

New Mexico Medicare Advantage Carrier Disclaimers:

Health Plan Disclaimers

- Devoted Health Medicare Advantage plans are available only in selected counties. [Learn more about our service area.](#)
- Devoted Health is an HMO and/or PPO plan with a Medicare contract. Our D-SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal.
- Enrollment may be limited to specific times of the year, unless you qualify for a Special Election Period.
- Benefits, premiums, and cost sharing may vary by plan. Dental limitations may apply. Dental coverage may be in the form of a card, allowance, or reimbursement-based benefit.
- Not all plans include prescription drug coverage.
- The Food & Home Card is a special supplemental benefit offered on certain plans and available only to chronically ill members with conditions like diabetes, high blood pressure, high cholesterol, heart problems, stroke. All applicable plan coverage criteria must be met and other conditions are eligible. Not all members qualify.
- Medicare Advantage plans may pay all or part of your Part B premium - this is sometimes called the "Part B Giveback". The amount may vary and can take a few months to process before showing up in your Social Security check.
- Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
- SilverSneakers is a registered trademark of Tivity Health, Inc. © 2025 Tivity Health, Inc. All rights reserved.
- *UnitedHealthcare Medicare Plans* - Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan's contract renewal with Medicare. You do not need to be an AARP member to enroll in a Medicare Advantage plan or Medicare Prescription Drug plan.
UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP.

and its affiliates are not insurers. AARP does not employ or endorse agents, brokers or producers.

Every year, Medicare evaluates plans based on a 5-star rating system.

This information is not a complete description of benefits. Contact the plan for more information.

For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.

Please note that each insurer has sole financial responsibility for its products.

Not connected with or endorsed by the U.S. Government or the federal Medicare program.

This is a solicitation of insurance. A licensed insurance agent/producer may contact you.

THESE PLANS HAVE ELIGIBILITY REQUIREMENTS, EXCLUSIONS AND LIMITATIONS. FOR COSTS AND COMPLETE DETAILS (INCLUDING OUTLINES OF COVERAGE), CALL A LICENSED INSURANCE AGENT/PRODUCER AT THE APPLICABLE TOLL-FREE NUMBER.

- *UnitedHealthcare Medicare Plans* - Plans are insured or covered by a Medicare Advantage organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.
- *UnitedHealthcare Medicare Plans* - We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.
- *Humana* - Humana is a Medicare Advantage (HMO, HMO SNP, PPO, PPO SNP and PFFS) organization and a stand-alone PDP prescription drug plan with a Medicare contract. Humana is also a Coordinated Care plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in any Humana plan depends on contract renewal.
- *Humana* - Humana's Medicare plans with prescription drug coverage may have additional benefits in 2026 that are not currently displayed.
- *Humana - Important Message About What You Pay for Vaccines* - These Medicare plans with prescription drug coverage offer most Part D vaccines at no additional cost to you, even if your plan has a deductible and you haven't paid it. Age and availability restrictions may apply.

- *Humana* - **Important Message About What You Pay for Insulin** – For Medicare plans with prescription drug coverage, you won't pay more than \$35 for a one-month (up to 30-day) supply of each Part D insulin product covered by this plan, no matter what cost-sharing tier it's on, even if your plan has a deductible and you haven't paid it.
- *Humana* - Allowance amounts cannot be combined with other benefit allowances. Limitations and restrictions may apply.
- *Humana* - The Part B Giveback Benefit pays part or all of your Part B premium and the amount may change based on the amount you pay for Part B.
- *HealthSpring* - Health Care Service Corporation and its affiliates, HealthSpring Life and Health Insurance Company, HealthSpring of Florida, HealthSpring Healthcare of Colorado, Bravo Health of Pennsylvania, Bravo Health Mid-Atlantic, Medco Containment Life Insurance Company and Medco Containment Insurance Company of New York, contract with Medicare to offer Medicare Advantage HMO and PPO plans and Part D Prescription Drug Plans (PDP) in select states, and with select State Medicaid programs. Enrollment in these plans depends on contract renewal.
- *HealthSpring* - HealthSpring's pharmacy network includes limited lower-cost, preferred pharmacies in Crawford and Venango counties in Pennsylvania. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-668-3813 (TTY 711) or consult the online pharmacy directory at <http://HealthSpring.com/Resources>.
- Blue Cross and Blue Shield of New Mexico Health Care Service Corporation and its affiliates

This information is a solicitation for insurance.”

- HMO and PPO plans provided by Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). PPO plan provided by HCSC Insurance Services Company (HISC). HCSC and HISC are Independent Licensees of the Blue Cross and Blue Shield Association. HCSC and HISC are Medicare Advantage organizations with a Medicare contract. Enrollment in these plans depends on contract renewal.
- Prescription drug plans provided by Blue Cross and Blue Shield of New Mexico, which refers to Health Care Service Corporation, a Mutual Legal Reserve Company

(HCSC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HCSC's plans depends on contract renewal.

- **"Not connected with or endorsed by the U.S. Government or Federal Medicare Program."**
- Medicare Supplement insurance plans are offered by 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.
- Medicare Supplement Insurance Plans have eligibility requirements, exclusions and limitations. For costs and complete details (including outlines of coverage), call a licensed insurance agent at the toll-free number shown.

In addition: As long as you are a New Mexico resident, age 65 or older, have Medicare Part A and are within the six months following your enrollment for Medicare Part B, your acceptance is guaranteed.

HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.

Prescription drug plans provided by HCSC Insurance Services Company (HISC), an Independent Licensee of the Blue Cross and Blue Shield Association. A Medicare-approved Part D sponsor. Enrollment in HISC's plans depends on contract renewal.

*Go to the following website for the complete Non Discrimination Notice:
<https://comparehealth-65.com/new-mexico>*