



Sandia National Laboratories

2025 Member Guide





Welcome

This guide will help you:

- Understand how the Total Health PPO and Health Savings Plans work
- Get the most from your **Blue Cross and Blue Shield of New Mexico** wellness programs
- Navigate the online tools at bcbsnm.com/sandia
- Find a health care provider in BCBSNM's **Blue Preferred NetworkSM** or PPO Network

Glossary of Health Plan Terms

Understanding health insurance isn't always easy. Here are some common terms that are helpful to understand.

Claim form: A form you may have to fill out and submit to your health insurance carrier for payment of benefits under that health care plan for non-contracted providers.

Coinsurance: A percentage of a covered charge that you are required to pay toward a service covered by your plan.

Deductible: A fixed amount of the eligible expenses you are required to pay before payment by your health plan begins.

HRA (Health Reimbursement Account): Funds from your employer that can be used toward your deductible and coinsurance.

Network: The group of doctors, hospitals, and other medical care professionals that a health care plan has contracted with to deliver medical services to its members.

Non-preferred (Out-of-Network) providers: A non-preferred provider does not have a preferred or PPO contract with Blue Cross and Blue Shield of New Mexico. For most benefits, after you've met the non-preferred provider deductible, you will pay a percentage of covered charges for services you receive from non-preferred providers.

Out-of-pocket limit: The maximum amount you have to pay for most or all expenses covered under your health care plan during a defined benefit period.

Provider Finder[®]: Provider Finder from Blue Cross and Blue Shield of New Mexico is an innovation for helping members select providers with meaningful quality ratings.

Questions regarding your benefits or claims?

BCBSNM has a dedicated customer representative, **Tina Tretta**, who can be reached at:
sandia@bcbsnm.com

Contact Tina Tretta to schedule a virtual or onsite appointment.



Understanding Total Health PPO

Total Health PPO has a Health Reimbursement Account established by your employer to help pay for your covered medical and prescription drug expenses and any qualified non-medical 213(d) services. Sandia also offers a Flexible Spending Account you can use for health care expenses and any qualified non-medical 213(d) services (irs.gov/pub/irs-pdf/p502.pdf). You contribute pre-tax dollars to your FSA each year.

The plan consists of two parts:

Health care coverage

- Comprehensive medical coverage with in- and out-of-network benefits
- Option of **Blue Preferred** Network in New Mexico
- Annual deductible and coinsurance provisions
- Out-of-pocket limit amount to protect you from the expense of possible catastrophic illness or injury

Health Reimbursement Account

- Funds from your HRA contribution can be used to pay for the deductible and coinsurance portion of your medical and prescription drug expenses and any qualified non-medical 213(d) services.
- Any unused amount in your HRA at the end of the plan year will be rolled over for use next year, up to the maximum listed in your Program Summary.

Total Health PPO Advantages

- You will pay the lowest deductible, coinsurance, and out-of-pocket limit if you choose a Blue Preferred Network Provider.
- You will pay less in coinsurance if you choose providers in the PPO network.
- Preventive care from doctors in the Blue Preferred Network or PPO network are covered at 100 percent and not subject to the deductible.
- The BlueCard® program gives you nationwide and worldwide access to providers who are contracted with Blue Cross and Blue Shield Plans.
- Online decision tools help increase your awareness and knowledge of health issues and help you keep track of your health care expenses.



How Total Health PPO Works

1. Your HRA helps pay for your health care expenses and any qualified non-medical 213(d) services.

- All medical payments apply toward your annual deductible and out-of-pocket maximum.
- Your annual deductible is the amount you need to pay before your medical plan begins to pay.

2. After your HRA funds are used up, you pay the rest of your deductible.

	Blue Preferred Network Tier 1	In-Network (PPO) Tier 2	Out-of-Network Tier 3
Annual Deductible (Blue Preferred Network and In-Network Deductibles DO Cross-Apply)			
Employee	\$550	\$800	\$2,250
Employee + Spouse* or Child(ren)	\$1,100	\$1,600	\$4,500
Employee + Family	\$1,650	\$2,400	\$6,750

3. After your deductible is met, you pay coinsurance.

- Once you have met your deductible, you and the medical plan share expenses. This is called coinsurance. Your share is 10 percent of eligible expenses for the Blue Preferred Network, 20 percent of eligible expenses for in-network, and 40 percent of eligible expenses for out-of-network.
- For your protection, there is a limit on how much you need to pay out of your own pocket. Once you reach the amounts shown below, you are covered at 100 percent of eligible expenses for the rest of the year.

	Blue Preferred Network Tier 1	In-Network (PPO) Tier 2	Out-of-Network Tier 3
Out-of-Pocket Limit (Including Deductible—Blue Preferred Network and In-Network Out-of-Pocket Limits DO Cross-Apply)			
Employee	\$2,250	\$3,000	\$7,500
Employee + Spouse* or Child(ren)	\$4,500	\$6,000	\$15,000
Employee + Family	\$6,750	\$9,000	\$22,500

For more information, please refer to the Sandia Total Health program summary.

* "Spouse" includes same-gender spouses legally married in jurisdictions that recognize their marriages.

Understanding Your Health Savings Plan

Like the Total Health PPO plan the Health Saving Plan offers direct open access to our Nationwide Network of providers. You have the flexibility and choice to utilize an in-network or out-of-network provider.

