

A member guide for your  
**Sandia Total Health Plan**

# Sandia Total Health



Administered by:



**Blue Cross and Blue Shield  
of New Mexico**



**Sandia  
National  
Laboratories**

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# Welcome

Thank you for enrolling in Sandia Total Health. Sandia Total Health is administered by Blue Cross and Blue Shield of New Mexico (BCBSNM). This guide will help you:

- understand how Sandia Total Health works
- navigate the online tools at [bcbsnm.com](http://bcbsnm.com)
- find a health care provider in the BCBSNM network
- get the most from BCBSNM wellness programs
- learn how to save money on health care expenses

## Useful Symbols Used in this Guide

You will see symbols on some pages in this guide that point you to additional information on your benefits:

-  Callout symbol: Designates important facts and information
-  Phone symbol: Text indicates to call for service
-  Internet symbol: Web address is listed

## 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 reimbursement by your health plan begins.

**HRA (Health Reimbursement Account):** Funds from you 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 providers:** A non-preferred provider does not have a preferred or PPO contract with a Blue Cross and Blue Shield plan. 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 maximum:** The maximum amount you have to pay for most or all expenses covered under your health care plan during a defined benefit period.



# bcbsnm.com—Your Personal Benefit Website

## Blue Access for Members<sup>SM</sup>

Blue Access for Members (BAM), our member portal, offers you information on your health and health plan in one convenient location. To register for BAM, go to **bcbsnm.com** and select *Already a Member?* then *Register Now*. With your BCBSNM 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
- Check the balances of your Health Reimbursement Account or PayFlex FSA Account
- Confirm who is covered under your plan
- Download and print various forms
- Locate a doctor or hospital in your plan's network
- Research and estimate costs for common health care services with the Cost Estimator tool
- Request a new or replacement ID card and print a temporary card
- Email Customer Service



| Date       | Patient       | Physician/Provider | Status   |
|------------|---------------|--------------------|----------|
| 03/04/2011 | AARON SMITH   | NATHAN JOHNS MD    | PAID     |
| 03/01/2011 | SAMATHA SMITH | NATHAN JOHNS MD    | PAID     |
| 03/01/2011 | SAMATHA SMITH | NATHAN JOHNS MD    | NOT PAID |



Don't have access to a computer or need to talk to a Customer Advocate?

Call the toll-free phone number on the back of your member ID card.



## Personal Health Manager



BCBSNM offers you health and wellness tools, resources, and information through the Personal Health Manager (PHM)<sup>1</sup>. To find it, log in to BAM and select *My Health*.



Use PHM to:

- Research symptoms and treatment options for various medical conditions, and search more than 6,000 health care topics with the Healthwise<sup>®</sup> Knowledgebase<sup>2</sup>, including lifestyle-focused articles and news written in easy-to-understand language and supported with helpful illustrations and interactive health tools
- Get current information on health developments from *Health News*
- Send your questions via secure email to a healthcare professional: A registered nurse, registered dietitian, licensed trainer, or life coach
- Point and click your way to an initial diagnosis with the interactive symptom checker

Select *Know Your Risk* to complete a health assessment and:

- Receive feedback on health concerns
- Research conditions and health topics
- Get personal health guidance to help you improve your overall health and manage chronic conditions
- Prepare for a specific medical treatment or hospitalization

## Blue Points<sup>SM</sup>: Reward Yourself!



Blue Points<sup>3</sup>, an incentive program for BCBSNM members, rewards you for completing the healthy activities described in the *For Your Health* section of PHM, such as:

- Establishing and reporting on an exercise or meal plan
- Reading and rating online health and wellness articles
- Downloading healthy recipes
- Completing a health risk assessment

