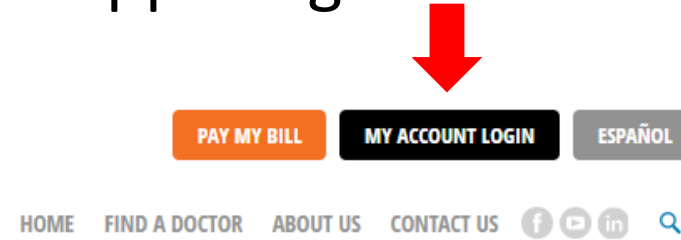




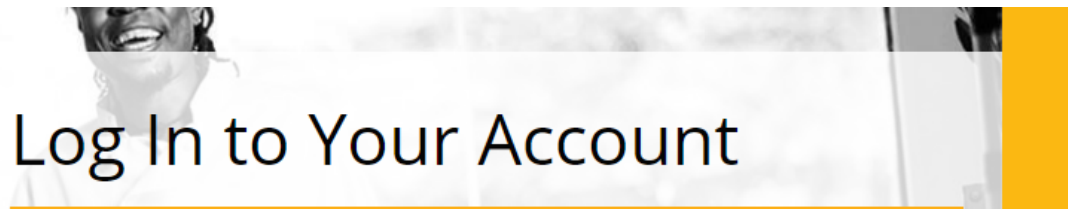
Instructions to make your New Mexico Health Connections premium payments

1. Go to mynmhc.org

2. Click on “My Account Login” on the upper right of the home screen.



3. Click on the “2020 Member Portal login” button to access the portal



This page contains login links to three portals:

1. Member Portal
2. Producer (Broker) Portal
3. Provider Portal

Please scroll down to find the link to your portal.



4. Log into the portal or register a new account

NEW MEXICO HEALTH CONNECTIONS MEMBER PORTAL

Username

Password

SUBMIT

CLEAR

[Forgot Password](#) | [Forgot Username](#) | [Resend Email Verification](#)

Need an account?

REGISTER


5. Select MAKE A PAYMENT in either location



Welcome, **Tony**

Member ID: **200012085-01**

Home My Account My Benefits My Claims My Payments My Resources



Deductible Snapshot >
Summary of your annual deductible and max out of pocket spending



MAKE A PAYMENT
Make a payment and save a payment method


REVIEW PAYMENT METHODS
Update any payment methods you saved

BILLING HISTORY
Coming Soon! View your invoices and payments online


Pay  auto-payment

OR

Home My Account My Benefits My Claims My Payments My Resources


Deductible Snapshot >
Summary of your annual deductible and max out of pocket spending




Make A Payment >
Pay your premium, or set up recurring auto-payment

6. Payment Page – select “Use a Different Payment Method”

Payment Center

<p>\$341.15 Monthly Premium</p>	<p>If you have not yet made your binder payment, please process that payment in order to be covered. You may choose to set up an automatic payment, but before that can be established, you must make your initial binder payment, either online or by check.</p> <p>Please Note: This amount may not include any outstanding balance or any adjustments made to your monthly premium. Outstanding past due amounts may place your eligibility in jeopardy.</p> <p>If questions, contact Customer Service at 866-668-9002. We appreciate your on-time payment. Payment is always due by the 20th of the month for the following month's coverage. Example: Your payment is due on March 20th for April coverage.</p> <p>The above Payment Amount reflects your monthly premium amount and may not include any outstanding balance or any adjustments made to your account. Outstanding past due amounts may place your eligibility in jeopardy.</p> <p>If amount needs to be modified, continue selecting payment method below and you will have the opportunity to modify the amount before you submit for payment.</p> <p>Refer to this DISCLAIMER for more details. Please read the payment Terms & Conditions.</p> <p>If questions, contact Customer Service at 866-668-9002.</p>
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Payment Methods

No Saved Payment Methods

[Use A Different Payment Method](#)

7. Enter Credit Card or Checking/Bank information

How would you like to pay your monthly premiums?

- Online Payment - Credit/Debit Card
- Online Payment - Checking/Savings
- Mail in a payment

Accepted credit/debit cards: MasterCard, Visa and Discover

Card Holder First Name*

Card Holder Last Name*

Card Number*

Zip Code*

Expiration Month*

Expiration Year*

CVV* 

Save this payment method for future use?

I authorize New Mexico Health Connections (NMHC) to process my selected payment method and agree to the Terms and Conditions herein. *

Submit

Cancel

8. Review payment before Submitting

NOTE: Pay to amount can be changed

\$341.15
Monthly Premium

If you have not yet made your binder payment, please process that payment in order to be covered. You may choose to set up an automatic payment, but before that can be established, you must make your initial binder payment, either online or by check.

Please Note: This amount may not include any outstanding balance or any adjustments made to your monthly premium. Outstanding past due amounts may place your eligibility in jeopardy.

If questions, contact Customer Service at 866-668-9002.

We appreciate your on-time payment. Payment is always due by the 20th of the month for the following month's coverage. Example: Your payment is due on March 20th for April coverage.

The above Payment Amount reflects your monthly premium amount and may not include any outstanding balance or any adjustments made to your account. Outstanding past due amounts may place your eligibility in jeopardy.

If amount needs to be modified, continue selecting payment method below and you will have the opportunity to modify the amount before you submit for payment.

Refer to this [DISCLAIMER](#) for more details. Please read the payment [Terms & Conditions](#).

If questions, contact Customer Service at 866-668-9002.

The following will be charged.

Amount

\$341.15

Pay a Different Amount?

First Name

Test

Last Name

TEST

Card Number

4111111111111111

Please wait for your payment to process. DO NOT refresh or click back button once you have submitted your payment as it may cause a problem with your payment being processed correctly. Thank you.



Submit

Cancel

9. Click on submit to send payment