


# ADVANCED VISION CARE AND DRY EYE SPA INSURANCE GUIDE

# TABLE OF CONTENTS

Click the links below to be redirected to that page		
<p><b>General Information</b></p> <p><a href="#">Insurance Overview</a></p> <p><a href="#">Billing Tax ID's</a></p> <p><a href="#">Medical &amp; Routine Billing Overview</a></p> <p><a href="#">Labs</a></p> <p><a href="#">Balances Left In The E.H.R.</a></p> <p><a href="#">Key Terms &amp; Definitions</a></p> <p><b>Medical Insurance</b></p> <p><a href="#">Plan ID's</a></p> <p><a href="#">Medical Billing And Insurance Verification</a></p> <p><a href="#">Invoice Example</a></p> <p><a href="#">Team Member Roles For Patient Collections</a></p> <p><a href="#">Sample Scrips &amp; Tips</a></p> <p><a href="#">TV Refund Process</a></p> <p><b>Trizetto Overview</b></p> <p><a href="#">Login &amp; Access</a></p> <p><a href="#">Patient Eligibility</a></p>	<p><b>Routine Insurance</b></p> <p><a href="#">Plan ID's</a></p> <p><a href="#">Bill Actual Overview</a></p> <p><a href="#">Eyemed</a></p> <p><a href="#">VSP:</a></p> <p><a href="#">VSP Process</a></p> <p><a href="#">Auto-Calculations</a></p> <p><a href="#">VSP Reimbursement</a></p> <p><a href="#">Contact Lenses</a></p> <p><a href="#">Frames</a></p> <p><a href="#">Lenses</a></p> <p><a href="#">Eyezen</a></p> <p><a href="#">Varilux</a></p> <p><a href="#">Proprietary Lenses</a></p> <p><a href="#">Superior Vision</a></p> <p><a href="#">Spectera</a></p>	<p><b>Lens Resources</b></p> <p><a href="#">Lens Classifications</a></p> <p><a href="#">Lens Pricing</a></p> <p><a href="#">Reference Codes</a></p> <p><b>Ciao! Optical Entry</b></p> <p><a href="#">Medical Insurance</a></p> <p><a href="#">Auto-Calculations Plans</a></p> <p><a href="#">Bill Actual Plans</a></p> <div> <a href="#">Google Doc: AZ Auto-Calc Plan ID's</a> </div>
On any page, click the  to return to the table of contents		

# INSURANCE OVERVIEW

Prior to Appointment	At Time of Appointment	After Appointment
<b>1. Confirm appointment</b> <ul style="list-style-type: none"> <li>Confirm <b>Appointment Scheduled</b></li> <li>insurance details and enter into the E.H.R. for both Medical and/or Routine plans (ID Number, carrier, primary details, etc.)</li> </ul>	<p><b>Medical Services</b></p> <ol style="list-style-type: none"> <li><b>Collect Exam Copays &amp; Deductibles at Check In or Check Out</b> <ul style="list-style-type: none"> <li>Review copays/deductibles. Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.)</li> <li>Collect all fees for services</li> </ul> </li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Insurance covered services will be bulk assigned to the carrier, apply Fee Schedule, apply Copay &amp; leave invoice in pending status                             <ul style="list-style-type: none"> <li>For Medical Insurance only, there will be an insurance balance left on the patient account</li> </ul> </li> <li>Patient responsibility, services will be bulk assigned to the patient, authorized, and payments recorded</li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical, including zero copay Medical Exams and patient responsibility</li> </ul> </li> </ol> <p><b>Patient must pay copay, deductibles, and any out-of-pocket fees at the time of service. We do not send balance bills!</b></p> <p><b>Routine Services</b></p> <ol style="list-style-type: none"> <li><b>Collect Exam Copays &amp; Deductibles at Check In or Check Out</b> <ul style="list-style-type: none"> <li>Review copays/deductibles. Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.)</li> <li>Collect all fees for services</li> </ul> </li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Apply Fee Schedule and zero out the invoice (discount out Optos and fittings), Authorize &amp; record as paid                             <ul style="list-style-type: none"> <li>Zero patient balances left in E.H.R</li> </ul> </li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical, including zero copay Routine Exams and patient responsibility</li> </ul> </li> </ol> <p><b>Cash Pay</b></p> <ol style="list-style-type: none"> <li><b>Review fees at Check in or Check Out</b></li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Authorize &amp; record payment                             <ul style="list-style-type: none"> <li>Zero patient balances left in E.H.R</li> </ul> </li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li><b>Medical Services</b> <ul style="list-style-type: none"> <li>Your E.H.R is integrated into Trizetto</li> <li>Once Invoice created and patient payments recorded, medical biller will scrub claim and file with Medical Carrier</li> <li>EOB &amp; payment will be received and reconciled                             <ul style="list-style-type: none"> <li>If over payment has occurred, patient will receive a refund check</li> <li>If under payment occurred, your patient will be sent a bill on the first of the month</li> </ul> </li> <li><b>The team will be responsible for following up</b> (<a href="#">Click Here</a> for additional details)</li> <li>Patients can make payments through Transaction Express or a virtual payment terminals in office</li> </ul> </li> <li><b>Routine Services</b> <ul style="list-style-type: none"> <li>For VSP, if Exam Auto-Calculation plan selected in Ciao! Optical, the claim will be filed with VSP automatically                             <ul style="list-style-type: none"> <li>If incorrect plan was selected, member details, authorization, or diagnosis missing the claim will be sent back to the practice to re-key</li> </ul> </li> <li>All Carriers-Bill Actual plans: your billing team will file the claim                             <ul style="list-style-type: none"> <li>For insurance required labs-packing slip will be sent as needed)</li> </ul> </li> </ul> </li> </ol>
<b>2. Confirm Patient Eligibility</b> <b>Medical Insurance:</b> <ul style="list-style-type: none"> <li>Log into Trizetto to determine patient copay, deductible, and verify eligibility</li> <li>Print benefit summaries (or document via office process)</li> <li>Update E.H.R with eligibility details</li> </ul> <b>Routine:</b> <ul style="list-style-type: none"> <li>Log into carrier website and verify eligibility</li> <li>Pull separate authorizations for exam &amp; materials</li> <li>Print benefit summaries (or document via office process)</li> <li>Update E.H.R with eligibility details</li> </ul>		
<b>3. Not Eligible</b> <ul style="list-style-type: none"> <li>Confirm patient is ok paying out of pocket for services</li> <li>Reschedule patient for a later date</li> </ul>		

## BILLING TAX IDs

Your practice will file under a new Tax ID that will be listed on all insurance portals and claims. While processes will be updated with TeamVision's systems and support teams, it's important to know what TIN and Insurance portals you will be using to file claims and verify eligibility.

INSURANCE	POST INTEGRATION
Eyemed	File with Ciao! Optical.
VSP	File with your new Tax ID: 20-2146274
Superior Vision	
Spectera	

# MEDICAL AND ROUTINE BILLING PROCESS

Lake Havasu Family Eyecare DBA Advanced Vision Care and Dry Eye Spa will be the legal entity (tax ID) listed on all insurance claims. While processes will be updated with TeamVision's systems and support teams, it's important to know who will be filling claims by each carrier.

Insurance	Pre-Integration	Go-Forward Billing	Cash Posting
<b>Eyemed</b>	Site	Ciao! Optical	Back Office (AS400)
<b>VSP</b>	Site	<b>VSP Auto-Calculation Plans in Ciao! Optical</b>	Back Office (AS400)
		<b>Exams &amp; CL Fittings, Contact Lens Materials only:</b> <ul style="list-style-type: none"> <li>Auto-files claim with VSP (VSP 837 file) <ul style="list-style-type: none"> <li>No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect</li> </ul> </li> </ul>	
		<b>Eyeglasses:</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim</li> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul>	
		<b>VSP Bill Actual Plans in Ciao! Optical</b>	
		<b>Exams, Eyeglasses, &amp; Contact Lens Orders</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim</li> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul>	
<b>Spectera</b>	Site	Eyeglasses, Exams, & Contacts Claim auto-files with Spectera (VSP 837 file)	Back Office (AS400)
<b>Superior</b>		Mason Billing Department: File all Materials & Exams	Back Office (AS400)
<b>Medical</b>	Site	Lake Havasu Medical Biller will scrub & submit claim through E.H.R & Trizetto	Medical Biller Posts in E.H.R.

# LABS

INSURANCE	LAB
Eyemed	RxO
VSP	<b>ELOA Bartley Azusa</b>
Superior Vision	RxO
Spectera	RxO

## **ELOA Bartley Azusa:**

- Only insured/claimed eyewear orders may go to Bartley
  - Your billing team will provide you a packing slip within 48 hours
  - In LPA, mark as RxSun Authentic
- 2<sup>nd</sup> Pair or private pay orders will always go to RxO.

## **Lab Address:**

ELOA Bartley Azusa  
1300 Optical Dr. Ste. 400  
Irwindale, CA 91702

PH: 800-347-4733

Acct Number: 0150-120228

## BALANCES IN THE E.H.R.

	EHR Fee Schedule	Copay in E.H.R	Balance Left in E.H.R.	Ciao! Optical
<b>Medical Insurance</b>	<b>Apply the Medical Fee Schedule</b> <ul style="list-style-type: none"> <li>If copay is owed, transfer copay to patient that pulls from insurance amount owed, the plan pays will be reduced.</li> <li>If deductible, transfer whatever the patient is paying to the deductible from the insurance plan pays. The plan pays may be \$0. Claim will be filed to show patient applied money towards their deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Bulk assign to medical carrier &gt; Apply Fee Schedule &gt; Enter Patient Copayment</li> <li><b>Leave Insurance invoice as pending- DO NOT AUTHORIZE</b></li> <li>Create second invoice for services that are considered patient responsibility</li> </ul>	<b>Insurance amount owed – After Fee Schedule and Patient Payment Applied</b>  <b>\$0 patient balance should be left in EHR.</b>	<b>Post in Ciao!</b> <ul style="list-style-type: none"> <li>If copay, make sure that's in the copay column and that the amount patient pays is correct</li> <li>If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays.</li> </ul>
<b>Vision Insurance</b>	Apply Routine Fee Schedule which will zero out claim	No	\$0	<b>Post in Ciao!</b>
<b>Private Pay Service</b>	N/A	Apply full payment in EHR	\$0	<b>Post in Ciao!</b>
<b>Vision with Optos</b>	<b>Vision:</b> Apply Routine Fee Schedule which will zero it out <ul style="list-style-type: none"> <li>Example: 92014 &amp; 92015</li> </ul> <b>Optos, CL Fittings will be zero'd out on invoice</b>	<b>Vision:</b> No (because it's zero already)	Both invoices should be \$0 – patient paid	<b>Post in Ciao!</b> <ul style="list-style-type: none"> <li>Can be done in a combined entry if the site is billing to the insurance carrier</li> </ul>

## KEY TERMS & DEFINITIONS

Terms	Definition
Allowable Amount(s)	Also known as <b>Maximum Allowable Fees</b> , the allowable amounts are directed by the individual payers (insurance companies) and represent the amount that will be reimbursed by that payer when the practice is a participating provider for the payer.
Coinsurance	<b>Coinsurance</b> is the percentage of costs a member must pay after the deductible is reached. A deductible is the set amount a customer pays for medical services and prescriptions before coinsurance kicks in. Out of pocket expenses are the medical expenses that a customer must pay themselves.
Contractual Write-offs	As a participating provider for a specific payer, the provider agrees to accept the <b>Maximum Allowable Fee</b> as the reimbursement for a specific service or product and agrees that any difference between the Usual and <b>Customary Fee</b> for that service or product and the MAG cannot be collected and will be written off. This write off is known as a contractual write-off.
Copay	<p><b>Copays</b> are fixed fees that a member pays when receiving covered care. The amounts are dictated as part of the insurance plan design and are typically determined in advance when checking plan eligibility.</p> <ul style="list-style-type: none"> <li>• In Ciao- a copay is considered the patient copay or any out of pocket expenses the patient must pay (i.e.- \$75 for Transitions, \$68 for Antireflective, etc.)</li> <li>• These copays can not be discounted/waived for the patient</li> </ul>
Deductible	<p>The <b>Deductible</b> is the amount paid out of pocket by a member before an insurance company will pay any expenses. In general usage, the term deductible may be used to describe one of the several types of clauses that are used by insurance companies as a threshold for policy payments.</p> <ul style="list-style-type: none"> <li>• These copays can not be discounted/waived for the patient</li> </ul>
Fee Schedule	The term <b>Fee Schedule</b> is a comprehensive and agreed upon list of fees or charges associated with specific products or services that a business or organization provides/receives.
Usual and Customary Fee (U&C)	The retail cost of a service or product.



# KEY TERMS & DEFINITIONS

Terms	Definition
<b>Ciao! Optical Formula</b>  (Only used with Generic/Bill Actual Plans)	<b>Retail Price (RP) - Plan Pays (PP) = Discount (D)</b> <ol style="list-style-type: none"><li>1. Copay Column = What the patient pays us<ul style="list-style-type: none"><li>• This is its own column and not part of the above formula</li></ul></li><li>2. Plan Pays = What the insurance pays us<ul style="list-style-type: none"><li>• Service Fee = Plan Pays when it's a covered item</li></ul></li><li>3. If there is a dollar amount in the copay column, the formula "RP = PP + D" applies<ul style="list-style-type: none"><li>• Example: For Crizal Rock (not covered by VSP), the patient is charged \$85 and this is input in the copay column in Ciao.</li><li>• If there is an amount in the copay column, then you need to make sure that there are numbers in the PP &amp; D columns (above formula).</li><li>• The discount would be the retail price of Crizal Rock line, and the plan pays would be \$0 because patient is paying for this add-on.</li></ul></li></ol>

# MEDICAL INSURANCE

# MEDICAL PLANS

- All Medical Plans in Ciao! Optical are Bill Actual, meaning you need to **invoice in RevolutionEHR**, account for patient copay payments and then **enter into Ciao! Optical**.
- INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.
- In RevolutionEHR, **leave the insurance balance**. Claims will be filed from here through Trizetto and adjusted when the EOB is received. Billers will manage this.
- **USE MEDICAL PLANS IN CIAO! OPTICAL INSURANCE SEARCH TO BYPASS CLAIM FORM SCREENS.**

CARRIER	PLAN NAME	PLAN ID
AETNA	MEDICAL AETNA-HAVASU	1817622
BLUE CROSS BLUE SHIELD	MEDICAL BLUE CROSS BLUE SHIELD-HAVASU	1817628
CAREMORE	MEDICAL CAREMORE-HAVASU	1836703
CIGNA	MEDICAL CIGNA	1836704
HUMANA	MEDICAL HUMANA PPI-HAVASU	1818817
MEDICARE	MEDICAL MEDICARE-HAVASU	1817640
TRICARE WEST REGION	MEDICAL TRICARE WEST REGION-HAVASU	1817650
UNITED HEALTH CARE	MEDICAL UNITED HEALTH CARE-HAVASU	1817655

[CLICK HERE](#) to for step-by-step directions for Entering Medical Plans in Ciao! Optical

# MEDICAL BILLING AND INSURANCE VERIFICATION

1. Prior to patient arrival, confirm patient eligibility, patient copays, and deductibles
2. Collect patient copays/deductibles at time of appointment
3. Apply insurance fee schedule in the EHR
4. Apply patient copay
  - Copay will reduce the ultimate plan pays
  - **IMPORTANT – DO THIS IN THE EHR PRIOR TO EVER ENTERING INTO CIAO! OPTICAL**
5. On the invoice screen (not the printed invoice) – take note of the Ins. Resp amount. This will be Plan Pays.
6. Take payment of copay or patient responsibility In the EHR – the only balance left should be insurance amount owed.
7. In Ciao! Optical –
  - Search for **Medical Plan**
  - Insurance Resp Amount (which you wrote down) = Plan Pays
  - Enter in Copays
  - Finish the formula where  $U\&C = \text{Plan Pays} + \text{Discounts}$  (said differently  $\text{Plan Discounts} = U\&C - \text{Plan Pays}$ )
8. Copays and deductible amounts must be verified prior to patient visit.
  - **All patient OOP fees must be collected at the time of service.**
  - **DO NOT leave any patient balances on the account in the EHR.**
  - Trizetto is a great tool to verify medical benefits.
  - Each employee will have a login for the site

Date	Code	Description	Qty	Unit Price	Discount	Tot	Ins. Resp	Adjustments	Balance
10/23/2024	8729	SWANSON CONFERENCE WITH MAGNUS RETNA	1	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00
10/23/2024	8732	SWANSON CONFERENCE WITH MAGNUS RETNA	1	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00
10/23/2024	8733	SWANSON CONFERENCE WITH MAGNUS RETNA	1	\$20.00	\$0.00	\$20.00	\$20.00	\$0.00	\$0.00
Total							\$60.00	\$0.00	\$60.00
Insurance							\$60.00	\$0.00	\$0.00
Patient							\$0.00	\$0.00	\$0.00
Adjustments							\$0.00	\$0.00	\$0.00
Payment Received							\$0.00	\$0.00	\$0.00
Balance Due							\$0.00	\$0.00	\$0.00

Plan	Type	Plan Id	Member Name	Member ID	DOB
MEDICAL AETNA MEDICARE-TYO NC	Assignment	1818628			
MEDICAL AETNA-TYO NC	Assignment	1818627			
MEDICAL BLUE CROSS BLUE SHIELD-TYO NC	Assignment	1818629			
MEDICAL BLUE MEDICARE-TYO NC	Assignment	1818630			
MEDICAL AETNA-TYO NC	Assignment	1818631			

[CLICK HERE](#) to for step-by-step directions for Entering Medical Plans in Ciao! Optical

# MEDICAL PLANS

Use this amount to enter in the Plan Pay fields in Ciao! Optical

PendingAuthorizedDiagnosesRemove Fee ScheduleTransfer Items...

