



# Eyeglasses

*A Value-Added Service for Members in the Medicaid Expansion Population*

Blue Cross and Blue Shield of New Mexico (BCBSNM) will reimburse qualifying members for their eye exam and corrective eyeglasses.\*

\*Reimbursement amount is \$150 a year for an eye exam and one pair of corrective eyeglasses (frames and lenses).

## Eligibility Requirements

- This benefit is limited to Alternative Benefit Plan (ABP) Medicaid Expansion Population members 21 years and older.
- Member must have diabetes and/or high blood pressure.
- Member must visit a participating eye provider for an eye exam (performed by an ophthalmologist or optometrist).
- Member must be examined by the ophthalmologist or optometrist for the detection of eye disease or eye injury.
- Members with diabetes must get the following tests from a qualified provider:
  - Hemoglobin A1C test
  - Nephropathy screening test (annual diabetes urine protein kidney test)
- Members with high blood pressure must obtain a current blood pressure reading from a qualified provider.
- Services must occur in 2020.
- Member must fill out a reimbursement form and return it to BCBSNM. See the next page for form and instructions.

[bcbsnm.com/medicaid](http://bcbsnm.com/medicaid)

To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call 1-866-689-1523 (TTY/TDD: 711).

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, age, disability, or sex.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh, éí ná hóló, kojí' hódííłnih 1-855-710-6984 (TTY: 711).

Such services are funded in part with the State of New Mexico.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, formulary, pharmacy network, provider network, and/or copayments/coinsurance are subject to change.



## How to Get the Reimbursement

Keep track of your visits on this form. Once complete, return the form to BCBSNM at the address listed below. Along with this form, you must also send copies of each of the documents listed below:

- Eye exam
- Prescription
- Receipt of payment for eyeglasses

Return form to:  
Blue Cross Community Centennial  
P.O. Box 27838  
Albuquerque, NM  
87125-7838

If you have any questions, please contact BCBSNM Health Services at **1-877-232-5518** (TTY: **711**).



Blue Cross  
Community Centennial<sup>SM</sup>

Member Information
Name:
Address:
Phone Number:
Date of Birth:
Subscriber ID Number:

Primary Care Provider (PCP) Information	
Name:	
Address:	
Phone Number:	
Please check here if you do not have a PCP or need help changing PCPs.	

Qualified Provider Information (Provider who completed diabetes tests and/or high blood pressure visit)
Name:
Address:
Phone Number:

Required Diabetes Tests		
	Date Completed	Qualified Provider's Signature
A1C Test Results: _____		
Nephropathy Screening Test Results: _____		

Required High Blood Pressure Visit		
	Date Completed	Qualified Provider's Signature
BP Reading: _____ / _____		

Required Documents (attach a copy of each to this form and submit to BCBSNM)		
	Provider Name	Provider Signature
Eye Exam Results		
Prescription for Eyeglasses		
Receipts for Eye Exam and/or One Pair of Corrective Eyeglasses (Frames and Lenses)		