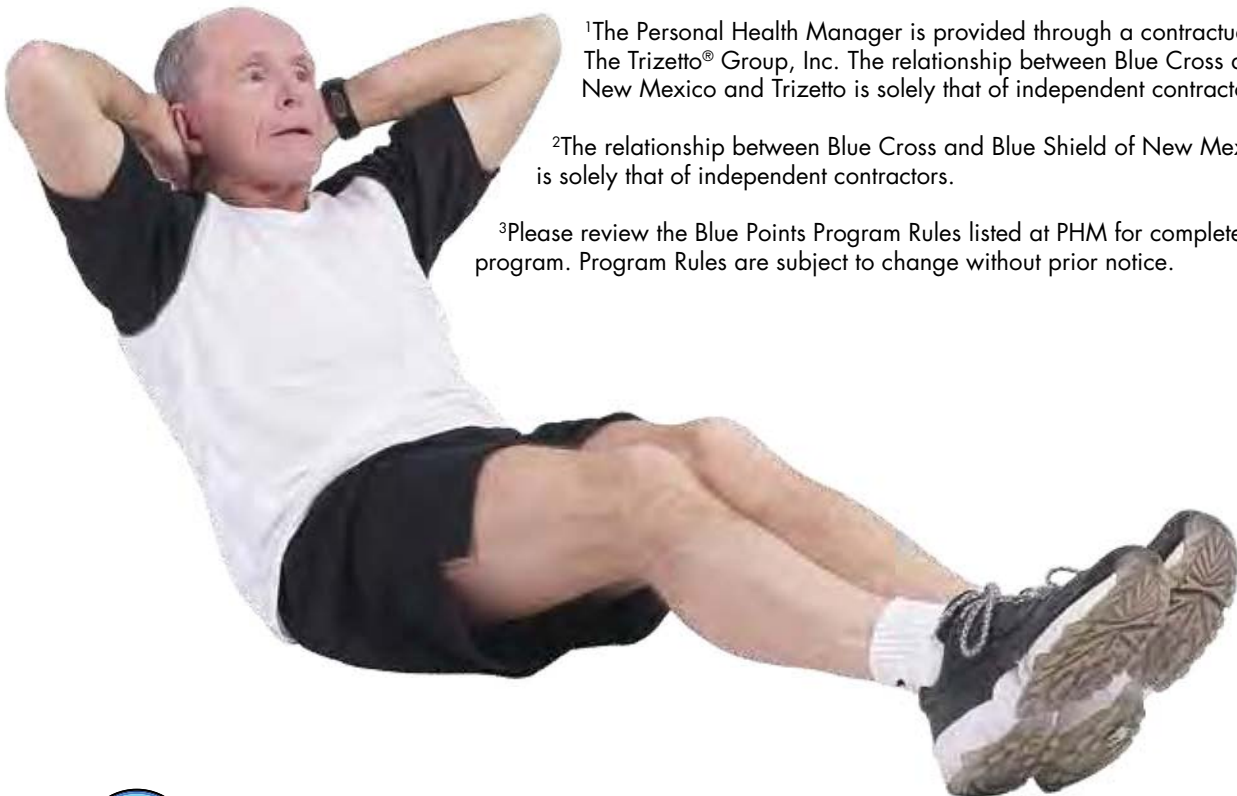
As you record the completion of healthy activities, you accumulate points that can be redeemed for merchandise, such as hotel stays, electronics, sporting and exercise equipment, and more. There are 12 point redemption levels, beginning at 2,500 points and going up to 10,000 points.

Please note: The information provided by the Personal Health Manager is not a substitute for professional health care. For personal medical guidance, please consult your doctor. Coverage for treatment varies depending on the member's benefit plan. If you are a BCBSNM member and have questions about your health care plan benefits, check with your group benefits administrator or contact Customer Service at the number on the back of your member ID card.

<sup>1</sup>The Personal Health Manager is provided through a contractual agreement with The Trizetto® Group, Inc. The relationship between Blue Cross and Blue Shield of New Mexico and Trizetto is solely that of independent contractors.

<sup>2</sup>The relationship between Blue Cross and Blue Shield of New Mexico and Healthwise® is solely that of independent contractors.