The Health Savings Plan is a qualified High Deductible Health Plan

- Same quality and services as the Total Health PPO Plan.
- Offers direct open access to our Nationwide Network of providers
- All costs go towards a higher annual deductible
- Both Tier 1 and Tier 2 networks provide preventive care benefits without having to meet the deductible

Your employer offers a Health Savings Account in place of the FSA/HRA offered on the Total Health PPO plan.

The plan consists of two parts:

Health care coverage

- Comprehensive medical coverage with in- and out-of-network benefits
- Option of Blue Preferred Network in New Mexico
- Annual deductible and coinsurance provisions
- Out-of-pocket limit amount to protect you from the expense of possible catastrophic illness or injury

Health Savings Account

- A Health Savings Account is a tax-exempt account established exclusively for the purpose of paying qualified medical expenses. You and Sandia contribute to it.
- You control the HSA. You decide how, when and where to spend your health care dollars. You and your covered family members can use the HSA to pay for qualified medical expenses such as routine doctor visits, prescriptions, over-the-counter medications and medical supplies, hospital stays, surgical procedures and lab tests. You can save the money in your account for future needs. You can even use the HSA to pay for deductibles and copayments.
- All of your unspent HSA funds roll over year after year with no maximum account balance. In addition, as with a retirement plan, you can add to your HSA account balance with investment earnings

Health Savings Plan Advantages

- **Affordability:** Lower your health insurance premiums.
- **Portability:** You keep the money in your HSA even if you switch health plans, change jobs or retire.
- **Possible tax breaks:** You pay no taxes on HSA contributions.
- **Wide provider network coverage:** With the Health Savings Plan, you will have access to the same provider network as the Total Health PPO plan.
- **Decision-making support:** You'll have access to various wellness programs, interactive online tools, care management programs and other resources to help you make the best health care decisions and spend your HSA dollars wisely.



How Health Savings Plan Works

1. Your HSA helps you set funds aside for future health care expenses.

- If you join the Health Savings Plan and choose not to contribute to (or are not eligible to contribute to) an HSA, you will not have an account to deposit those incentives into. To receive the incentives, you must enroll and contribute to the HSA.
- All medical payments apply toward your annual deductible and out-of-pocket maximum.

2. Your annual deductible is the amount you need to pay before your medical plan begins to pay.

Benefits	Blue Preferred Tier 1	In-Network PPO Tier 2	Out-of-Network Tier 3
Annual Deductible (includes prescription drugs) Blue Preferred and In-Network PPO Cross Apply			
Employee Only		\$1,650	\$3,250
Employee+Family		\$3,300	\$6,500

3. After your deductible is met, you pay coinsurance.

- Once you have met your deductible, you and the medical plan share expenses. This is called coinsurance. Your share is 10 percent of eligible expenses for the **Blue Preferred** Network, 20 percent of eligible expenses for in-network, and 40 percent of eligible expenses for out-of-network.
- For your protection, there is a limit on how much you need to pay out of your own pocket. Once you reach the amounts shown below, you are covered at 100 percent of eligible expenses for the rest of the year.

Benefits	Blue Preferred Tier 1	In-Network PPO Tier 2	Out-of-Network Tier 3
Annual Deductible (includes prescription drugs) Blue Preferred and In-Network PPO Cross Apply			
Employee Only		\$3,200	\$6,500
Employee+Family		\$9,200	\$19,500

Peace of Mind While Traveling

BlueCard® PPO Has You Covered

Use BlueCard PPO When You're Away from Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield Plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospitals and other health care providers throughout the country.

How BlueCard Works

1. Always carry your most current ID card from Blue Cross and Blue Shield of New Mexico.
2. When you're outside of your local service area and need health care, refer to your ID card and call [BlueCard Access at 800-810-BLUE \(2583\)](tel:800-810-BLUE) or visit the BlueCard Doctor and Hospital Finder at bcbs.com for information on the nearest PPO doctors and hospitals. In an emergency, go to the nearest hospital.
3. You are responsible for calling BCBSNM for precertification, when necessary. Refer to the precertification phone number on your ID card, which is different than the BlueCard Access number above.
4. When you arrive at the doctor's office or hospital, **present your ID card**, and the office or hospital staff will verify your membership and coverage information.
5. After you receive medical attention, your claim will be routed to BCBSNM for processing by the provider. All doctors and hospitals are paid directly, so you won't have any paperwork.
6. You should not have to pay up front for medical services, except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). BCBSNM will provide you with an Explanation of Benefits statement.



Get access to network providers when you're on the go:

- Freedom of choice: You can choose your provider. To receive the maximum benefits allowed under your health care plan though, choose contracted network providers whenever possible.
- Coast-to-coast care: Get access no matter where in the U.S. you travel.
- No paperwork or claims to file: When visiting a PPO provider, all you need to do is show your ID card.

Blue Access for MembersSM

Blue Access for Members, our member portal, offers you information on your health and health plan in one convenient location. To register for BAMSM, go to bcbsnm.com/sandia and select Register Now in the BAM log-in box. With your ID card handy, follow the on-screen registration instructions. Create a user name and password for instant and secure access to your personal information.

