



THE ROAD
TO A *healthier* YOU

Vision and Hearing Reimbursement Claim Form for Platinum Blue Plan Medicare Retirees **Effective January 1, 2019**

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 benefits and process have been changed effective January 1, 2019.

Filing a claim for reimbursement of Hearing Aid and Vision-related expenses is done using one form. To submit your claim and receive reimbursement from the Local #49 Health & Welfare Fund and the Platinum Blue Plan for vision claims, 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 the Operating Engineers Local #49 Health & Welfare Fund and the Blue Cross Blue Shield Platinum Blue Plan for vision claims.

The benefits that are available to you effective January 1, 2019 are:

Vision Benefit:

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

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

Hearing Benefit:

- Local #49 Health & Welfare Fund Hearing Aid Allowance: \$1,000 once in 5 calendar years
- Platinum Blue Hearing Aid Benefit: The Platinum Blue Annual Hearing Benefit is provided by the TruHearing program. Beginning January 1, 2019, you may contact TruHearing to locate a hearing aid provider near you. You will then have a \$499 copayment or a \$799 copayment depending on the hearing aid you select. This copayment may be submitted to the Local #49 Health & Welfare Fund for reimbursement from the once in 5 calendar years Hearing Aid Allowance. Please contact TruHearing at 1-855-205-5065 to find a provider near you. You must use a TruHearing provider to access the Platinum Blue Annual Hearing Benefit.

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

For questions regarding the benefits available through the Platinum Blue plan, please call Customer Service at (651) 662-5654, toll-free at (866) 340-8654. For questions regarding the benefits available through the Operating Engineers Local #49 Health & Welfare Fund, please contact 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: