list-style-type: none"> Podiatry (foot and ankle services require prior authorization). 	<ul style="list-style-type: none"> Covered
Hearing Services	<ul style="list-style-type: none"> Hearing services are covered and require prior authorization. 	<ul style="list-style-type: none"> Covered
Home Health Care	<ul style="list-style-type: none"> Home health care and intravenous services are covered and require prior authorization. 	<ul style="list-style-type: none"> Covered
Behavioral Health Care	<ul style="list-style-type: none"> Inpatient professional services, hospital outpatient services, evaluations, assessments, counseling, applies to all ages with no prior authorization. Psychiatric Inpatient hospital services applies to all ages and requires prior authorization. Partial hospitalization requires prior authorization. Therapy services, Psychological testing and comprehensive community support services are covered and services beyond core coverage may need prior authorization 	<ul style="list-style-type: none"> Covered
Outpatient Rehab	<ul style="list-style-type: none"> Outpatient rehab services are covered and require prior authorization. 	<ul style="list-style-type: none"> Covered
Outpatient Substance Abuse Services	Intensive outpatient services for substance abuse and Co-occurring Disorders applies to all ages with no prior authorization required.	<ul style="list-style-type: none"> Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
Outpatient Surgery	<ul style="list-style-type: none"> Minor surgeries dependent on exact service are covered. Surgery, including pre- and post-operative care dependent on surgery require prior authorization. Assistant Surgeon Anesthesiologist, Organ transplants; all transplants and pre-transplant evaluation require prior authorization. 	<ul style="list-style-type: none"> Covered
Special Rehabilitation Services	<ul style="list-style-type: none"> Special rehabilitation services such as Physical therapy, Occupational therapy, Speech therapy, Cardiac therapy, and Pulmonary rehabilitation are covered and require prior authorization. 	<ul style="list-style-type: none"> Covered
Over-the-Counter Items	<ul style="list-style-type: none"> Not Covered 	<ul style="list-style-type: none"> Covered
Prosthetic Devices (braces, artificial limbs, etc.)	Prosthetic coverage depends on the section number of the procedure code and prior authorization is required	<ul style="list-style-type: none"> Covered
Renal Dialysis	<ul style="list-style-type: none"> Dialysis services are covered and require prior notification. 	<ul style="list-style-type: none"> Covered
Transportation	<p>MotivCare* coordinates all non-emergency transportation for members, including food and lodging expenses when long distance travel is needed to get covered medical care. Rides to routine appointments mileage reimbursement, and mass transit are covered.</p> <p>*MotivCare Solutions, LLC, is an independent company that administers transportation services for Blue Cross of New Mexico.</p>	<ul style="list-style-type: none"> Covered
Urgently Needed Services	Urgent care is provided for sudden illnesses or injuries that are not life threatening at in-network Blue Cross of New Mexico facilities.	<ul style="list-style-type: none"> Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
Vision Services	Routine vision care, eyeglasses, and eye checkups are covered anytime and apply to all ages through a program administered by Davis Vision.	<ul style="list-style-type: none"> • Covered
Preventive Care	Preventive health care is for everyone and well-child visits from birth to age 21. Early and periodic Screening Diagnostic and treatment (EPSDT) services are provided to every Medicaid-eligible child from birth to age 21. Blue Cross of New Mexico will provide checkups and preventive services through providers. Other recommended health screenings include mammograms for women ages 40 through 69 every one or two years and both men and women age 50 should be screened for colon cancer. Routine PCP visits are covered as preventative measures.	<ul style="list-style-type: none"> • Covered
Second Opinions	Members may disagree with PCP or specialist, have concerns and need more information or treatment regarding illness. In these cases, the second opinion needs prior authorization	<ul style="list-style-type: none"> • Covered
Hospice	Hospice is covered with prior authorization.	<ul style="list-style-type: none"> • Covered
Pregnancy-Related and Maternity Services	Pregnancy-related and maternity services are covered	<ul style="list-style-type: none"> • Covered
Inpatient Hospital Care	Hospital services (inpatient, outpatient, is covered with prior authorization).	<ul style="list-style-type: none"> • Covered
School-Based Health Clinics	Covered services with no prior authorization required.	<ul style="list-style-type: none"> • Covered
Bariatric Surgery	Covered service with prior authorization required.	<ul style="list-style-type: none"> • Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
Skilled Nursing Facility (SNF)	Skilled nursing is covered with prior authorization required.	<ul style="list-style-type: none"> • Covered
Prescription Drug Benefits	The <i>Blue Cross of New Mexico Drug List</i> is a list of drugs that are covered.	<ul style="list-style-type: none"> • Covered
ADDITIONAL INFORMATION		
Alternative Benefit Plan	The Alternative Benefit Plan (ABP) is a part of the New Mexico Medicaid program. The ABP offers coverage for Medicaid-eligible adults ages 19-64 who have income up to 138% of the Federal Poverty Level (FPL).	<ul style="list-style-type: none"> • Not Covered
Value-Added Services	<p>In addition to covering the services required by state law, Blue Cross of New Mexico offers extra services to help keep you and your family healthy. Some services are not always available all year and may have additional limits and steps. Call Customer Service at 1-877-688-1813 (TTY: 711) for more details.</p> <p>Note: Services may change from year-to-year.</p>	See SilverSneakers † Fitness Program
Member Rewards	Every member of Blue Cross of New Mexico is able to enroll in the Turquoise Rewards Program. The Rewards Program allows you to earn "credits" by just taking part in certain healthy actions. To use your credits, enrollment is required. You can enroll at www.turquoiserewards.com or call Turquoise Rewards Wellness Services at 1-877-806-8964. Credits can be used by making choices from a catalog. You can order catalog items through a website or by calling Turquoise Rewards Wellness Services at 1-877-806-8964. Shipping costs will not	<ul style="list-style-type: none"> • Not Covered