After logging in, from your personal home page you can:

- Check your claims, including payment status and amounts, and sort/print claim information
- Confirm who is covered under your plan
- Download and print various forms
- Locate a doctor or hospital in your plans' network using Provider Finder
- Request a new or replacement ID card and print a temporary card
- Email Customer Service

Provider Finder

How to locate a Blue Preferred or PPO Network Provider

Insight for important health care decisions

Provider Finder from Blue Cross and Blue Shield of New Mexico is an innovation for helping members select providers with meaningful quality ratings.

Use Provider Finder either online or from a mobile device to:

- Find a network primary care physician, specialist or hospital.
- Filter search results by doctor, specialty, ZIP code, language and gender—even get directions from Google Maps™.
- Determine if a Blue Distinction® Center for Specialty Care is an option for treatment.
- View patient feedback or add a provider review.
- Check the quality, certifications and recognitions for doctors.
- Make an appointment to consult with a provider in select geographic areas.

Text** [BCBSNMAPP to 33633](tel:33633) to get the app.

It's easy and immediate—and available at bcbsnm.com/sandia, or a mobile phone Web browser—for members and non-members.

BCBSNM App

Stay connected with BCBSNM and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbsil.com/mobile/text-messaging



Because Your Health Counts

It's Important to Know Where to Go When You Need Care

Sometimes it's easy to know when you should go to an emergency room, at other times, it's less clear. You have choices for receiving in-network care that will work with your schedule and also give you access to the kind of care you need. Know when to use each for non-emergency treatment.

Your Doctor's Office

Your own doctor may be the best place to go for non-emergency care, such as health exams, routine shots, colds, flu and minor injuries. Your doctor knows your health history, the medicine you take, your lifestyle, and can decide if you need tests or specialist care. Your doctor can also help you with care for a chronic health issue, such as asthma or diabetes.

Urgent/Immediate Care Clinic

These facilities can treat you for more serious health issues, such as when you need an X-ray or stitches. You will probably have a lower out-of-pocket cost than at a hospital ER and you may have a shorter wait.

Hospital Emergency Room

Any life-threatening or disabling health problem is a true emergency. You should go to the nearest hospital ER or call 911. When you use the ER for true emergencies, you help keep your out-of-pocket costs lower.



Need help deciding where to go for care?

Call the 24/7 Nurseline at **800-973-6329** for help identifying some options when you or a family member has a health problem or concern.

On hand 24 hours a day, seven days a week; bilingual nurses available.

Confused about where to go for care?

You have choices.

If you aren't having an emergency, deciding where to go for medical care may save you time and money. You have choices for where you get non-emergency care — what we call **SmartER Care**. Use this chart to help you figure out when to use each type of care.

When you use in-network providers for your family's health care, you usually pay less for care. Search for in-network providers in your area at bcbsnm.com or by calling the Customer Service number on your member ID card.



24/7 Nurseline

- Available 24 hours a day, seven days a week
- 24/7 Nurseline* can help you identify options when you or a family member have a health problem or concern
- Call **800-973-6329** to speak with a nurse
- At no additional cost as part of your health plan



Virtual Visits

- Available 24 hours a day, seven days a week
- Access to care for non-emergency medical issues whether you're at home or traveling from almost anywhere
- Access to an independently contracted, board-certified MDLIVE® doctor at **888-858-5074**, online at **MDLIVE.com/bcbsnm** or with the MDLIVE mobile app[‡]
- Average wait time is less than 20 minutes
- Powered by MDLIVE



Doctor's Office

- Office hours vary
- Generally the best place to go for non-emergency care
- Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- Average wait time is 18 minutes¹



Urgent Care Center

- Generally includes evenings, weekends and holidays
- Often used when your doctor's office is closed, and you don't consider it an emergency
- Average wait time is 16-24 minutes²
- Many have online and/or telephone check-in



Hospital Emergency Room

- Open 24 hours, seven days a week
- Average wait time is 35-49 minutes (variable)³
- If you receive emergency room (ER) care from an out-of-network provider, you may have to pay more
- Multiple bills for services such as doctors and facility



If you need emergency care, call 911 or seek help from any doctor or hospital immediately.

* 24/7 Nurseline is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

‡ Internet/Wi-Fi connection is needed for computer access. Data charges may apply.

¹ Vitals Annual Wait Time Report, 2017.

² Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.

³ National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.

Note: The relative costs described here are for independently contracted network providers. Your costs for out-of-network providers may be significantly higher. Wait times described are just estimates.

The information provided in this guide is not intended as medical advice, nor meant to be a substitute for the individual medical judgment of a doctor or other health care professional. Please check with your doctor for individualized advice on the information provided. Coverage may vary depending on your specific benefit plan and use of network providers. For questions, please call the number on the back of your member ID card.

High-quality primary care that's always available

Galileo is in-network with **Blue Cross and Blue Shield of New Mexico** employer group (Pre-Medicare) plans



How Galileo Works

- **Connect with real doctors anytime** via video or chat on the Galileo app (available in English & Spanish).
- **Get care for almost any health concern**, from everyday issues like acne and colds to ongoing conditions like anxiety and diabetes.
- **Prioritize your health** with an annual wellness visit over video.
- **Feel heard, not rushed.** Galileo providers take their time and listen to your questions and concerns.



“Your patient care and medical professionals always go above and beyond for me. They diagnose with accuracy. I'm so thankful for this service.”