Bill To  
Blue Cross Blue Shield (Primary Medical)  
PO Box 5747  
Denver, CO 802175747

Service Date 04/22/2024  
Fee Schedule Blue Cross Blue Shield  
Fee Date 04/22/2024

DetailsAdditional Claim InfoClaim HistoryPayment HistoryStatement HistoryDocuments & ImagesNotes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
04/22/2024	92134			SCANNING COMPUTERIZED OPHTH IMAGING, RETINA	1	\$206.00	\$0.00	\$0.00	\$206.00	-\$159.55	\$0.00	\$46.45
04/22/2024	99202			E&M LEVEL 2, NEW PT	1	\$121.00	\$0.00	\$0.00	\$121.00	-\$37.23	\$0.00	\$83.77
04/22/2024	99214			E&M LEVEL 4, EST PT	1	\$141.00	\$0.00	\$0.00	\$141.00	-\$21.50	\$0.00	\$119.50
<input type="checkbox"/> Show All												
SUB TOTAL											\$468.00	
Discounts											\$0.00	
Tax											\$0.00	
TOTAL											\$468.00	
Adjustments											-\$218.28	
Payments Received											\$0.00	
BALANCE DUE											\$249.72	

**VERY IMPORTANT:** In Ciao! Optical - **DO NOT reduce Plan Pays by Copay Amount.** We do this for Routine but not for Medical, this is already covered when you apply it in the E.H.R.

**Patient Balance** should always be **\$0** (apply payments). Only Balance left is **Ins. Balance.**

Any **Patient Copay or Deductible** amounts should be entered into **COPAY** column Ciao! Optical

**For Medical Carriers:** Although we enter both primary and secondary insurances into Revolution patient demographics, we only invoice to the Primary medical carrier (it will automatically be sent to secondary insurance AFTER primary billed).

- No invoices are created at the site level for secondary insurance.

# RevolutionEHR Invoices

It is important to understand in what scenarios to mark the invoice as **authorized** vs. **pending** and when to record payment.

- Negatively doing so will result in inaccurate aging reporting and could result in your patient receiving a bill when they should not.

When **recording patient** payments, click the **pencil** to the right of the patient and select **paid** from the drop down.

The screenshot shows the 'Invoice Details' page for Patient Invoice #259256567. The status is currently 'Paid'. A dropdown menu is open, showing 'Pending' and 'Authorized' options, with 'Authorized' highlighted. To the right, there's a patient selection area with 'Test, Lisa' and a pencil icon for editing. Other fields include 'Service Date' (09/09/2024) and 'Finance' (None).

Use the chart below to help guide you the proper invoicing steps:

Medical Insurance	Routine Vision	Cash Pay
<ol style="list-style-type: none"> <li>Bulk assign services to either primary insurance carrier and/or patient (in some cases two invoices created)</li> <li>For the medical invoice, <b>Apply Fee Schedule</b></li> <li>Click <b>Transfer Item</b> for any copays and enter copay details if applicable</li> <li>Leave Medical Invoice in <b>Pending</b> status</li> <li>If insurance carrier will not cover services, the patient will be <b>Bulk Assigned</b> those fees (or the patient has a copay) a <b>second invoice</b> will be created.</li> <li>On the patient invoice: <ul style="list-style-type: none"> <li><b>Authorize and record as Paid</b></li> </ul> </li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol> <p><b>Note:</b> Do not create invoice to secondary medical carrier (see prev. slide)</p>	<ol style="list-style-type: none"> <li>Bulk assign services to either insurance carrier or patient (in some cases two invoices created)</li> <li>For the routine invoice, <b>Apply Fee Schedule</b> to zero out claim</li> <li><b>Authorize</b> the claim and record as <b>Paid</b></li> <li>If insurance carrier will not cover services, the patient will be bulk assigned those fees. On the patient invoice: <ul style="list-style-type: none"> <li><b>Authorize and record as paid</b></li> </ul> </li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol>	<ol style="list-style-type: none"> <li>Bulk assign services to the patient</li> <li><b>Authorize and record as paid</b></li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol>
<p><b>MEDICAL INVOICE:</b> DO NOT AUTHORIZE INVOICE</p> <p><b>PATIENT INVOICE:</b> AUTHORIZE AND MARK AS PAID</p>	<p><b>AUTHORIZE INVOICE AND MARK AS PAID</b></p>	<p><b>AUTHORIZE INVOICE AND MARK AS PAID</b></p>
<ul style="list-style-type: none"> <li>Insurance balance left in the E.H.R.</li> <li>Zero patient balances left.</li> </ul>	<ul style="list-style-type: none"> <li>Zero balance in the E.H.R.</li> </ul>	<ul style="list-style-type: none"> <li>Zero balance in the E.H.R.</li> </ul>

# TEAM MEMBER ROLES FOR PATIENT COLLECTIONS

Position	Tasks
<b>Biller</b>	<ul style="list-style-type: none"> <li>• Post All Insurance EOBs Within EHR 5 Business Days</li> <li>• Move Appropriate Balances To Patient And Adjust Any Partial Balances <math>\leq</math> \$25.00 To Over/Short (Partial Pay Only)</li> <li>• Post All Patient Payments Received Via Persona Pay Within 5 Business Days</li> <li>• Process Patient Statements On 1<sup>st</sup> Business Day Of Each Month.</li> <li>• Communicate with the PM once statements have been sent.</li> </ul>
<b>PCC</b>	<ul style="list-style-type: none"> <li>• Verify Patient Co-Pays And Deductibles Prior To Date Of Service</li> <li>• Enter Complete and Accurate Insurance Information in the EHR and Scan Ins. Card</li> <li>• Collect Correct Co-pays And Deductibles At Time Of Service. No exceptions</li> <li>• Do NOT file 100% to insurance to Avoid Collecting From The Patient</li> <li>• Make Weekly Phone Calls To Patients With Past Due Balances (One A Week – Weeks 3 To 8)</li> <li>• Record All Collection Attempts And Conversations In The EHR</li> </ul>
<b>PM</b>	<ul style="list-style-type: none"> <li>• Verify PCCs Are Collecting The Correct Amounts At Time Of Service</li> <li>• Verify There Are No "Open" or "Pending" Invoices In the EHR Each Day</li> <li>• Ensure PCCs Are Making Collection Calls In Weeks 3 To 8</li> <li>• Make Final Collection Calls In Weeks 9 To 12</li> <li>• Record All Collection Attempts And Conversations In The EHR</li> <li>• Submit Monthly List Of Balances To Be Written Off By The 10<sup>th</sup> BD Of Each Month</li> <li>• Minimum Of 4 Statements &amp; 6 Weekly Phone Calls Documented</li> </ul>
<b>MM</b>	<ul style="list-style-type: none"> <li>• Review Monthly List For Collections From Each PM For Compliance.</li> <li>• Submit Approved Write-offs To Respective Biller By 15<sup>th</sup> Bd Of Each Month</li> </ul>
<b>Biller</b>	<ul style="list-style-type: none"> <li>• Write Off Balances As Approved By MM By 20<sup>th</sup> BD Of Each Month</li> <li>• Balances <math>\geq</math> \$100.00 Should Go To A Collection Agency</li> <li>• Flag Chart Once Sent To Collections Or Balance Written Off So It Can Be Collected When The Patient Returns.</li> <li>• Patients Should Also Be Notified When Scheduling Next Appointment There Is A Balance Due, And It Must Be Paid Before Next Appointment.</li> </ul>

# SAMPLE SCRIPTS AND TIPS & TRICKS

Scripts	Sample Script
Courtesy Call Week 3	"Hi, my name is <First Name Only>, and I am calling from ____ to inform you that we received notification from your insurance that you are responsible for \$__ from your visit on _____. We mailed you a statement on the 1 <sup>st</sup> of the month and I wanted to follow up to see if you have any questions"
Collection Call Weeks 4-8	"Hi, my name is <First Name Only>, and I am calling from ____ to review the balance due from your visit on _____. Do you have any questions regarding this balance, and could we go ahead and take care of this today?"
Collection Call Weeks 9-12	"Hi, my name is <First Name Only>, and I am the Practice Manager calling from ____ to review the balance due from your visit on _____. If payment is not received by the end of the month, your account will be turned over to collections."

## Tips & Tricks:

- Proactively Communicate To Patient That Co-pays And Deductibles Are Due At Time Of Service
- Notifications to include Appointment Center, Electronic Reminders & Counter Signage
- Enforce Collection Of Any Past Due Balances While Patient Is In Office
- The Total Patient A/R Is not to Exceed 3% Of The Total Monthly Revenue



# MEDICAL REFUND PROCESS

## Visibility of tasks, processes, timing and responsibilities for refunds

### Medical Biller

- Email refund requests to Mason Office
- Add requests to refund tracker (spreadsheet)
- Follow up on payments, on behalf of the practice

### Mason Refund Team

- Monitor refund requests from Billers
- Submit weekly requests to Accounts Payable Team
- Add submission ticket number to refund tracker
- Add check #, amount and mail date to refund cash tracker
- Follow up on status requests from Medical Billers
- Confirm checks are printed and mailed by the Accounts Payable Team

### Practice Manager

- Monitor refund progress (Assignment Refund Tracker)
  - *Tracker available 24/7*
- Monitor refund submission ticket number
  - *If not available after 7 days, reach out to Medical Biller for status*
- Inform patients of 30-day window for refund to be mailed

### Refund timing overview

- Wednesday – Mason COE submits refund request to AP team
- Accounts Payable timing:
  - Friday – processes refunds
  - Monday – obtain approval
  - Wednesday – print refund checks
  - Thursday – mail refunds and letter

# TRIZETTO VERIFICATION

# LOG IN & ACCESS

1

Access the Trizetto website via the link in Toolkit



2

Log in with your unique User ID & Password

- These are typically not the same as your ELID credentials



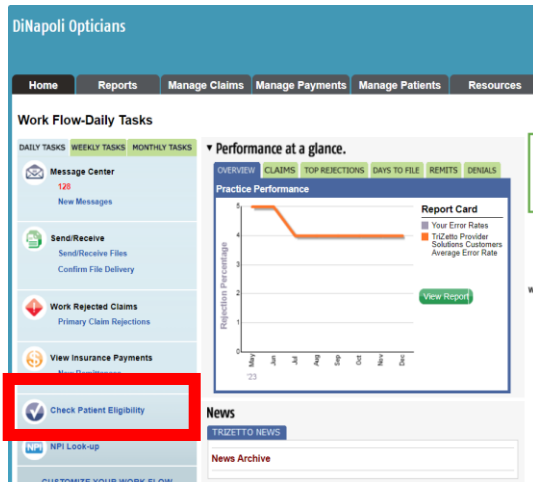
Once logged in, on the home page there are video tutorials to help you navigate the system.



# PATIENT ELIGIBILITY

1

You can check patient Eligibility from the home page or by selecting the Manage Patients Tab



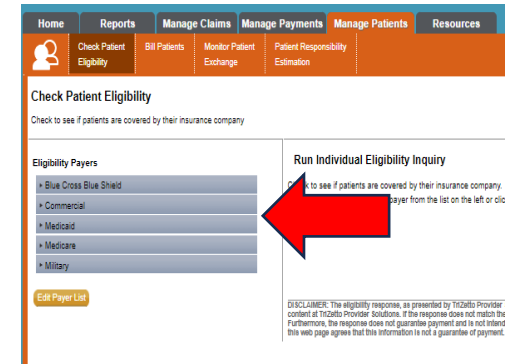
2

Select Run Individual Inquiry



3

Select Run Individual Inquiry



# PATIENT ELIGIBILITY

4

- Select the **Carrier** from the drop downs on the left
- Select the **Date Of Service & Provider**
- Enter Subscriber or Dependent **ID Number** and **DOB**
- On the right side, under **Service Type Code**, confirm:
  - **98** is added for **Office Visit Specialist**
  - **AL** for **Vision**
  - **1** for **Medical Care**



Click to add this search feature



It's added and system will search (clicking will remove search)

# PATIENT ELIGIBILITY

4

- Once a transaction has been submitted, a response screen will be displayed containing the patient's eligibility information
- You will see a message stating **Active Coverage** or **Inactive Coverage**
- This information can be printed by using the printer icon in the upper right-hand corner
- This information will also be stored for up to 18 months under the **Search Eligibility Transaction History** link in your **Check Patient Eligibility** section.

