

TRUE EYE EXPERTS INSURANCE GUIDE

TABLE OF CONTENTS

click the links below to be redirected to that page	
General Information	Routine Insurance
Insurance Overview	Plan ID's
Billing Tax ID's	Bill Actual Overview
Medical & Routine Billing Overview	Eyemed
Labs	VSP:
Medical Insurance	VSP Process
Plan ID's	Auto-Calculations
Balances Left In The E.H.R.	VSP Reimbursement
Medical Billing	Contact Lenses
Medical Billing And Insurance Verification	Frames
Invoice Example	Lenses
Team Member Roles For Patient Collections	Ezeen & Varilux
Sample Scripts & Tips	Proprietary Lenses
TV Refund Process	Superior Vision
Trizetto Overview	Davis Vision
Login & Access	Spectera
Patient Eligibility	
	On any page, click the  to return to the table of contents
	Google Doc: Auto-Calc Plan ID's

INSURANCE OVERVIEW

Prior to Appointment		At Time of Appointment	
		After Appointment	
1. Appointment Scheduled		Medical Services	
<ul style="list-style-type: none"> Confirm appointment Confirm insurance details and enter into the E.H.R. for both Medical and/or Routine plans (ID Number, carrier, primary details, etc.) 		<ol style="list-style-type: none"> Collect Exam Copays & Deductibles at Check In or Check Out <ul style="list-style-type: none"> Review copays/deductibles . Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.) Collect all fees for services Complete E.H.R Invoice For All Services <ul style="list-style-type: none"> Insurance covered services will be bulk assigned to the carrier, apply Fee Schedule, apply Copay & leave invoice in pending status <ul style="list-style-type: none"> For Medical insurance only, there will be an insurance balance left on the patient account Patient responsibility, services will be bulk assigned to the patient, authorized, and payments recorded Enter all Services into Ciao! Optical <ul style="list-style-type: none"> Enter all services rendered into Ciao! Optical, including zero copy Medical Exams and patient responsibility Patient must pay copay, deductibles, and any out-of-pocket fees at the time of service. We do not send balance bills! 	
2. Confirm Patient Eligibility Medical Insurance:			
<ul style="list-style-type: none"> Log into Trizetto to determine patient copay, deductible, and verify eligibility Print benefit summaries (or document via office process) Update E.H.R with eligibility details 		<ol style="list-style-type: none"> Collect Exam Copays & Deductibles at Check In or Check Out <ul style="list-style-type: none"> Review copays/deductibles . Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.) Collect all fees for services Complete E.H.R Invoice For All Services <ul style="list-style-type: none"> Apply Fee Schedule and zero out the invoice (discount out Optos and fittings), Authorize & record as paid <ul style="list-style-type: none"> Zero patient balances left in E.H.R Enter all Services into Ciao! Optical <ul style="list-style-type: none"> Enter all services rendered into Ciao! Optical, including zero copy Routine Exams and patient responsibility Cash Pay 	
3. Not Eligible			
<ul style="list-style-type: none"> Confirm patient is ok paying out of pocket for services Reschedule patient for a later date 		<ol style="list-style-type: none"> Review fees at Check in or Check Out Complete E.H.R Invoice For All Services <ul style="list-style-type: none"> Authorize & record payment <ul style="list-style-type: none"> Zero patient balances left in E.H.R Enter all Services into Ciao! Optical <ul style="list-style-type: none"> Enter all services rendered into Ciao! Optical 	



BILLING TAX IDs

True Eye practices 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 CONVERSION
Eyemed	File with Ciao! Optical.
VSP	
Superior Vision	File with your new Tax ID: 26-0773097
Davis Vision	
Spectera	



MEDICAL AND ROUTINE BILLING PROCESS

True Eye Experts 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	Short Term Billing Process	Go-Forward Billing	Cash Posting
Eyemed	True Eye Billers	Ciao! Optical	Ciao! Optical	Back Office (AS400)
VSP	True Eye Billers	<p>New VSP Log In will be provided.</p> <ul style="list-style-type: none"> Do not use old VSP account to file claims or pull authorizations for dates of service past 9/9 <p>Exams & Contacts lens materials: claim will auto-file with VSP.</p>	<p>VSP Auto-Calculation Plans in Ciao! Optical</p> <p>Exams & CL Fittings, Contact Lens Materials only:</p> <ul style="list-style-type: none"> Auto-files claim with VSP (VSP 837 file) No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect <p>Eyeglasses:</p> <ul style="list-style-type: none"> Mason Billing Department files claim Will send packing slip for Southern Lab <p>VSP Bill Actual Plans in Ciao! Optical</p> <p>Exams, Eyeglasses, & Contact Lens Orders</p> <ul style="list-style-type: none"> Mason Billing Department (materials packing slip sent to site) 	Back Office (AS400)
Spectera		Claim auto-files	Claim auto-files with Spectera (VSP 837 file)	Back Office (AS400)
Superior Vision	True Eye Billers	Medical Biller will temporarily file the claims	Mason Billing Department: File all Materials & Exams	Back Office (AS400)
Davis Vision			Mason Billing Department: File all Materials & Exams	Back Office (AS400)
Medical	True Eye Billers	N/A	Medical Biller will scrub & submit claim through E.H.R & Trizetto	Medical Biller Posts in E.H.R.



LABS

INSURANCE	LAB
Eyemed	RxO
VSP	Southern Optical
Superior Vision	RxO
Davis Vision	RxO
Spectera	RxO

Southern Optical Lab:

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

Lab Address:

1856 Corporate Dr # 150, Norcross, GA 30093
PH: 800-765-7343



BALANCES IN EHR

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



KEY TERMS & DEFINITIONS

Terms	Definition
Allowable Amount(s)	Also known as Maximum Allowable Fees , 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	Coinurance 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 Maximum Allowable Fee as the reimbursement for a specific service or product and agrees that any difference between the Usual and Customary Fee 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.
Copays	<p>Copays 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"> In Cigna- 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.) These copays can not be discounted/waived for the patient
Deductible	<p>The Deductible 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"> These copays can not be discounted/waived for the patient
Fee Schedule	The term Fee Schedule 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.

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.**

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

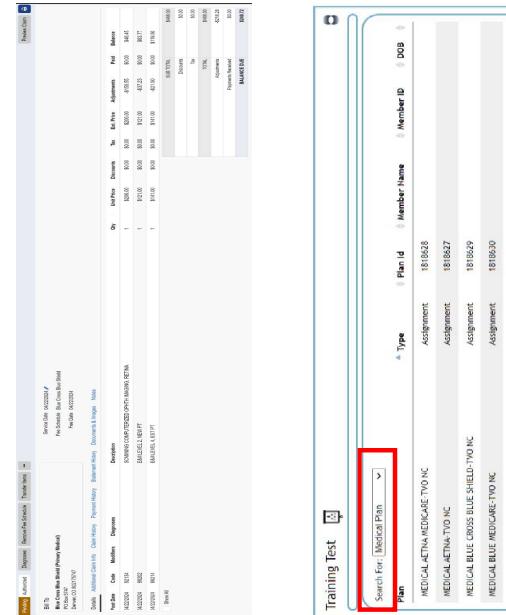
Plan Name	Plan ID
Medical Medicare-TRU	1836462
Medical UHC-TRU	1836465
Medical Cigna-TRU	1836466
Medical Aetna-TRU	1836467
Medical UMR-TRU	1836468
Medical GEHA-TRU	1836469
Medical Mutual of Omaha-TRU	1836470
Medical Wellmed- TRU	1836471
Medical Colonial Penn Life-TRU	1836472
Medical United American-TRU	1836473
Medical Oxford Health-TRU	1836474
Medical Connecticut General Life-TRU	1836475
Medical Special Agents Mutual-TRU	1836476
Medical Meritain- TRU	1836477



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 copy
 - Copay will reduce the ultimate plan pays
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 = Plan Pays + Discounts (said differently Plan Discounts = U&C – 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

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



The screenshot shows a software interface for managing medical plans. At the top, there are tabs for 'Plans', 'Search', 'Assignments', 'Discounts', and 'Balances'. The 'Plans' tab is selected. Below the tabs, there is a search bar with the placeholder 'Search For... Medical Plan'. A dropdown menu is open, showing a list of plans: 'MEDICAL ACTIVA MEDICARE TWO INC', 'MEDICAL ACTIVA TWO INC', 'MEDICAL BELL CROSS BLUE SHIELD TWO INC', 'MEDICAL BLUE MEDICARE TWO INC', and 'MEDICAL FAMAPAC TWO INC'. To the right of the search bar, there are buttons for 'Type', 'Plan ID', 'Member Name', and 'Member ID'. The main area of the screen displays a table with columns: 'Plan', 'Type', 'Plan ID', 'Member Name', and 'Member ID'. The table contains five rows, each corresponding to one of the plans listed in the dropdown menu. The table also includes a 'Delete' button and a 'Print' button at the bottom.