–Galileo Member

With Galileo, you can get:

- 24/7/365 access to your care team
- Personalized care coordination
- Phone, text, and video-based care
- Quick prescriptions, labs and specialist referrals
- Multidisciplinary team & built-in second opinions
- Complex care & chronic condition management
- Virtual treatment for most conditions
- Annual wellness visits & preventive care
- Virtual urgent care



Enroll now:

Scan the QR code with your phone camera or visit: galileo.health/bcbsnm

Need help?

Call: (855) 648-8859

Email: support@galileohealth.com

Galileo is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide care and disease management, health information content, member health platform and tools, mental health administration/network and wellness for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

What is Hinge Health?

We provide members with personalized, expert-developed exercise therapy plans for lasting pain relief.

Is Hinge Health for me?

Whether a new injury or ongoing aches, Hinge Health is for anyone living with joint or muscle pain.

What does my program include?

- Unlimited access to your personalized exercises and stretches developed by physical therapists
- Convenient exercise sessions you can do any time, anywhere with the Hinge Health app
- Dedicated 1-on-1 support from a physical therapist and qualified health coach

Who is in my care team?

Your care team includes a physical therapist and qualified health coach. You can connect with them via text, email, phone call, or video chat to ask questions, set goals, and more.

How much does the program cost?

Hinge Health is available to eligible employees at no additional cost.

Who is eligible?

Employees and dependents 18+ enrolled in a medical plan through Sandia are eligible.



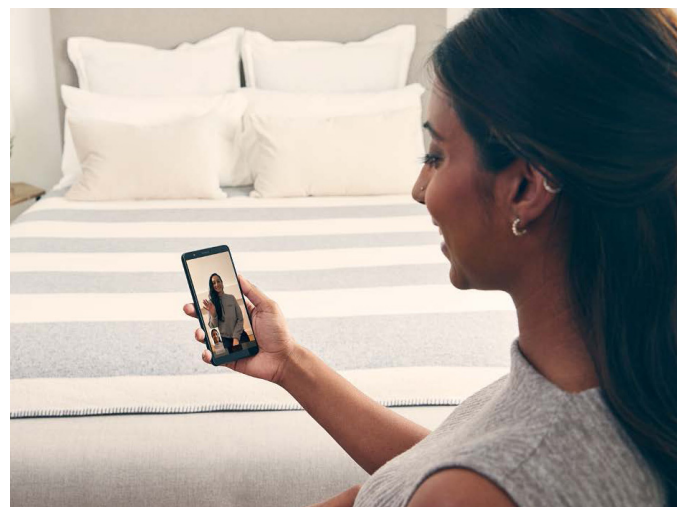
To learn more and apply, scan the QRcode or visit hinge.health/sandia

Questions? Call (855) 902-2777



Exercise therapy made easy

Your sessions are designed to be done in about 15 minutes or less.



Support from your care team

Get help to overcome pain, recover from an injury, prepare for surgery, and more.



Get to Know Your Employee Assistance Program

Find professional support when you need it for challenging life events.

ComPsych GuidanceResources is an Employee Assistance Program included as part of your health plan with Blue Cross and Blue Shield of New Mexico. You and your family members have access to a suite of EAP services — no copays or deductibles attached.



Connect with the EAP Today!

Don't be afraid to reach out for help. Your personal records are kept private from your employer, as required by law.

- Call: **844-244-7657**
- Online: **[guidanceresources.com](https://www.guidanceresources.com)**
- App: **GuidanceNow**
- Web ID: **NMEAP**



Make a Positive Change

Connect with a therapist for confidential emotional support. A trained mental health professional can counsel you through a variety of concerns, such as:

- Sadness, worry and stress
- Alcohol or drug use
- Grief, loss and personal struggles
- Personal relationship issues

Your EAP benefit includes a set amount of free therapy sessions per issue. Once you've used these free sessions, you can transition to your health plan benefits and keep seeing the same therapist in most cases.

Check Off Your To-dos

ComPsych GuidanceResources specialists can save you time by searching for local, professional services so you don't have to. They can help you find:

- Child, elder or pet care
- Movers or home repair services
- And much more

Have Your Legal Questions Answered

Talk to an attorney for help with legal questions, including:

- Divorce, adoption and family law
- Wills and trusts
- Landlord/tenant issues

Get Help with Your Finances

Financial experts can help with a wide range of money matters, including:

- Retirement planning or taxes
- Relocation, mortgages or insurance
- Budgeting, debt or bankruptcy

Access Online Tools 24/7

The ComPsych GuidanceResources website and mobile app provide information and support whenever you need it. Log on for:

- Articles, podcasts, videos and slideshows
- On-demand trainings
- "Ask the Expert" responses to your questions
- Other self-service tools



Virtual Visits: Get 24/7 Care, Anywhere

Call your doctor's office first. They also may offer telehealth consultations by phone or online video.

With Virtual Visits, the doctor is always in. Get 24/7 non-emergency care from a board-certified doctor by phone, online video or mobile app from the privacy and comfort of your own home.

Don't risk crowded waiting rooms, expensive urgent care or ER bills, or waiting weeks or more to see a doctor, when you can speak with a Virtual Visits doctor within minutes.

Virtual Visits, provided by **Blue Cross and Blue Shield of New Mexico** and powered by MDLIVE®, are a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Anxiety
- Depression
- Stress management
- And more

Virtual Visit doctors can even send an e-prescription to your local pharmacy.



Activate your MDLIVE account today:

- Call MDLIVE at 888-676-4204
- Text BCBSNM to 635-483
- Go to MDLIVE.com/bcbsnm
- Download the MDLIVE app

Virtual Visits may not be available on all plans. Non-emergency medical service in Montana and New Mexico is limited to interactive online video. Non-emergency medical service in Arkansas and Idaho is limited to interactive online video for initial consultation.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.



24/7 Nurseline

Nurses available anytime you need them

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Back pain
- Diabetes
- Dizziness or severe headaches
- High fever
- A baby's nonstop crying
- Cuts or burns
- Sore throat
- And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.



**Call the 24/7
Nurseline
with any
health questions.**

Toll-free:
800-973-6329

Hours of Operation:
Anytime



Prepare for Your Life-Changing Journey

Women’s and Family Health Pregnancy and Parenting Support

Whether you are pregnant or planning to get pregnant, you should prepare as much as you can. Blue Cross and Blue Shield of New Mexico has tools to help you – at no extra cost to you.

- **Ovia Health™** apps are for tracking your cycle, pregnancy and baby’s growth. The apps are available in English and Spanish*, and provide videos, tips, coaching and more.
 - **Ovia Fertility:** Track your cycle and predict when you are more likely to get pregnant.
 - **Ovia Pregnancy:** Monitor your pregnancy and baby’s growth week by week leading up to your baby’s due date.
 - **Ovia Parenting:** Keep up with your child’s growth and milestones from birth through three years old.
- **Well onTarget®** has self-guided courses about pregnancy that you can take online, covering topics such as healthy foods, body changes and labor.

Plus, if your pregnancy is high-risk, BCBSNM will provide support from maternity specialists to help you care for yourself and your baby. Having a baby changes everything, so use these tools to help you get ready.



Download any of the Ovia Health apps from the Apple App Store or Google Play. During sign-up, make sure to choose “I have Ovia Health as a benefit.” Then select BCBSNM as your health plan and enter your employer name. Also, visit wellontarget.com to explore our online courses.

Please call **888-421-7781** if you have questions or want to learn more.

†Ovia Health is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide maternity and family benefits solutions for members with coverage through BCBSNM.

*To access the Spanish version of the Ovia Fertility, Ovia Pregnancy and Ovia Parenting apps, you must select “Español” as the language preference in your mobile phone or device settings.



Experience Wellness Your Way

Well onTarget gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of inviting programs and tools.

- **Health Assessment (HA)²:** The HA poses questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. You can share this report with your health care provider.
- **Self-Management Programs:** These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points^{SM, 1}

Start experiencing the wellness portal today. Go to wellontarget.com.

Make Your Fitness Program Membership Work for You!

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a BCBSNM member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at whlchoices.com.
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to bcbsnm.com and log in to Blue Access for Members.
2. Under "Quick Links," choose "Fitness Program." On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click "Enroll Now." Then search and select the fitness location that is best for you. Remember, you can visit any participating fitness location in your plan after you sign up.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size†	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between this vendor and BCBSNM is that of independent contractors.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

Retrain Your Brain



See how much better life can feel with digital mental health programs from Learn to Live.¹

More than half of people will struggle with a mental health concern at some point in their lives.² But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use

Get a mental health tune-up — online



Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.



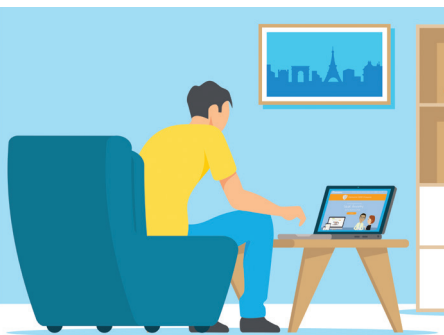
An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.



Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.



Check out the programs included at no added cost through your plan at Blue Cross and Blue Shield of New Mexico:

1. Log in at **bcbsnm.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

2. <https://www.cdc.gov/mentalhealth/learn/index.htm>

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of New Mexico.

Digital Self-Management Programs May Help You Develop a Healthier Lifestyle

With Well onTarget's Digital Self-Management programs, you'll get tips and techniques, and the resources you'll need to help support your wellness goals.

Take Action to Improve Your Health: BCBSNM invites members to take an active role in improving their health with free, customized programs designed to help members succeed in creating a healthier lifestyle. For more information visit bcbsnm.com/sandia.

Our Digital Self-management programs consist of:

1. Interactive courses with learning activities and content that focuses on behavioral changes to reinforce healthier habits.
2. Educational courses that inform about symptoms, treatment options and lifestyle changes.
These two learning methods allow you to study on your own time and may help you get to the next level of wellness.

Earn Blue Points

You can earn 1,000 Blue Points once per quarter when you complete a digital self-management program. You may redeem points in our expanded online shopping mall for merchandise.