Submitted By: FrontDeskStaff    Submission Date: 5/19/2021 9:15:02 AM    Submitted Type: Website  
Trace Number: 174926496

Individual Eligibility Response for: **Active Coverage**

Judith  
DOB: 4/

Insured ID: 418602  
Eligibility Date: 1/2/2009  
Service Date: 4/20/2009

Patient Information    Benefit Information

► Patient

► Subscriber

► Provider

► Payer

5

- Navigate to the **Benefit Information** Tab to view coverage details such as **Copays and Deductibles**
- If searching a medical plan, it will show you the vision carrier but not check eligibility

Patient Information    **Benefit Information**

▼ Active Coverage

Coverage Level	Service Type	Insurance Type	Description	Amount	Authorization	Network Indicator	Procedure Code
	Health Benefit Plan Coverage		OPEN ACCESS PLUS				
Benefit		8/1/2008					
	Health Benefit Plan Coverage		PHS				

► Co-Insurance

► Deductible

# ROUTINE INSURANCE

# ROUTINE VISION PLANS ACCEPTED

[Google Doc: AZ Auto-Calc Plan ID's](#)

Insurance	Plan ID's	Plan Name	Go-Forward Billing
<b>Eyemed</b>	Auto-Calculates	Member Search	Ciao! Optical
<b>VSP</b>	Auto-Calculations (exams & contacts) or Bill Actual: 1817672	VSP-HAVASU	<b>VSP Auto-Calculation Plans in Ciao! Optical</b>
			<b>Exams &amp; CL Fittings, Contact Lens Materials only:</b> <ul style="list-style-type: none"> <li>Auto-files claim with VSP (VSP 837 file) <ul style="list-style-type: none"> <li>No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect</li> </ul> </li> </ul>
			<b>Eyeglasses:</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim <ul style="list-style-type: none"> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul> </li> </ul>
			<b>VSP Bill Actual Plans in Ciao! Optical</b>
<b>Spectera</b>	Auto-Calculations (exams and all materials) Or Bill Actual: 1835353	SPECTERA-HAVASU	<b>Exams, Eyeglasses, &amp; Contact Lens Orders</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim <ul style="list-style-type: none"> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul> </li> </ul>
			Eyeglasses, Exams, & Contacts Claim auto-files with Spectera (VSP 837 file)
<b>Superior</b>	Auto-Calculations (exams & contacts) or Bill Actual: 1836706	SUPERIOR-HAVASU	Mason Billing Department: File all Materials & Exams
<b>Medical</b>	Search in Ciao!	Medical Carrier	Lake Havasu Medical Biller will scrub & submit claim through E.H.R & Trizetto



# ROUTINE BILL ACTUAL PLANS – CIAO! OPTICAL FORMULARY

Retail Price  
- Plan Pays  
Discounts

Copays stand alone  
(i.e., don't put into  
your discounts  
equation)

If you have a copay  
amount, formula  
holds true.

If the patient pays  
100% for the service  
– no entry needed.  
U&C will flow  
through as patient  
responsibility.  
Discounts will  
appropriately  
reduce U&C.

Copay for services  
and materials (not  
out-of-pockets will  
need to be  
adjusted/reduced  
from Plan Pays

Plan Pays = what the insurance pays us

Discounts = use the formula, this is different than plan write-offs sometimes

Copay = what the patient pays (represents copays and out-of-pocket amounts)

If the patient pays 100% for the service – no entry needed. U&C will flow through as patient responsibility.

For exams and materials, if the patient has a true plan copay (typically on exams and materials), you will need to reduce this from PLAN PAYs (the contracted rate). This is only for routine only. Medical invoices come from Eclips and already accounted for the copay adjustment.

Note that in Ciao! Copay means both exam/focal type copay and patient responsibility. The only time you reduce Plan Pays is if there is a service or materials copay (excludes lens enhancements copays, out-of-pocket amounts).

# EYEMED (ALWAYS AUTO-CALCULATES)

**LAB:** RxO

**BILLING:** Ciao! Optical

**TYPE:** Routine Vision Professional Services & Materials

**PLAN ID:** *In Ciao! Optical – varies by member*

**PLAN NAME:** *In Ciao! Optical – varies by member*

## NOTES:

- EyeMed is integrated with Ciao! Optical.
- You can find member and check eligibility directly in Ciao! Optical using Name/DOB.
- Ciao! Optical will automatically calculate and submit claims; no additional action required.
- If you need to re-enter an order in Ciao (i.e., grey pencil on Staged screen) and the benefits are showing used, call EyeMed to cancel authorization.

The screenshot shows a search form with the following fields: Search For (dropdown menu), Plan Name, Plan ID, Member ID, Member First Name, Member Last Name, and Member Date of birth. A red bracket groups the Member First Name, Member Last Name, and Member Date of birth fields. To the right of the bracket, the text reads: "Insurance screen will default to EyeMed. The patient's name and birthdate will pre-populate. Simply search and select the patient. Any other members on the patient's plan will also display."

Search For: EyeMed/MVC Mem  
Plan Name:  
Plan ID:  
Member ID:  
Member First Name: Fake  
Member Last Name: Patient  
Member Date of birth: 1/1/2001

Minimum required:

- First letter of First Name
- First letter of Last Name
  - DOB
  - or Plan ID
  - or at least first 3 digits of Member ID

Insurance screen will default to EyeMed. The patient's name and birthdate will pre-populate. Simply search and select the patient. Any other members on the patient's plan will also display.

ITEM	ACTION & NOTES
Exam	Routine exams and contact lens fittings are covered – member's responsibility is based on charges and plan coverage.
Frame	All frames available – member's responsibility is based on charges and plan coverage.
Lenses	All frames available – member's responsibility is based on charges and plan coverage.
Manufacturing	Order is placed with RxO (Rx Operations – Luxottica Lab Network).
Lab Processing Application (LPA)	Order as uncut, product to come, or complete.
Claims	Submit at Ready status – no additional action needed.

# VSP PROCESS

- You must pull **Separate Authorization** for exam services and materials
- Enter in **Accurate AUTH #s** for VSP in the Assignment Claim Form (This will show in the history for the billers)
- Enter the **Primary Members** details
- Enter valid **Diagnosis Code** on Exam worksheet in Ciao!

**Plan Information**  
 Plan Name: VSP-ROSH  
 Phone #: 1824524  
 Plan ID: 1824524  
 Authorized: ☐ Frame ☐ Lens ☒ Contacts ☒ Exam  
 Exam Auth:   
 Benefit Calculation Notes:

**Customer Information**  
 Member ID:   
 SSN:   
 DOB: 9/2/1999

**Customer Plan Information**  
 Employment Status:  Employer:   
 Student Status:  Marital Status:   
 Relation to Primary Member:   
 Is condition related to employment? ☐ Yes ☐ No ☒ Unknown  
 Is customer's need accident related? ☐ Yes ☒ No  
 Is there a secondary plan? ☐ Yes ☒ No

**Primary Member Plan Information**  
 First Name:  MI:  Last Name:   
 Address:   
 ZIP Code:  City:  State:   
 Member ID:  SSN:  Phone:   
 Gender: ☐ Male ☐ Female Employment Status:   
 Employer:  Marital Status:   
 DOB: MM/DD/YYYY Student Status:

Customer Order ID: 100006367084 EPP: No Dispense Date: N/A Dispensing Associate: N/A Delivery Method: N

Prescription Type: Contacts Single Vision  
 Doctor: Bowling Courtney  
 Date Written: 2/10/2023  
 Expiration Date: 2/10/2024

	SPH	CYL	AXIS	BC	DA	COLLECTION	COLOR
OD(R)	-4.00			8.6	14.1	Clear/11 Day	VELI
OS(L)	-4.00			8.6	14.1	Clear/11 Day	VELI

Pack Size: 90 Annual Supply: 2  
 Shipping Location Type: Customer Primary  
 Shipping Type: Standard

Showing 1 to 1 of 1 entries

**Plan Information**  
 Plan Name: VSP-ROSH  
 Plan ID: 1824524  
 Group #: 2  
 Customer:  
 Member ID: 1  
 Primary Member:  
 Material Auth: 1824524  
 Plan Authorization: 1824524

Patient Test **Doctor Services** **Order Worksheet**

Patient Status: ☒ New ☐ Established Source:  Doctor Name:   
 Eye Exam:  Contact Lens Exam:   
 No Eye Exam:  No Contact Lens Exam:   
 No High Risk Diagnosis:

Select Diagnosis:   
 Select Code:   
 Select Code: 1824524  
 Diagnosis: Presbyopia  
 Add Diagnosis:   
 Diagnosis: Code:   
 No Diagnosis Selected:   
 Clear:  Delete:

If selling an exam and materials – for the exam sale in Ciao! Optical, you only need to select Exam and then enter the auth.

For materials, select either Frame, Lens, Frame & Lenses for a complete pair, or contacts and then enter the auth #.

# VSP PROCESS

## Enter Frame Details in the Patient's Profile Notes Section.

David Naprstek

David  
2900 Maple Ave Apt 25E  
60515  
Downers Grove  
Illinois  
United States

DAVE.NAPRSTEK@CLOUD.COM  
815 9094735  
Text  
English  
815 9094735  
9/2/1959  
Male

**Notes:**  
Sale Date: Enter in Make Model and Frame Details in Patient's Profile Notes

Customer Order Location 29084 457569

David Naprstek

David  
2900 Maple Ave Apt 25E  
60515  
Downers Grove  
Illinois  
United States

DAVE.NAPRSTEK@CLOUD.COM  
815 9094735  
Text  
English  
815 9094735  
9/2/1959  
Male

**Notes:**  
457569 9/18/2023 11:38 AM Sale Date: Enter in Make Model and Frame Details in Patient's Profile Notes

Customer Order Location 29084 457569

Mohammed Ahmed Kahn

Frame > Lens > Order Worksheet > Measurements > **Order Completion**

**Special Processing Type**  
This order requires Outside Processing and has been set to Central Lab provides Frame. Hold the frame in the tray until the order is received from the Central Lab.

Estimated Delivery Date Friday, August 18, 2023 Assign Tray ID VSP

**Manufacturing Notes**  
FRAME MAKE AND MODEL MUST BE ENTERED HERE

Customer Order Location 29084 457569

If you want, you can still put frame details here BUT then you still need to add it to profile section too. These notes transfer to LPA.

This will allow billers to easily see frame details. This is required for Blue Tags and Generic UPCs (AST, ACQ). Once you add the note, it will time stamp it so billers can see details here in Ciao! Optical.

Use the quick Reference chart below to help guide you in which plans to use:

Exams and Contact Lenses	Select this plan
Contact lenses over \$1000	Generic plan
Medically necessary contact lenses	Generic plan
Combine Fit & CL Allowance plans	Generic plan or edit plans
Plans not programmed, or unique plans	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

## Additional Notes:

### Contact lenses:

- If the retail amount is over \$1000, you must use the Generic Plan.
- Medically necessary contacts must be billed with Generic Plans.
- Combine Fit & allowance plans will need to be edited via auto-calc plans OR use Generic/Bill Actual plans.
- Auto calculations may distribute copays on a different line item that you are used to.
- If you chose the correct plan, and do not edit the claim it will not be sent back to you to re-key.
- If the patient is over charged, there may be specific instances where the billing team asks the site to process an After The Fact (ATF) discount in Ciao Optical! to refund the patient.
- In other circumstances the Assignment team will refund the patient.

# VSP REIMBURSEMENTS

[Google Doc: AZ Auto-Calc Plan ID's](#)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

**LAB:** Bartley Labs, mark as Rx Sun Authenticity in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual Plan), Auto-Calc plans for Exams and Contact Lenses

NOTE: The U&C pricing for your 92 codes do not include refraction amount. Enter the 92015 amount in the Plan Pay field.

The reimbursements for Exam fees listed on your VSP Assigned Fee Report do not include the Refraction.

Reduce Plan Pay amount if copay

Reduce EXAM PLAN PAYS if there is an Exam copay

## \*\*PROGRESSIVE LENS DISPENSING:

For all Plans (Signature, Choice, & Advantage): You will receive your bifocal dispensing fee **PLUS** the applicable service fees for covered (paid by VSP) and non-covered (paid by patient) progressives. Service fees are subject to change and may be found in the Lens Enhancement Chart.

- If covered, both the dispensing and applicable service fee are paid by VSP (Enter Disp. Fee + Service Fee in Plan Pays Column).
- If progressives are not covered, enter Dispensing Fee in Plan Pays and the applicable patient copay in the Patient Copay column.

## PATIENT CHARGES FOR NON-COVERED LENS ENHANCEMENTS:

- **Signature:** Charge patient the listed copay in the VSP Signature Plan Lens Enhancements Chart or your usual and customary fee (RETAIL), whichever is lower.
- **Choice:** Charge patient the listed copay in the VSP Choice Plan Lens Enhancements Chart or 80% of your usual and customary fee (RETAIL), whichever is lower.
- **Advantage:** Charge the patient the lesser of 80% of your usual and customary (U&C) add-on fee or the VSP Advantage Plan Lens Enhancement Chart amount. For lens enhancements not listed, charge 80% of your U&C add-on fee. For non-covered lens enhancements, the charge back amount will be deducted from your VSP payment. You will not be charged for covered lens enhancements.

# VSP-EXAM

[Google Doc: AZ Auto-Calc Plan ID's](#)

**LAB:** Bartley Lab, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual Plan), Auto-Calc plans for Exams and Contact Lenses

VSP offers additional reimbursement when you include diagnosis codes or select conditions on your VSP claims for patients with chronic conditions. For each patient, you can earn. Add applicable amount to Plan Pays – diagnosis codes must be on claim in Eyefinity if entered in Ciao! Optical

- Diabetes – \$5
- Diabetic Retinopathy – \$5
- High Cholesterol – \$2
- Hypertension – \$2

**EXAM PLAN PAYS = VSP REIMBURSEMENT – PATIENT EXAM COPAY + CHRONIC CONDITION**

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

## VSP-CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

Patient has allowance towards CL Fit & Materials. Benefits used on different DOS will require a call to VSP.

Benefit Summary	How it works	CL Fit	Materials
If getting both on same date of service	Option 1 (Best Practice): If CLs exceed the allowance amount, use the entire allowance toward materials.	Take 15 % off U&C Remaining balance is Patient Pays/Copay Column in Ciao.	Enter entire allowance amount (i.e., \$200: \$100 per eye/line) in Plan Pays
If getting both on same date of service	Option 2: Allowance can be split between fit and materials. Maximum allowance that can be used toward the fit is \$60, remaining allowance to be used toward materials.	Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Remaining allowance
If just getting fit (materials on different DOS)	Option 1: Patient can decide where the allowance is applied. If they are going to get materials later, it's easier for them to pay Fit less 15% out-of-pocket and apply the whole allowance to materials.	Take 15 % off U&C Remaining balance is Patient Pays.	N/A
If just getting fit (materials on different DOS)	Option 2: They can use allowance toward fit only and use the remaining allowance towards materials when they return.	Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Call VSP for new authorization that reflects the remaining allowance.

[CLICK HERE FOR MEDICALLY REQUIRED CONTACT LENS DETAILS](#)



# VSP-CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

**Example:** If patient is just getting a fit and wants to use insurance allowance (purchasing materials on separate DOS)

**Contacts** Routine eye exam covered.

**Exam And Allowance** Take 15% off CL exam services before applying \$200.00 for CL exam services and materials. If patient receives CL exam services only, patient is responsible for CL exam services over \$60.

Contacts are instead of [lens, frame].

Logic behind calculations:

U&C	Discounted Price (U&C less 15%)	Max Allowance for CL Fit	Copay Patient Pays
\$105.00	\$89.25	\$60.00	\$29.25

Enter in Ciao! Optical:

CONTACT LENS EVALUATION/FIT			
U&C	Plan Pays	Discount	Copay
\$105.00	\$60.00	\$45.00	\$29.25

Note this is just an example on how to enter. Your amounts will be different.

CONTACT LENS MATERIALS			
U&C	Plan Pays	Discount	Copay
\$149.50	\$70.00	\$79.50	\$79.50
\$149.50	\$70.00	\$79.50	\$79.50

Enter the allowance amount in Plan Pays (\$200 - \$60 used = \$140)  
Ciao! will calculate the overage

# VSP-CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIALS & FIT

Patient has Separate benefits for CL Fit and Materials.  
 Procedure is the same if benefits are used on different DOS.

Benefit Summary	How it Works	CL Fit	Materials
If getting both on same date of service	Patient will have two separate allowances, one for the CL Fit and one for Materials.	Patient Pays the VSP Copay amount (*usually \$60).  Plan Pays = U&C less 15% - \$60* (See Logic example below)	Use the full allowance amount.  Patient Pays overage above allowance – no additional discounts.
If just getting fit or materials on a different DOS  (Call & get new authorization)	Patient will have two separate allowances, one for the CL Fit and one for Materials.	Patient Pays the VSP Copay amount (*usually \$60).  Plan Pays = U&C less 15% - \$60* (See Logic example below)	Use the full allowance amount.  Patient Pays overage above allowance – no additional discounts.

