

ADVANCED EYECARE CENTER INSURANCE GUIDE

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INSURANCE OVERVIEW

Prior to Appointment	At Time of Appointment	After Appointment
<p>1. Appointment Scheduled</p> <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.) <p>2. Confirm Patient Eligibility <u>Medical Insurance:</u></p> <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 <p><u>Routine:</u></p> <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 <p>3. Not Eligible</p> <ul style="list-style-type: none"> • Confirm patient is ok paying out of pocket for services • Reschedule patient for a later date 	<p>Medical Services</p> <ol style="list-style-type: none"> 1. 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 2. 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 3. 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 <p>Patient must pay copay, deductibles, and any out-of-pocket fees at the time of service. We do not send balance bills!</p> <p>Routine Services</p> <ol style="list-style-type: none"> 1. 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 2. 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 3. 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 <p>Cash Pay</p> <ol style="list-style-type: none"> 1. Review fees at Check in or Check Out 2. 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 3. Enter all Services into Ciao! Optical <ul style="list-style-type: none"> • Enter all services rendered into Ciao! Optical 	<p>1. Medical Services</p> <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 <p>2. Routine Services</p> <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

Advance Eyecare Center 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	
Davis Vision	File with your new Tax ID: 20-3298180
NVA	
Community Eye Care	

MEDICAL AND ROUTINE BILLING PROCESS

Dalton Family EyeCare 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	Current Biller & Current Cash Poster	Short Term Billing Process	Go-Forward Billing	Cash Posting
Eyemed	AEC	Ciao! Optical	Ciao! Optical	Back Office (AS400)
VSP	AEC	New VSP Log In will be provided. Do not use old VSP account to file claims or pull authorizations for dates of service past 8/5.	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 VSP Bill Actual Plans in Ciao! Optical Exams, Eyeglasses, & Contact Lens Orders <ul style="list-style-type: none"> Mason Billing Department 	Back Office (AS400)
Davis Vision	AEC	<ul style="list-style-type: none"> Claims will be held Mason billing dept to file all claims from 8/5 to current once credentialing complete Matt P will run reporting 	Mason Billing Department: File all Materials & Exams <ul style="list-style-type: none"> send packing slips to site 	Back Office (AS400)
NVA	AEC		Mason Billing Department: File all Materials & Exams	Back Office (AS400)
Community Eye Care	AEC		Mason Billing Department: File all Materials & Exams	Back Office (AS400)
Medical	AEC	Claims will be held in the E.H.R until credentialing complete	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
Davis Vision	RxO
NVA	RxO
Community Eye Care	RxO

- 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.

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	Coinurance is the percentage of costs a member must pay after the deductible is reached. A deductible is the set amount a customer pays for medical services and prescriptions before coinsurance kicks in. Out of pocket expenses are the medical expenses that a customer must pay themselves.
Contractual Write-offs	As a participating provider for a specific payer, the provider agrees to accept the Maximum Allowable Fee as the reimbursement for a specific service or product and agrees that any difference between the Usual and Customary Fee for that service or product and the MAG cannot be collected and will be written off. This write off is known as a contractual write-off.
Copay	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. <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	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. <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.

ADVANCED EYECARE CENTER 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.**

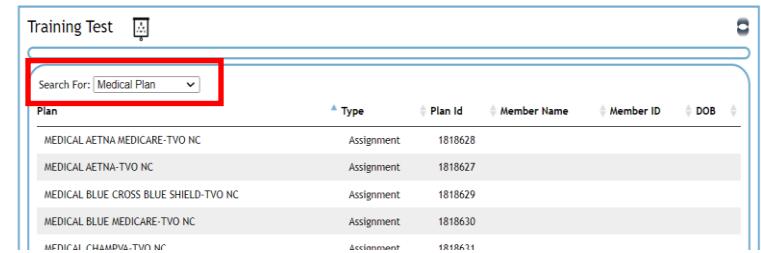
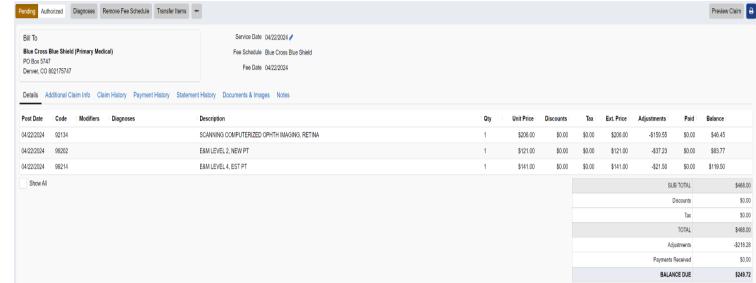
[CLICK HERE](#) to for step-by-step directions for Entering Medical Plans in Ciao! Optical