<sup>3</sup>Please review the Blue Points Program Rules listed at PHM for complete details on the program. Program Rules are subject to change without prior notice.



# Understanding Sandia Total Health

Sandia Total Health has a Health Reimbursement Account (HRA) established by your employer to pay for your first covered medical expenses to help meet your deductible. It includes an optional Flexible Spending Account (FSA) that you can use for health care expenses. You contribute pre-tax dollars to your FSA each year. The FSA is administered by PayFlex. If you enroll in the FSA, your claims will be paid first from your FSA, and once your FSA is depleted, claims will be paid from your HRA. BCBSNM will pay the providers directly.

The plan consists of two parts:

## Health care coverage

- Comprehensive medical coverage with in- and out-of-network benefits
- Option of Sandia Health Partner Network (SHPN) in Bernalillo, Sandoval, Valencia, and Torrance counties in New Mexico with higher benefits
- Annual deductible and coinsurance provisions
- Out-of-pocket maximum amount to protect you from the expense of possible catastrophic illness or injury

## Health Reimbursement Account

- Sandia contributes money on your behalf to your HRA based on 1) your coverage level, 2) whether or not you have completed a Health Assessment, and 3) your participation in the Virgin HealthMiles program.
- You can use your HRA contribution to pay for your medical deductible and medical/Rx drug coinsurance.
- 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.

## Sandia Total Health Advantages

- You will pay the least deductible, coinsurance, and out-of-pocket maximum if you choose a SHPN provider.
- You will pay less in coinsurance if you choose providers in the BCBSNM network.
- Preventive care from doctors in the SHPN or who are in-network is covered at 100 percent and not subject to the deductible.
- The BCBSNM 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 Sandia Total Health Works

## 1 Your HRA helps pay for your health care expenses.

- If you have completed your Health Assessment and/or participated in the Virgin HealthMiles program in 2011, Sandia will contribute money to your account as follows: Up to \$500 for employee only, up to \$750 for employee + spouse or child(ren), and up to \$1,000 for family.
- If the employee does not complete the health assessment, the account will receive \$250 less.
- Your HRA pays your eligible expenses as long as there are funds in it.
- If you have a Health Care FSA, these funds will be used first to pay for any eligible medical expenses. Then your HRA pays any remaining expenses. BCBSNM pays your provider directly.
- All of these payments apply toward your annual deductible and coinsurance.
- Your annual deductible is the amount you need to pay before your medical plan pays.

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

|   | <b>SHPN</b> | <b>In-Network</b> | <b>Out-of-Network</b> |
|---|-------------|-------------------|-----------------------|
| <b>Annual Deductible (SHPN and In-Network Deductibles DO Cross-Apply)</b> |             |                   |                       |
| <b>Employee</b>   | \$500       | \$750             | \$2,000               |
| <b>Employee + Spouse or Child(ren)</b>                                    | \$1,000     | \$1,500           | \$4,000               |
| <b>Employee + Family</b>  | \$1,500     | \$2,250           | \$6,000               |

## 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 SHPN, 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.
- Prescription drugs purchased through Catalyst Rx have a separate \$1,500 annual in-network per-person out-of-pocket maximum.

|  | <b>Out-of-Pocket Maximum</b>  |         |          |
|--|---|---------|----------|
|  | <b>(Including Deductible—SHPN and In-Network Out-of-Pocket Maximums DO Cross-Apply)</b> |         |          |
| <b>Employee</b>                        | \$1,500   | \$2,250 | \$6,000  |
| <b>Employee + Spouse or Child(ren)</b> | \$3,000   | \$4,500 | \$12,000 |
| <b>Employee + Family</b>               | \$4,500   | \$6,750 | \$18,000 |

For more information, please refer to the Sandia Total Health program summary at [sandiahealthspd.com](http://sandiahealthspd.com).