# VSP-CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIALS & FIT

## Example

**Contacts** Routine eye exam covered.

CL Exam Services Charge the lesser of \$60 copay or 85% U&C  
CL Materials \$175

Contacts are instead of [lens, frame].

Logic behind calculations:

U&C	Discounted Price (U&C less 15%)	Patient Pays	Plan Pays
\$105.00	\$89.25	\$60.00	\$29.25

Enter in Ciao! Optical:

CONTACT LENS EVALUATION/FIT			
U&C	Plan Pays	Discount	Copay
\$105.00	\$29.25	\$75.75	\$60.00

Note this is just an example  
on how to enter. Your  
amounts will be different.

CONTACT LENS MATERIALS			
U&C	Plan Pays	Discount	Copay
\$170.99	\$87.50	\$83.49	\$83.49
\$170.99	\$87.50	\$83.49	\$83.49

Enter allowance amount in Plan Pays –  
Ciao! will calculate the overage

# VSP-FRAMES

[Google Doc: AZ Auto-Calc Plan ID's](#)

In most cases...

• **Plan Pays = Wholesale Frame Allowance (WFA) + Frame Dispensing Fee**

- If there is a frame copay, reduce Plan Pays by that amount (material copays will go on the focal type line).
- Patient Pays = Frame retail price – allowance less 20% off the overage.

If the Wholesale Frame Cost (WFC) is less than the WFA, then

• **Plan Pays = Wholesale Frame Cost (WFC) + Frame Dispensing Fee**

- **Wholesale Frame Cost (WFC) = Retail Price x 45%**
- In this case, patient pays = \$0

Using Examples : If the retail amount of the frame is \$115, the WFC is \$51.75 (\$115 x 45%). The WFC of \$51.75 is *LESS* than the WFA of \$58, therefore the Plan Pays would be \$51.75 + \$34.20 (Signature Frame Dispensing Fee)

Co-payments Exam \$10.00 Material \$10.00 01/01/2023

Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:

**WFA73** \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.

**WFA65** \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

**WFA58** \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

**LAB:** Bartley Labs, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

**Wholesale Frame Allowance (WFA) is found under Frame Allowance on all Benefit Sheets.**

# VSP-LENSES

[Google Doc: AZ Auto-Calc Plan ID's](#)

**LAB:** Bartley Labs, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual)

## FOR LENSES

- Plan Pays the focal type line, reduce if materials copay. Materials copay goes in copay column.
- Lens out of pocket amounts for enhancement also go in copay column and are determined by the following.
- Use VSP's Lens Enhancement charts to determine the copay amount for enhancements (Patient Pays)
  - Covered Enhancements – you will put the VSP Service Fee amount in the Plan Pays column (accounting for charge backs on front).**
  - Non-Covered Enhancements (covered with an additional copay owed by the patient) – you will put the patient copay in the Copay column. We don't receive any extra money for these. Charge backs not applicable here.**
- Pay attention to VSP's Lens Enhancement charts – polycarbonate will have a different copay depending on the lens (e.g., \$35 for Progressives | \$31 if Standard SV | \$10 if Digital SV).

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

**You will need the VSP Lens Enhancement Charts to calculate the patient's out-of-pocket amount and enter it into Ciao! Optical.** Contracted rates vary by site.

# VSP-LENSES

## EXTRA NOTES:

- For VSP Signature plans, when tint, photochromic & polycarbonate for kids is covered – there is \$0 charge to the patient. There is also no chargeback from VSP thus we don't have Plan Pays but we will also not be charged for the product production/manufacturing (it's a wash). We do not collect the service fee in these instances. Discount 100%.
- On the VSP Choice plan, if the patient has anything that is fully covered, VSP doesn't apply a 'chargeback', but they do pay you for it, meaning they pay the 'Service Fee'. The only exclusion to this is poly for kids or any patient who has a FEDVIP plan. The items that are fully covered can vary but could include the same as the Signature plan, things like photochromic, tints, etc.
- We don't use Unity lenses

**VSP ADVANTAGE:** Same posting protocol as another plans. Exceptions as follows:

- Eyezen lenses: charge the patient 80% of U&C for the add-on/upcharge above SV lens fee (\$75) | You will also charge 80% of the DST fee (upcharge for digital surfacing)
- Near Variable/Computer lenses: They are the same price as BF. Patient pays \$0.
- Polarized Lenses: Charge the patient 80% of the fee

# VSP-EYEZEN LENSES

Frame
Lens
Order Worksheet
Measurements
Order Completion

**Order Price Calculator**

Plan Name: VSP-GOLDEN WC Type: Assignment  
Group #: Plan ID: 1814833

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RX5228, Blk Grn, 53/17/140	\$200.00		\$ 101.35	\$ 89.65	32.80
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15.00	10.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170.00	75.00
DST Processing	\$145.00		\$ 0.00	\$ 145.00	65.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EyeZen+1 Single Vision	\$75.00		\$ 23.38	\$ 136.62	15.00
Hi-Index 1.67	\$120.00		\$ 0.00	\$ 120.00	56.00

Benefit Calculation Notes

⏏
✖
➡

\*\*Example fees are based on VSP Signature Plan

## For Eyezen Start:

On the DST Processing line, enter:

1. \$40 VSP Digital upcharge
2. \$15 Light Filter

## For Eyezen 1-4 enter:

On the DST Processing line, enter:

1. \$40 VSP Digital upcharge
2. \$10 Technical Add-on
3. \$15 Light Filter

On the Focal Type line, enter:

1. Overall Material copay (if applicable)

On the Material line, enter:

1. Hi-Index 1.67 for a DIGITAL lens

**PLAN DETAILS**

Co-payments Exam: \$15.00 Material: \$15.00

**Frame Allowance** Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:

**WFA70** \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame overage.

**WFA65** \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

**WFA57** \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

MATERIAL DISPENSING	VSP Signature PLAN PAYS
Single Vision Lenses	\$38.38
Bifocal Lenses**	\$57.00
Trifocal Lenses	\$65.36
Lenticular Lenses	\$91.50
New Frame	\$44.35

## Example

# VSP-EYEZEN LENS

Use this chart to identify what modifiers to use on the various lines:  
(Can also be found on VSP Enhancement Charts)

**Note-** When selling SV DST lenses, sell Eyezen Start (or Eyezen 1-4 when prescribed by O.D.)


This will allow your patient to have Crizal EasyPro AR for the same copay as Premium AR (i.e., better lens for minimal cost.)

In Addition, Eyefinity doesn't offer a regular SV DST lens so Eyezen Start is the entry level DST lens.

Digital Lens Line
Eyezen Start
DST Processing Line: <ul style="list-style-type: none"> <li>• Eyezen Start = \$40 (Digital upgrade)</li> <li>• Blue Light Lenses = \$15 (Light Filter (LF))</li> </ul>
Eyezen 1-4
DST Processing Line: <ul style="list-style-type: none"> <li>• Eyezen Plus (1 to 4) = \$40 (Digital upgrade)</li> <li>• Technical Add on= \$10 (TA)</li> <li>• Blue Light Lenses = \$15 (Light Filter (LF))</li> </ul>
Single Vision Line (Focal Type Line)
Enter Patient Copay (if applicable) <ul style="list-style-type: none"> <li>• Reference patient benefit summary</li> <li>• Note- there are some instances where you will not enter a patient copay due to the copay being higher than the plan pay amount</li> </ul>
Lens Material Line
Enter Material Copays <ul style="list-style-type: none"> <li>• For All Digital SV lenses reference Digital Aspheric Lens Styles section</li> </ul>
For covered in full items Plan Pay amounts, reference the service fee column on the appropriate VSP Enhancement Chart found in the Toolkit.



# VSP-VARILUX

Patient Test 

Frame
Lens
Order Worksheet
Measurements
Order Completion

Order Price Calculator

Plan Name: VSP CHOICE COMPLETE WFA57 0 CPY TNC Type: Assignment  
Group #: Plan ID: 1825729

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 58 NEW WAYFARER, Trt Bld, Grn	\$168.00		\$ 75.00	\$ 93	0.00
Blue Filter	\$50.00		\$ 0.00	\$ 50	15
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15	10
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170	85
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Prog Varilux XR Track	\$535.00		\$ 19.00	\$ 516.00	195
Polycarbonate	\$45.00		\$ 0.00	\$ 45	35

- On the Base Lens line, enter:
1. Overall Material copay (if applicable)
  2. Progressive Lens Copay (in this example category N)
  3. Custom Measurements (CM)
  4. Technical Add for Varilux XR Track Fit (TA)

**\*\*Example fees are based on VSP Choice Plan with zero copay**

# VSP-VARILUX

Use this chart to identify what modifiers to use on the various lines: (Can also be found on VSP Enhancement Charts)

Progressive Lens Base Line (Focal Type Line)	
<b>Varilux XR Track Fit</b> (Patient Preferred)	<ul style="list-style-type: none"> <li>• Progressive Category (N)</li> <li>• Custom Measurements (CM)</li> <li>• Technical Add on (TA = \$40)</li> <li>• Overall Patient Copay (if applicable)</li> </ul>
<b>Varilux XR Fit</b> (Patient Preferred Lens)	<ul style="list-style-type: none"> <li>• Progressive Category (N)</li> <li>• Custom Measurements (CM)</li> <li>• Overall Patient Copay (if applicable)</li> </ul>
<b>Varilux Comfort Max Fit</b> (Classic Lens Choice)	<ul style="list-style-type: none"> <li>• Progressive Category (O)</li> <li>• Custom Measurements (CM)</li> <li>• Overall Patient Copay (if applicable)</li> </ul>
<b>Premium Progressive</b> (Essential Lens Choice)	<ul style="list-style-type: none"> <li>• Progressive Category (K)</li> <li>• Overall Patient Copay (if applicable)</li> </ul>
Blue Filter Line	
<ul style="list-style-type: none"> <li>• Enter Light Filtering copay for all Blue Light Lenses (LF)</li> </ul>	
Lens Material Line	
<ul style="list-style-type: none"> <li>• Enter Material Copays               <ul style="list-style-type: none"> <li>• For All Progressive lenses reference the copays listed on The Progressive section of the VSP Enhancement charts</li> </ul> </li> </ul>	
For covered in full items Plan Pay amounts, reference the service fee column on the appropriate VSP Enhancement Chart found in the Toolkit.	

# VSP-PROPRIETARY LENS & FRAME ORDERS

There are only two instances where you would process an order as Proprietary Lens & Frame:

1. Genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.
  - **Oakley**
  - **Costa**
  - **Ray Ban Authentic lenses**
2. Frame and lens mounting that can't be fabricated at a VSP contract lab.

**Example**

Category	QTY	Item#	Description	Retail Price
Frame	1	888392269775	004123 55 Holbrook Metal, Blk Mat, Grn	\$211.00
Lens	1	20500002465028	SV OK OTD 1.59 Cir Slith Pro	\$240.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$451.00

**PLAN DETAILS**

Co-payments Exam: \$15.00 Material: \$15.00

**Frame Allowance** Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:

**WFA19** \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame overage.

**WFA65** \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

**WFA5** \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

MATERIAL DISPENSING	VSP Signature PLAN PAYS
Single Vision Lenses	\$38.38
Bifocal Lenses**	\$57.00
Trifocal Lenses	\$65.36
Lenticular Lenses	\$91.50
New Frame	\$44.35

Calculating Patient Charges on Proprietary Lenses	
U&C fee for lens	\$ 240.00
Deduct 20%	- \$ 48.00
Subtotal	\$ 192.00
Subtract VSP proprietary RX lens allowance [SV \$20   BF/Prog \$35   TF \$45]	- \$ 20.00
Subtract your assigned lens dispensing fee	- \$ 38.38
Add any applicable copays collected from patient	\$ 15.00
Patient's out-of-pocket expense	\$ 148.62

Calculate the patient's out-of-pocket expenses for frame as you normally would

Calculating Patient Charges on Proprietary Frames	
U&C fee for frame	\$ 211.00
Subtract VSP frame allowance	- \$ 150.00
Subtotal	\$ 61.00
Deduct 20%	- \$ 12.20
Patient's out-of-pocket expense	\$ 48.80

**Patient's total = \$197.42**

# VSP-PROPRIETARY LENS & FRAMES IN CIAO! OPTICAL

Frame
Lens
Order Worksheet
Measurements
Order Completion

**Plan Name:** VSP-GOLDEN WC **Type:** Assignment  
**Group #:**                      **Plan ID:** 1814833

**Order Price Calculator**

**PLAN PAYS - Frame: \$57 (WFA) + \$44.35 (Frame dispensing fee)**

Services	Retail Price	Extended Price	Plan Pays	Discount	Copoly
004123 55 Holbrook Metal, Blk Mat, Grn	\$211.00		\$ 101.35	\$ 109.65	48.80
Authentic Lens Finishing	\$30.00		\$ 0.00	\$ 30.00	30.00
Backside UV	\$0.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$23.00		\$ 0.00	\$ 23.00	23.00
Oakley Stealth Pro	\$60.00		\$ 0.00	\$ 60.00	60.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
SV Oakley True Digital	\$82.00		\$ 43.38	\$ 38.62	35.62
P1.59 Oakley Clear Stealth Pro	\$45.00		\$ 0.00	\$ 45.00	0.00

**Benefit Calculation Notes**

⏮
✖
➡

**PLAN PAYS - Lenses: \$20 (proprietary RX lens allowance) + \$38.38 (SV lens dispensing fee) - \$15 copay**

**Copoly Column** - The patient's total for the frame is \$48.80.

The lens total of \$148.62 (which includes the \$15 copay) will be distributed among the lines with a Retail Price.

