



THE ROAD
TO A *healthier* YOU

New Vision and Hearing Reimbursement Claim Form for Platinum Blue Plan Medicare Retirees

Dear Platinum Blue Medicare Retiree:

Please read this entire notice prior to submitting your claim for reimbursement of Hearing Aid or Vision-related expenses as the process has been changed to simplify submission and reimbursement.

Effective immediately, filing a claim for reimbursement of Hearing Aid and Vision-related expenses will be done using one form. To submit your claim and receive reimbursement from both the Platinum Blue Plan and the Local #49 Health & Welfare Fund, please:

- Complete the claim form on the following page
- Attach a copy of the itemized bill
- Return all items to: **Wilson-McShane Corporation**
3001 Metro Drive – Suite 500
Bloomington, MN 55425

Following submission, Wilson-McShane Corporation will coordinate benefits that are available from both the Blue Cross Blue Shield Platinum Blue Plan and from the Operating Engineers Local #49 Health & Welfare Fund.

The benefits that will be available to you are:

Vision Benefit:

- Platinum Blue: \$125 allowance for non-Medicare covered prescription eyewear per calendar year
- Local #49 Health & Welfare Fund: \$500 per 2 calendar years (\$500 is replenished on the first day of every even year)

Hearing Benefit:

- Platinum Blue Hearing Aid Allowance: \$450 per calendar year
- Local #49 Health & Welfare Fund Hearing Aid Allowance: \$1,000 once in 5 calendar years

*Due to the administration of these reimbursements done by two separate entities, you may receive two separate checks once processed.

The benefits will be administered and coordinated based on claim submission and the maximum benefit allowable.

Should you have any questions regarding the benefits available through the Platinum Blue plan, please call Customer Service at (651) 662-5654, toll-free at (866) 340-8654; or by TTY services at 711. For questions regarding the benefits available through the Operating Engineers Local #49 Health & Welfare Fund or questions regarding the revised submission and reimbursement process, please feel free to contact the Fund office, Wilson-McShane Corporation, at (952) 854-0795, toll-free at (800) 535-6373.

Platinum BlueSM (Cost) Hearing and Vision Claim Form

To be completed by the subscriber:	
Subscriber's name:	Date of birth:
BCBS Identification Number:	
Name of Provider:	Provider NPI or Tax Identification Number:
Provider's Address:	
Date of Purchase:	Total Amount Paid:
Diagnosis Code(s) or Symptoms:	
CPT/ Procedure Codes (Or, Check One of the Following):	
<input type="checkbox"/> Contact Lenses <input type="checkbox"/> Eye Glasses <input type="checkbox"/> Hearing Aid Purchase <input type="checkbox"/> Hearing Aid Repair	

Important, Please Read the following: Claims must be submitted within one year from the date of service.

How to submit your claim:

1. Complete a separate subscriber claim form for each patient and for each provider.
2. Answer all questions.
3. Attach a copy of the itemized bill. The bill should show:
 - The provider's name and address
 - The diagnosis or symptoms of illness
 - The date, place and type of service
 - The charge for each service
4. Attach a copy of your Explanation of Health Care Benefits, if you have other coverage.

Please mail this completed form along with a copy of the itemized receipt within one year from the date of service to: