

VISION EYEWARE PROGRAM

For claims incurred after 1/1/04

1 Pay for prescription glasses (lenses and/or frames) or contact lenses

2 Note your Social Security Number on your detailed receipt.

3 Send receipt to:
Primarily Care
75 Sockanosset Crossroad
Cranston, RI 02920

* Pre-addressed envelopes may be obtained from Human Resources

Up to \$100 reimbursement per covered member per year

You may contact Primarily Care at 1-800-395-1300 to follow up on your claim