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**

- Benefit is limited to Blue Cross Community Centennial Alternative Benefit Plan (ABP) Medicaid Expansion Population members 21 years and older.
- Member must have been examined by an ophthalmologist or optometrist for the detection of eye disease or eye injury.
- Services must have occurred in 2019.
- Visit a participating eye provider for an eye exam (must be performed by an ophthalmologist or optometrist).
- Fill out a reimbursement form and return it to BCBSNM. See the next page for form and instructions.
- Member must have diabetes and/or high blood pressure.
- For members with diabetes:
  - Complete a hemoglobin A1C test from a qualified provider.
  - Complete a nephropathy screening test (annual diabetes urine protein kidney test) from a qualified provider.
- For members with high blood pressure:
  - Complete a visit for high blood pressure from a qualified provider.
  - Obtain a current blood pressure reading from a qualified provider.

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 yáníą́́gį́ Diné Bizaad, saad bee áká́́ńida’awo’dę́ę́, t’aá jiik’e, éí ná hólǫ́, kojį́ hódiílnih 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.

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 482067.0219
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).

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Date Completed</th>
<th>Qualified Provider’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nephropathy Screening Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results:</td>
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</tbody>
</table>

Required High Blood Pressure Visit

<table>
<thead>
<tr>
<th>BP Reading:</th>
<th>Date Completed</th>
<th>Qualified Provider’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>______ / ______</td>
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<td></td>
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</tbody>
</table>

Required Documents (attach a copy of each to this form and submit to BCBSNM)

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Provider Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Exam Results</td>
<td></td>
</tr>
<tr>
<td>Prescription for Eyeglasses</td>
<td></td>
</tr>
<tr>
<td>Receipts for Eye Exam and/or One Pair of Corrective Eyeglasses (Frames and Lenses)</td>
<td></td>
</tr>
</tbody>
</table>

bcbsnm.com/medicaid