Easy to Learn

Interactive and educational courses are developed in an easy-to-learn format. Course content addresses topics that are preventive in nature and based on recommendations from the Centers for Disease Control and Prevention; Academy of Nutrition and Dietetics; National Heart, Lung and Blood Institute's Obesity Education Initiative and Physical Activity Guidelines put forth by the U.S. Department of Health and Human Services. A certificate of completion is available upon successful completion of any course.

Easy to Access

The courses are easy to access through the Well onTarget Member Wellness Portal at wellontarget.com. You can also use the Well onTarget mobile app, AlwaysOn,** to register for the Digital Self-Management programs.

** AlwaysOn is provided by OnLife Health, an independent company that offers Wellness Management Solutions. OnLife is solely responsible for the programs, products and services that it provides.

Courses Offered

Some courses are interactive and you can create daily habits to track as part of the program. Midpoint and final assessments to check the effectiveness of the daily habits may help you progress toward your goals.

Other courses are educational, with information about symptoms, causes, available treatment options and lifestyle changes. Each day you'll find an additional resource such as a video, article, podcast or links to external communities and resources.

Interactive Courses

- Managing Your Stress
- Quitting Tobacco Use
- Achieving Your Healthy Weight
- Maintaining Your Healthy Weight
- Improving Your Nutrition
- Enhancing Your Physical Activity
- Improving Your Blood Pressure
- Improving Your Oral Health
- Improving Your Sleep Health
- Managing Your Diabetes
- Improving Your Cholesterol
- Staying Tobacco Free

Educational Courses

- Managing Your Metabolic Syndrome
- Reducing Your Risk: Preventive Health
- Diabetes Prevention
- Managing Your Asthma
- Managing Your Chronic Obstructive Pulmonary Disease
- Managing Your Congestive Heart Failure
- Managing Your Coronary Artery Disease
- Nurturing Your Healthy Pregnancy (Five Programs: Pre-pregnancy, First Trimester, Second Trimester, Third Trimester, Post Pregnancy)





Blue365[®]

A Discount Program for You

Blue365 is just one more advantage you have by being a member of Blue Cross and Blue Shield of New Mexico. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsnm, weekly “Featured Deals” will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed | Davis Vision

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing[®] | Beltone[™] | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem[®]

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of healthcare experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 20% off a monthly plan on any Live Online Personal Training.

eMindful

Get a 25% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.



See all the Blue365 deals
and learn more at blue365deals.com/bcbsnm.

The relationship between these vendors and Blue Cross and Blue Shield of New Mexico is that of independent contractors.

* Dental Solutions requires a \$9.95 sign up and \$6 monthly fee.

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

Adult Wellness Guidelines

Making Preventive Care a Priority



Adult Health – for ages 19 and over

Preventive care is very important for adults. By making good, basic health choices, women and men can boost their health and well-being. Some of these positive choices include:

- Eat a healthy diet
- Get regular exercise
- Don't use tobacco
- Limit alcohol use
- Strive for a healthy weight

Screenings	
Weight	Every visit or at least annually
Body Mass Index (BMI)	Every visit or at least annually
Blood Pressure (BP)	Every visit or at least annually
Cholesterol	Adults 40 to 75 years of age should be screened; or adults 20 to 39 years old who have risk for coronary heart disease. Talk with your health care provider* about the starting and frequency of screening that is best for you.
Colon Cancer Screening	Adults age 45-75 for colorectal cancer using: Guaiac Fecal Occult Blood Test (gFOBT) annually or; Fecal Immunochemical Testing (FIT) annually or; Fecal Immunochemical Testing (FIT)-DNA every 1-3 years or; Flexible sigmoidoscopy every 5 years or; Flexible sigmoidoscopy every 10 years with FIT annually or; Colonoscopy every 10 years or; CT Colonography every 5 years.** The risks and benefits of different screening methods vary. For details about pharmacy benefit coverage, call the number on the back of your member ID card.
Diabetes Screening	Those with high blood pressure should be screened. Those who are overweight or have cardiovascular risk factors should be screened. All others should be screened starting at age 45.**
Hepatitis C (HCV) Screening	Once for adults age 19-79. Most adults need to be screened only once. Persons with continued risk for HCV infection, such as persons who inject drugs, should be screened periodically.
HIV Screening	Adults ages 19 to 65, older adults at increased risk and all pregnant women should be screened. Those 26-45 years of age, should discuss their options with their health care provider.

* A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

** Recommendations may vary. Discuss the start and frequency of screenings with your health care provider, especially if you are at increased risk.

Adult Health

Men and women are encouraged to get care as needed, make smart choices and make regular screenings a priority. Following a healthy lifestyle and getting recommended preventive care services is a game plan for better overall health.

Discussing recommended preventive care services, screenings and immunizations with your health care provider is a step in the right direction to win at wellness.

