

VISION EYEWEAR



With the Vision Eyewear Program, you can be reimbursed up to a maximum of \$100 per member per benefit year toward the purchase of prescription eyeglasses (lenses and/or frames) and contact lenses.

To be reimbursed under this program, please pay for the prescription eyeglasses and/or contact lenses and then provide the following information to BCBSRI:

- A copy of your detailed receipt with the amount you were charged
- Your provider's name, address, and telephone number
(Verify that they appear on the receipt.)
- Your BCBSRI member ID number **(Write this on the receipt.)**
- The diagnosis code for the service **(Ask your provider for this and write it on the receipt.)**
- The provider's Tax ID number, if they are located outside of Rhode Island. This is not required for providers in Rhode Island.
(Write this on the receipt.)
- Mail your receipt to the following address:
**Blue Cross & Blue Shield of Rhode Island
Claims Department
500 Exchange Street
Providence, RI 02903-2699**

For more information or if you have questions, please call our Customer Service Department:

- For BlueCHIP plans: **(401) 274-3500 or 1-800-564-0888**
- For all other BCBSRI plans: **(401) 459-5000 or 1-800-639-2227**

