


TRUE EYE EXPERTS INSURANCE GUIDE

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INSURANCE OVERVIEW

Prior to Appointment	At Time of Appointment	After Appointment
<ol style="list-style-type: none"> Appointment Scheduled <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.) 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 Routine: <ul style="list-style-type: none"> Log into carrier website and verify eligibility Pull separate authorizations for exam & materials Print benefit summaries (or document via office process) Update E.H.R with eligibility details 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"> 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 copay 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! <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 copay Routine Exams and patient responsibility <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 	<ol style="list-style-type: none"> Medical Services <ul style="list-style-type: none"> Your E.H.R is integrated into Trizetto Once Invoice created and patient payments recorded, medical biller will scrub claim and file with Medical Carrier EOB & payment will be received and reconciled <ul style="list-style-type: none"> If over payment has occurred, patient will receive a refund check If under payment occurred, your patient will be sent a bill on the first of the month The team will be responsible for following up (Click Here for additional details) Patients can make payments through Transaction Express or a virtual payment terminals in office Routine Services <ul style="list-style-type: none"> For VSP, if Exam Auto-Calculation plan selected in Ciao! Optical, the claim will be filed with VSP automatically <ul style="list-style-type: none"> If incorrect plan was selected, member details, authorization, or diagnosis missing the claim will be sent back to the practice to re-key All Carriers-Bill Actual plans: your billing team will file the claim <ul style="list-style-type: none"> For insurance required labs- packing slip will be sent as needed)



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	
Davis Vision	
Spectera	File with your new Tax ID: 26-0773097

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	New VSP Log In will be provided.	VSP Auto-Calculation Plans in Ciao! Optical Exams & CL Fittings, Contact Lens Materials only: <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 Eyeglasses: <ul style="list-style-type: none"> Mason Billing Department files claim Will send packing slip for Southern Lab 	Back Office (AS400)
		Do not use old VSP account to file claims or pull authorizations for dates of service past 9/9		
		Exams & Contacts lens materials: claim will auto-file with VSP.		
		Eyeglass materials & all services with bill actual plans- sites will file claims.		
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>	Vision: No (because it's zero already)	Both invoices should be \$0 – patient paid	<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	Coinsurance 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.
Copay	<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 Ciao- a copay is considered the patient copay or any out of pocket expenses the patient must pay (i.e.- \$75 for Transitions, \$68 for Antireflective, etc.) • 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 copay
 - Copay will reduce the ultimate plan pays
 - **IMPORTANT – DO THIS IN THE EHR PRIOR TO EVER ENTERING INTO CIAO! OPTICAL**
5. On the invoice screen (not the printed invoice) – take note of the Ins. Resp amount. This will be Plan Pays.
6. Take payment of copay or patient responsibility In the EHR – the only balance left should be insurance amount owed.
7. In Ciao! Optical –
 - Search for **Medical Plan**
 - Insurance Resp Amount (which you wrote down) = Plan Pays
 - Enter in Copays
 - Finish the formula where U&C = 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

Insurance Verification Screen

Plan	Member Name	Member ID	DOB	Gender	Address	City	State	Zip	Phone	Plan Type	Plan ID	Member ID	DOB
Medical Plan	Medical Plan	101028								Medical Plan	101028	101028	101028
Medical Plan	Medical Plan	101027								Medical Plan	101027	101027	101027
Medical Plan	Medical Plan	101029								Medical Plan	101029	101029	101029
Medical Plan	Medical Plan	101030								Medical Plan	101030	101030	101030

Training Test

Plan	Type	Member Name	Member ID	DOB
MEDICAL PLAN MEDICAL TWO INC	Assignment	101028		
MEDICAL PLAN MEDICAL TWO INC	Assignment	101027		
MEDICAL PLAN MEDICAL TWO INC	Assignment	101029		
MEDICAL PLAN MEDICAL TWO INC	Assignment	101030		

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



MEDICAL PLANS

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

Pending

Authorized

Diagnoses

Remove Fee Schedule

Transfer Items

...

Bill To

Blue Cross Blue Shield (Primary Medical)

PO Box 5747

Denver, CO 802175747

Service Date

04/22/2024

Fee Schedule

Blue Cross Blue Shield

Fee Date

04/22/2024

Details

Additional Claim Info

Claim History

Payment History

Statement History

Documents & Images

Notes

Post Date

Code

Modifiers

Diagnoses

Description

04/22/2024

92134

SCANNING COMPUTERIZED OPHTH IMAGING, RETINA

04/22/2024

96202

E&M LEVEL 2, NEW PT

04/22/2024

96214

E&M LEVEL 4, EST PT

Qty

Unit Price

Discounts

Tax

Ext. Price

Adjustments

Paid

Balance

1

\$206.00

\$0.00

\$0.00

\$206.00

-\$159.55

\$0.00

\$46.45

1

\$121.00

\$0.00

\$0.00

\$121.00

-\$37.23

\$0.00

\$83.77

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

Preview Claim

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



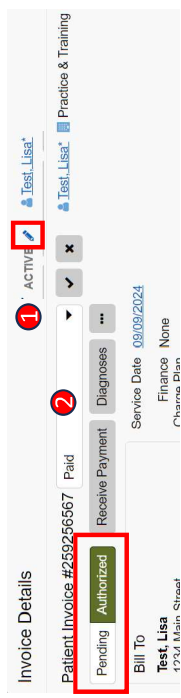
RevolutionEHR INVOICES

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.