## Finding the Right Doctor

To find an SHPN provider, go to [bcbsnm.com/sandia](http://bcbsnm.com/sandia) and select *Learn More About SHPN*. Search our Provider Finder® for a doctor, dentist, pharmacy, or medical facility in the BCBSNM network. Access the Provider Finder from the [bcbsnm.com](http://bcbsnm.com) home page (select *Find a Doctor*) or Blue Access for Members to:

- Search among the most up-to-date listings by name, city, county, or zip code; or type of service
- View and print Google™ maps and directions to provider locations
- Search by network type (e.g., PPO) rather than by product—and see which network covers your plan
- Modify your search based on gender, language, and accepting new patients
- Request updates to provider information
- Search in English or Spanish

*Money-saving tip: Always select a provider in the SHPN to reduce your out-of-pocket costs.*

## A Comprehensive Provider Network Statewide, Nationwide, and Worldwide at [bcbs.com](http://bcbs.com)

BCBSNM has more than 15,000 health care providers in its statewide network. And when you travel, our unique BlueCard and BlueCard Worldwide® programs let you take “in-network” discounts and access with you—across the nation and to more than 185 countries worldwide. In the U.S., 90 percent of hospitals and 80 percent of providers contract with Blue Cross and Blue Shield Plans.



# Living Well: Your Wellness Resource Guide

Most people agree—it's not easy to lose weight or quit smoking. That's why BCBSNM wants to help. Through Blue Care Connection®, BCBSNM offers two voluntary programs specifically designed to help you succeed—at no additional charge.

## BlueExtras<sup>SM</sup> Discount Program

BlueExtras is a discount program available to members to save money on value-added health care products and services not usually covered by health care benefits plans. There are no claims to file, no referrals or pre-authorizations, and no additional fees for members to participate. BlueExtras programs that support Tobacco Cessation and Weight Management are Jenny Craig®, Seattle Sutton's Healthy Eating®, and Complementary Alternative Medicine (CAM). CAM helps members save money on gym memberships, acupuncture, yoga, tai chi, massages, spas, vitamins, health and wellness magazines, and more.

## 24/7 Nurseline Audio Health Library

The 24/7 Nurseline provides members with 24 hours a day, seven days a week access to an Audio Health Library of prerecorded information about tobacco cessation and weight management, as well as other basic health topics. Members can access the Audio Health Library by calling the 24/7 Nurseline at [1-800-973-6329](tel:1-800-973-6329).



# Care Coordination and Case Management

When members experience an acute medical situation such as an inpatient hospitalization, have complex or special health care needs, BCBSNM's systems help identify those members needing more intensive intervention. The goal is to help members obtain the appropriate level of care in the right setting at the optimal time and avoid unnecessary care and expenses.

## Care and Utilization Management Programs

While condition management focuses on members with targeted medical conditions, BCBSNM's Care and Utilization Management programs assist any member needing expanded outreach, pre-admission counseling and discharge planning, and follow-up contact. Members are identified through predictive modeling and claims analysis, inbound calls, concurrent and medical peer reviews, and referrals.

Care and utilization management nurses may help members:

- Understand their health care benefits
- Identify and promote the use of contracted network providers to help them receive the highest benefit level
- Pursue episodic case, high-risk condition management or complex case management as needed
- Obtain medical equipment, health care services, and other resources

*Care and Utilization Management programs are not a substitute for the medical advice of a member's physician. The final decision about any medical care is between the patient and his or her physician.*



# Understanding Your EOB



An Explanation of Benefits (EOB) is a notification form provided to members when a health care benefits claim is processed by BCBSNM. The EOB displays the expenses submitted by the provider and shows how the claim was processed.

The EOB has four major sections:

- **Claim Information** includes the member and patient name, the member's group and ID numbers, and the claim number.
- **Summary** highlights the financial information—the amount billed, total benefits approved, the amount paid from your FSA (if you have enrolled) or the Health Reimbursement Account, and the amount you may owe the provider.
- **Service Information** identifies the health care facility or physician, dates of service, and charges.
- **Coverage Information** shows what was paid to whom, what discounts and deductions apply, and what part of the total expense was not covered.


The EOB may include additional information:

- **Information About Amounts Not Covered** will show what benefit limitations or exclusions apply.
- **Information About Out-Of-Pocket Expenses** will show an amount when a claim applies toward your deductible or counts toward your out-of-pocket expenses.
- **Information About Appeals** explains your rights regarding review of claim denials.
- **Fraud Hotline** is a toll-free number you can call if you think you are being charged for services you did not receive or if you suspect any fraudulent activity.



Your EOBs are always available online!

Log in to Blue Access for Members (BAM) at [bcbsnm.com](http://bcbsnm.com) for quick, convenient, and confidential access to your claim information and history. To support our commitment to eco-friendly business practices, you can choose to opt out of receiving EOBs by mail. This saves resources and offers you additional confidentiality. Just go to BAM, click on *User Profile* at the top of the screen, and change your user preferences.



**BlueCross BlueShield  
of New Mexico**  
5701 Balloon Fiesta Parkway NE  
Albuquerque, New Mexico 87113

*Explanation of Benefits (EOB). This is not a bill.*  
**CDHP Group**  
06-02-08

Customer Service: 1-800-XXX-XXXX

**ANTHONY DOE**  
100 BLUEBIRD LANE  
ALBUQUERQUE, NM 87113

Check here for BCBSNM messages.

| Summary                      |          | Claim Information   |                |
|------------------------------|----------|---------------------|----------------|
| Total Billed:                | \$365.00 | Member Name:        | Anthony Doe    |
| Total Plan Benefit           | \$0.00   | Group No.:          | 12345          |
| Amount From Your FSA         | \$0.00   | Identification No.: | ABC123454569   |
| Amount From Your HCA/HSA     | \$108.00 | Claim No.:          | 2020000000000X |
| Amount You May Owe Provider: | \$250.00 | Patient Name:       | Anthony Doe    |

The following shows how this claim was processed.

| Service Information               |              |                 |                 |                 |
|-----------------------------------|--------------|-----------------|-----------------|-----------------|
| Service Description               | Service Date | Amount Billed   | Not Covered     | Covered         |
| <b>Regional Physical Medicine</b> |              |                 |                 |                 |
| Office Visit                      | 05-21-08     | \$38.00         |                 | \$38.00         |
| Lab                               | 05-21-08     | \$77.00         | \$7.00 (1)      | \$70.00         |
| Supplies                          | 05-21-08     | \$250.00        | \$250.00 (2)    | \$0.00          |
| <b>Totals</b>                     |              | <b>\$365.00</b> | <b>\$257.00</b> | <b>\$108.00</b> |

| Coverage Information  |                 |                 |                  |
|---|-----------------|-----------------|------------------|
| <b>Totals</b>   | <b>\$365.00</b> | <b>\$257.00</b> | <b>\$108.00</b>  |
| PARTICIPATING PROVIDER OPTION (PPO REDUCTION)   |                 | \$7.00          |                  |
| <b>Deductions</b>   |                 | \$108.00        |                  |
| Applied to your 2008 Health Care Plan Deductible  |                 |                 | -\$108.00        |
| <b>Total Deductions</b>   |                 |                 | <b>-\$108.00</b> |
| <b>Total Plan Benefit</b>   |                 |                 | <b>\$0.00</b>    |
| Amount applied from your Health Care Account (HCA) or Health Savings Account (HSA)                  |                 |                 | \$108.00         |
| <b>Amount You May Owe Provider</b>  |                 |                 | <b>\$250.00</b>  |
| Total covered benefits approved for this claim: \$108.00 to REGIONAL PHYSICAL MEDICINE on 06-02-08. |                 |                 |                  |

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

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# Save on Health Care Expenses with the Cost Estimator Tool

Do you need to have surgery? The [Cost Estimator tool](#) helps you make an informed decision when choosing a hospital or facility. Use this online tool to:

- Compare facilities based on certain diagnoses and procedures
- Search for and compare performance factors

The Cost Estimator tool gives cost estimates for the most commonly performed elective medical procedures and related services. It also provides quality measures—such as number of patients treated, safety, and average length of stay—for common inpatient procedures and conditions.

