

Vision Eyewear Program



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.

*Children under age 19 can receive this benefit per occurrence.

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:

- **(401) 459-5000 or 1-800-639-2227**