Medical Insurance	Routine Vision	Cash Pay
<ul style="list-style-type: none">Bulk assign services to either insurance carrier and/or patient (in some cases two invoices created)For the medical invoice, Apply Fee ScheduleClick Transfer Item for any copays and enter copay details if applicableLeave Medical Invoice in Pending statusIf 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:<ul style="list-style-type: none">Authorize and record as PaidEnter all fees to Ciao! Optical <p>MEDICAL INVOICE: DO NOT AUTHORIZE INVOICE. PATIENT INVOICE: AUTHORIZE AND RECORD PAYMENT</p> <ul style="list-style-type: none">Insurance balance left in the E.H.R.Zero patient balances left.	<ul style="list-style-type: none">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 claimAuthorize the claim and record as PaidIf insurance carrier will not cover services, the patient will be bulk assigned those fees. On the patient invoice:<ul style="list-style-type: none">Authorize and record as paidEnter all fees to Ciao! Optical <p>AUTHORIZE INVOICE AND RECORD PAYMENT</p> <ul style="list-style-type: none">Zero balance in the E.H.R.	<ul style="list-style-type: none">Bulk assign services to the patientAuthorize and record as paidEnter all fees to Ciao! Optical <p>AUTHORIZE INVOICE AND RECORD PAYMENT</p> <ul style="list-style-type: none">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 \leq \$25.00 To Over/Short (Partial Pay Only) • Post All Patient Payments Received Via Persona 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:	
<ul style="list-style-type: none">• 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 ELID credentials



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



PATIENT ELIGIBILITY

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

The screenshot shows the Dinapoli Opticians home page. The top navigation bar includes Home, Reports, Manage Claims, Manage Payments, Manage Patients, and Resources. The main content area is divided into several sections: 'Work Flow-Daily Tasks' with links for Message Center, Send/Receive, and Work Related Claims; 'View Insurance Payments' with a link for Check Patient Eligibility (highlighted with a red box); and a 'News' section with a link for TRIZETTO NEWS. A 'Performance at a glance' section displays a line graph of Rejection Percentage over time.

- 2 Select Run Individual Inquiry

The screenshot shows the 'Check Patient Eligibility' page. The text 'Check to see if patients are covered by their insurance company.' is displayed. Below this, there are three links: 'Run Individual Eligibility Inquiry', 'Search Eligibility Transaction History', and 'Run Eligibility Usage Report'. A red arrow points to the 'Run Individual Eligibility Inquiry' link.

- 3 Select Run Individual Inquiry

The screenshot shows the 'Run Individual Eligibility Inquiry' page. The text 'Check to see if patients are covered by their insurance company.' is displayed. Below this, there are three links: 'Run Individual Eligibility Inquiry', 'Search Eligibility Transaction History', and 'Run Eligibility Usage Report'. A red arrow points to the 'Run Individual Eligibility Inquiry' link.

PATIENT ELIGIBILITY

- Select the **Carrier** from the drop downs on the left
- Select the **Date Of Service & Provider**
- Enter **Subscriber** or **Dependent ID Number** and **DOB**
- On the right side, under **Service Type Code**, confirm:
 - **98** is added for **Office Visit Specialist**
 - **AL** for **Vision**
 - **1** for **Medical Care**
- Click to add this search feature
- It's added and system will search (clicking will remove search)

Home

Reports

Check Patient Eligibility

Manage Claims

Manage Payments

Manage Patients

Resources

My Account

Check Patient Eligibility

Check to see if patients are covered by their insurance company

Eligibility Payers

Blue Cross Blue Shield

Commercial

Aetna

Alliance Benefit Plan Management

American Postal Workers Union - APWU

Blue Cross Medicare Advantage

Cigna

Golden Rule

Humana

Meridian Health

Mutual of Omaha (Commercial)

National Association of Letter Carriers

Oxford Health Plans

Quartz ASO

UHC

UMR/Vnusau

United Healthcare Student Resources

Medicaid

Medicare

Military

Edit Payer List

Run Individual Eligibility Inquiry

This is an estimate of the benefits provided under this contract. Any payment is subject to coordination of benefits with any other insurance that may cover the services rendered. This information is for informational purposes only and does not constitute a contract. It is not intended to be used for billing or authorizing all care. The above information is usually updated within 24 hours of being processed by Humana. The information may contain inaccuracies or errors.