Immunizations (Vaccines)	
Tetanus Diphtheria Pertussis (Td/Tdap)	Td or Tdap booster every 10 years.
Influenza (Flu)	Yearly
Human Papillomavirus (HPV)	All Adults age 19-26, 2 or 3 doses depending on age at time of initial vaccination if not already given.** Those 27-45 should discuss options with their health care provider.
Herpes Zoster (Shingles)	Two doses of RZV starting at age 50, or one dose of ZVL at age 60 or over. Discuss your options with your health care provider.*
Hepatitis B (Hep B)	2, 3, or 4 doses depending on vaccine or condition beginning at age 19-59. Discuss your options with your health care provider.*
Varicella (Chicken Pox)	2 doses beginning at age 50
Pneumococcal (Pneumonia)	Ages 65 and over, one dose of PCV 15 followed by PPSV 23 OR one dose of PCV 20. Discuss your options with your health care provider.*
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults born in 1957 or later who have no evidence of immunity
COVID-19 Vaccine	The CDC recommends adults get the COVID-19 vaccine. Talk to your health care provider or pharmacist about the COVID-19 vaccine and when you should get it.
Respiratory Syncytial Virus (RSV)	Those aged 60 to 74 at increased risk of severe RSV and everyone 75 and older should receive an RSV shot.
Women's Recommendations	
Mammogram	At least every 2 years for women ages 40 to 74.
Cervical Cancer Screening	Women ages 21 to 65: Pap test every 3 years Another option for ages 30 to 65: Pap test with HPV test every 5 years Women who have had a hysterectomy or are over age 65 may not need a Pap test*
Osteoporosis Screening	Women who are at an increased risk for osteoporosis should be screened at ages 65 and older. Bone measurement testing is recommended for postmenopausal women younger than 65 years who are at increased risk of osteoporosis as determined by a formal clinical risk assessment tool.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).
Men's Recommendations	
Prostate Cancer Screening	Discuss the benefits and risks of screening with your health care provider.**
Abdominal Aortic Aneurysm	Have an ultrasound once between ages 65 to 75 if you have ever smoked.
Intensive Behavioral Counseling	All sexually active individuals (12 years old and above) who are at increased risk for sexually transmitted infections (STIs).

The recommendations provided in the table are based on information from organizations such as the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, the American Cancer Society and the United States Preventive Services Task Force. The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individualized advice on the recommendations provided.

Learn more. Additional sources of health information include:

- ahrq.gov/patients-consumers/prevention/index.html
- cancer.org/cancer/risk-prevention/diet-physical-activity.html
- cdc.gov/vaccines/

You probably don't hesitate to ask your health care provider about nutrition and exercise, losing weight and stopping smoking. Other topics for discussion may include:

- Dental health
- Problems with drugs or alcohol
- Sexual behavior and sexually transmitted diseases
- Feelings of depression
- Domestic violence
- Accident/injury prevention
- Preventing falls, especially for ages 65 and over

* Recommendations may vary. Discuss screening options with your health care provider, especially if you are at increased risk.

** Coverage for preventive care services at no cost share may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on your member ID card.



Good health is a gift anyone would wish for a child, but it doesn't happen without your help.

Some things you can do to help keep your child well:

- Introduce good nutrition at an early age and be a good role model
- Encourage lots of play and physical activity
- Keep up with recommended vaccines

Blue Cross and Blue Shield of New Mexico wants your child to be well.

Children's Wellness Guidelines

Laying the Groundwork for a Healthy Tomorrow

Children's Health

Put your child on the path to wellness. Schedule a yearly Well Child visit with your child's health care provider* and follow immunization guidelines. The health care provider will watch your child's growth and progress and should talk with you about eating and sleeping habits, safety and behavior issues.

According to the Bright Futures recommendations from the American Academy of Pediatrics, the provider should:

- Check your child's Body Mass Index percentile regularly beginning at age 2
- Check blood pressure yearly, beginning at age 3
- Screen hearing at birth, then yearly from ages 4 to 6, then at ages 8 and 10
- Test vision yearly from ages 3 to 6, then at ages 8, 10, 12, and 15

Help protect your child from sickness. Make sure they get the recommended vaccinations shown in the charts. If your child has missed vaccinations, ask your health care provider how to catch up.

Learn more from your child's doctor or at [healthychildren.org](https://www.healthychildren.org).

Please note: These recommendations are for healthy children who don't have any special health risks. Take time to check the following summaries of key preventive services.

*A health care provider could be a doctor, primary care provider, physician assistant, nurse practitioner or other health care professional.

Be sure your child is up-to-date on immunizations and health screenings.

Routine Children's Immunization Schedule¹

Vaccine	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	11/2 - 3 years	4 - 6 years
Hepatitis B (HepB)	●	●					●			
Rotavirus (RV) RV1 (2 Dose Series); RV 5 (3 Dose Series)			●	●	●					
Diphtheria Tetanus and Pertussis (DTaP)			●	●	●		●			●
Haemophilus Influenzae Type B (Hib)			●	●	●	●				
PedvaxHIB			●	●		●				
Pneumococcal Conjugate (PCV)			●	●	●	●				
Inactivated Polio Vaccine (IPV)			●	●		●				●
Influenza (Flu)					●	Recommended yearly starting at age 6 months with 2 doses given the first year				
COVID-19 (Coronavirus disease 2019)					●	Recommended yearly starting at age six months*.				
Measles, Mumps and Rubella (MMR)						●				●
Varicella (Chicken pox)						●				●
Hepatitis A (HepA)						●	1 st dose: 12 to 23 months 2 nd dose: 6 to 18 months later		●	

● One dose ■ Shaded areas indicate the vaccine can be given during shown age range.

*Number of doses recommended depends on your child's age and type of Covid-19 vaccine used.