This easy-to-use tool compares costs for procedures done at BCBSNM-contracted facilities. Get information about inpatient and outpatient services, such as knee replacement, laparoscopic gallbladder removal, colonoscopy, and CT scans. You can also compare costs for facilities by ZIP code.

Use this information to estimate your out-of-pocket costs for a procedure. Always call BCBSNM for preauthorization and to confirm your health plan coverage.

To use the Cost Estimator tool, log in to BAM, select the *My Coverage* tab, then select the *Cost Estimator* link.




# Additional Programs

## Special Beginnings Maternity Program

Special Beginnings can help you better understand and manage your pregnancy. Available at no additional cost, this maternity program supports you from early pregnancy until six weeks after delivery through:

- Pregnancy risk factor identification to determine the risk level of your pregnancy and appropriate range for ongoing communication/monitoring
- Educational material (a complimentary copy of *The Simple Guide to Having a Baby*) on various pregnancy and infant care related topics
- Personal telephone contact with program staff to address your needs and concerns and to coordinate care with your physician
- Assistance in managing high-risk conditions such as gestational diabetes and preeclampsia

Take good care of yourself and your baby—enroll in Special Beginnings today! Enrollment is easy and confidential. Just call [1-888-421-7781](tel:1-888-421-7781), 7 a.m. to 5:30 p.m., MT. 

*Special Beginnings is not a substitute for professional medical guidance. It is important to share any health concerns with your physician.*

## Blue Distinction

A nationwide program, Blue Distinction helps consumers find the best possible quality of medical care and encourages health care providers and facilities to improve the quality and delivery of their care. In the greater Albuquerque/Rio Rancho area, the UNM Cancer Research and Treatment Center, Heart Hospital of New Mexico, and Lovelace Westside Hospital have been named Blue Distinction Centers® for Specialty Care.

You may be referred by your doctor to this specialty care, or you may self-refer by calling the BCBSNM Health Services Department toll-free at [1-800-325-8334](tel:1-800-325-8334). 

## Travel and Lodging Benefit


You are not required to use a Blue Distinction Center. However, you may be eligible for travel, food, and lodging benefits IF:

- You choose a Blue Distinction Center for cancer care; and
- Services are preauthorized by your BCBSNM case manager.

Please call your case manager at [1-800-325-8334](tel:1-800-325-8334) for more information. 

 **Blue Distinction®**



To learn more about the Blue Distinction designation, visit the BCBSA website at 

[bcbs.com/innovations/bluedistinction](https://bcbs.com/innovations/bluedistinction).



# Frequently Asked Questions

## What is the Sandia Total Health (STH)/FSA/HRA plan?

You have the option annually to enroll in a Health Care FSA through Sandia National Laboratories. You can allocate pre-tax dollars to be set aside to use for medical, 213d non-medical, and prescription drug expenses. Sandia National Laboratories puts money each calendar year into an HRA fund that is integrated with your medical STH plan. These funds are used to pay for covered health care expenses. Money you spend from these accounts for covered services count toward your deductible and coinsurance. Plan benefits begin after you meet the annual deductible. You have the freedom to see any doctor without a referral.

## What is the Sandia Health Partner Network (SHPN)?

The SHPN is a customized network of providers who will work closely with Sandia to improve quality and reduce the cost of health care that our members receive. Sandia selected the Lovelace Health System as the hospital system for this network. The network consists of approximately 500 providers, including Albuquerque Health Partners.