Date of Service

07/23/2024

Select a Provider

Edit Providers

NPI

Search By

Subscriber

Subscriber ID

Subscriber Date of Birth

Submit Eligibility Inquiry

Service Type Code

30 - Health Benefit Plan Coverage

1 - Medical Care

2 - Surgical

3 - Consultation

4 - Diagnostic X-Ray

5 - Diagnostic Lab

6 - Radiation Therapy

7 - Anesthesia

8 - Surgical Assistance

9 - Other Medical

Humana



PATIENT ELIGIBILITY

4

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

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

Individual Eligibility Response for:

Judith
DOB: 4/1/1960

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

Active Coverage

Patient Information Benefit Information

► Patient
► Subscriber
► Provider
► Payer

5

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

Patient Information **Benefit Information**

► Active Coverage

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



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-Calculations or Bill Actual: 1836479	Mason Billing Team
Davis Vision		Davis-TRU	Auto-Calculations 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"> Auto-files claim with VSP (VSP 837 file) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Will send packing slip for Southern Lab 		Back Office (AS400)
				VSP Bill Actual Plans in Ciao! Optical		
Spectera	True Eye Billers		Exams: claim auto-files Materials: Medical biller Medical Biller will temporarily file the claims	Exams, Eyeglasses, & Contact Lens Orders <ul style="list-style-type: none"> Mason Billing Department (materials packing slip sent to site) 		Back Office (AS400)
				Claim auto-files with Spectera (VSP 837 file)		Back Office (AS400)
				Mason Billing Department: File all Materials & Exams Mason Billing Department: File all Materials & Exams		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)

LAB: RXO

BILLING: Ciao! Optical

TYPE: Routine Vision Professional Services & Materials

PLAN ID: In Ciao! Optical – varies by member

PLAN NAME: In Ciao! Optical – varies by member

NOTES:

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

Search For:

Plan Name:

Plan ID:

Member ID:

Member First Name:

Member Last Name:

Member Date of birth:

Eyelled/MVC Men

Fake

Patient

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!

Customer Plan Information

Plan Name: VSP-RG2N
Phone #: 184524
Plan ID: 184524

Employment Status: ☐ Employee ☒ Self-Employed
Student Status: ☐ Student ☒ Non-Student

Relation to Primary Member: ☐ Yes ☒ No
Is condition related to employment? ☐ Yes ☒ No
Is there a secondary plan? ☐ Yes ☒ No

Auth/Auths ☐ Frame ☐ Contact ☒ Exam

Exam Auths ☐ Exam ☒ Exam

Primary Member Plan Information

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

Customer Information

Member ID: []
SSN: []
DOB: [MM/DD/YYYY] []

Customer Order

Customer Order ID: 10000000000000000000 EPP ID: 10000000000000000000

Plan Name: VSP-RG2N
Plan ID: 184524
Group ID: 1
Member ID: 1
Primary Member: []
Diagnosis Code: 000000

Prescription Information

Prescription Type: Contact Single Vision
Doctor: []
Expiration Date: 2/1/2024

SPH	CYL	AXIS	BC	DA	COLLECTION	COLOR	VS1
0000	0000	0000	0000	0000	0000	0000	VS1
0000	0000	0000	0000	0000	0000	0000	VS2

Shipping Information

Shipping Location Type: Standard
Shipping Type: Standard

Patient Test

Plan Name: VSP-RG2N
Plan ID: 184524
Group ID: 1
Member ID: 1
Primary Member: []
Diagnosis Code: 000000

Prescription Information

Prescription Type: Contact Single Vision
Doctor: []
Expiration Date: 2/1/2024

SPH	CYL	AXIS	BC	DA	COLLECTION	COLOR	VS1
0000	0000	0000	0000	0000	0000	0000	VS1
0000	0000	0000	0000	0000	0000	0000	VS2

Shipping Information

Shipping Location Type: Standard
Shipping Type: Standard

If selling an exam and materials – for the exam sale in Ciao! Optical, you only need to select Exam and then enter the auth. For materials, select either Frame, Lens, Frame & Lenses for a complete pair, or contacts and then enter the auth #.



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

[illegible]

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.



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

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 1-4 when prescribed by O.D.

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

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

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
- 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 Eyefinity 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			
EYE EXAMINATIONS	SIGNATURE PLAN	CHOICE PLAN	
Comprehensive Exam: New 92004 Est. 92014	PLAN PAYS \$51.60	PLAN PAYS \$48.80	
Intermediate Exam: New 92002 Est. 92012	PLAN PAYS \$37.60	PLAN PAYS \$35.30	
Refraction: 92015	PLAN PAYS \$12.90	PLAN PAYS \$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 Copay column.

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

BILLING: Mason Billing Team

PLAN ID: 1836481 (Bill Actual Plan), Auto-Calc plans for Exams and Contact Lenses

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

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

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

Reduce Plan Pay amount if copay

Reduce EXAM PLAN PAYS if there is an Exam copay

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		Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Remaining allowance
If just getting fit (materials on different DOS)	Option 1: Patient can decide where the allowance is applied. If they are going to get materials later, it's easier for them to pay Fit less 15% out-of-pocket and apply the whole allowance to materials.	Take 15 % off U&C Remaining balance is Patient Pays.	N/A
If just getting fit (materials on different DOS)	Option 2: They can use allowance toward fit only and use the remaining allowance towards materials when they return.	Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Call VSP for new authorization that reflects the remaining allowance.

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



VSP CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

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

Contacts Routine eye exam covered

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

Contacts are instead of [lens, frame].

Logic behind calculations:

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

Enter in Ciao! Optical:

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

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

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

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



VSP CONTACT LENS: SEPARATE ALLOWANCE FOR 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 overage



VSP – FRAMES

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

BILLING: Mason Billing Team

PLAN ID: 1836481 (Bill Actual)

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 overage.