MEDICAL PLANS

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

Preview Claim 

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	-\$156.55	\$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: 466.00												
Discounts \$0.00												
Tax \$0.00												
TOTAL: \$466.00												
Adjustments -\$21.28												
Payments Received \$0.00												
BALANCE DUE \$246.72												

Show All

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



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 you 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.

Use the chart to the below to guide you through the proper order for invoicing.

Invoice Details	
1	ACTIVE <input checked="" type="checkbox"/> <input type="checkbox"/> Test Lisa*
Patient Invoice #	259256567 Paid
Pending	Authorized
Bill To	Test Lisa 1234 Main Street
Service Date	09/09/2024
Finance	None
Charge Plan	

Medical Insurance

Routine Vision

- Bulk assign services to either insurance carrier and/or patient (in some cases two invoices created)
- For the medical invoice, **Apply Fee Schedule**
- Click **Transfer Item** for any copays and enter copay details if applicable
- Leave Medical Invoice in **Pending** status
- If insurance carrier will not cover services, the patient will be **Bulk Assigned** those fees (or the patient has a copay) a second invoice will be created.
- On the patient invoice:
 - **Authorize and record as Paid**
 - Enter all fees to Ciao! Optical
- **MEDICAL INVOICE: DO NOT AUTHORIZE INVOICE.**
- **PATIENT INVOICE: AUTHORIZE AND RECORD PAYMENT**
- Insurance balance left in the E.H.R.
 - Zero patient balances left.

Cash Pay

- Bulk assign services to either insurance carrier or patient (in some cases two invoices created)
- For the routine invoice, **Apply Fee Schedule** to zero out claim
- **Authorize** the claim and record as **Paid**
- If insurance carrier will not cover services, the patient will be bulk assigned those fees. On the patient invoice:
 - **Authorize and record as paid**
 - Enter all fees to Ciao! Optical
- **AUTHORIZE INVOICE AND RECORD PAYMENT**
- **AUTHORIZE INVOICE AND RECORD PAYMENT**
- Zero balance in the E.H.R.



TEAM MEMBER ROLES FOR PATIENT COLLECTIONS

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



SAMPLE SCRIPTS & TRIPS AND TRICKS

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

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 st 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."



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 EID 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

```
graph TD; A[Check Patient Eligibility] --> B[Run Individual Eligibility Inquiry]; A --> C[Search Eligibility Transaction History]; A --> D[Run Eligibility Usage Report];
```

Check to see if patients are covered by their insurance company.

Run Individual Eligibility Inquiry

Search Eligibility Transaction History

Run Eligibility Usage Report

- ## Select Run Individual Inquiry

PATIENT ELIGIBILITY

- Select the **Carrier** from the drop downs on the left

4

- Select the **Date Of Service & Provider**
- Enter **Subscriber or Dependent ID Number and DOB**
- On the right side, under **Service Type Code**, confirm:

4

- 98 is added for **Office Visit Specialist**
- A1 for **Vision**
- 1 for **Medical Care**
- Click to add this search feature

4

- Check Patient Eligibility
- Check to see if patients are covered by their insurance company

4

- Click to add this search feature
- It's added and system will search (clicking will remove search)



PATIENT ELIGIBILITY

- 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:		
Judith		
DOB: 4/1		
Insured ID: 418602		
Eligibility Date: 1/2/2009		
Service Date: 4/20/2009		
Patient Information		Benefit Information
► Patient		
► Subscriber		
► Provider		
► Payer		

Submitted By: FrontDeskStaff	Submission Date: 5/19/2021 9:15:02 AM	Submitted Type: Website
Trace Number: 174926496		
Active Coverage		
Patient Information		Benefit Information
► Patient		
► Subscriber		
► Provider		
► Payer		

- 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

Submitted By: FrontDeskStaff	Submission Date: 5/19/2021 9:15:02 AM	Submitted Type: Website
Trace Number: 174926496		
Active Coverage		
Patient Information		Benefit Information
► Patient		
► Subscriber		
► Provider		
► Payer		



ROUTINE INSURANCE

ROUTINE VISION PLANS ACCEPTED

Google Doc: Auto-Calc Plan ID's

Insurance	Plan Name		Plan ID	Billing
Eyemed	Member Search		Auto-Calculates	Ciao! Optical (auto-system)
VSP	VSP-TRU		Ex & CL's: Auto-Calculates or Bill Actual: 1836481	837 File or Mason Billing Team
Superior Vision	Superior-TRU		Auto-Calculation or Bill Actual: 1836479	Mason Billing Team
Davis Vision	Davis-TRU		Auto-Calculation or Bill Actual: 1836480	Mason Billing Team
Spectera	Spectera-TRU		1836478	Mason Billing Team
Insurance	Pre-Integration	Short Term Billing Process	Go-Forward Billing	Cash Posting
Eyemed	True Eye Billers	Ciao! Optical	Ciao! Optical	Back Office (AS400)
			VSP Auto-Calculation Plans in Ciao! Optical	
			Exams & CL Fittings, Contact Lens Materials only:	
			<ul style="list-style-type: none"> Do not use old VSP account to file claims or pull authorizations for dates of service past 9/9 Auto-files claim with VSP (VSP 837 file) No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect 	
			EyeGlasses: <ul style="list-style-type: none"> Mason Billing Department files claim Will send packing slip for Southern Lab 	
			VSP Bill Actual Plans in Ciao! Optical	
			Exams, EyeGlasses, & Contact Lens Orders	
			<ul style="list-style-type: none"> Mason Billing Department (materials packing slip sent to site) 	
			Claim auto-files with Spectera (VSP 837 file)	
VSP	True Eye Billers	Medical Biller will temporarily file the claims	Mason Billing Department: File all Materials & Exams	
			Mason Billing Department: File all Materials & Exams	
			Back Office (AS400)	
Spectera	True Eye Billers	Medical Biller will temporarily file the claims	Back Office (AS400)	
			Back Office (AS400)	
			Back Office (AS400)	



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)

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.

LAB: RxO
BILLING: Ciao! Optical

Search For: EyeMed/NVC Mem ▾

Plan Name:

Plan ID:

Member ID:

Member First Name:

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

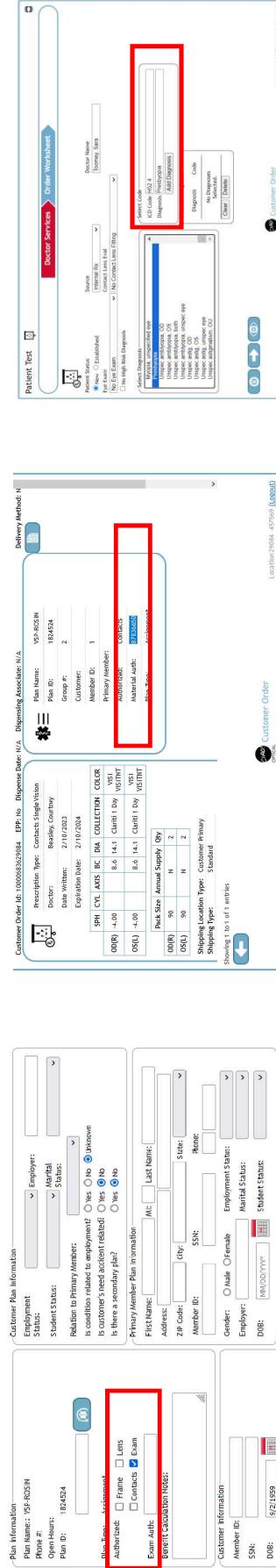
Insurance screen will default to EyeMed. The patient's name and birthdate will pre-populate. Simply search and select the patient. Any other members on the patient's plan will also display.

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-RCSN
Open/Enter: 184524
Plan ID: 184524

Prescription Type: Contacts Single Vision
Employer:
Martial Status:
Student Status:

Related to Primary Member: Yes No Unknown

Is condition related to employment? Yes No Unknown

Is customer's need acute/related? Yes No Unknown

Is there a secondary plan? Yes No Unknown

Primary Member Information

First Name:
Last Name:
Address:
City:
State:
Zip Code:
Member ID:
SSN:
Employer:
Gender: Male Female
Employment Status:
Alcohol Status:
Student Status:

Exam Authorization

Authorization: Frame Lens Contacts Exam

Customer Information

Member ID:
SSN:
DOB: 9/2/1959

Customer Order

Customer Order ID: 407500 (Autoset)

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 & Lenses for a complete pair, or contacts and then enter the auth #.



VSP PROCESS

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

The screenshots show the software's profile entry screen for three different patients:

- Mohammed Ahmed Kahn:** Shows the 'Frame' tab selected. A note in the 'Measurements' section reads: "Specified/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." Below this, 'External Delivery Date' is set to Friday, August 18, 2023, and 'Assign Tray ID' is set to 'WHR'.
- David Naprstek:** Shows the 'Frame' tab selected. A note in the 'Measurements' section reads: "FRAME NAME AND MODEL MUST BE ENTERED HERE". Below this, 'Manufacturing Notes' is listed as "9/2/1959".
- David Naprstek:** Shows the 'Frame' tab selected. A note in the 'Measurements' section reads: "Sale Date: Enter in Sales Notes and Frame Details in Patient's Profile Note". Below this, 'Manufacturing Notes' is listed as "9/2/1959".

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.



CIAO! OPTICAL VSP 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, or unique plans	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

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

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

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

- Note-** When selling sv DST lenses, sell Eyezen Start or Eyezen I-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, Eyeinfinity doesn't offer a regular Sv DST lens so Eyezen Start is the entry level DST lens.

CIAO! OPTICAL VSP 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

Eyezen:

- The TA, Blue Filter, and Eyezen copay will be on the DST line (Eyezen copays)/cost will be \$70 for Choice, \$65 for signature, and DST will be \$60)
- The Material Copay will be on the base line of lens

Varilux XR Fit and Comfort Max Fit:

- The Material Copay and Custom Measurement fee for Varilux X Fit and Comfort Max Fit have been added to the Progressive Copay
- For example, this means the Copay will be \$160 instead of \$150

Additional Notes:

- 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

Eyezen:

- 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 VSP ENTRY

Bill Actual Plans

FORMULAS & DEFINITIONS

- Retail Price (RP) – Plan Pays (PP) = Discount (D)
- Copay Column = What the patient pays us
- This is its own column and not part of the above formula
- Plan Pays = What the insurance pays us
- Service Fee = Plan Pays when it's a covered item
- If there is a dollar amount in the copay column, the formula "RP = PP + D" applies
- Example: For Crizal Rock (not covered by VSP), the patient is charged \$85 and this is input in the copay column in Ciao. If there is an amount in the copay column, then you need to make sure that there are numbers in the PP & D columns (above formula). 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.

EXAM

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 Eyeinfinity if entered in Ciao! Optical

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

- **EXAM PLAN PAYS = VSP REIMBURSEMENT (from binder) – PATIENT EXAM COPAY + CHRONIC CONDITION**



VSP REIMBURSEMENT RATES

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$51.60	\$48.80
Intermediate Exam: New 92002 Est. 92012	\$37.60	\$35.30
Refraction: 92015	\$12.90	\$12.20
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.00
Bifocal Lenses**	\$29.50	\$19.00
Trifocal Lenses	\$38.50	\$22.00
Lenticular Lenses	\$53.90	\$30.80
New Frame	\$27.00	\$18.50

**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 Copy 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 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. 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 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 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.	Remaining allowance
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)	N/A
If just getting fit (materials on different DOS)		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 DCS)

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.

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



VSP CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIAL & 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 MATERIAL & 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

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

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

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



VSP – FRAMES

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

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 coverage.

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 ($\$115 \times 45\%$). 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)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
PLAN PAYS	PLAN PAYS	PLAN PAYS
EYE EXAMINATIONS		
Comprehensive Exam: New 92004 Est. 92014	\$51.60	\$48.80
Intermediate Exam: New 92002 Est. 92012	\$37.60	\$35.30
Refraction: 92015	\$12.90	\$12.20
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.00
Bifocal Lenses**	\$29.50	\$19.00
Trifocal Lenses	\$38.50	\$22.00
Lenticular Lenses	\$53.90	\$30.80
New Frame	\$27.00	\$18.50

Copayments Exam: \$10.00 Material: \$10.00 01/01/2023

Frame Allowance Extra 20% reduction on All Signature Material frames and any other available frame per patient included below.

WFA: \$110.00 for Columbia, Longview, McAllen, New Port Richey frame through 01/31/2023 Patient

regarding 20% savings on frame coverage.

WFA: \$110.00 for All Signature Material frames. Patient receive 20% savings on frame coverage.

WFA: \$110.00 for All Signature Material frames. Patient receive 20% savings on frame coverage.



VSP-LENSSES

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	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$51.60	\$48.80
Intermediate Exam: New 92002 Est. 92012	\$37.60	\$35.30
Refraction: 92015	\$12.90	\$12.20
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.00
Bifocal Lenses**	\$29.50	\$19.00
Trifocal Lenses	\$38.50	\$22.00
Lenticular Lenses	\$53.90	\$30.80
New Frame	\$27.00	\$18.50

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-LENSSES

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

LAB: Southern Optical, mark as Rx Sun
Authenticents in LPA

BILLING: Mason Billing Team

PLAN ID: 1836481 (Bill Actual)

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

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
PLAN PAYS	PLAN PAYS	PLAN PAYS
EYE EXAMINATIONS		
Comprehensive Exam: New 92004 Est. 92014	\$51.60	\$48.80
Intermediate Exam: New 92002 Est. 92012	\$37.60	\$35.30
Refraction: 92015	\$12.90	\$12.20
MATERIAL DISPENSING		
Single Vision Lenses	\$21.00	\$15.00
Bifocal Lenses**	\$29.50	\$19.00
Trifocal Lenses	\$38.50	\$22.00
Lenticular Lenses	\$53.90	\$30.80
New Frame	\$27.00	\$18.50



VSP: EYEZEN LENS ADD-ONS (& Varilux)

Frame > Lens > Order Worksheet > Measurements > Order Completion

Plan Name: VSP-GOLDENV/C Type: Assignment
Group #: Plan ID: 1814833

Services	Retail Price	Extended Price	Plan Days	Discount	Copay
Rx5228, Blk Grn, 53/17/14-0	\$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:					

Buttons:

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

- Eyezen**
- DST Processing Line:
 - Eyezen Start = \$40 (Digital upgrade)
 - Eyezen I – 4 = \$40 + \$10 Technical Add-On
 - ALL Eyezen = \$15 Light Filter
 - Focal Type Line (Eyezen Single Vision) = Material Copay
- Varilux X Fit & Comfort Max**
- Focal Type Line = VSP Lens Copay/Patient Pays +
 - \$10 Custom Measurement
 - Other add-on options: Oversize Frame and Rimless

Example

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



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.
2. Frame and lens mounting that can't be fabricated at a VSP contract lab.

Oakley

- Costa
- Ray Ban Authentic lenses

Example

PLAN DETAILS																																			
Co-payments Exam	\$15.00	Material	\$15.00																																
Frame Allowance	Est'd \$20.00 promotion on All EyeWear/Marion frames and any other available frame promotions included below.																																		
	WEF3 \$100.00 for both Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 25% savings on frame coverage.																																		
	WEF65 \$170.00 for All EyeWear/Marion frames. Patient receives 25% savings on frame coverage.																																		
	WEF100 \$150.00 for All EyeWear/Marion frames. Patient receives 25% savings on frame coverage.																																		
<table border="1"> <thead> <tr> <th colspan="2">ITEMS</th> <th colspan="2">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>Category</td> <td>QTY</td> <td>Item#</td> <td>Description</td> </tr> <tr> <td>Frame</td> <td>1</td> <td>88839269775</td> <td>004123 55 Holbrook Metal, Blk Mat, 5m</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$211.00</td> </tr> <tr> <td>Lens</td> <td>1</td> <td>2050000465078</td> <td>SV/OK/OTD 1.59 Cr-Stth Pro</td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$240.00</td> </tr> <tr> <td>EPP:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>TOTAL: \$451.00</td> </tr> </tbody> </table>				ITEMS		DESCRIPTION		Category	QTY	Item#	Description	Frame	1	88839269775	004123 55 Holbrook Metal, Blk Mat, 5m				\$211.00	Lens	1	2050000465078	SV/OK/OTD 1.59 Cr-Stth Pro				\$240.00	EPP:							TOTAL: \$451.00
ITEMS		DESCRIPTION																																	
Category	QTY	Item#	Description																																
Frame	1	88839269775	004123 55 Holbrook Metal, Blk Mat, 5m																																
			\$211.00																																
Lens	1	2050000465078	SV/OK/OTD 1.59 Cr-Stth Pro																																
			\$240.00																																
EPP:																																			
			TOTAL: \$451.00																																

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 TR \$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

Calculating Patient Charges on Proprietary Frames	
U&C fee for frame	\$ 210.00
Subtract VSP frame allowance	-\$ 150.00
Subtotal	\$ 61.00
Deduct 20%	-\$ 12.20
Patient's out-of-pocket expense	\$ 48.80

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

Patient's total = \$197.42



VSP PROPRIETARY LENS & FRAME ORDERS

Entering in Ciao! Optical

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

PLAN PAY: Frame: \$57 (WFA) + \$44.35 (Frame dispensing fee)					
Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
004123 55 Hobbrook Metal, Blk Mat, Grn	\$21.00	\$101.35	\$100.65	\$48.80	
Authentic Lens Finishing	\$30.00	\$0.00	\$30.00		
Backside UV	\$0.00	\$0.00	\$0.00	\$0.00	
DST Processing	\$23.00	\$0.00	\$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	
PLAN PAYS - Lenses: \$20 (proprietary RX lens allowance) + \$38.58 (SV lens dispensing fee) - \$15 copay					

Benefit Calculation Notes:   

Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC
Plan ID: 1814833
Current Offer:
Deal Code:
Promotion Savings: \$0.00
Vision Care Savings: \$233.58
YOU PAY: \$197.42

Copay 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 copay 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.



VSP Choice Plan



Lens Enhancements Chart



Effective June 27, 2023

Revised June 27, 2023

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.

VSP Choice Plan®

Effective June 27, 2023

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 BI FOCAL 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 June 27, 2023

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
PHOTOCROMICS		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	--	--	--
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 June 27, 2023

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 ¹	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 CATEGORIES² 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 VSPOonline at 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 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. 123631 VCDR

Classification: Restricted

VSP Signature Plan



Lens Enhancements Chart



Effective June 27, 2023

Revised June 27, 2023

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 June 27, 2023

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	--	--	--
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 June 27, 2023

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

PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee ¹	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 CATEGORIES² 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.

[^]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. 123590 VCDR

Classification: Restricted

VSP Advantage Network



Lens Enhancements Chart



Effective June 27, 2023

Revised June 27, 2023

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.

Charge Back

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 June 27, 2023

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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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 BI FOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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 June 27, 2023

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	Charge Back	Service Fee	Patient Copay	Charge Back	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
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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 June 27, 2023

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	Charge Back	Service Fee ¹	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 ²
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C ²
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + 80% of U&C ²
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + 80% of U&C ²
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 ²
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C ²
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + 80% of U&C ²
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + 80% of U&C ²
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 ²
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C ²
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + 80% of U&C ²
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + 80% of U&C ²
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 ²
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C ²
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + 80% of U&C ²
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + 80% of U&C ²
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 ²
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C ²
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + 80% of U&C ²
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + 80% of U&C ²
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 PlanSM 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 CATEGORIES³ 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

3. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at 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.

©2023 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. 114171 VCDR

Classification: Restricted

VSP Enhanced Advantage Plan



Lens Enhancements Chart



Effective December 31, 2023

Revised December 31, 2023

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 PlanSM

Effective December 31, 2023

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 VisionCareSM Plan.

VSP Enhanced Advantage Plan

Effective December 31, 2023

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	--	--	--
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 December 31, 2023

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 ¹	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 CATEGORIES² 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 VSPOne at 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 and Computer VisionCare Plan are service marks 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. 123601 VCDR

Classification: Restricted

SUPERIOR VISION

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

LAB: RxO

BILLING: McIsaac Billing Team

PLAN ID: 1836479 (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* *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

Exhibit B

LAB MODEL COMMERCIAL FEE SCHEDULE – OPT OUT

DESCRIPTION	REIMBURSEMENT ¹
EYE EXAMINATION ²	NO CHANGE
FRAME DISPENSING	
PROVIDER SUPPLIED FRAME ³	UP TO 45% OF MEMBERS ALLOWANCE
LENS DISPENSING	
SINGLE VISION LENS	\$20.00
BIFOCAL LENS	\$35.00
TRIFOCAL LENS	\$50.00
PROGRESSIVE LENS	\$50.00
LENS OPTIONS	
LENS OPTIONS ⁴	N/A
CONTACT LENS	
PROVIDER SUPPLIED CONTACT LENSES ³	NO CHANGE
CONTACT LENS FIT AND FOLLOW-UP	
STANDARD CONTACT LENS FITTING FEE ⁵	NO CHANGE
PREMIUM CONTACT LENS FITTING FEE ⁵	NO CHANGE

1. All plan fees are considered reimbursement-in-full, whether the fees are reimbursed entirely by Superior Vision, or reimbursed in part by Superior Vision and in part by member co-payment. Providers shall collect member co-payment(s) at the time services are rendered. These fees do not reflect all Superior Vision plans.
2. Includes dilated fundus examination; Effective April 1, 2018: CPT codes 92002 OR 92004, 92012 OR 92014.
3. These fees do not represent all Superior Vision plans.
4. Plan specific Member Charges for lens options are considered as reimbursement in full from Superior Vision. Some plans may vary.
5. Please refer to plan specific Service Record Form for benefit eligibility.
6. Reimbursement(s) may vary by plan and for Government sponsored business (e.g. Medicaid). For additional information on plan specific reimbursement(s), please refer to the PBCS (Plan Benefit Compensation/Benefit Overview) in the Superior Vision / Versant Health provider portal.



from  VersantHealth™

Superior Vision (SV) Maximum Allowable Charge* for Medically Necessary Contact Lenses (MNCL)

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

*Charges applicable to Commercial Lines of Business only

DAVIS VISION

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

LAB: RxO

BILLING: Mason Billing Team

PLAN ID: 1836480 (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	\$60 (reduce if copay)						
CL Fit (92071, 92310, 92317, S0592)	Copay listed on Service Record Form	<ul style="list-style-type: none">Standard FitPremium Fit \$60 \$60 + 85% of U&C over \$60						
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 45% of the frame allowance						
Lenses	Copay & Allowances listed on Service Record Form	<table><tr><td>Single Vision</td><td>\$20</td></tr><tr><td>Bifocals</td><td>\$35</td></tr><tr><td>Tritocals</td><td>\$50</td></tr></table>	Single Vision	\$20	Bifocals	\$35	Tritocals	\$50
Single Vision	\$20							
Bifocals	\$35							
Tritocals	\$50							
Contact Lenses	Allowance listed on Service Record Form	Up to 85% of the members allowance						



Exhibit B

REGION 3 LAB MODEL FEE SCHEDULE – OPT-OUT DDOL

<u>DESCRIPTION</u>	<u>REIMBURSEMENT^{1,6}</u>
<u>EYE EXAMINATION²</u>	<u>\$60.00</u>
<u>FRAME DISPENSING</u>	
<u>COLLECTION FRAME</u>	<u>N/A</u>
<u>PROVIDER SUPPLIED FRAME³</u>	<u>UP TO 45% OF MEMBERS ALLOWANCE</u>
<u>LENS DISPENSING</u>	
<u>SINGLE VISION LENS</u>	<u>\$20.00</u>
<u>BIFOCAL LENS</u>	<u>\$35.00</u>
<u>TRIFOCAL LENS</u>	<u>\$50.00</u>
<u>LENS OPTIONS</u>	
<u>LENS OPTIONS⁴</u>	<u>REFER TO PLAN SPECIFIC SERVICE REQUEST FORM</u>
<u>CONTACT LENS</u>	
<u>PROVIDER SUPPLIED CONTACT LENSES³</u>	<u>UP TO 85% OF MEMBERS ALLOWANCE</u>
<u>CONTACT LENS FIT AND FOLLOW-UP</u>	
<u>STANDARD CONTACT LENS FITTING FEE⁵</u>	<u>\$60.00</u>
<u>PREMIUM CONTACT LENS FITTING FEE⁵</u>	<u>\$60.00 + 85% OF U&C OVER \$60 MEMBER CHARGE</u>

1. All plan fees are considered reimbursement-in-full, whether the fees are reimbursed entirely by Davis Vision, or reimbursed in part by Davis Vision and in part by member co-payment. Providers shall collect member co-payment(s) at the time services are rendered. These fees do not reflect all Davis Vision plans.
2. Includes dilated fundus examination; Effective April 1, 2018: CPT codes 92002 OR 92004, 92012 OR 92014.
3. These fees do not represent all Davis Vision plans.
4. Plan specific Member Charges for lens options are considered as reimbursement in full from Davis Vision. Some plans may vary.
5. Please refer to plan specific Service Record Form for benefit eligibility.
6. Reimbursement(s) may vary by plan and for Government sponsored business (e.g. Medicaid). For additional information on plan specific reimbursement(s), please refer to the plan specific benefit alert in the Davis Vision / Versant Health provider portal.



from **VersantHealth™**

Diagnosis	Maximum Allowable Charge
Aphakia	\$700
Anisometropia	\$700
High Ametropia	\$700
Irregular Astigmatism	\$1,000
Keratoconus	\$1,200
Corneal Ectasia	\$1,200
Dry Eye	\$1,200
Unstable Keratoconus	\$2,500
Aniridia	\$3,700
Other Dx not listed approved as exception	\$700

SPECTERA

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

LAB: RxO

BILLING: Masson Billing Team

PLAN ID: 1836478 (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 92004 92012 92014	\$40 \$48 \$36 \$44
CL Fit	Copay listed on Service Record Form	<ul style="list-style-type: none"> 92071, 92310-92317 = \$32 if covered in full by the plan 92071, 92310-92317 (ND modifier) = Lesser of 80% Customer Charge or 80% of allowance 92071, 92310-92317 (XC modifier) = Lesser of Customary Charge or \$500 	
Frames (v2020, v2025)	Allowance listed on Service Record Form • 30% off frame frame average		45% of the customary charge
Lenses	Copay & Allowances listed on Service Record Form	Single Vision Bifocals Trifocals Progressives: Tier I Tier II Tier III Tier IV Tier V	\$25 \$35 \$45 \$10 \$13 \$8 \$40 \$23 \$58 \$10 \$13 \$8 \$40 \$23 \$66 Anti-Reflective: Tier 1 Tier 2 Tier 3 Tier 4
Contact Lenses	Allowance listed on Service Record Form		Up to 80% of the members allowance



Fee Schedule

PROFESSIONAL SERVICES			
CODE RANGE	MODIFIER	DESCRIPTION	REIMBURSEMENT AMOUNT
EYE EXAMINATIONS			
92002		Medical exam and evaluation; intermediate, new patient	\$40.00
92004		Medical exam and evaluation; comprehensive, new patient	\$48.00
92012		Medical exam and evaluation; intermediate, established patient	\$36.00
92014		Medical exam and evaluation; comprehensive, established patient	\$44.00
S0620		Routine ophthalmological examination including refraction; new patient	\$46.00
S0621		Routine ophthalmological examination including refraction; established patient	\$44.00
92015		Refraction determination	\$ 7.00
S9986		Retinal screening photography	\$39.00
CONTACT LENS FITTING & FOLLOW UP			
92071, 92310- 92317, S0592		Contact Lens Fitting and Evaluation - Elective	\$32.00 if covered in full by the Enrollee's Vision Plan
92071, 92310- 92317, S0592	ND	Contact Lens Fitting and Evaluation - Elective	Lesser of 80% Customary Charge or 80% of the Allowance
92071, 92310- 92317, S0592	XC	Contact Lens Fitting and Evaluation – Necessary	Lesser of 80% of Customary Charge or \$500.00

MATERIALS			
CODE RANGE	MODIFIER	DESCRIPTION	REIMBURSEMENT AMOUNT
FRAMES			
S0516		Safety frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
V2020, V2025		Frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
OPHTHALMIC LENSES/PER PAIR			
V2100-V2115, V2118, V2121, V2199		Single Vision Lens – Plastic	\$25.00
V2200-V2215, V2218-V2221, V2299		Bifocal Vision Lens – Plastic	\$35.00
V2300-V2315, V2318-V2321, V2399		Trifocal Vision Lens – Plastic	\$45.00
V2781	P1	Tier I Progressive Ophthalmic Lens	\$65.00
V2781	P2	Tier II Progressive Ophthalmic Lens	\$90.00
V2781	P3	Tier III Progressive Ophthalmic Lens	\$120.00
V2781	P4	Tier IV Progressive Ophthalmic Lens	\$150.00
V2781	P5	Tier V Progressive Ophthalmic Lens	\$190.00
OPHTHALMIC LENS OPTIONS/PER PAIR			
V2744		Photochromic	\$58.00
V2745		Tint (not including Photochromic)	\$10.00
V2750	R1	Tier I Anti-reflective coating	\$25.00
V2750	R2	Tier II Anti- reflective coating	\$30.00
V2750	R3	Tier III Anti- reflective coating	\$54.00
V2750	R4	Tier IV Anti- reflective coating	\$66.00
V2755		UV coating	\$13.00
V2760		Standard scratch coating	Included
V2782, V2783		High Index 1.54-1.73 plastic	\$40.00
V2783	HI	High index \geq 1.74 plastic	39% of Customary Charge
V2784, S0580		Polycarbonate	\$23.00
V2799	PP	Roll and Polish	\$ 8.00

MATERIALS			
V2799	SW	Scratch warranty	\$ 6.00
ALL OTHER OPHTHALMIC LENS OPTIONS		68% of Customary Charge	
CONTACT LENSES			
CODE RANGE	MODIFIER	DESCRIPTION	REIMBURSEMENT AMOUNT
V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	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
V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599	ND	Contact Lenses – Non-Formulary, Elective	80% of Customary Charge
V2500-V2503, V2510-V2513, V2520-V2523, V2599	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 CLASSIFICATION

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
Crizal Easy Pro	V2750 V2755 EM/VSP	Tier 2 + BS UV	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
Crizal Sapphire HR	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Prevencia	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Rock	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
Crizal Sunshield UV	V2750 V2755 EM	Tier 2 + BS UV	Cat D	Tier 4	Premium	Not Covered
Crizal Sunshield Mirrors UV	V2750 V2755 EM	Tier 3 + BS UV	Cat D (QP+QV)	Tier 4	Premium	Not Covered
Premium AR Premium BS AR	V2750	Tier 2	Cat C (Lab Choice)	Tier 3	Ultra	Prem AR 1
Varilux Comfort Max Fit	V278I V2702 CM for VSP	Tier 3	Cat O + CM	Tier 3	Ultra	Prem Prog 3
Varilux XR Fit	V278I V2702 CM for VSP	Tier 4	Cat N + CM	Tier 5	Ultimate	Prem Prog 4
Varilux XR Track Fit	V278I V2702 CM for VSP	Tier 5	Not Covered	Non-Formulary	Not Covered	Not Covered
Wrap Plus (Private label design) Similar to Attitude III Fashion	V278I	Tier 4	Cat O	Not Covered	Ultimate	Prem Prog 2
Premium PG Design Accolade	V278I	Tier 1	Cat K	Tier 2	Premium	Prem Prog 1
Standard PG Design (Value & MVC: Ovation Digital)	V278I	Standard	Cat K	Tier 1	Premium	Prem Prog 1
PG Computer* 5' no Distance (Similar to Shamir Computer)	V278I 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
V2784	Plastic	\$ -
V2783	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
V2100 - V2114	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	Biocal (Base Lens Fee)	\$ 165.00
V2300-V2399	Trifocal (Base Lens Fee)	\$ 165.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux X Fit	\$ 450.00
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 in one distance Ideal computer)	\$ 295.00

Code	AR\$	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 Prevenzia	\$ 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

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

Example: V x Fit = \$450
V2200: \$165
V278: \$285 (\$450 - \$165)



LENS RETAIL PRICING

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
	VSP ONLY		
	Custom Measurements (VXX Fit & Comfort Max Fit)	\$ 10.00	
	Technical Add On, (Eyezen 1-4 only)	\$ 10.00	



REFERENCE – CODES

Exam Codes	Comprehensive Exam	Hyperopia	Regular Astigmatism
92014,		H52.00	H52.22 Unspecified Eye
92004		H52.01	H52.221 Right Eye
92012,	Intermediate Exam	H52.02	H52.222 Left Eye
92002		H52.03	H52.223 Bilateral
92015	Refraction		
Vision Codes		Myopia	Irregular Astigmatism
V2020	Frame	V2745 Addition to lens, tint	H52.219 Unspecified Eye
V2025	Deluxe Frame	V2750 Anti-reflective Coating	H52.211 Right Eye
V2100-	SV Lens	V2755 UV, per lens	H52.212 Left Eye
V2199			H52.213 Bilateral
V2200-	Bifocal Lens	V2760 Scratch Resistant Coating	
V2299			
V2300-	Trifocal Lens	V2761 Mirror Coating	
V2399			
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
 - 2 Click the blue the Search button
 - 3 On the Search For pulldown bar, change it to Medical
 - 4
 - Select the carrier you need to enter
 - Note there are multiple

Patient List	Search for Medication	Type	Plan ID	Member Name	Member ID	DOB
		Assignment	1110123			
		Assignment	1110127			
		Assignment	1110129			
		Assignment	1110130			
		Assignment	1110131			
		Assignment	1110132			
		Assignment	1110133			
		Assignment	1110134			
		Assignment	1110135			

- Click the Checkmark to indicate you'd like to apply insurance
 - Click the blue the Search button

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

Patient Test 

CIAO! OPTICAL ENTRY

Medical Plans

Bypass the Plan Details screen

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

Enter the patient diagnosis and hit continue

 Patient Test	
                                 	

Select Code																
ICD Code I52.4	Diagnosis															
Diagnosis	Add Diagnosis															
Selected Diagnosis																
<table border="1"> <tr> <td>Diagnosis</td> <td>Code</td> </tr> <tr> <td>No Diagnoses</td> <td>Selected</td> </tr> <tr> <td>Clear</td> <td>Delete</td> </tr> </table>		Diagnosis	Code	No Diagnoses	Selected	Clear	Delete									
Diagnosis	Code															
No Diagnoses	Selected															
Clear	Delete															
<table border="1"> <tr> <td>4</td> <td></td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>Unspecified eye</td> </tr> <tr> <td>Presbyopia</td> </tr> <tr> <td>Unspec amblyopia OD</td> </tr> <tr> <td>Unspec amblyopia OS</td> </tr> <tr> <td>Unspec amblyopia both</td> </tr> <tr> <td>Unspec amblyopia amblyopia</td> </tr> <tr> <td>Unspec astigmatism</td> </tr> <tr> <td>Unspec astigmatism OD</td> </tr> <tr> <td>Unspec astigmatism OS</td> </tr> <tr> <td>Unspec astigmatism eye</td> </tr> <tr> <td>Unspec astigmatism amblyopia</td> </tr> </table> </td> </tr> </table>		4		<table border="1"> <tr> <td>Unspecified eye</td> </tr> <tr> <td>Presbyopia</td> </tr> <tr> <td>Unspec amblyopia OD</td> </tr> <tr> <td>Unspec amblyopia OS</td> </tr> <tr> <td>Unspec amblyopia both</td> </tr> <tr> <td>Unspec amblyopia amblyopia</td> </tr> <tr> <td>Unspec astigmatism</td> </tr> <tr> <td>Unspec astigmatism OD</td> </tr> <tr> <td>Unspec astigmatism OS</td> </tr> <tr> <td>Unspec astigmatism eye</td> </tr> <tr> <td>Unspec astigmatism amblyopia</td> </tr> </table>		Unspecified eye	Presbyopia	Unspec amblyopia OD	Unspec amblyopia OS	Unspec amblyopia both	Unspec amblyopia amblyopia	Unspec astigmatism	Unspec astigmatism OD	Unspec astigmatism OS	Unspec astigmatism eye	Unspec astigmatism amblyopia
4																
<table border="1"> <tr> <td>Unspecified eye</td> </tr> <tr> <td>Presbyopia</td> </tr> <tr> <td>Unspec amblyopia OD</td> </tr> <tr> <td>Unspec amblyopia OS</td> </tr> <tr> <td>Unspec amblyopia both</td> </tr> <tr> <td>Unspec amblyopia amblyopia</td> </tr> <tr> <td>Unspec astigmatism</td> </tr> <tr> <td>Unspec astigmatism OD</td> </tr> <tr> <td>Unspec astigmatism OS</td> </tr> <tr> <td>Unspec astigmatism eye</td> </tr> <tr> <td>Unspec astigmatism amblyopia</td> </tr> </table>		Unspecified eye	Presbyopia	Unspec amblyopia OD	Unspec amblyopia OS	Unspec amblyopia both	Unspec amblyopia amblyopia	Unspec astigmatism	Unspec astigmatism OD	Unspec astigmatism OS	Unspec astigmatism eye	Unspec astigmatism amblyopia				
Unspecified eye																
Presbyopia																
Unspec amblyopia OD																
Unspec amblyopia OS																
Unspec amblyopia both																
Unspec amblyopia amblyopia																
Unspec astigmatism																
Unspec astigmatism OD																
Unspec astigmatism OS																
Unspec astigmatism eye																
Unspec astigmatism amblyopia																

CIAO! OPTICAL ENTRY

Medical Plans

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**

Please complete the claim information to see insurance pricing.

Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TVO N-Type: Assignment
Group #: Plan ID: 1818429

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

Benefit Calculation Notes

Save **Cancel** **Print** **Preview Claim**

Bill To

Blue Cross Blue Shield (Primary Medical)
PO Box 5747
Denver, CO 80217-5747

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

Pending **Authorized** Diagnoses Remove Fee Schedule Transfer Items ...

Details	Additional Claim Info	Claim History	Payment History	Statement History	Documents & Images	Notes
Post Date	Code	Modifiers	Diagnoses	Description		
04/22/2024	92134			SCANNING COMPUTERIZED OPHTHALM IMAGING RETINA		
04/22/2024	99202			E&M LEVEL 2, NEW PT		
04/22/2024	99214			E&M LEVEL 4, EST PT		

Show All

Post Date	Code	Modifiers	Diagnoses	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
04/22/2024	92134			1	\$206.00	\$0.00	\$0.00	\$206.00	-\$150.55	\$0.00	\$41.45
04/22/2024	99202			1	\$121.00	\$0.00	\$0.00	\$121.00	-\$37.23	\$0.00	\$83.77
04/22/2024	99214			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

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

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, Eyeinfinity doesn't offer a regular SV DST lens.

[CLICK HERE FOR AUTO-CALCULATION PLAN LISTING](#)

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

Additional things to note:

- | | |
|--|--|
| Contact lenses: <ul style="list-style-type: none">If the retail amount is over \$1000, you must use the Generic PlanMedically necessary contacts must be billed with Generic Plans | <ul style="list-style-type: none">Auto calculations may distribute copays on a different line item that you are used toDo not edit an auto-calculation plan- either use a Generic plan or discount in Xstore |
| Eyezen: <ul style="list-style-type: none">The TA, Blue Filter, and Eyezen copay will be on the DST line (Eyezen copays/cost will be \$70 for Choice, \$65 for signature, and DST will be \$60)The Material Copay will be on the base line of lens | <ul style="list-style-type: none">If you choose the correct plan, and do not edit the claim it will not be sent back to you to re-keyIf 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 |
| Varilux X Fit and Comfort Max Fit: <ul style="list-style-type: none">The Material Copy and Custom Measurement fee for Varilux X Fit and Comfort Max Fit have been added to the Progressive CopayFor example, this means the Copay will be \$160 instead of \$150 | <ul style="list-style-type: none">In other circumstances the Assignment team will refund the patientAt 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

- 2 Click the blue the Search button

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

- 4 Fill in the Plan Name or Plan ID from your Dalton Auto-Calculation Plan List
- Click the Search button (Magnifier)

Prescription: Doctor: Start: Patient Name: Birthdate: Age: Date written: 12-14-2022 Date written: 12-13-2022 ODR: 1.00 CH: 4.05 OAS: 1.00

Customer Order: Rx-Signed: ✓

Insurance: 2003 Marco Bassani

Plan Id: No Previous Insurance Found.

Plan Id: Member First Name: Training Member Last Name: Test Member Date of birth: 8/7/1980

Search For: Plan Name: Plan Name: Plan Id:

- Enter this Cadence when searching via Plan Name:
- Carrier (VSP (Choice, Signature,) Spectera, Block)
 - Material (complete, lens only exam, contacts)
 - For eyewear: include WFA allowance

1834570	VSP CHOICE COMPLETE WFA100 10CPY COV DAL
1834470	VSP CHOICE EXAM \$4 SA 15% DAL
1834479	VSP CHOICE EXAM \$5 \$60 FIT DAL
1834659	VSP CONTACTS \$115 DAL

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

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

Training Test 

Search For:	Plan Name	Plan ID:	Plan Type:	Effective Date:	Termination Date:
VSP CHOICE COMP WFA82 20 CPY TNC	Assignment	1831950	Assignment	2/1/2024	12/31/2024
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	1831564			
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   

- 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:	



 Customer Order 

Location 29047 045000 (Logout)

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

7 Complete the Insurance Demographics Screen

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

- If carrier does not issue authorizations, enter 1234

A

Training Test

Plan Information

Plan Name: VSP-ROGIN

Phone #: 12345678

Open Hours: 1824524

Plan ID: 12345678

Assessment

Authorized: Frame Contacts Lens Exam

Materials Auth: 6733424

Member Identification

Member ID: 12345678

SSN: 8771980

DOB: 01/01/1990

Primary Member Plan Information

Employment Status: Full-Time

Student Status: Not a Student

Relation to Primary Member: Self

Customer Plan Information

Employer: Target

Marital Status: Married

Is condition related to employment? Yes No Unknown

Is customer's need accident related? Yes No Unknown

Is there a secondary plan? Yes No Unknown

Customer Order

Location 29103 045000 (Logout)

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

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

8 Enter Frame and Lens Selection

Training Test      

Frame    Measurements  Order Completion 

④ Clear Sun Photo
Vision Type: Single Vision 
Lens Design: Conventional SV 
Material: T.S9 Polycarbonate 
Style: Blue Frame Clear Pr 
Color: 
Available Actions: Optical Frame Rimless Frame Polish Roll and Push
Included Addons: Aspheric Lens Blue Filter Premium Anti-Reflective UV Protection

Customer Order:  Location: 29103 045000 (Logout)

Choose valid through: May 11, 2024      

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

Training Test     Measurements  Order Completion 

Frame    Order Worksheet  Measurements  Order Completion 

Category: Frame QTY: 1 Description: RB2332 52 NEW/WAFERS, Blk Tan, Brn C
Retail Price: \$130.00
Lens: 1 2050002659406 SY EZ Start Blk/Fltr Crd Sph/HR (R/W) Current Offer: Yes No Deal Code: 
TOTAL: \$130.00

Main Promotion       

Vision Care Plan Pricing          

④ Main Promotion       

④ Vision Care Plan Pricing          

④ Main Promotion       

④ Vision Care Plan Pricing          

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

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

Select Code:                                                                                                          <img

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

10 For all Blue Tag frames document:

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

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 #1103 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

Test, Training - 10005007029083

Complete Order             <img alt="blue tag icon" data-bbox

CIAO! OPTICAL ENTRY

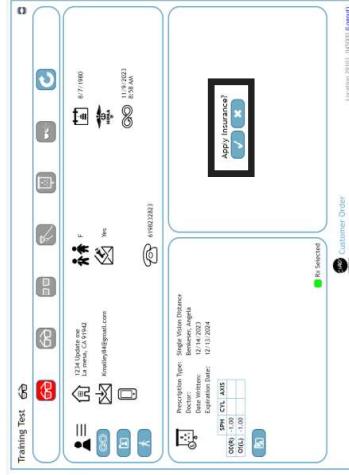
BILL ACTUAL PLANS

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

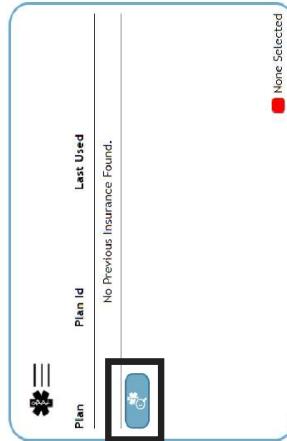
- 2 Click the blue the Search button

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

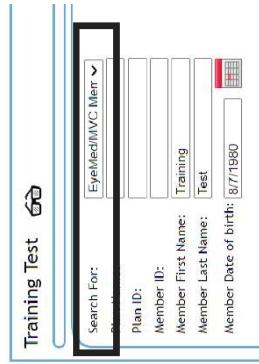
- 4 • Fill in the Plan Name or Plan ID
• Click the Search button (Magnifier)



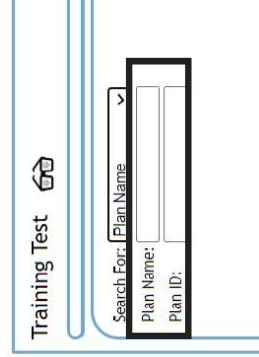
None Selected



None Selected



None Selected

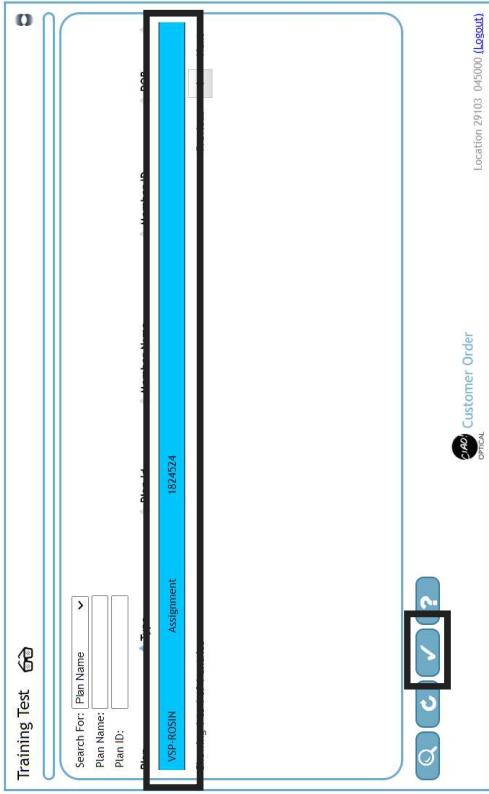


None Selected

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

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



Training Test

Search For: Plan Name: VSP-ROGIN

Plan Name: VSP-ROGIN

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:

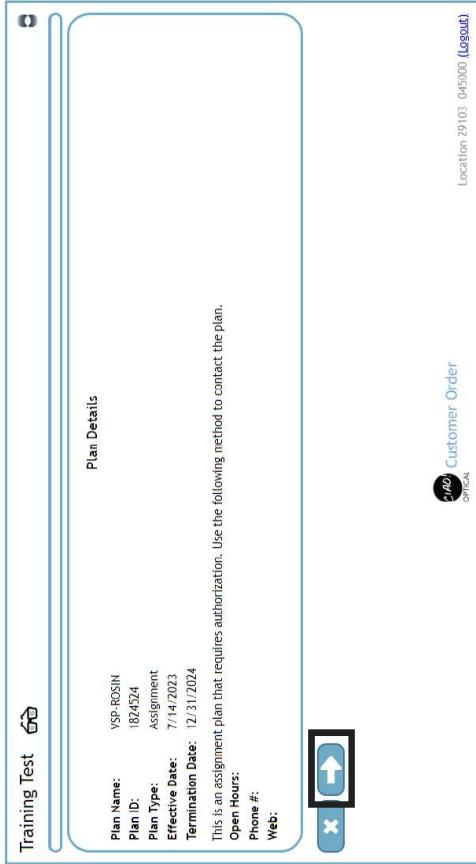
Phone #:

Web:

Customer Order

Location 29 (03 045900) (Logout)

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



Training Test

Plan Details

Plan Name: VSP-ROGIN

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:

Customer Order

Location 29 (03 045900) (Logout)



CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

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

Training Test

Plan Details

Plan Name:	VSP-ROGIN
Plan ID:	1824524
Plan Type:	Assignment
Effective Date:	7/14/2023
Termination Date:	7/31/2024

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

Open Hours:

Phone #:

Web:

Customer Order

Location 29/03 045900 (Logout)

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

Training Test

Plan Details

Plan Name:	VSP-ROGIN
Plan ID:	1824524
Plan Type:	Assignment
Effective Date:	7/14/2023
Termination Date:	7/31/2024

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

Open Hours:

Phone #:

Web:

Customer Order

Location 29/03 045900 (Logout)

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

7 Complete the Insurance Demographics Screen

Training Test 

A  **B**  **C** 

Plan Information

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

Plan Type: 

Assessment

Authorized: Frame Lens Contacts Exam

Materials Auth: 6733424

Generate Cancellation Notes.

Customer Plan Information

Employment Status: Full-Time  Marital Status: Not a Student  Target Marital Status: Married 

Relation to Primary Member:  Self

Is condition related to employment? Yes No Unknown

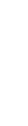
Is customer's need accident related? Yes No Unknown

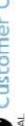
Is there a secondary plan? Yes No

Primary Member Plan Information

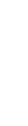
First Name:  MI:  Last Name: 

Address:  City:  State: 

ZIP Code:  Phone: 

Member ID:  SSN: 

Gender: Male Female Employment Status:  Marital Status: 

Employer:  DOB:  Student Status: 

MM/DD/YYYY 

Customer Order  CIAO! CRITICAL

Location 29103 045000 (Logout)

- Checkmark the service you are currently entering and enter Material Authorization number
 - Enter 1234 if not applicable

- Enter the Member ID number
 - Enter 1234 if not applicable

- Complete all fields for Customer Plan Information
 - For Primary Member indicate Self
 - Selecting Self will bypass the Primary Member details

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

8 Enter Frame and Lens Selection

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.

Clear Sun Photo

Vision Type: Single Vision

Lens Design: Conventional SV

Material: 1.59 Polycarbonate

Style: Blue Filter/Clear P

Color: -

Included Addons

Aspheric lens
 Blue Filter
 Scratch Resistant
 Tint Resistant
 UV Protection

Available Addons

Polish
 Roll and Polish
 Oversize Frame
 Rimless Drill

Customer Order

Location: 29103 (LogistiC)

Quote valid through: February 11, 2024

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 Prent AR (Poly)	\$250.00
EP:			<input checked="" type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$380.00

Vision Care Plan Pricing

Vision Care Plan: VSP-ROSN

Plan id: 184524

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings: \$37.50

YOU PAY: \$342.50

Customer Order

Location: 29103 (LogistiC)

Quote valid through: February 11, 2024

Customer Order

Location: 29103 (LogistiC)

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

Enter your EssilorLuxottica Network
Credentials

10

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

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	Copy
RB132-52 NEW WAYFARER, Bn Tan, Bn C		\$130.00		\$ <input type="text"/> \$0.00	\$0.00	
Aspheric Lens		\$0.00		\$0.00	\$0.00	
Blue Filter		\$45.00		\$0.00	\$0.00	
Premium Anti-Reflective		\$85.00		\$0.00	\$0.00	
Scratch Resistant		\$0.00		\$0.00	\$0.00	
UV Protection		\$0.00		\$0.00	\$0.00	
Single Vision		\$75.00		\$0.00	\$0.00	
Polycarbonate		\$45.00		\$0.00	\$0.00	
Benefit Calculation Notes  						

Location 79103 (4590011 recent) 



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 NAME		ALPHABETICAL AND SPECIFIC LENS STYLES		SERVICE ALLOWANCE		NET ALLOCATION	
CODE	DESCRIPTION	PLAN PAY	PLAN PAY	PLAN PAY	PLAN PAY	PLAN PAY	PLAN PAY	PLAN PAY	PLAN PAY
AA	Comprehensive Exam - New 51004 E&L 51014	\$54.40	\$54.40	\$1.21	\$1.21	\$0.00	\$0.00	\$0.00	\$0.00
AB	Comprehensive Exam - New 51004 E&L 51012	\$51.00	\$51.00	\$0.79	\$0.79	\$0.00	\$0.00	\$0.00	\$0.00
AC	Refraction 51013 (Non-Refraction Test)	\$11.00	\$11.00	\$0.12	\$0.12	\$0.00	\$0.00	\$0.00	\$0.00
AD	Material Dispensing	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AE	Single Vision Lenses	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AF	Single Vision Lenses**	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AG	Bi-Focal Lenses	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AH	Progressive Lenses	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AI	Bi-Focal Lenses (Toward Above)	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AJ	Bi-Focal Lenses (Toward Below)	\$1.00	\$1.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AK	Scratch Resistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AL	UV Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AM	EZ Start Single Vision	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
AN	Polycarbonate	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

B **Discount column: Retail Price- Plan Pays column =**
the amount you list in the Discount column

C

Patient copays and/or any out-of-pocket(OOP)



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	205000265B406	SV EZ Start Bluftr Crz1 Sapp HR (Poly)	\$440.00
EPP:	1			
		<input type="radio"/> Yes <input type="radio"/> No		TOTAL: \$570.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TWO INC
Plan Id: 1818653
Current Offer: 12903 - 15% OFF LENSES
Deal Code:

Associate Sale
Promotion Savings \$66.00
YOU PAY: \$504.00

Promotion Savings \$0.00
Vision Care Savings \$395.00
YOU PAY: \$215.00

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	205000265B406	SV EZ Start Bluftr Crz1 Sapp HR (Poly)	\$440.00
EPP:	1			
		<input type="radio"/> Yes <input type="radio"/> No		TOTAL: \$570.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TWO INC
Plan Id: 1818653
Current Offer: 12903 - 15% OFF LENSES
Deal Code:

Main Promotion
Current Offer: 12903 - 15% OFF LENSES
Deal Code:

Associate Sale
Promotion Savings \$0.00
YOU PAY: \$504.00

Promotion Savings \$0.00
Vision Care Savings \$395.00
YOU PAY: \$215.00

Quote valid through: May 12, 2024

Post Allowance

Location 29047 045000 [Logout](#)

Customer Order [cancel](#)



CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

- 12 For all Blue Tag frames document:
- Frame brand
 - Model number
 - Color
 - Eyesize, Bridge, Temple Length

12

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 #1103 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 

Customer Order
CIAO! OPTICAL

Location 29103 045000 (Logout)

*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 Notes
Date 11/10/2023	Associate Name 040000	Store # 7033	Payman 1234. Blue Plastic. 5418
New Lab Note			