**\*\*It doesn't matter how the dollars are distributed in the copy column as long as the total is correct, and the amount does not exceed the retail price. For lens add-ons that have retail pricing, be sure to enter that amount in the Discount column.**

**○ Vision Care Plan Pricing**

Vision Care Plan: VSP-GOLDEN WC

Plan Id: 1814833

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$253.58

**YOU PAY: \$197.42**



# VSP Choice Plan

## Lens Enhancements Chart



Effective September 1, 2024

### **Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

#### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

#### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### **Service Fee**

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	\$31	\$14	\$21	\$35
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	\$56	\$33	\$27	\$60
AH	High-index Plastic 1.66/1.67	\$48	\$35	\$83	\$58	\$40	\$98
AJ	High-index Plastic 1.70 and Above	\$68	\$43	\$111	\$78	\$40	\$118
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	\$60	\$85	\$53	\$138

DIGITAL ASPHERIC LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses – Plastic	\$24	\$21	\$45	\$34	\$21	\$55
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53-1.60/Trivex	\$16	\$12	\$45 + \$28	\$16	\$12	\$55 + \$28
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$21	\$45 + \$58	\$40	\$28	\$55 + \$68
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 and Above	\$57	\$29	\$45 + \$86	--	--	--
BA + BD	Digital Aspheric Lenses – Polycarbonate	\$10	\$0	\$45 + \$10	\$10	\$0	\$55 + \$10

OCCUPATIONAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses – Plastic A	\$36	\$21	\$57	\$48	\$29	\$77
DA + DB	Polarized Lenses – High-index Plastic 1.53-1.60/Trivex	\$47	\$29	\$57 + \$76	\$59	\$36	\$77 + \$95
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$34	\$57 + \$89	\$67	\$41	\$77 + \$108
DA + DJ	Polarized Lenses – High-index Plastic 1.70 and Above	\$70	\$38	\$57 + \$108	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$18	\$57 + \$31	\$13	\$18	\$77 + \$31
DE	Polarized/Laminated Lenses – Glass	\$49	\$29	\$78	\$63	\$38	\$101

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus – Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus – High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
IA + IJ	Near Variable Focus – High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	\$50 + \$60
IA + ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$13	\$50 + \$20
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$16	\$30

PLASTIC DYES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17

\*This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

# VSP Choice Plan

Effective September 1, 2024

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

GLASS TINTS AND COLOR COATINGS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46

PHOTOCHROMICS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75

OTHER COATINGS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$49	\$26	\$23	\$49
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	\$55	\$30	\$25	\$55
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33

OVERSIZE			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18

MISCELLANEOUS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$16	\$6	\$10	\$16
SQ	Edge Coating	\$17	\$19	\$36	\$17	\$19	\$36
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	\$66	\$41	\$25	\$66
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-On	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--

DOCTOR SUPPLIED*			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# VSP Choice Plan

Effective September 1, 2024

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

PROGRESSIVE				
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	Progressive N – Plastic	\$95	\$80	\$175
NA + NB	Progressive N – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + \$47
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	\$175 + \$78
NA + NJ	Progressive N – High-index Plastic 1.70 and Above	\$77	\$48	\$175 + \$125
NA + ND	Progressive N – Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N – Polarized	\$51	\$31	\$175 + \$82
OA	Progressive O – Plastic	\$79	\$71	\$150
OA + OB	Progressive O – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + \$47
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	\$150 + \$78
OA + OJ	Progressive O – High-index Plastic 1.70 and Above	\$77	\$48	\$150 + \$125
OA + OD	Progressive O – Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O – Polarized	\$51	\$31	\$150 + \$82
FA	Progressive F – Plastic	\$54	\$51	\$105
FA + FB	Progressive F – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + \$47
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$30	\$105 + \$78
FA + FJ	Progressive F – High-index Plastic 1.70 and Above	\$77	\$48	\$105 + \$125
FA + FD	Progressive F – Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F – Polarized	\$51	\$31	\$105 + \$82
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J – Plastic	\$46	\$49	\$95
JA + JB	Progressive J – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + \$47
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$30	\$95 + \$78
JA + JJ	Progressive J – High-index Plastic 1.70 and Above	\$77	\$48	\$95 + \$125
JA + JD	Progressive J – Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J – Polarized	\$51	\$31	\$95 + \$82
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K – Plastic	\$28	\$27	\$55
KA + KB	Progressive K – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + \$47
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + \$78
KA + KJ	Progressive K – High-index Plastic 1.70 and Above	\$77	\$48	\$55 + \$125
KA + KD	Progressive K – Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K – Polarized	\$51	\$31	\$55 + \$82
KE	Progressive K – Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Choice Plan bifocal lens dispensing fee.  
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

PROGRESSIVE CATEGORIES <sup>2</sup> AS OF 6/27/2023		
Custom	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III <sup>^</sup> , Shamir Autograph Intelligence <sup>^</sup> , Varilux X Fit Technology <sup>^</sup> , ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2 <sup>^</sup> , Kodak Unique DRO, Shamir Autograph II+ <sup>^</sup> , Varilux Physio W3+, Varilux X Design Technology <sup>^</sup> , ZEISS SmartLife Superb <sup>^</sup> /Plus/Pure
Premium	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
Standard	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](http://eyefinity.com).  
<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

©2024 Vision Service Plan. All rights reserved.  
VSP and VSP Choice Plan are registered trademarks of Vision Service Plan. Unity and Ethos are registered trademarks of Plexus Optix, Inc.  
All other brands or marks are the property of their respective owners. 126546 VCDR

Classification: Restricted



# VSP Signature Plan



## Lens Enhancements Chart



Effective September 1, 2024

### **Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

#### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or your usual and customary fee (U&C), whichever is lower.

#### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### **Service Fee**

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

Charge patients the listed patient copay or your U&C fee, whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$13	\$23	\$14	\$14	\$28
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$22	\$51	\$33	\$22	\$55
AH	High-index Plastic 1.66/1.67	\$48	\$28	\$76	\$58	\$32	\$90
AJ	High-index Plastic 1.70 and Above	\$68	\$34	\$102	\$78	\$32	\$110
AD	Polycarbonate	\$19	\$14	\$33	\$19	\$14	\$33
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$20	\$55	\$85	\$42	\$127

DIGITAL ASPHERIC LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$26	\$14	\$40	\$31	\$14	\$45
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$11	\$40 + \$27	\$16	\$11	\$45 + \$27
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$19	\$40 + \$56	\$40	\$25	\$45 + \$65
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$25	\$40 + \$82	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	\$40 + \$10	\$10	\$0	\$45 + \$10

OCCUPATIONAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$17	\$53	\$48	\$23	\$71
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$23	\$53 + \$70	\$59	\$29	\$71 + \$88
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$27	\$53 + \$82	\$67	\$33	\$71 + \$100
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$30	\$53 + \$100	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$14	\$53 + \$27	\$13	\$14	\$71 + \$27
DE	Polarized/Laminated Lenses - Glass	\$49	\$23	\$72	\$63	\$30	\$93

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$20	\$46
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$10	\$46 + \$21
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$18	\$46 + \$45
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$19	\$46 + \$55
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$10	\$46 + \$17
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$13	\$27

PLASTIC DYES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$8	\$13	\$5	\$8	\$13
MP	Plastic Dyes - Gradient	\$7	\$8	\$15	\$7	\$8	\$15

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.  
Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no Service Fee for those lens enhancements.  
Additionally, for children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

# VSP Signature Plan

Effective September 1, 2024

Charge patients the listed patient copay or your U&C fee, whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	Glass Color Coatings - Solid	\$22	\$16	\$38	\$22	\$16	\$38
MT	Glass Color Coatings - Gradient	\$25	\$17	\$42	\$25	\$17	\$42

PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$14	\$29	\$23	\$14	\$37
PR	Photochromics - Plastic	\$47	\$23	\$70	\$47	\$23	\$70

OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QT	Anti-reflective Coating C	\$41	\$20	\$61	\$41	\$20	\$61
QV	Anti-reflective Coating D	\$52	\$23	\$75	\$52	\$23	\$75
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$8	\$15	\$7	\$8	\$15
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$14	\$29	\$15	\$14	\$29

OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$5	\$10	\$6	\$6	\$12
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$5	\$12	\$10	\$6	\$16

MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$8	\$14	\$6	\$8	\$14
SQ	Edge Coating	\$17	\$15	\$32	\$17	\$15	\$32
SR	Faceted Lenses (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--

DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	Plastic Dyes - Gradient	\$7	\$8	\$15	\$7	\$8	\$15
IV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14

Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those lens enhancements.

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# VSP Signature Plan

Effective September 1, 2024

Charge patients the listed patient copay or your U&C fee, whichever is lower.

PROGRESSIVE				
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$65	\$160
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$160 + \$42
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$24	\$160 + \$72
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$38	\$160 + \$115
NA + ND	Progressive N - Polycarbonate	\$18	\$15	\$160 + \$33
NA + NP	Progressive N - Polarized	\$51	\$25	\$160 + \$76
OA	Progressive O - Plastic	\$75	\$45	\$120
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$120 + \$42
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$24	\$120 + \$72
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$38	\$120 + \$115
OA + OD	Progressive O - Polycarbonate	\$18	\$15	\$120 + \$33
OA + OP	Progressive O - Polarized	\$51	\$25	\$120 + \$76
FA	Progressive F - Plastic	\$54	\$36	\$90
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$90 + \$42
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$24	\$90 + \$72
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$38	\$90 + \$115
FA + FD	Progressive F - Polycarbonate	\$18	\$15	\$90 + \$33
FA + FP	Progressive F - Polarized	\$51	\$25	\$90 + \$76
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$36	\$95
JA	Progressive J - Plastic	\$46	\$34	\$80
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$80 + \$42
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$24	\$80 + \$72
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$38	\$80 + \$115
JA + JD	Progressive J - Polycarbonate	\$18	\$15	\$80 + \$33
JA + JP	Progressive J - Polarized	\$51	\$25	\$80 + \$76
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$34	\$90
KA	Progressive K - Plastic	\$30	\$20	\$50
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$50 + \$42
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$24	\$50 + \$72
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$38	\$50 + \$115
KA + KD	Progressive K - Polycarbonate	\$18	\$15	\$50 + \$33
KA + KP	Progressive K - Polarized	\$51	\$25	\$50 + \$76
KE	Progressive K - Glass/High-index Glass (Clear)	\$50	\$20	\$70

1. The Service Fee for progressives is paid in addition to your VSP Signature Plan bifocal dispensing fee.  
Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

PROGRESSIVE CATEGORIES <sup>2</sup> AS OF 6/27/2023		
Custom	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III <sup>^</sup> , Shamir Autograph Intelligence <sup>^</sup> , Varilux X Fit Technology <sup>^</sup> , ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2 <sup>^</sup> , Kodak Unique DRO, Shamir Autograph II+ <sup>^</sup> , Varilux Physio W3+, Varilux X Design Technology <sup>^</sup> , ZEISS SmartLife Superb <sup>^</sup> /Plus/Pure
Premium	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
Standard	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](https://www.eyefinity.com).  
<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

©2024 Vision Service Plan. All rights reserved.  
VSP and VSP Signature Plan are registered trademarks of Vision Service Plan. Unity and Ethos are registered trademarks of Plexus Optix, Inc.  
All other brands or marks are the property of their respective owners. 126544 VCDR

Classification: Restricted

# VSP Advantage Network



## Lens Enhancements Chart



Effective September 1, 2024

### **Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

#### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower. For lens enhancements without a copay listed, charge 80% of your U&C.

#### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### **Service Fee**

VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

# Advantage Network

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

ASPHERICAL AND SPHERICAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	High-index Plastic 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	High-index Plastic 1.70 and Above	\$68	\$43	80% of U&C	\$78	\$40	80% of U&C
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	80% of U&C	\$85	\$53	80% of U&C

DIGITAL ASPHERIC LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	80% of U&C	\$34	\$21	80% of U&C
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	80% of U&C	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	80% of U&C + \$10	\$10	\$0	80% of U&C + \$10

OCCUPATIONAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	80% of U&C	\$67	\$41	80% of U&C
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	80% of U&C	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	80% of U&C
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	80% of U&C
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	80% of U&C
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	80% of U&C
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	80% of U&C

PLASTIC DYES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

\*This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.  
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

# Advantage Network

Effective Septmeber 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

GLASS TINTS AND COLOR COATINGS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	Glass Color Coatings - Gradient	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C

PHOTOCHROMICS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75

OTHER COATINGS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33

OVERSIZE			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18

MISCELLANEOUS			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	Edge Coating	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--

DOCTOR SUPPLIED*			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.



# Advantage Network

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

PROGRESSIVE				
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	Progressive N – Plastic	\$95	\$80	\$175
NA + NB	Progressive N – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$175 + 80% of U&C <sup>2</sup>
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C <sup>2</sup>
NA + NJ	Progressive N – High-index Plastic 1.70 and Above	\$77	\$48	\$175 + 80% of U&C <sup>2</sup>
NA + ND	Progressive N – Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N – Polarized	\$51	\$31	\$175 + 80% of U&C <sup>2</sup>
OA	Progressive O – Plastic	\$79	\$71	\$150
OA + OB	Progressive O – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$150 + 80% of U&C <sup>2</sup>
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C <sup>2</sup>
OA + OJ	Progressive O – High-index Plastic 1.70 and Above	\$77	\$48	\$150 + 80% of U&C <sup>2</sup>
OA + OD	Progressive O – Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O – Polarized	\$51	\$31	\$150 + 80% of U&C <sup>2</sup>
FA	Progressive F – Plastic	\$54	\$51	\$105
FA + FB	Progressive F – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$105 + 80% of U&C <sup>2</sup>
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C <sup>2</sup>
FA + FJ	Progressive F – High-index Plastic 1.70 and Above	\$77	\$48	\$105 + 80% of U&C <sup>2</sup>
FA + FD	Progressive F – Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F – Polarized	\$51	\$31	\$105 + 80% of U&C <sup>2</sup>
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J – Plastic	\$46	\$49	\$95
JA + JB	Progressive J – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$95 + 80% of U&C <sup>2</sup>
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C <sup>2</sup>
JA + JJ	Progressive J – High-index Plastic 1.70 and Above	\$77	\$48	\$95 + 80% of U&C <sup>2</sup>
JA + JD	Progressive J – Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J – Polarized	\$51	\$31	\$95 + 80% of U&C <sup>2</sup>
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K – Plastic	\$28	\$27	\$55
KA + KB	Progressive K – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$55 + 80% of U&C <sup>2</sup>
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C <sup>2</sup>
KA + KJ	Progressive K – High-index Plastic 1.70 and Above	\$77	\$48	\$55 + 80% of U&C <sup>2</sup>
KA + KD	Progressive K – Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K – Polarized	\$51	\$31	\$55 + 80% of U&C <sup>2</sup>
KE	Progressive K – Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Advantage Plan<sup>SM</sup> bifocal lens dispensing fee.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

2. To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

PROGRESSIVE CATEGORIES <sup>3</sup> AS OF 6/27/2023		
Custom	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III <sup>^</sup> , Shamir Autograph Intelligence <sup>^</sup> , Varilux X Fit Technology <sup>^</sup> , ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2 <sup>^</sup> , Kodak Unique DRO, Shamir Autograph II+ <sup>^</sup> , Varilux Physio W3+, Varilux X Design Technology <sup>^</sup> , ZEISS SmartLife Superb <sup>^</sup> /Plus/Pure
Premium	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
Standard	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

3. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](http://eyefinity.com).

<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

©2024 Vision Service Plan. All rights reserved.

VSP is a registered trademark, and VSP Advantage Plan is a service mark of Vision Service Plan. Unity and Ethos are registered trademarks of Plexus Optix, Inc. All other brands or marks are the property of their respective owners. 126543 VCDR

Classification: Restricted



# VSP Enhanced Advantage Plan



## Lens Enhancements Chart



Effective September 1, 2024

### **Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

#### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

#### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### **Service Fee**

VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

# VSP Enhanced Advantage Plan™

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	\$31	\$14	\$21	\$35
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	\$56	\$33	\$27	\$60
AH	High-index Plastic 1.66/1.67	\$48	\$35	\$83	\$58	\$40	\$98
AJ	High-index Plastic 1.70 and Above	\$68	\$43	\$111	\$78	\$40	\$118
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	\$60	\$85	\$53	\$138

DIGITAL ASPHERIC LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses – Plastic	\$24	\$21	\$45	\$34	\$21	\$55
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53-1.60/Trivex	\$16	\$12	\$45 + \$28	\$16	\$12	\$55 + \$28
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$21	\$45 + \$58	\$40	\$28	\$55 + \$68
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 and Above	\$57	\$29	\$45 + \$86	--	--	--
BA + BD	Digital Aspheric Lenses – Polycarbonate	\$10	\$0	\$45 + \$10	\$10	\$0	\$55 + \$10

OCCUPATIONAL LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses – Plastic A	\$36	\$21	\$57	\$48	\$29	\$77
DA + DB	Polarized Lenses – High-index Plastic 1.53-1.60/Trivex	\$47	\$29	\$57 + \$76	\$59	\$36	\$77 + \$95
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$34	\$57 + \$89	\$67	\$41	\$77 + \$108
DA + DJ	Polarized Lenses – High-index Plastic 1.70 and Above	\$70	\$38	\$57 + \$108	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$18	\$57 + \$31	\$13	\$18	\$77 + \$31
DE	Polarized/Laminated Lenses – Glass	\$49	\$29	\$78	\$63	\$38	\$101

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus – Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus – High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
IA + IJ	Near Variable Focus – High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	\$50 + \$60
IA + ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$13	\$50 + \$20
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$16	\$30

PLASTIC DYES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.  
Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

The VSP Enhanced Advantage Plan Lens Enhancement Chart only applies to the VSP Enhanced Advantage Plan, including VSP Enhanced Advantage Supplemental Additional Pair and VSP Computer VisionCare™ Plan.