## What are the advantages for seeking care through a SHPN provider?

By joining the BCBSNM STH plan, you will have lower payroll deductions. When you see a SHPN provider, your deductible, coinsurance, and out-of-pocket maximum will be lower. Please refer to the program summary published by Sandia at [hbe.sandia.gov](http://hbe.sandia.gov).

## When I seek services from an SHPN provider, how does that work with my STH/FSA/HRA medical plan?

When you use an SHPN provider, the provider will submit the claim for you. BCBSNM's integrated claims process automatically deducts funds from your FSA first, if enrolled. When you deplete your FSA funds, BCBSNM will automatically deduct funds from the HRA funds allocated to you by Sandia National Laboratories. All providers are paid directly and there is no paperwork for you to file.

## If I go to an SHPN provider and then have to go to a BCBSNM PPO in-network provider, will the deductible and out-of-pocket maximum that I met under the SHPN level of benefits count toward the in-network level?

Yes. The deductible and out-of-pocket maximums will cross-apply to both SHPN and the BCBSNM in-network level of benefits. They will not apply to the out-of-network level of benefits.

## When I seek services from a BCBSNM PPO provider, how does that work with my STH/FSA/HRA plan?

When you use an in-network provider, the provider will submit the claim for you. BCBSNM's integrated claims process automatically deducts funds from your FSA first, if enrolled. When you deplete your FSA funds, BCBSNM will automatically deduct from the HRA funds allocated to you by Sandia National Laboratories. All providers are paid directly and there is no paperwork for you to file.

## What if I spend all of the money in my FSA?

If you use all of your FSA contribution, claims will process from your HRA allocated to you by Sandia National Laboratories. Once those funds are depleted, you are responsible for any remaining balance of your deductible before your medical coinsurance benefits begin, or if the deductible has been met, you are responsible for your share of coinsurance up to the out-of-pocket maximum.



## Frequently Asked Questions | continued

If I am enrolled in the FSA health care account and the STH/HRA, which account may I use to pay my eligible health (medical) expenses?

Your eligible expenses are deducted from your FSA first. When that account is depleted, any remaining member share is applied against your HRA. You do not have the option to turn off either your FSA or your HRA.

How are my Catalyst Rx claims filed under the STH/FSA/HRA plan?

BCBSNM is not integrated with Catalyst Rx; therefore, you will need to purchase your prescription and file a hard copy claim to BCBSNM for reimbursement from your FSA. Be sure to complete a BCBSNM standard claim form and attach receipts for each prescription. For a standard claim form, go to [bcbsnm.com/sandia/forms.html](http://bcbsnm.com/sandia/forms.html).

Can I turn off the auto-pay for the HRA or for my FSA?

No. The HRA is integrated under the BCBSNM STH plan and the member does not have the option to turn it off; and the STH/FSA/HRA is an integrated plan.

Does this plan have a card feature for reimbursement?

No. There is no debit card for the FSA Health Care Account or for the HRA.

How can I search for a SHPN contracted provider?

To locate a SHPN provider: Go to [bcbsnm.com/sandia](http://bcbsnm.com/sandia), select the *Doctors and Hospitals* tab, and click on the SHPN provider link.

How can I search for a BCBSNM PPO contracted provider?

To locate a provider in New Mexico: Go to [bcbsnm.com/sandia](http://bcbsnm.com/sandia) and click on the *Doctors and Hospitals* tab. Select the *Provider Finder* link to search for providers in New Mexico. To locate a provider outside of New Mexico: Go to [bcbsnm.com/sandia](http://bcbsnm.com/sandia) and select the *Doctors and Hospitals* tab. Click on the *Provider Finder* link and select the state you want to search. To locate a provider outside the U.S., click on *Find Providers Outside of the U.S.* under *More Searches* at the bottom of the page.

What if I have questions about my STH/FSA/HRA plan?

Call the toll-free Customer Service phone number on the back of your ID card.



**Blue Cross and Blue Shield  
of New Mexico**