	SUMMARY OF MEDICAID-COVERED BENEFITS January 1, 2025 – December 31, 2025	SUMMARY OF MEDICARE-COVERED BENEFITS January 1, 2025 – December 31, 2025
Some benefits may be covered based on health need. In these cases, you will need a Prior Approval from your state provider or a referral. Call 1-877-688-1813 (TTY: 711) to find out if a service needs a Prior Approval or a referral.		
Benefit	Turquoise Care (Medicaid)	Blue Cross MA Dual Care Plus Preferred (PPO DSNP) SM (See benefit details above)
	apply. You will get your Turquoise Rewards Program catalog when you earn your first credits.	

MEDICAID COVERED BENEFITS

Medical, behavioral health, and long-term care services are covered. Some categories of eligibility may also cover dental, vision, transportation, and prescription services. Additional Medicaid covered services may include:

- Preventive services
- Well-child visits
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services
- Medical/surgical services
- Family planning services
- Pregnancy-related and maternity services
- Prenatal care
- Urgent care services
- Emergency services
- Behavioral health benefits
- Prescription drug benefits
- Vision benefits
- Dental benefits
- Transportation benefits

MEDICAID LONG-TERM CARE SERVICES

Long-term care services for members who meet the Nursing Facility Level of Care (NFLOC) criteria are covered. Long-term care includes medical and nonmedical care for people who have disabilities or long-lasting illnesses. The member has to be in Agency-Based Community Benefit for 120 days before switching to Self-Directed Community Benefit.

The following services are covered for members who are eligible for the Self-Directed Community Benefit

- Behavior support consultation
- Customized community support
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Homemaker/Direct Support
- Nutritional counseling

MEDICAID AGENCY-BASED COMMUNITY BENEFIT

The following services are covered for members who meet NF LOC and select the Agency-Based Community Benefit (ABCB):

- Adult day health
- Assisted living
- Behavior support consultation
- Community transition services
- Emergency response
- Employment supports
- Environmental modifications
- Home health aide
- Nutritional Counseling
- Personal care services
- Private duty nursing for adults
- Respite
- Skilled maintenance therapy services

MEDICAID SELF-DIRECTED COMMUNITY BENEFIT

The Self-Directed Community Benefit (SDCB) is composed of certain home and community-based services available to eligible members. Self-direction gives you choices. It also gives you control over how the services are provided. You can choose who provides the services.

OTHER INSURANCE

If a Medicaid member has other medical or dental plan coverage, including Medicare, it is important that the member inform the Human Services Departments (HSD) Income Support Division (ISD) office. If the member does not know how to contact ISD, they should call the Medicaid Call Center at 1-888-997-2583 to get that information. The member should tell his or her provider about other insurance before any appointment.