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

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

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

Copayments Exam \$10.00 Material \$10.00 01/01/2023
Frame Allowance Extra \$10 provision on Adult Eyeglass Merch frame and any other available frame provisions included below.
WFA73 100.00 for Columbia Longchamp, McAllister, Nice or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame coverage.
WFA65 170.00 for Adult Eyeglass Merch frame. Patient receives 20% savings on frame coverage.
WFA56 150.00 for new Adult Eyeglass Merch frame. Patient receives 20% savings on frame coverage.



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

VSP-LENSES

LAB: Southern Optical, mark as Rx Sun Authentics in LPA
BILLING: Mason Billing Team
PLAN ID: 1836481 (Bill Actual)

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

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		
EYE EXAMINATIONS	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
	Comprehensive Exam: New 92004 Est. 92014	\$51.60 \$48.80
	Intermediate Exam: New 92002 Est. 92012	\$37.60 \$35.30
MATERIAL DISPENSING	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
	Single Vision Lenses	\$21.00 \$15.00
	Bifocal Lenses**	\$29.50 \$19.00
	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
	Trifocal Lenses	\$38.50 \$22.00
	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
	Lenticular Lenses	\$53.90 \$30.80
	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
	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-LENSES

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

BILLING: Mason Billing Team

PLAN ID: 1836481 (Bill Actual)

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

EXTRA NOTES:

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

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

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

VSP Reimbursements			
EYE EXAMINATIONS	SIGNATURE PLAN	PLAN PAYS	CHOICE PLAN
	PLAN PAYS	PLAN PAYS	PLAN PAYS
	Comprehensive Exam: New 92004 Est. 92014	\$51.60	\$48.80
	Intermediate Exam: New 92002 Est. 92012	\$37.60	\$35.30
MATERIAL DISPENSING	Refraction: 92015	\$12.90	\$12.20
	PLAN PAYS	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



VSP: EYEZEN LENS ADD-ONS (& Varilux)

- EyeZen**
- DST Processing Line:
 - Eyezen Start = \$40 (Digital upgrade)
 - Eyezen 1 – 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

Frame

Lens

Order Worksheet

Measurements

Order Completion

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

Order Price Calculator

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RX5228, Blk Grn, 53/17/140	\$200.00		\$ 101.35	\$ 89.65	32.80
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15.00	10.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170.00	75.00
DST Processing	\$145.00		\$ 0.00	\$ 145.00	65.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EyeZen+1 Single Vision	\$75.00		\$ 23.36	\$ 136.62	15.00
Hi-Index 1.67	\$120.00		\$ 0.00	\$ 120.00	56.00

Benefit Calculation Notes

\$40 VSP Digital upcharge

\$10 Technical Add-on

\$15 Light Filter

Base lens line, enter material copay (if applicable)

\$15 Material Copay

Hi-Index 1.67 for a DIGITAL lens

**Example fees are based on VSP Signature Plan

Example

PLAN DETAILS

Co-payments Exam \$15.00 Material \$15.00
Frame Allowance Extra \$20 promotion on Allar Eyezen/Varilux frames and any other available frame promotions included below:
WFA03 \$190.00 for Allar, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame overage.
WFA05 \$170.00 for Allar Eyezen/Varilux frames. Patient receives 20% savings on frame overage.
WFA07 \$150.00 for non-Allar Eyezen/Varilux frames. Patient receives 20% savings on frame overage.

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



VSP PROPRIETARY LENS & FRAME ORDERS

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

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

Example

Category	QTY	Item#	Description	Retail Price
Frame	1	88839219775	OC4123 S5 Holbrook Vcpal, Blk/Var, Grn	\$211.00
Lens	1	20500002465028	S/V OK OTD 1.59 Cr 50mm Pro	\$240.00
EPP:			<input type="radio"/> Yes <input checked="" type="radio"/> No	
				TOTAL: \$451.00

PLAN DETAILS

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

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

Frame Allowance

WF420 \$190.00 for Jable, Calvin Klein, Calvin Klein Jeans, Flexion or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame overage.

WF408 \$170.00 for Altair Eyewear/Marchion frames. Patient receives 20% savings on frame overage.

WF45 \$150.00 non-Altair Eyewear/Marchion frames. Patient receives 20% savings on frame overage.

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

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

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

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

Patient's total = \$197.42



VSP PROPRIETARY LENS & FRAME ORDERS

Entering in Ciao! Optical

Frame

Order Worksheet

Measurements

Order Completion

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

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OO4123 55 Holbrook Metal, Blk Mat, Grn	\$211.00	\$	101.35	\$	109.65
Authentic Lens Finishing	\$30.00	\$	0.00	\$	30.00
Backside UV	\$0.00	\$	0.00	\$	0.00
DST Processing	\$23.00	\$	0.00	\$	23.00
Oakley Stealth Pro	\$60.00	\$	0.00	\$	60.00
Scratch Resistant	\$0.00	\$	0.00	\$	0.00
SV Oakley True Digital	\$82.00	\$	43.38	\$	38.62
P1.59 Oakley Clear Stealth Pro	\$45.00	\$	0.00	\$	45.00

Benefit Calculation Notes

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

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

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.**

Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC
Plan ID: 1814833
Current Offer:
Deal Code:
Promotion Savings \$0.00
Vision Care Savings \$253.38
YOU PAY: \$197.42



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.

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

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

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

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

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

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

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

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

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

VSP Choice Plan

Effective 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

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 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 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.

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

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

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

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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 BIFOCAL 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

PHOTOCHROMICS			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 CATEGORIES ³ 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.

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

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

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

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

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SUPERIOR VISION

LAB: RXO

BILLING: Mason Billing Team

PLAN ID: 1836479 (Bill Actual) or Auto-Calculate

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

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

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



SUPERIOR VISION

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.

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

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

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

	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 Fit \$60Premium Fit \$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	Single Vision \$20 Bifocals \$35 Trifocals \$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**

DESCRIPTION	REIMBURSEMENT ^{1,6}
EYE EXAMINATION ²	\$60.00
FRAME DISPENSING	
COLLECTION FRAME	N/A
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
LENS OPTIONS	
LENS OPTIONS ⁴	REFER TO PLAN SPECIFIC SERVICE REQUEST FORM
CONTACT LENS	
PROVIDER SUPPLIED CONTACT LENSES ³	UP TO 85% OF MEMBERS ALLOWANCE
CONTACT LENS FIT AND FOLLOW-UP	
STANDARD CONTACT LENS FITTING FEE ⁵	\$60.00
PREMIUM CONTACT LENS FITTING FEE ⁵	\$60.00 + 85% OF U&C OVER \$60 MEMBER CHARGE

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.

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

LAB: RxO

BILLING: Mason Billing Team

PLAN ID: 1836478 (Bill Actual) or Auto-Calculate

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

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

	PATIENT PAYS	PLAN PAYS	
Exam	Copay listed on Service Record Form	92002 \$40 92004 \$48 92012 \$36 92014 \$44	92015 Optomap \$39 *images only if stated covered
CL Fit	Copay listed on Service Record Form	<ul style="list-style-type: none">92071, 92310-92317 = \$32 if covered in full by the plan92071, 92310-92317 (ND modifier) = Lesser of 80% Customer Charge or 80% of allowance92071, 92310-92317 (XC modifier)= Lesser of Customary Charge or \$500	
Frames (V2020, V2025)	Allowance listed on Service Record Form <ul style="list-style-type: none">30% off frame frame overage	45% of the customary charge	
Lenses	Copay & Allowances listed on Service Record Form	Single Vision \$25 Bifocals \$35 Trifocals \$45 <u>Progressives:</u> Tier I \$65 Tier II \$90 Tier III \$120 Tier IV \$150 Tier V \$190	Photochromic \$58 Tint only \$10 UV Coating \$13 Roll & Polish \$8 High Index 1.54-1.73 \$40 Polycarbonate \$23 High Index 1.74 = 39% of Customary Charge Anti-Reflective: Tier 1 \$25 Tier 2 \$30 Tier 3 \$54 Tier 4 \$66
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 ≥ 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

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LENS RESOURCES

LENS CLASSIFICATION

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

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



LENS RETAIL PRICING

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

Code	Lens Designs	Price
V2410	Aspheric	\$ -
V2100 – V2114	Single Vision	\$ 100.00
	SV DST (SV \$100 + DST \$60)	\$ 160.00
V2100 – V2114	SV Eyezen Start (SV \$100 + DST \$140)	\$ 240.00
V2100 – V2114	SV Eyezen 1 – 4 (SV \$100 + DST \$150)	\$ 250.00
V2200–V2299	Bifocal (Base Lens Fee)	\$ 165.00
V2300–V2399	Trifocal (Base Lens Fee)	\$ 165.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux 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
	PG Computer (5' no distance Ideal computer)	\$ 295.00

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

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

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

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



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 (VX X Fit & Comfort Max Fit)	\$ 10.00	
	Technical Add On, (Eyezen 1-4 only)	\$ 10.00	



REFERENCE – CODES

Exam Codes	
92014, 92004	Comprehensive Exam
92012, 92002	Intermediate Exam
92015	Refraction
Vision Codes	
V2020	Frame
V2025	Deluxe Frame
V2100-V2199	SV Lens
V2200-V2299	Bifocal Lens
V2300-V2399	Trifocal Lens
V2410	Aspheric
V2700	Balance Lens
V2702	Deluxe Lens Feature
V2710	Slab Off Prism
V2715	Prism, per lens
V2744	Tint, Photochromic
V2745	Addition to lens, tint
V2750	Anti-reflective Coating
V2755	UV, per lens
V2760	Scratch Resistant Coating
V2761	Mirror Coating
V2762	Polarized Lens
V2781	Progressive Lens
V2782	Plastic Lens
V2783	High Index Lens
V2784	Polycarbonate Lens
V2799	Vision item or service, miscellaneous

Diagnosis Codes	
Hyperopia	
H52.00	Unspecified Eye
H52.01	Right Eye
H52.02	Left Eye
H52.03	Bilateral
Myopia	
H52.10	Unspecified Eye
H52.11	Right Eye
H52.12	Left Eye
H52.13	Bilateral
Regular Astigmatism	
H52.22	Unspecified Eye
H52.221	Right Eye
H52.222	Left Eye
H52.223	Bilateral
Irregular Astigmatism	
H52.219	Unspecified Eye
H52.211	Right Eye
H52.212	Left Eye
H52.213	Bilateral

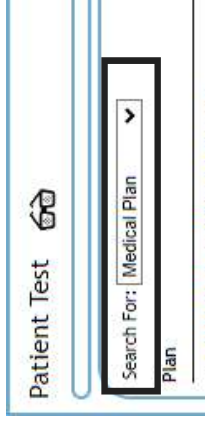
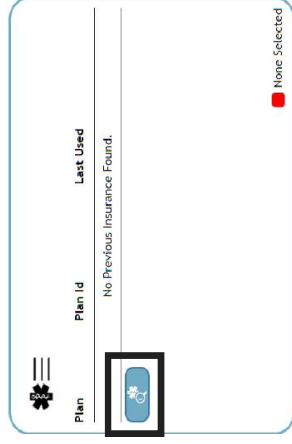
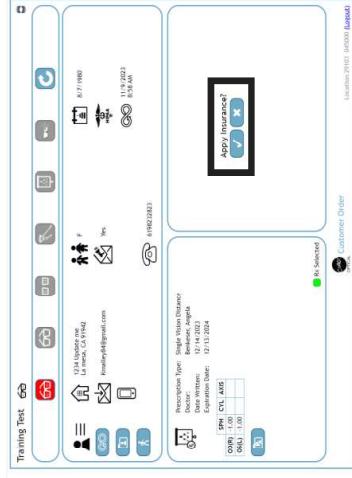


CIAO! OPTICAL ENTRY

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 pages



CIAO! OPTICAL ENTRY

5 Bypass the Plan Details screen

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

7 Enter the patient diagnosis and hit continue

Patient Test

Plan Details

Plan Name:	MEDICAL BLUE CROSS BLUE SHIELD-TYD HC
Plan Code:	1177-0000
Assignment:	
Effective Date:	12/1/2024
Termination Date:	12/1/2024

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

Authorization ID:
 Document ID:
 WebID:

Customer Order

[illegible][illegible]

CIAO! OPTICAL ENTRY

Medical Plans

- 5
- Enter the Plan Pays, Discounts, and Patient Copays from the E.H.R. Invoice
 - On the discount column, this the % key to change it to a \$ or your Ciao! Equations will be off
 - Retail Price- Plan Pays= Discounts**
 - Hit the continue arrow once finished

Patient Test

Doctor Services

Order Worksheet

Order Price Calculator

Please complete the claim information to see insurance pricing.

Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TYO NC Type: Assignment Group #: Plan ID: 1818629

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

Benefit Calculation Notes

Preview Claim

Service Date 04/22/2024

Fee Schedule Blue Cross Blue Shield

Fee Date 04/22/2024

Bill To

Blue Cross Blue Shield (Primary Medical)

PO Box 5747

Denver, CO 802175747

Details

Additional Claim Info

Claim History

Payment History

Statement History

Documents & Images

Notes

Post Date	Code	Modifiers	Diagnosis	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	-\$158.55	\$0.00	\$46.45
04/22/2024	99202			Exam Level 2, New Pt	1	\$121.00	\$0.00	\$0.00	\$121.00	-\$37.23	\$0.00	\$83.77
04/22/2024	99214			Exam Level 4, Est Pt	1	\$141.00	\$0.00	\$0.00	\$141.00	-\$21.50	\$0.00	\$119.50
<div> <div>Sub Total</div> <div>\$468.00</div> </div> <div> <div>Discounts</div> <div>\$0.00</div> </div> <div> <div>Tax</div> <div>\$0.00</div> </div> <div> <div>TOTAL</div> <div>\$468.00</div> </div> <div> <div>Adjustments</div> <div>-\$216.28</div> </div> <div> <div>Payments Received</div> <div>\$0.00</div> </div> <div> <div>BALANCE DUE</div> <div>\$249.72</div> </div>												

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, Eyefinity 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:

- 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 X 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

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


CIAO! OPTICAL ENTRY AUTO-CALCULATION PLANS

- 1 Click the Checkmark to indicate you'd like to apply insurance
- 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-Calculations Plan List](#)
 - Click the Search button (Magnifier)

[illegible]

Plan	Plan Id	Last Used
No Previous Insurance Found.		



Training Test

🔍

Search For:

EyesMedMVC Menu

Plan ID:

Member ID:

Member First Name:

Training

Member Last Name:

Test

Member Date of birth:

8/7/1980

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 Name:

Plan ID:

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

Showing 1 to 10 of 24 entries

Previous 1 2 3 4 5 ... 25 Next

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

Training Test

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

CIAO! OPTICAL ENTRY AUTO-CALCULATION PLANS

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

Enter the Member ID number

Complete all fields for Customer Plan Information

- For Primary Member indicate Self
- For Dependents, complete the Primary Member Plan Information for your billing team

Training Test

A Plan Information

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

Plan Type: Assignment
Authorized: ☒ Frame ☒ Lens
☐ Contacts ☐ Exam
Materials Auth: 6783424
Benefit Calculation Notes:

B Primary Member Plan Information

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

C Customer Plan Information

Employment Status: Full-Time Employer: Target
Student Status: Not a Student Marital Status: Married
Relation to Primary Member: Self
Is condition related to employment? Yes No Unknown
Is customer's need accident related? Yes No
Is there a secondary plan? Yes No

D Primary Member Plan Information

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

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

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

Training Test		Order Worksheet		Measurements		Order Completion	
Category	QTY	Item#	Description		Retail Price		
Framing	1	805327027241	882132 SZ NEW WMS48ER, Bm Tan, Bm C		\$130.00		
Lenses	1	2050000205406	SVEZ Start Blue/EZ Cord Single HE (Poly)		\$440.00		
EPP:	<input checked="" type="radio"/> Yes	<input type="radio"/> No					
					TOTAL:	\$570.00	

☒ Main Promotion

☐ Associate Sale

Current Offer: X 1300 - 15% OFF LENSES

Duel Code:

Promotion Savings \$504.00

YOU PAY: \$504.00

☒ Vision Care Plan Pricing

☐ Associate Sale

Vision Care Plan Pricing

Plan ID: 1831990

Current Offer: +

Duel Code:

Promotion Savings \$536.00

YOU PAY: \$320.00

Quote valid through: May 11, 2024

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

Medical Assistant App

Unspec amyloia, OD

Unspec amyloia, OS

Unspec amyloia, Oth

Unspec amyloia, unspc eye

Unspec atlg, OD

Unspec atlg, OS

Unspec atlg, unspc eye

Unspec atlg, unspc, OD

Diagnosis

Diagnosis

Code

Unspec amyloia, OD

E00.0

Customer Order

10/10/2017 10:10:10 (GMT+07:00)

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

- 10
- For all Blue Tag frames document:
- Frame brand
 - Model number
 - Color
 - Eyesize, Bridge, Temple Length

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

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Special Processing Type

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

Estimated Delivery Date

Friday, January 26, 2024

Assign Tray ID

RxO

Manufacturing Notes

Prada 3145
Black and Pink
52/18/135

Indicate which lab will produce the eyewear

Customer Order

Location 29103 045000 (Logout)

Prada 3145
Black and Pink
52/18/135

Test, Training - 10005007029083

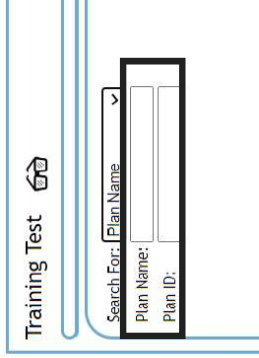
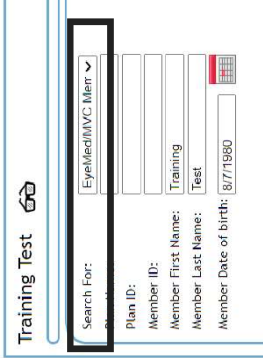
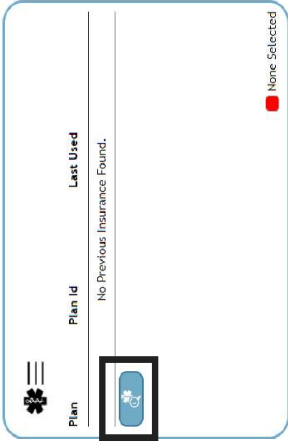
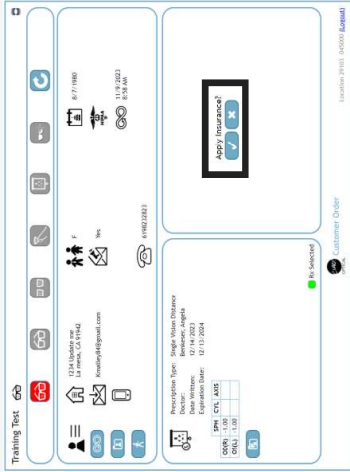
Complete Order		Breakage Defects		Edit Processing Type		Edit Order Ticket		Order Notes	
Date	Associate Name	Store #	Note						
11/10/2023	040000	7033	Rajyan 1234, Blue Plastic, 54/18						

New Lab Note

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)



CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

5 Select the plan from the listing and click the Checkmark

Training Test

Search For: Plan Name

Plan Name:

Plan ID:

VSP-ROSIN

Assignment

1824524

?

✓

✕

Customer Order

Location 29103 045002 Logout

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

Training Test

Plan Name: VSP-ROSIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023

Termination Date: 12/31/2024

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

Open Hours:

Phone #:

Web:

✕

↑

Customer Order

Location 29103 045002 Logout



CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

5 Select the plan from the listing and click the Checkmark

Training Test

Search For: Plan Name

Plan Name:

Plan ID:

YSP-ROSIN

Assignment

1824524

?