# VSP Enhanced Advantage Plan

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46

PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75

OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$49	\$26	\$23	\$49
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	\$55	\$30	\$25	\$55
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33

OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18

MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$16	\$6	\$10	\$16
SQ	Edge Coating	\$17	\$19	\$36	\$17	\$19	\$36
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	\$66	\$41	\$25	\$66
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--

DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# VSP Enhanced Advantage Plan

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

PROGRESSIVE				
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$80	\$175
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + \$47
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + \$78
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + \$125
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + \$82
OA	Progressive O - Plastic	\$79	\$71	\$150
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + \$47
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + \$78
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + \$125
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + \$82
FA	Progressive F - Plastic	\$54	\$51	\$105
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + \$47
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + \$78
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + \$125
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + \$82
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J - Plastic	\$46	\$49	\$95
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + \$47
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + \$78
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + \$125
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + \$82
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K - Plastic	\$28	\$27	\$55
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + \$47
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + \$78
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + \$125
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + \$82
KE	Progressive K - Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Enhanced Advantage Plan bifocal lens dispensing fee.

PROGRESSIVE CATEGORIES <sup>2</sup> AS OF 6/27/2023				
Custom	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III^, Shamir Autograph Intelligence^, Varilux X Fit Technology^, ZEISS SmartLife Individual		
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2^, Kodak Unique DRO, Shamir Autograph II+^, Varilux Physio W3+, Varilux X Design Technology^, ZEISS SmartLife Superb^/Plus/Pure		
Premium	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V		
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H		
Standard	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D		

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](https://www.eyefinity.com).

^This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

©2024 Vision Service Plan. All rights reserved.

VSP is a registered trademark, and VSP Enhanced Advantage Plan is a trademark, and Computer VisionCare Plan is a service mark of Vision Service Plan. Unity and Ethos are registered trademarks of Plexus Optix, Inc. All other brands or marks are the property of their respective owners. 126545 VCDR

Classification: Restricted

# SUPERIOR VISION

[Google Doc: AZ Auto-Calc Plan ID's](#)

**LAB:** RxO

**BILLING:** Mason Billing Team

**PLAN ID:** 1836706 (Bill Actual) or Auto-Calculate

\*See member benefit summary and attached fee schedules for additional details

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Copay listed on Service Record Form	Comprehensive \$55 (reduce if copay) Intermediate \$45 (reduce if copay) *If Retinal Image covered in full, plan pays is \$39
CL Fit (92071, 92310, 92317, S0592)	Copay listed on Service Record Form *Specialty Contact Lens Fit = U/C- CL Fit allowance + patient copay	Standard Contact Lens Fit*     \$30 (reduce if copay)  *Up to \$40 and \$50 allowance on specialty CL Fits. See Authorization sheet for member specific details.
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 45% of the frame allowance
Lenses	Copay & Allowances listed on Service Record Form  Additional lens options please see patient benefit form	Single Vision     \$20 Bifocals     \$35 Trifocals     \$50 Progressives     \$50  *See fee schedules for covered in full items
Contact Lenses	Allowance listed on Service Record Form	Up to 80% of the members allowance

# SUPERIOR VISION

Maximum allowable for  
Medically Necessary  
Contacts:

Condition	Max Allowable charge
Dry eye syndrome	Up to \$1,200
Keratitis	Up to \$700
Keratoconus (Unstable)	Up to \$2,500
Keratoconus (Stable)	Up to \$1,200
Pediatric Corneal Disorder & Post Traumatic Disorder	Up to \$700
Erosion	Up to \$700
Pediatric Aphakia	Up to \$700
Pediatric Pathological Myopia	Up to \$700
High Ametropia	Up to \$700
Hypermetropia	Up to \$700
Myopia	Up to \$700
Irregular Astigmatism	Up to \$1,000
Anisometropia	Up to \$700
Sjögren syndrome	Up to \$700
Vision Improvement	Up to \$700
Congenital malformations of anterior segment of eye	Up to \$700
Pediatric Aniridia	Up to \$3,700
Injury of conjunctiva and corneal abrasion w/out foreign body	Up to \$700
Foreign body in cornea	Up to \$700

# SPECTERA

[Google Doc: AZ Auto-Calc Plan ID's](#)

**LAB:** RxO

**BILLING:** Mason Billing Team

**PLAN ID:** 1835353 (Bill Actual) or Auto-Calculate

\*See member benefit summary and attached fee schedules for additional details

	PATIENT PAYS	PLAN PAYS			
Exam	Copay listed on Service Record Form	92002 \$46		92015 \$9	
		92004 \$55		Optomap \$39	
		92012 \$40		*images only if stated covered	
		92014 \$49			
CL Fit	Copay listed on Service Record Form	<ul style="list-style-type: none"> <li>92071, 92310-92317 = \$29 if covered in full by the plan</li> <li>92071, 92310-92317 (ND modifier)= Lesser of 80% Customer Charge or 80% of allowance</li> <li>92071, 92310-92317 (XC modifier)= Lesser of Customary Charge or \$500</li> </ul>			
Frames (V2020, V2025)	Allowance listed on Service Record Form <ul style="list-style-type: none"> <li>30% discount on frame overage</li> </ul>	45% of the customary charge			
Lenses	Copay & Allowances listed on Service Record Form	Single Vision \$25 Bifocals \$35 Trifocals \$45 <u>Progressives:</u> Tier I \$70 Tier II \$85 Tier III \$120 Tier IV \$140 Tier V \$190	Photochromic \$58 Tint only \$10 UV Coating \$13 Roll & Polish \$8 Polycarbonate \$23 High Index 1.54-1.73 \$40 High Index 1.74 = 39% of Customary Charge	<u>Anti-Reflective:</u> Tier I \$29 Tier II \$32 Tier III \$55 Tier IV \$70  *All other lens options 68% of Customary Charge	
Contact Lenses	Allowance listed on Service Record Form	<ul style="list-style-type: none"> <li>Contact Lenses-Non Formulary, Elective = 80% of Customary Charge</li> <li>Contact Lenses-Formulary, Elective= 68% of Customary Charge or \$50.00 per box for Daily or Bi-weekly Replacements, or \$70 per box for Monthly Replacements</li> <li>Contact Lenses-Necessary= Lesser of 80% of Customary Charge or \$1,500.00</li> </ul>			

**EXHIBIT C**  
**FEE SCHEDULE**

Unless another fee schedule to this Agreement applies specifically to a particular Vision Plan as it covers a particular Enrollee, the provisions of this fee schedule apply to Covered Services rendered by Provider to Enrollees covered by Vision Plans administered by SPECTERA EYECARE NETWORKS.

Any co-payment, deductible or coinsurance that the Enrollee is responsible to pay under the Enrollee's Vision Plan will be subtracted from the listed amount in determining the amount to be paid by SPECTERA EYECARE NETWORKS. Any amounts collected from the Enrollee in excess of those listed below for Ophthalmic Lens Options and Frames shall be owed to SPECTERA EYECARE NETWORKS and will be withheld from the applicable remittances. The actual payment is also subject to matters described in this agreement, such as the Protocols.

As described in the NAM, all balance due amounts owed to SPECTERA EYECARE NETWORKS by Provider must be submitted to SPECTERA EYECARE NETWORKS no later than thirty (30) days after receipt of such monies.

In accordance with Article 1.1 of this Agreement, once an Enrollee reaches his/her maximum allowable amount of frequency of Covered Services under the Vision Plan, those additional services shall not be considered Covered Services, and Enrollee shall be responsible for payment to the Provider for all such services.

**Section 1**  
**Additional Definitions**

Allowance is the covered amount as defined in the Enrollee's Vision Plan.

Customary Charge is the fee for vision care services or supplies charged by the Provider that does not exceed the fee that the Provider would ordinarily charge another person regardless of whether the person is an Enrollee of a Vision Plan administered by SPECTERA EYECARE NETWORKS.

**Section 2**  
**Reimbursement for Covered Services**

Provider Reimbursement Rates for Covered Services are the lesser of Provider's Customary Charge or the amounts outlined below.



### Fee Schedule

<b>PROFESSIONAL SERVICES</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>EYE EXAMINATIONS</b>			
<b>92002</b>		Medical exam and evaluation; intermediate, new patient	\$46.00
<b>92004</b>		Medical exam and evaluation; comprehensive, new patient	\$55.00
<b>92012</b>		Medical exam and evaluation; intermediate, established patient	\$40.00
<b>92014</b>		Medical exam and evaluation; comprehensive, established patient	\$49.00
<b>S0620</b>		Routine ophthalmological examination including refraction; new patient	\$52.00
<b>S0621</b>		Routine ophthalmological examination including refraction; established patient	\$50.00
<b>92015</b>		Refraction determination	\$ 9.00
<b>S9986</b>		Retinal screening photography	\$39.00
<b>CONTACT LENS FITTING &amp; FOLLOW UP</b>			
<b>92071, 92310-92317, S0592</b>		Contact Lens Fitting and Evaluation - Elective	\$29.00 if covered in full by the Enrollee's Vision Plan
<b>92071, 92310-92317, S0592</b>	ND	Contact Lens Fitting and Evaluation - Elective	Lesser of 80% Customary Charge or 80% of the Allowance
<b>92071, 92310-92317, S0592</b>	XC	Contact Lens Fitting and Evaluation – Necessary	Lesser of 80% of Customary Charge or \$500.00

<b>MATERIALS</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>FRAMES</b>			
<b>S0516</b>		Safety frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
<b>V2020, V2025</b>		Frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
<b>OPHTHALMIC LENSES/PER PAIR</b>			
<b>V2100-V2115, V2118, V2121, V2199</b>		Single Vision Lens – Plastic	\$25.00
<b>V2200-V2215, V2218-V2221, V2299</b>		Bifocal Vision Lens – Plastic	\$35.00
<b>V2300-V2315, V2318-V2321, V2399</b>		Trifocal Vision Lens – Plastic	\$45.00
<b>V2781</b>	P1	Tier I Progressive Ophthalmic Lens	\$70.00
<b>V2781</b>	P2	Tier II Progressive Ophthalmic Lens	\$85.00
<b>V2781</b>	P3	Tier III Progressive Ophthalmic Lens	\$120.00
<b>V2781</b>	P4	Tier IV Progressive Ophthalmic Lens	\$140.00
<b>V2781</b>	P5	Tier V Progressive Ophthalmic Lens	\$190.00
<b>OPHTHALMIC LENS OPTIONS/PER PAIR</b>			
<b>V2744</b>		Photochromic	\$58.00
<b>V2745</b>		Tint (not including Photochromic)	\$10.00
<b>V2750</b>	R1	Tier I Anti-reflective coating	\$29.00
<b>V2750</b>	R2	Tier II Anti-reflective coating	\$32.00
<b>V2750</b>	R3	Tier III Anti-reflective coating	\$55.00
<b>V2750</b>	R4	Tier IV Anti-reflective coating	\$70.00
<b>V2755</b>		UV coating	\$13.00
<b>V2760</b>		Standard scratch coating	Included
<b>V2782, V2783</b>		High Index 1.54-1.73 plastic	\$40.00
<b>V2783</b>	HI	High index $\geq 1.74$ plastic	39% of Customary Charge
<b>V2784, S0580</b>		Polycarbonate	\$23.00
<b>V2799</b>	PP	Roll and Polish	\$ 8.00

<b>MATERIALS</b>			
<b>V2799</b>	SW	Scratch warranty	\$ 7.00
<b>ALL OTHER OPHTHALMIC LENS OPTIONS</b>			68% of Customary Charge
<b>CONTACT LENSES</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	CD CM	Contact Lenses - Formulary, Elective	68% of Customary Charge, or \$50.00 per box for Daily or Bi-weekly Replacements, or \$70.00 per box for Monthly Replacements
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	ND	Contact Lenses – Non-Formulary, Elective	80% of Customary Charge
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2599</b>	XC	Contact Lenses - Necessary	Lesser of 80% of Customary Charge or \$1,500.00

Confidential and Proprietary. Not for Distribution to Third Parties.

# LENS RESOURCES

# LENS REFERENCE CHART

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
<b>Crizal Easy Pro</b>	V2750 V2755 EM/VSP	Tier 2 + BS UV	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
<b>Crizal Sapphire HR</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
<b>Crizal Previncia</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
<b>Crizal Rock</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
<b>Crizal Sunshield UV</b>	V2750 V2755 EM	Tier 2 + BS UV	Cat D	Tier 4	Premium	Not Covered
<b>Crizal Sunshield Mirrors UV</b>	V2750 V2755 EM	Tier 3 + BS UV	Cat D (QP+QV)	Tier 4	Premium	Not Covered
<b>Premium AR   Premium BS AR</b>	V2750	Tier 2	Cat C (Lab Choice)	Tier 3	Ultra	Prem AR 1
<b>Varilux Comfort Max Fit</b>	V2781 V2702 CM for VSP	Tier 3	Cat O + CM	Tier 3	Ultra	Prem Prog 3
<b>Varilux XR Fit</b> (Varilux XR Design)	V2781 V2702 CM for VSP	Tier 4	Cat N + CM	Tier 5	Ultimate	Prem Prog 4
<b>Varilux XR Track Fit</b> (Varilux XR Track)	V2781 V2702 CM for VSP	Tier 5	Cat N + CM + TA	Non-Formulary	Not Covered	Not Covered
<b>Wrap Plus</b> (Private label design) Similar to Attitude III Fashion	V2781	Tier 4	Cat O	Not Covered	Ultimate	Prem Prog 2
<b>Premium PG Design</b> Accolade	V2781	Tier 1	Cat K	Tier 2	Premium	Prem Prog 1
<b>Standard PG Design</b> (Value & MVC: Ovation Digital)	V2781	Standard	Cat K	Tier 1	Premium	Prem Prog 1
<b>PG Computer*</b> 5' no Distance (Similar to Shamir Computer)	V2781 V2799 for VSP	Tier 3	Near Variable Focus	Tier 1	Not Covered	Near Variable Focus

\*Typically – Computer PGs are purchased as a secondary pair – leverage 40% Off Additional Pairs when applicable.

