



## Eye Exam for Members With Diabetes

Call and make an appointment with a participating provider in your area. Inform him or her when you make the appointment that you are a BlueChoice HealthPlan member. This office visit will be covered\* at 100 percent; you will not have to pay a copayment. Please note: Your BlueChoice® benefits will not cover eyewear (e.g., glasses, contacts, etc.) unless you have routine vision care through EyeMed.

Please give this flyer to the provider at the time of your eye exam. Let the provider know if you have any other insurance. If you have questions about this procedure, please call us at 855-838-5897 and select option 2.

### Attention Office Staff

If this member has other insurance that is primary, that claim must be processed before filing the claim with BlueChoice.

If you have any questions about filing a claim, please call BlueChoice at 800-868-2528 and select option 2.

This authorization is valid for one visit for the following CPT-4 codes only:

**New Patient:** 92004

**Established Patient:** 92014

**Refractions:** 92015

This self-referral authorization is only valid for the member presenting this flyer and only if he or she is currently enrolled with BlueChoice.

\*One diabetic eye exam is covered per benefit year.

\*\*EyeMed is an independent company that administers vision benefits on behalf of BlueChoice HealthPlan.

Focus on life. Focus on health. *Stay focused.*



BlueChoice HealthPlan is an independent licensee of the Blue Cross Blue Shield Association.