Adolescents

As your children grow into adolescents, they should continue yearly preventive care visits for exams and scheduled immunizations. These visits give the health care provider a chance to:

- Discuss the importance of good eating habits and regular physical activity.
- Talk about avoiding alcohol, smoking and drugs.
- Screen for sexual activity and sexually transmitted diseases as appropriate.
- Screen for HIV between the ages of 15 and 18, or earlier if at increased risk.

Recommended Immunizations for ages 7 to 18¹

Vaccine	7 - 10 years	11 - 12 years	13 - 15 years	16 years	17 - 18 years
Tetanus Diphtheria Pertussis (Tdap)		●			
Human Papillomavirus (HPV) – boys and girls		● 2 doses			
Meningococcal (MenACWY)		●		●	
Influenza (Flu)	Yearly				
COVID-19 (Coronavirus disease 2019)	Yearly				

1. These recommendations come from the Centers for Disease Control and Prevention and the American Academy of Pediatrics (cdc.gov/vaccines/hcp/acip-recs/index.html). The recommendations are not intended as medical advice nor meant to be a substitute for the individual medical judgment of a health care provider. Please check with your health care provider for individual advice on the recommendations provided.

Coverage for preventive services may vary depending on your specific benefit plan and use of network providers. For questions, please call the Customer Service number on the back of your ID card.

NON-DISCRIMINATION COMMUNICATION

The purpose of this communication is to provide you with additional information about certain types of assistance and other rights that are available to you; however, this communication is not part of your Policy/Coverage Documents.

Health care coverage is important for everyone.

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, sex, gender identity, age, sexual orientation, health status or disability. See our full non-discrimination notice and contacts.

To receive language or communication 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, contact us to file a grievance.

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

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

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

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To speak to an interpreter, call the customer service number on the back of your member card. If you are not a member, or don't have a card, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث إلى مترجم فوري، اتصل على رقم خدمة العملاء المذكور على ظهر بطاقة عضويتك. فإن لم تكن عضوًا، أو كنت لا تملك بطاقة، فاتصل على 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請致電印在您的會員卡背面的客戶服務電話號碼。如果您不是會員，或沒有會員卡，請致電 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, composez le numéro du service client indiqué au verso de votre carte de membre. Si vous n'êtes pas membre ou si vous n'avez pas de carte, veuillez composer le 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Kundenservicenummer auf der Rückseite Ihrer Mitgliedskarte an. Falls Sie kein Mitglied sind oder keine Mitgliedskarte besitzen, rufen Sie bitte 855-710-6984 an.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए, अपने सदस्य कार्ड के पीछे दिए गए ग्राहक सेवा नंबर पर कॉल करें। यदि आप सदस्य नहीं हैं, या आपके पास कार्ड नहीं है, तो 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il servizio clienti al numero riportato sul lato posteriore della tua tessera di socio. Se non sei socio o non possiedi una tessera, puoi chiamare il numero 855-710-6984.
日本語 Japanese	ご本人様、またはお客様の方でも、ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合、メンバーカードの裏のカスタマーサービス番号までお電話ください。メンバーでない場合またはカードをお持ちでない場合は 855-710-6984 までお電話ください。
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 회원 카드 뒷면에 있는 고객 서비스 번호로 전화하십시오. 회원이 아니거나 카드가 없으시면 855-710-6984 으로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago la'da biká anáníwł'ígíí, na'idíłkídgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł. Ata' halne'í bich'í'í hadeesdzh níńízingo éí kwe'é da'íníshgi áká anádaalwoł'ígíí bich'í'í hodíílnih, bee nééhózinii bine'déé' bikáá'. Kojí atah naaltsoos ná hadít'éeégóó éí doodago bee nééhózinígíí ádingo kojí' hodíílnih 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با خدمات مشتری به شماره ای که در پشت کارت عضویت شما درج شده است تماس بگیرید. اگر عضو نیستید، یا کارت عضویت ندارید، با شماره 855-710-6984 تماس حاصل نمایید.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы поговорить с переводчиком, позвоните в отдел обслуживания клиентов по телефону, указанному на обратной стороне вашей карточки участника. Если вы не являетесь участником или у вас нет карточки, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete comuníquese con el número del Servicio al Cliente que figura en el reverso de su tarjeta de miembro. Si usted no es miembro o no posee una tarjeta, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa numero ng serbisyo para sa kustomer sa likod ng iyong kard ng miyembro. Kung ikaw ay hindi isang miyembro, o kaya ay walang kard, tumawag sa 855-710-6984.
ไทย Thai	หากคุณ หรือคนที่คุณกำลังช่วยเหลือมีข้อสงสัยใด ๆ คุณมีสิทธิที่จะได้รับความช่วยเหลือ และข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับสามโดยติดต่อฝ่ายบริการลูกค้าที่หมายเลขตามทีระบุด้านหลังบัตรสมาชิก หากไม่ใช่สมาชิกหรือไม่มีบัตร กรุณาติดต่อที่หมายเลข 855-710-6984
Tiếng Việt Vietnamese	Nếu quý vị hoặc người mà quý vị giúp đỡ có bất kỳ câu hỏi nào, quý vị có quyền được hỗ trợ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với thông dịch viên, gọi số dịch vụ khách hàng nằm ở phía sau thẻ hội viên của quý vị. Nếu quý vị không phải là hội viên hoặc không có thẻ, gọi số 855-710-6984.



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