# LENS RETAIL PRICING

Code	Lens Materials	Price
	Plastic	\$ -
V2784	Poly	\$ 45.00
V2783	High Index 1.67	\$ 140.00
V2783	High Index 1.74	\$ 235.00

Code	Lens Designs	Price
V2410	Aspheric	\$ -
V2100 - V2114	Single Vision	\$ 100.00
	SV DST (SV \$100 + DST \$60)	\$ 160.00
V2100 - V2114	SV Eyezen Start (SV \$100 + DST \$140)	\$ 240.00
V2100 - V2114	SV Eyezen 1 - 4 (SV \$100 + DST \$150)	\$ 250.00
V2200- V2299	Bifocal (Base Lens Fee)	\$ 165.00
V2300- V2399	Trifocal (Base Lens Fee)	\$ 165.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux XR Fit	\$ 470.00
V2781	Varilux XR Track Fit	\$ 530.00
V2781	Progressive Wrap Plus (Shamir Attitude III)	\$ 400.00
V2781	Premium PG Design (Accolade)	\$ 210.00
V2781	Standard PG Design (MVC = Ovation Digital)	\$ 165.00
V2781	PG Computer (5'   no distance   Ideal computer)	\$ 295.00

When billing VSP, enter the difference between the progressive retail and the base BF lens

Example: V X Fit = \$450  
V2200: \$165  
V2781: \$285 (\$450 - \$165)

Code	ARs	Price
V2750	Premium AR   Premium BS AR	\$ 110.00
V2755	Backside UV (add to Crizal ARs)	\$ 15.00
V2750	Crizal SunShield UV	110+15= \$ 125.00
V2750	Crizal Easy Pro	110+15= \$ 125.00
V2750	Crizal Rock	160+15= \$ 175.00
V2750	Crizal Sapphire HR	170+15= \$ 185.00
V2750	Crizal Prevencia	170+15= \$ 185.00

Code	Tints	Price
V2799	Blue Light (VSP: LF)	\$ 45.00
V2762	Polarized	\$ 85.00
V2745	Solid tint	\$ 25.00
V2745	Gradient tint	\$ 30.00
V2761	Mirror	\$ 90.00
V2744	Transitions GEN 8	\$ 130.00
V2744	Transitions GEN S	\$ 142.00
V2744	Transition Xtractive	\$ 155.00
V2744	Transition Xtractive Polarized	155+85= \$ 240.00

Code	Add-on/Custom measurement	Price	Notes
	Polish	\$ 25.00	VSP = High Luster Edge Polish
	Roll & Polish	\$ 40.00	
	Rimless Drill (Only GA Poly Hi Index)	\$ 70.00	
V2780	Oversize Frame	\$ 15.00	VSP = 61 eye size or greater
<b>VSP ONLY</b>			
	Custom Measurements (VX X Fit & Comfort Max Fit)	\$ 10.00	
	Technical Add On, (Eyezen 1-4 only)	\$ 10.00	

# REFERENCE CODES

## Diagnosis Codes

### Hyperopia

H52.00	Unspecified Eye
H52.01	Right Eye
H52.02	Left Eye
H52.03	Bilateral

### Regular Astigmatism

H52.229	Unspecified Eye
H52.221	Right Eye
H52.222	Left Eye
H52.223	Bilateral

### Myopia

H52.10	Unspecified Eye
H52.11	Right Eye
H52.12	Left Eye
H52.13	Bilateral

### Irregular Astigmatism

H52.219	Unspecified Eye
H52.211	Right Eye
H52.212	Left Eye
H52.213	Bilateral

## Exam Codes

92014, 92004	Comprehensive Exam
92012, 92002	Intermediate Exam
92015	Refraction

## Vision Codes

V2020	Frame	V2745	Addition to lens, tint
V2025	Deluxe Frame	V2750	Anti-reflective Coating
V2100-V2199	SV Lens	V2755	UV, per lens
V2200-V2299	Bifocal Lens	V2760	Scratch Resistant Coating
V2300-V2399	Trifocal Lens	V2761	Mirror Coating
V2410	Aspheric	V2762	Polarized Lens
V2700	Balance Lens	V2781	Progressive Lens
V2702	Deluxe Lens Feature	V2782	Plastic Lens
V2710	Slab Off Prism	V2783	High Index Lens
V2715	Prism, per lens	V2784	Polycarbonate Lens
V2744	Tint, Photochromic	V2799	Vision item or service, miscellaneous

# CIAO! OPTICAL ENTRY



# CIAO! OPTICAL ENTRY-MEDICAL PLANS

- 1 Click the Checkmark to indicate you'd like to apply insurance

The screenshot shows a 'Training Test' window with a sidebar on the left containing various icons. The main area displays patient information and a table with columns for 'SPK', 'CYL', and 'AXIS'. At the bottom right, there is a button labeled 'Apply Insurance?' with a red box around it. Below the button, it says 'No Selected'.

- 2 Click the blue the Search button

The screenshot shows a 'Patient Test' window with a sidebar on the left. The main area has a table with columns 'Plan', 'Plan Id', and 'Last Used'. Below the table, it says 'No Previous Insurance Found.' At the bottom right, there is a red button labeled 'None Selected'.

- 3 On the Search For pulldown bar, change it to Medical

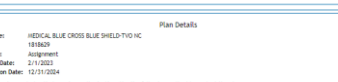
The screenshot shows a 'Patient Test' window with a sidebar on the left. The main area has a search bar labeled 'Search For: Medical Plan' with a dropdown arrow. Below the search bar, there is a section labeled 'Plan'.

- 4
  - Select the carrier you need to enter
  - Note there are multiple pages

The screenshot shows a 'Patient Test' window with a sidebar on the left. The main area has a table with columns 'Plan', 'Type', 'Plan Id', 'Member Name', 'Member ID', and 'DOB'. The table lists several medical plans, with 'Medical Blue Shield Blue Shield TMO NC' highlighted. At the bottom right, there is a red button labeled 'None Selected'.

## CIAO! OPTICAL ENTRY-MEDICAL PLANS

5 Bypass the Plan Details screen



The screenshot displays the 'Patient Test' application interface. At the top, there is a header bar with the text 'Patient Test' and a home icon. Below the header, a blue bar contains the title 'Plan Details'. The main content area is white and contains the following information:

- Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TWO IC
- Plan ID: 036029
- Plan Type: Assignment
- Effective Date: 2/1/2021
- Termination Date: 12/31/2024

Below this information, a message states: 'This is an assignment plan that requires authorization. Use the following method to contact the plan.' This is followed by the text 'Open Hours', 'Phone #', and 'Web:'. At the bottom of the screen, there is a blue bar with the 'Customer Order' logo and text on the left, and the location 'Location 20047 045300 04300' on the right.

6 Use the E.H.R Invoice to transfer the services into Ciao! Optical

Home	Dashboard	Timeline	Calendar	Projects	Tasks	Reports	Users	Settings	Help
Project Overview					Project Details				
Project Name: Project X					Project Manager: John Doe				
Project Status: In Progress					Project Budget: \$100,000				
Project Start Date: 2023-01-01					Project End Date: 2023-12-31				
Project Description: This project aims to develop a new software application for the company's internal use.					Project Goals: To improve efficiency and reduce costs.				
Project Tasks:					Project Milestones:				
Task 1: Design the database schema.					Milestone 1: Complete the design phase.				
Task 2: Develop the front-end interface.					Milestone 2: Complete the development phase.				
Task 3: Test the application.					Milestone 3: Complete the testing phase.				
Task 4: Deploy the application.					Milestone 4: Complete the deployment phase.				
Task 5: Monitor the application.					Milestone 5: Complete the monitoring phase.				
Task 6: Maintain the application.					Milestone 6: Complete the maintenance phase.				
Task 7: Update the application.					Milestone 7: Complete the update phase.				
Task 8: Close the project.					Milestone 8: Complete the project.				

[illegible]

7 Enter the patient diagnosis and hit continue

Select Diagnosis

- Myopia, unspecified eye
- Myopia, unspecified eye
- Unspec amblyopia OD
- Unspec amblyopia OS
- Unspec amblyopia, both
- Unspec amblyopia unspc eye
- Unspec astig OD
- Unspec astig OS
- Unspec astig, unspc eye
- Unspec astigmatism OU

Add Diagnosis

Delete




# CIAO! OPTICAL ENTRY-MEDICAL PLANS

5

Enter the Plan Pays, Discounts, and Patient Copays from the E.H.R. Invoice

- On the discount column, this the % key to change it to a \$ or your Ciao! Equations will be off
- **Retail Price- Plan Pays= Discounts**
- Hit the continue arrow once finished

Patient Test 


**Doctor Services** **Order Worksheet**

Order Price Calculator

Please complete the claim information to see insurance pricing.  
 Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TYO NC Type: Assignment  
 Group #: Plan ID: 1818629

Services	Retail Price	You Pay	Plan Pays	Discount	Copay
92004 New Comprehensive	\$165.00	\$165.00	\$ 0.00	% 0.00	0.00
92015 Refraction	\$60.00	\$60.00	\$ 0.00	% 0.00	0.00
Eye Exam	\$0.00	\$0.00	\$ 0.00	% 0.00	0.00
<b>Total</b>	<b>225.00</b>	<b>225.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Benefit Calculation Notes



Pending Authorized Diagnoses Remove Fee Schedule Transfer Items ...

Bill To: Blue Cross Blue Shield (Primary Medical)  
 PO Box 5747  
 Denver, CO 802175747

Service Date: 04/22/2024  
 Fee Schedule: Blue Cross Blue Shield  
 Fee Date: 04/22/2024

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
04/22/2024	92134			SCANNING COMPUTERIZED OPHTH IMAGING, RETINA	1	\$206.00	\$0.00	\$0.00	\$206.00	-\$159.55	\$0.00	\$46.45
04/22/2024	99202			E&M LEVEL 2, NEW PT	1	\$121.00	\$0.00	\$0.00	\$121.00	-\$37.23	\$0.00	\$83.77
04/22/2024	99214			E&M LEVEL 4, EST PT	1	\$141.00	\$0.00	\$0.00	\$141.00	-\$21.50	\$0.00	\$119.50
SUB TOTAL												\$468.00
Discounts												\$0.00
Tax												\$0.00
TOTAL												\$468.00
Adjustments												-\$218.28
Payments Received												\$0.00
BALANCE DUE												\$249.72

Show All

**Note: In REV apply fee schedule, then enter patient copay, and the system will automatically update the balance that you will transfer into Ciao!**

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

Use the quick Reference chart below to help guide you in which plans to use:

Patient Benefits	Select this plan
Covered in full items other than poly (AR, Progressives, etc.)	Generic plan
Contact lenses over \$1000	Generic plan
Medically necessary contact lenses	Generic plan
Copay is different from the VSP ENH chart	Generic plan
Easy options plan	Generic plan
Patient allowed to choose an upgrade	Generic plan
Plans not programmed	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

Use this chart to help you identify which lens to select in Ciao!

	VSP	Spectera	Versant
Preferred	Varilux X Fit	Varilux X Fit	Varilux X Fit
Classic	Varilux Comfort Max Fit	Varilux Comfort Max Fit	Varilux Comfort Max Fit
Essential	Premium Progressive	Premium Progressives	Premium Progressive

[Google Doc: AZ Auto-Calc Plan ID's](#)

**Note-** When selling SV DST lenses, sell Eyezen Start or Eyezen 1-4 when prescribed by OD.

This will allow your patient to have Crizal EasyPro AR for the same copay as Premium AR (i.e., better lens for minimal cost.)

In Addition, Eyefinity doesn't offer a regular SV DST lens.

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

Additional things to note:

## **Contact lenses:**

- If the retail amount is over \$1000, you must use the Generic Plan
- Medically necessary contacts must be billed with Generic Plans
- Auto calculations may distribute copays on a different line item that you are used to
- Do not edit an auto-calculation plan- either use a Generic plan or discount in Xstore
- If you chose the correct plan, and do not edit the claim it will not be sent back to you to re-key
- If the patient is over charged, there may be specific instances where the billing team asks the site to process an After The Fact (ATF) discount in Ciao Optical! to refund the patient
- In other circumstances the Assignment team will refund the patient
- At this time, if we under charge a patient we will not collect a balance

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

- 1 Click the Checkmark to indicate you'd like to apply insurance

The screenshot shows the 'Training Test' interface. On the left, there's a sidebar with various icons. The main area displays patient information and a prescription. At the bottom right, there's a button labeled 'Apply Insurance?' with a red checkmark icon, which is highlighted with a red box.

- 2 Click the blue the Search button

The screenshot shows the 'Training Test' interface. At the top, there's a header with a blue search button. Below it, there's a table with columns 'Plan', 'Plan ID', and 'Last Used'. The table is empty, and a message 'No Previous Insurance Found.' is displayed. The search button is highlighted with a red box.

- 3 On the Search For pulldown bar, change it to Plan Name

The screenshot shows the 'Training Test' interface. The 'Search For' pulldown menu is set to 'Plan Name'. Below it, there are input fields for 'Plan ID', 'Member ID', 'Member First Name', 'Member Last Name', and 'Member Date of birth'. The 'Member First Name' field is filled with 'Training' and the 'Member Last Name' field is filled with 'Test'.

- 4
  - Fill in the Plan Name or Plan ID from your Google Doc
  - Click the Search button (Magnifier)

The screenshot shows the 'Training Test' interface. The 'Search For' pulldown menu is set to 'Plan Name'. Below it, there are input fields for 'Plan Name' and 'Plan ID'. The 'Search' button, which is a magnifying glass icon, is highlighted with a red box.

Enter this Cadence when searching via Plan Name:

- Exams: VSP > Choice or Sig > Exam > \$\$X (Copay)
- Contacts: VSP Contacts \$XXX (CL Allowance)

See Auto-Calculations Guide for additional details

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

5

Select the plan from the listing and click the Checkmark

Training Test

Search For: Plan Name  
Plan Name:  
Plan ID:

VSP CHOICE COMP WFA82 20 CPY TNC	Assignment	1831950
VSP CHOICE COMP WFA82 20 CPY TNC	Assignment	1831950
VSP CHOICE COMP WFA84 10 CPY TNC	Assignment	1831903
VSP CHOICE COMP WFA84 10 CPY COV TNC	Assignment	1831658
VSP CHOICE COMP WFA84 15 CPY TNC	Assignment	1831879
VSP CHOICE COMP WFA84 15 CPY COV TNC	Assignment	1831620
VSP CHOICE COMP WFA84 20 CPY TNC	Assignment	1831855
VSP CHOICE COMP WFA84 20 CPY COV TNC	Assignment	1831584
VSP CHOICE COMP WFA84 25 CPY TNC	Assignment	1831828
VSP CHOICE COMP WFA84 25 CPY COV TNC	Assignment	1831549

Showing 1 to 10 of 249 entries

Previous 1 2 3 4 5 ... 25 Next

Q C [X] ?

