

## **Tobacco Cessation Program**

## for Blue Cross Community Centennial<sup>™</sup> members

We all can use a little help sometimes. If you need help with quitting tobacco, Blue Cross and Blue Shield of New Mexico (BCBSNM) is here for you. We offer a tobacco cessation program at no cost to help you reach your health goals.

Do you want to look and feel healthier? Do you want to stop being a source of second-hand smoke? Do you want to have fresh smelling clothes? Begin the process to quit using tobacco today.

Let your health care provider know that you would like to quit. Talk to your provider about the best medication for you to take to quit using tobacco. The cost for the following products is covered by your Blue Cross Community Centennial health plan:\*

- Nicotine replacement products (gum, patches, inhalers, lozenges, and nasal sprays)
- Chantix
- Bupropion

A full list of covered tobacco cessation products can be found in the Blue Cross Community Centennial Drug List at bcbsnm.com/medicaid.

\*E-cigarettes and vaporizers are not covered tobacco cessation products.



After you decide on a medication, your health care provider's office will submit a prescription to the in-network pharmacy of your choice.

You may also request to participate in the tobacco cessation program. You can do so by calling 1-877-232-5518 (TTY: 711) or by talking with your Care Coordinator. When you participate in the program, a tobacco cessation program nurse will contact you. The nurse will provide support, advice, and education to you throughout the program. Tobacco cessation treatment may include counseling, prescription medications, and over-the-counter products.

**That's it!** We try to make this process as easy for you as possible. Take this flier to your provider and talk to him or her about ways to stop using tobacco TODAY!!

You may also call our Quit Line at **1-877-262-2674** (TTY: **711**).



Blue Cross Community Centennial<sup>™</sup>

bcbsnm.com/medicaid

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

This program does not replace your provider's care. Always talk to your provider about any health questions or concerns.

All providers referenced in this document are not employed by and are independent from BCBSNM.

This communication does not constitute medical advice or care and is in no way intended to substitute for clinical judgment in individual cases. Always talk to your provider about any health questions or concerns.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Benefits, formulary, pharmacy network, provider network, and/or copayments/coinsurance are subject to change.

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

## To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call 1-866-689-1523 (TTY/TDD: 711).

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:
  - o 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
  - o 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., 35<sup>th</sup> 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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dę́ę', t'áá jiik'eh, éí ná hóló, kojj' hódíílnih 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (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 1-855-710-6984 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6984-710-855-1 (رقم هاتف الصم والبكم:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (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 1-855-710-6984 (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。1-855-710-6984 (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 1-855-710-6984 (ATS: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

هجوت: رگاهب نابز سرافی و گتفگ می دینک، تلایهست نابزی هب تروص ناگیار اربی امشمهارف می دشاب. اب (TTY: 711) یا دیریگب.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-710-6984 (TTY: 711).