✓

✕

Customer Order

Location 29103 045002 Logout

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

Training Test

Plan Name: YSP-ROSIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023

Termination Date: 12/31/2024

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

Open Hours:

Phone #:

Web:

✕

↑

Customer Order

Location 29103 045002 Logout



CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

7

Complete the Insurance Demographics Screen

A

Plan Information

Plan Name: VSP-ROSLIN

Phone #: 1824524

Open Hours: 1824524

Plan ID: 1824524

Authorized: ☒ Frame ☒ Lens ☐ Contacts ☐ Exam

Materials Auth: 6783424

Member ID: 12345678

SSN: 8/7/1980

DOB: 8/7/1980

B

Plan Information

Plan Name: VSP-ROSLIN

Phone #: 1824524

Open Hours: 1824524

Plan ID: 1824524

Authorized: ☒ Frame ☒ Lens ☐ Contacts ☐ Exam

Materials Auth: 6783424

Member ID: 12345678

SSN: 8/7/1980

DOB: 8/7/1980

C

Customer Plan Information

Employment Status: Full-Time

Student Status: Not a Student

Relation to Primary Member: Self

Is condition related to employment? ☐ Yes ☒ No

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

Is there a secondary plan? ☐ Yes ☒ No

Primary Member Plan Information

First Name: Last Name:

Address: City: State: ZIP Code: SSN: Phone:

Gender: ☐ Male ☐ Female

Employer: Employment Status: Marital Status: Student Status:

DOB: MM/DD/YYYY

CIAO! OPTICAL ENTRY

8 Enter Frame and Lens Selection

Training Test

Frame
Measurements
Order Completion

☒ Clear
 ☐ Sun
 ☐ Photo

Vision Type Single Vision ▾

Lens Design Conventional SV ▾

Material 1.59 Polycarbonate ▾

Style Blue Filter Clear Pl ▾

Color - ▾

Available Addons

- ☐ Oversize Frame
- ☐ Rimless Drill

Included Addons

- Aspheric Lens
- Blue Filter
- Scratch Resistant
- UV Protection

[Customer Order](#)
[Log Out](#)

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	86567202741	R82132 52 NEW WAYFARER, Brn Tan Bm C	\$130.00
Lens	1	20500001683298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input checked="" type="radio"/> No	
TOTAL:				\$380.00

Main Promotion

Current Offer: 12003 - 15% OFF LENSES

Deal Code:
☐ Associate Sale
Promotion Savings \$37.50
YOU PAY: \$342.50

Vision Care Plan Pricing

Vision Care Plan: VSP-ROSIN
Plan Id: 1824524
Current Offer:
Deal Code:
Promotion Savings \$0.00
Vision Care Savings \$0.00
YOU PAY: \$380.00

Quote valid through: February 11, 2024

Customer Order

045000 | Logout

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

10 Enter your EssilorLuxottica Network Credentials

QTY

Item#

Description

Retail Price

1	8053672027341	RB2132 52 NEW WAYFARER, Bm Tan, Bm C	\$130.00
1	20900001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
TOTAL:			\$380.00

on

12903

\$37.50

\$342.50

Approved By:

password:

✓

✕

pricing

VSP-ROSIN

1824524

\$0.00

\$0.00

\$380.00

Vision Care Savings

YOU PAY:

February 11, 2024

11

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

Training Test

FrameOrder WorksheetMeasurementsOrder Completion

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

Order Price Calculator

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

Benefit Calculation Notes

Customer Order

Location: 29103 045005 Logout

TeamVision

Home

68

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, Bm Tan, Bm C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFtr Crzl Sapph HR (Poly)	\$440.00

EPP: ☒ Yes ☐ No

TOTAL: \$570.00

12903 - 15% OFF LENSES

Current Offer:

Deal Code:

☐ Associate Sale

Promotion Savings

YOU PAY:

\$66.00

\$504.00

Vision Care Plan Pricing

Vision Care Plan:

Plan Id:

Current Offer:

Deal Code:

Promotion Savings

Vision Care Savings

YOU PAY:

VSP GENERIC PLAN-TYO NC

1818653

\$0.00

\$0.00

\$570.00

Quote valid through: May 11, 2024

Customer Order

Location 29947 045000 (Logout)

Training Test

Frame

Lens

Order Worksheet

Measurements

Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Bm Tan, Bm C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFtr Crzl Sapph HR (Poly)	\$440.00

EPP: ☐ Yes ☒ No

TOTAL: \$570.00

12903 - 15% OFF LENSES

Current Offer:

Deal Code:

☐ Associate Sale

Promotion Savings

YOU PAY:

\$66.00

\$504.00

Vision Care Plan Pricing

Vision Care Plan:

Plan Id:

Current Offer:

Deal Code:

Promotion Savings

Vision Care Savings

YOU PAY:

VSP GENERIC PLAN-TYO NC

1818653

\$0.00

\$395.00

\$215.00

Quote valid through: May 12, 2024

Customer Order

Location 29947 045000 (Logout)

TeamVision

70

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

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

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

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 #F1103 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

Location 29103 045000 (Logout)

Test, Training - 10005007029083

Complete Order		Breakage Defects		Edit Processing Type		Edit Order Ticket		Order Notes	
Date	Associate Name	Store #	Note						
11/10/2023	045000	7033	Rajesh 1234, Blue Plastic, 54/18						

New Lab Note