6

Review you've selected the correct plan and click the Checkmark

Training Test

Plan Details

Plan Name: VSP CHOICE COMP WFA82 20 CPY TNC  
Plan ID: 1831950  
Plan Type: Assignment  
Effective Date: 2/1/2024  
Termination Date: 12/31/2024

This is an assignment plan that requires authorization. Use the following method to contact the plan.  
Open Hours:  
Phone #:  
Web:

X [→]

CIAO! Customer Order


Location 29047 045000 (Logout)

59

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

## 7 Complete the Insurance Demographics Screen

- A** Checkmark the service you are currently entering and enter Material Authorization number
  - If carrier does not issue authorizations, enter 1234
- B** Enter the Member ID number
- C** Complete all fields for Customer Plan Information
  - For Primary Member indicate Self
  - For Dependents, complete the Primary Member Plan Information for your billing team

Training Test 

**Plan Information**

Plan Name:: VSP-ROSIN

Phone #:

Open Hours:

Plan ID: 1824524

Time: Assignment

Authorized: ☒ Frame ☒ Lens ☐ Contacts ☐ Exam

Materials Auth: 6783424

Benefit Calculation Notes:

Member ID: 12345678

SSN:

DOB: 8/7/1980

**Customer Plan Information**

Employment Status: Full-Time Employer: Target

Student Status: Not a Student Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment? ☐ Yes ☐ No ☒ Unknown

Is customer's need accident related? ☐ Yes ☒ No

Is there a secondary plan? ☐ Yes ☒ No

**Primary Member Plan Information**

First Name: MI: Last Name:

Address:



ZIP Code: City: State:


Member ID: SSN: Phone:

Gender: ☐ Male ☐ Female Employment Status:

Employer: Marital Status:

DOB: MM/DD/YYYY Student Status:

 Customer Order


Location 29103 045000 (Logout)

60



# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

8 Enter Exam and Contact Lens Materials (must have separate auth entered)

Patient Test 



**Contacts** **Order Worksheet**


Pack Size	Pack Price	Annual Supply	Qty/Store Stock	Qty/Order
OD Acuvue Oas1Day Astig 90	\$151.99	<input type="checkbox"/>	0	2
OS Acuvue Oas1Day Astig 90	\$151.99	<input type="checkbox"/>	0	2

Provider  
TOOMEY, SARA

Shipping Location  
Ship To Customer


Shipping Selection  
Standard

 Customer Order

Location 29047 045000 (Logout)

9 Ciao! will calculate the patient out of pocket expenses. Select the Radio Button and continue


Patient Test 

**Contacts** **Order Worksheet**

Category	QTY	Item#	Description	Retail Price
Contacts	2	888290118847	OD - AO1DA590P 8.5 14.3 Vsil -02., 090., 2.25	\$303.98
	2	888290118847	OS - AO1DA590P 8.5 14.3 Vsil -02., 090., 2.25	\$303.98
<b>TOTAL:</b>				<b>\$607.96</b>

☐ Main Promotion

Current Offer:

Deal Code:  

☐ Associate Sale

Promotion Savings \$0.00


**YOU PAY: \$607.96**

**Vision Care Plan Pricing**

Vision Care Plan: VSP CONTACTS S160 TNC

Plan Id: 1827950

Current Offer: 16740 - 6 MONTH SUPPLY INSTANT SAVINGS







Deal Code:  

Promotion Savings \$40.00

Vision Care Savings \$160.00

**YOU PAY: \$407.96**

Quote valid through: October 24, 2024

**Note:** For all eye exams a medical diagnosis must be entered

Select Diagnosis

Myopia, unspecified eye

Presbyopia

Unspec amblyopia, OD

Unspec amblyopia, OS

Unspec amblyopia, both

Unspec amblyopia, unspes eye

Unspec astig, OD

Unspec astig, OS

Unspec astig, unspes eye

Unspec astigmatism, OU

Select Code

ICD Code H52.4

Diagnosis Presbyopia




**Add Diagnosis**


Selected diagnosis

Diagnosis Code

No Diagnoses Selected

Clear Delete

 Customer Order

Location 29047 045000 (Logout)


**Note:** Patients find insurance confusing, so a best practice is to Celebrate The Total Savings and share the out-of-pocket costs, but If a patient requests to see how it was broken out by line item, click the dollar bill for fees

**Vision Care Plan Pricing**


Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:  

Promotion Savings \$0.00

Vision Care Savings \$350.00 

**YOU PAY: \$220.00**

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

- 1 Click the Checkmark to indicate you'd like to apply insurance

The screenshot shows the 'Training Test' interface. At the top, there's a header with 'Training Test' and a magnifying glass icon. Below it, there's a navigation bar with icons for Home, Profile, Insurance, and Settings. The main content area is divided into two sections. The left section contains patient information: '1234 Update me', 'LA Mesa, CA 91942', 'kmatley94@gmail.com', 'F', '8/7/1980', '11/10/2023 8:58 AM', and '619622023'. The right section contains a prescription summary: 'Prescription Type: Single Vision Distance', 'Doctor: Barbara, Angela', 'Date Written: 12/14/2023', 'Expiration Date: 12/15/2024', 'SPH: -1.00', 'CYL: -0.50', 'Axis: 180', and 'Base: 0.00'. At the bottom right, there's a red box highlighting the 'Apply Insurance?' button.

- 2 Click the blue the Search button

The screenshot shows the 'Training Test' interface. At the top, there's a header with 'Training Test' and a magnifying glass icon. Below it, there's a navigation bar with icons for Home, Profile, Insurance, and Settings. The main content area is divided into two sections. The left section contains patient information: '1234 Update me', 'LA Mesa, CA 91942', 'kmatley94@gmail.com', 'F', '8/7/1980', '11/10/2023 8:58 AM', and '619622023'. The right section contains a prescription summary: 'Prescription Type: Single Vision Distance', 'Doctor: Barbara, Angela', 'Date Written: 12/14/2023', 'Expiration Date: 12/15/2024', 'SPH: -1.00', 'CYL: -0.50', 'Axis: 180', and 'Base: 0.00'. At the bottom right, there's a red box highlighting the 'Search' button.

- 3 On the Search For pulldown bar, change it to Plan Name

The screenshot shows the 'Training Test' interface. At the top, there's a header with 'Training Test' and a magnifying glass icon. Below it, there's a navigation bar with icons for Home, Profile, Insurance, and Settings. The main content area is divided into two sections. The left section contains patient information: '1234 Update me', 'LA Mesa, CA 91942', 'kmatley94@gmail.com', 'F', '8/7/1980', '11/10/2023 8:58 AM', and '619622023'. The right section contains a prescription summary: 'Prescription Type: Single Vision Distance', 'Doctor: Barbara, Angela', 'Date Written: 12/14/2023', 'Expiration Date: 12/15/2024', 'SPH: -1.00', 'CYL: -0.50', 'Axis: 180', and 'Base: 0.00'. At the bottom right, there's a red box highlighting the 'Search For' pulldown bar, which is set to 'Plan Name'.

- 4
  - Fill in the Plan Name or Plan ID
  - Click the Search button (Magnifier)

The screenshot shows the 'Training Test' interface. At the top, there's a header with 'Training Test' and a magnifying glass icon. Below it, there's a navigation bar with icons for Home, Profile, Insurance, and Settings. The main content area is divided into two sections. The left section contains patient information: '1234 Update me', 'LA Mesa, CA 91942', 'kmatley94@gmail.com', 'F', '8/7/1980', '11/10/2023 8:58 AM', and '619622023'. The right section contains a prescription summary: 'Prescription Type: Single Vision Distance', 'Doctor: Barbara, Angela', 'Date Written: 12/14/2023', 'Expiration Date: 12/15/2024', 'SPH: -1.00', 'CYL: -0.50', 'Axis: 180', and 'Base: 0.00'. At the bottom right, there's a red box highlighting the 'Plan Name' and 'Plan ID' input fields.

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

- 5 Select the plan from the listing and click the Checkmark

Training Test

Search For: Plan Name

Plan Name:

Plan ID:

Plan Name	Plan Type	Plan ID
VSP-ROSIN	Assignment	1824524

Navigation icons: Search, Back, Checkmark, Help

CIAO! OPTICAL Customer Order Location 29103 045000 (Logout)

- 6 Review you've selected the correct plan and click the Checkmark

Training Test

Plan Details

Plan Name: VSP-ROSIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023

Termination Date: 12/31/2024

This is an assignment plan that requires authorization. Use the following method to contact the plan.

Open Hours:

Phone #:

Web:

Navigation icons: Close, Checkmark

CIAO! OPTICAL Customer Order Location 29103 045000 (Logout)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

## 7 Complete the Insurance Demographics Screen

**A** Checkmark the service you are currently entering and enter Material Authorization number

- Enter 1234 if not applicable

**B** Enter the Member ID number

- Enter 1234 if not applicable

**C** Complete all fields for Customer Plan Information

- For Primary Member indicate Self
- Selecting Self will bypass the Primary Member details

Training Test

**Plan Information**

Plan Name:: VSP-ROSIN  
 Phone #:  
 Open Hours:  
 Plan ID: 1824524

**Authorized:** ☒ Frame ☒ Lens  
☐ Contacts ☐ Exam

Materials Auth: 6783424

**Member ID:** 12345678

SSN:  
 DOB: 8/7/1980

**Customer Plan Information**

Employment Status: Full-Time Employer: Target  
 Student Status: Not a Student Marital Status: Married  
 Relation to Primary Member: Self

Is condition related to employment? ☐ Yes ☐ No ☒ Unknown  
 Is customer's need accident related? ☐ Yes ☒ No  
 Is there a secondary plan? ☐ Yes ☒ No

**Primary Member Plan Information**


First Name: MI: Last Name:  
 Address:  
 ZIP Code: City: State:  
 Member ID: SSN: Phone:  
 Gender: ☐ Male ☐ Female Employment Status:  
 Employer: Marital Status:  
 DOB: MM/DD/YYYY Student Status:

Customer Order

Location 29103 045000 (Logout)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

## 8 Enter Frame and Lens Selection

Training Test 

**Frame** **Lens** Order Worksheet Measurements Order Completion



☒ Clear ☐ Sun ☐ Photo  
 Vision Type:   
 Lens Design:   
 Material:   
 Style:   
 Color:


**Available Addons**

☐ Oversize Frame ☐ Polish  
☐ Rimless Drill ☐ Roll and Polish


**Included Addons**

Aspheric Lens  
 Blue Filter  
 Premium Anti-Reflective  
 Scratch Resistant  
 UV Protection

 Customer Order Location 29103 045000 [Logout](#)

## 9 On the Order Worksheet, click the Pencil to apply allowances

Training Test 

**Frame** **Lens** **Order Worksheet** Measurements Order Completion

To proceed with Insurance pricing, you must edit the benefit worksheet; otherwise, proceed with main promotion pricing

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				<b>TOTAL: \$380.00</b>

**Main Promotion**

Current Offer:

Deal Code:

☐ Associate Sale

Promotion Savings \$37.50

**YOU PAY: \$342.50**

**Vision Care Plan Pricing**

Vision Care Plan: VSP-ROSIN

Plan Id: 1824524

Current Offer:







Deal Code:


Promotion Savings \$0.00

Vision Care Savings \$0.00

**YOU PAY: \$380.00**

Quote valid through: February 11, 2024

 Customer Order Location 29103 045000 [Logout](#)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

10

Enter your EssilorLuxottica Network Credentials

The screenshot shows a dark-themed interface with a table of items and a login modal. The table has columns: QTY, Item#, Description, and Retail Price. It lists two items: RB2132 52 NEW WAYFARER, Brn Tan, Brn C and SV Conv Blue Filter Prem AR (Poly). A modal box is overlaid with the text "Approved By:" and "password:" followed by input fields and check/cancel buttons. The bottom of the screen shows a total of \$380.00 and a date of February 11, 2024.

QTY	Item#	Description	Retail Price
1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00

TOTAL: \$380.00

Approved By:   
password:

✓ ✕

VSP-ROSIN  
1824524

YOU PAY: \$380.00

February 11, 2024

11

On the Order Worksheet, click the Pencil to edit the benefits

The screenshot shows the "Order Price Calculator" interface. It has a navigation bar with "Frame", "Lens", "Order Worksheet" (highlighted), "Measurements", and "Order Completion". The main section displays a table of services with columns: Services, Retail Price, Extended Price, Plan Pays, Discount, and Copay. The table lists various services like RB2132 52 NEW WAYFARER, Aspheric Lens, Blue Filter, Premium Anti-Reflective, Scratch Resistant, UV Protection, Single Vision, and Polycarbonate. Below the table is a "Benefit Calculation Notes" section with a text area and buttons. The bottom of the screen shows the CIAO! logo, "Customer Order", and a location/time stamp.

Training Test

Frame Lens Order Worksheet Measurements Order Completion

Order Price Calculator

Plan Name: VSP-ROSIN Type: Assignment  
Group #: Plan ID: 1824524

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 0.00	\$ 0.00	0.00
Aspheric Lens	\$0.00		\$ 0.00	\$ 0.00	0.00
Blue Filter	\$45.00		\$ 0.00	\$ 0.00	0.00
Premium Anti-Reflective	\$85.00		\$ 0.00	\$ 0.00	0.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Single Vision	\$75.00		\$ 0.00	\$ 0.00	0.00
Polycarbonate	\$45.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

⏏ ✕ ➡

CIAO! Customer Order

Location 29103 045000 [Logout]

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

A

**Plan Pays column:** These amounts will be found in your insurance book

- Will also include WFA allowance from patient benefit summary
- Covered in full items- add the service fee column from the VSP Enhancement charts

VSP Reimbursements		SIGNATURE PLAN	CHOICE PLAN
<b>EYE EXAMINATIONS</b>		PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92084 I Est. 92084		\$14.40	\$49.00
Intermediate Exam: New 92021 I Est. 92022		\$14.40	\$31.00
Refraction: 92013 ONLY		\$13.60	\$11.40
<b>MATERIAL DISPENSING</b>		PLAN PAYS	PLAN PAYS
Single Vision Lenses		\$95	\$171
Bifocal Lenses**		\$99	\$21.50
Trifocal Lenses		\$44.94	\$24.10
Lenticular Lenses		\$92.78	\$14.10
New Frame		\$34	\$20.00

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION				MULTIFOCAL			
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Patient Copay
AA	Aspheric Plastic 150	\$10	\$21	\$31	\$14	\$21	\$31	\$15	\$35
AB	High-Index Plastic 150-180/Thin	\$29	\$27	\$36	\$33	\$27	\$36	\$33	\$36
AAH	High-Index Plastic 180/161	\$48	\$31	\$62	\$33	\$40	\$36	\$36	\$36
AJ	High-Index Plastic 170 and Above	\$68	\$43	\$51	\$76	\$40	\$36	\$36	\$36
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35	\$15	\$35
AE	Lab Use Only	--	--	--	--	--	--	--	--
AF	High-Index Glass 180-180 (Clear)	\$55	\$21	\$80	\$45	\$21	\$55	\$33	\$36

B

**Discount column:**  $\text{Retail Price} - \text{Plan Pays column} =$  the amount you list in the Discount column

C

Patient copays and/or any out-of-pocket(OOP) expenses owed by the patient

Training Test

Frame Lens Order Worksheet Measurements Order Completion

Plan Name: VSP GENERIC PLAN-TVD NC Type: Assignment  
Group #: Plan ID: 1818653

Order Price A B C


Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 0.00	\$ 0.00	0.00
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 0.00	0.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$135.00		\$ 0.00	\$ 0.00	0.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EZ Start Single Vision	\$75.00		\$ 0.00	\$ 0.00	0.00
Polycarbonate	\$45.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

13

Confirm allowance amount is correct and select Vision Care Plan Pricing Radio Button

Training Test 

**Frame** > **Lens** > **Order Worksheet** > Measurements > Order Completion

To proceed with insurance pricing, you must edit the benefit worksheet; otherwise, proceed with main promotion pricing

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFtr Crzl Sapph HR (Poly)	\$440.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				<b>TOTAL: \$570.00</b>

**Main Promotion**

Current Offer: ☒ 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings: \$66.00

**YOU PAY: \$504.00**

**Vision Care Plan Pricing**

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00


Vision Care Savings: \$0.00

**YOU PAY: \$570.00**

Quote valid through: May 11, 2024

**Prior to Allowance**



Training Test 

**Frame** > **Lens** > **Order Worksheet** > Measurements > Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFtr Crzl Sapph HR (Poly)	\$440.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				<b>TOTAL: \$570.00</b>

**Main Promotion**

Current Offer: ☒ 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings: \$66.00

**YOU PAY: \$504.00**

**Vision Care Plan Pricing**

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$355.00

**YOU PAY: \$215.00**

Quote valid through: May 12, 2024

**Post Allowance**

Customer Order

Location 29047 045000 (Logout)



# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

1  
2

For all Blue Tag frames document:

- Frame brand
- Model number
- Color
- Eyesize, Bridge, Temple Length

\*Manufacturing Notes can be viewed from LPA by searching the order and viewing Order Notes (See Order Management Guide for more details)

Test, Training - 10005007029083

Complete Order Breakage/Defects Edit Processing Type Edit Order Ticket Order Notes

Date	Associate Name	Store #	Note
11/10/2023	040000	T003	Rayban 1234. Blue Plastic. 54/18

New Lab Note

Training Test



Frame Lens Order Worksheet Measurements Order Completion

## Special Processing Type

This order will be set to Outside Processing - Remote Staged.  
The lenses for this order were found at your Remote Lab #T103 and will be staged for approval.

Estimated Delivery Date Friday, January 26, 2024

Assign Tray ID

RxO

## Manufacturing Notes

Prada 3145  
Black and Pink  
52/18/135

Indicate which lab will produce the eyewear



CIAO! OPTICAL Customer Order

Location 29103 045000 (Logout)