The member should always show all insurance ID cards

- Private duty nursing for adults
- Related goods
- Respite
- Self-Directed Personal Care
- Skilled maintenance therapy services
- Specialized therapies
- Start Up Goods
- Transportation (non-medical)

IF YOU ARE A SLMB, QI1, OR QDWI BENEFICIARY:

Because Medicaid does not pay your cost-share, and you do not have full Medicaid benefits, your cost-share is typically 20%. There are a few exceptions such as preventive wellness exams and most supplemental benefits provided by Blue Cross Medicare Advantage Dual Care plus, where you will have a 0% cost-share.

when he or she sees a provider and/or goes to the hospital. The other insurance plan needs to be billed for the members health care services before Turquoise Care (Medicaid) can be billed. The member's Medicaid Managed Care Organization (MCO) will work with the other insurance plan on payment for these services. The only exception to this is if a member has Indian Health Service (IHS) coverage. Medicaid will pay before IHS does.

If a member has both Medicare and Medicaid, the member has more than one insurance coverage. Medicare is considered as the primary insurance and Medicaid is the secondary insurance. The members Medicaid benefits will not change the primary insurance benefits.

Medicaid Plan Notice:

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.

Such services are funded in part with the State of New Mexico.

Medicare Advantage Plan Notice:

Our service area includes these counties in New Mexico: Bernalillo, Catron, Chaves, Cibola, Curry, Dona Ana, Eddy, Grant, Guadalupe, Harding, Lincoln, Los Alamos, Luna, McKinley, Mora, Otero, Quay, Rio Arriba, Roosevelt, San Miguel, Sandoval, Santa Fe, Sierra, Socorro, Taos, Torrance and Valencia.

PPO Special Needs Plan provided by 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 and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plan depends on contract renewal.

Such services are funded in part with the State of New Mexico.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

DISCLAIMERS

This document is available in other alternate formats.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1813 (TTY: 711). Someone who speaks Spanish/Language can help you. This is a free service.

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-583-8129 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Blue Cross MA Dual Care Plus Preferred is a Local PPO plan with a Medicare contract. Enrollment in **Blue Cross MA Dual Care Plus Preferred** depends on contract renewal.

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 copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

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

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.

Health coverage is offered by Health Care Service Corporation.



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 a 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. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a 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/smartscreen/main.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

<https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

<https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-688-1813 (TTY/TDD: 711). Someone who speaks English/Language can help you. This is a free service.

Ata' halne'í bee áka'anída'awo'í nihee hólo áko nihi ats'íís át'éhígíí doodago azee' bíl ha'dít'éhí baaḥ na'idikid nee hóloqgo yee níl halne' dooleel. Ata' halne' jókeedgo, t'óó kohjì 1-877-688-1813 (TTY/TDD: 711) nihich'ì' hodiilnih. T'áá háíshíí Diné bizaad yee yálti'ígíí nika'iilyeedgo bíghah. Díí bee áka'aná'awo'í éí t'áá jiik'eh.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-688-1813 (TTY/TDD: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-688-1813 (TTY/ TDD: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-877-688-1813 (TTY/TDD: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-688-1813 (TTY/TDD: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-688-1813 (TTY/TDD: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-688-1813 (TTY/TDD: 711). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelman. Unsere Dolmetscher erreichen Sie unter 1-877-688-1813 (TTY/TDD: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-688-1813 (TTY/TDD: 711). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-688-1813 (TTY/TDD: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

TTY/) 1-877-688-1813- سيقوم شخصاً يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق -Arabic 711): بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY/TDD: 711).
:TDD

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-688-1813 (TTY/TDD: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-688-1813 (TTY/TDD: 711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-688-1813 (TTY/TDD: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-688-1813 (TTY/TDD: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-688-1813 (TTY/TDD: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-688-1813 (TTY/TDD: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Out-of-network/non-contracted providers are under no obligation to treat Blue Cross Medicare members, except in emergency situations. 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.

This information is not a complete description of benefits. Call 1-877-688-1813 (TTY: 711) for more information.

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.

Such services are funded in part with the State of New Mexico.

PPO Special Needs Plan provided by 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 and a contract with the New Mexico Medicaid program. Enrollment in HCSC's plan depends on contract renewal.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Premium, copays, coinsurance, and deductibles may vary based on the level of Extra Help you receive. Please contact the plan for further details.

THANK YOU

Connect with us

Contact Information: 1-877-688-1813, TTY: 711

Organization Name: Blue Cross and Blue Shield of New Mexico

Organization website: getbluenm.com/dsnp