Plan Name	Plan ID
MEDICAL MEDCOST-DAL	1835949
MEDICAL GEHA-DAL	1835950
MEDICAL CLOVER HEALTH-DAL	1835951
MEDICAL NALC HEALTH-DAL	1835952
MEDICAL PRIORITY HEALTH-DAL	1835953
MEDICAL CHAMPVA-DAL	1835954
MEDICAL ALLIED NATIONAL-DAL	1835955
MEDICAL GOLDEN RULE-DAL	1835956
MEDICAL ANTHEM BCBS-DAL	1835957
MEDICAL MEDICARE-DAL	1834262
MEDICAL MEDICAID-DAL	1834263
MEDICAL TRICARE-DAL	1834264
MEDICAL BCBS-DAL	1834265
MEDICAL UHC-DAL	1834266
MEDICAL CIGNA-DAL	1834267
MEDICAL AETNA-DAL	1834268
MEDICAL CIGNA HEALTHSPRING-DAL	1834269
MEDICAL ALLIANT HEALTH PLANS-DAL	1834270
MEDICAL GEORGIA HEALTH PARTNERSHIP-DAL	1834271
MEDICAL UMR-DAL	1834272
MEDICAL HEALTH PARTNER-DAL	1834273
MEDICAL MERITAIN-DAL	1834274
MEDICAL VA OPTUM-DAL	1834275
MEDICAL MANHATTAN LIFE INS-DAL	1834276
MEDICAL FREUDENBERG NOK-DAL	1834277

MEDICAL BILLING AND INSURANCE VERIFICATION

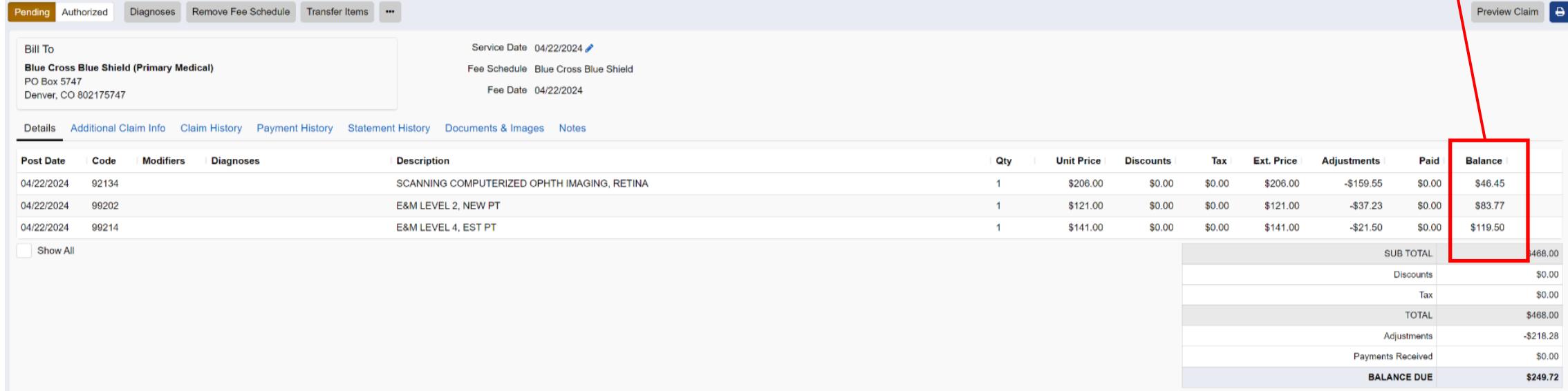
1. Prior to patient arrival, confirm patient eligibility, patient copays, and deductibles
2. Collect patient copays/deductibles at time of appointment
3. Apply insurance fee schedule in the EHR
4. Apply patient copay
 - Copay will reduce the ultimate plan pays
 - **IMPORTANT – DO THIS IN THE EHR PRIOR 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

[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



The screenshot shows a medical claim entry interface with the following details:

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

Claim Details:

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

Show All

Summary:

SUB TOTAL	\$468.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$468.00
Adjustments	-\$218.28
Payments Received	\$0.00
BALANCE DUE	\$249.72

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

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

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

TEAM MEMBER ROLES FOR PATIENT COLLECTIONS

Position	Tasks
Biller	<ul style="list-style-type: none">• Post All Insurance EOBs Within EHR 5 Business Days• Move Appropriate Balances To Patient And Adjust Any Partial Balances <= \$25.00 To Over/Short (Partial Pay Only)• Post All Patient Payments Received Via 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 AND TIPS & TRICKS

Scripts	Sample Script	Tips & Tricks:
Courtesy Call Week 3	<p>"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 1st of the month and I wanted to follow up to see if you have any questions"</p>	
Collection Call Weeks 4-8	<p>"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?"</p>	<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
Collection Call Weeks 9-12	<p>"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."</p>	<ul style="list-style-type: none">• 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

TV PATIENT & INSURANCE 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

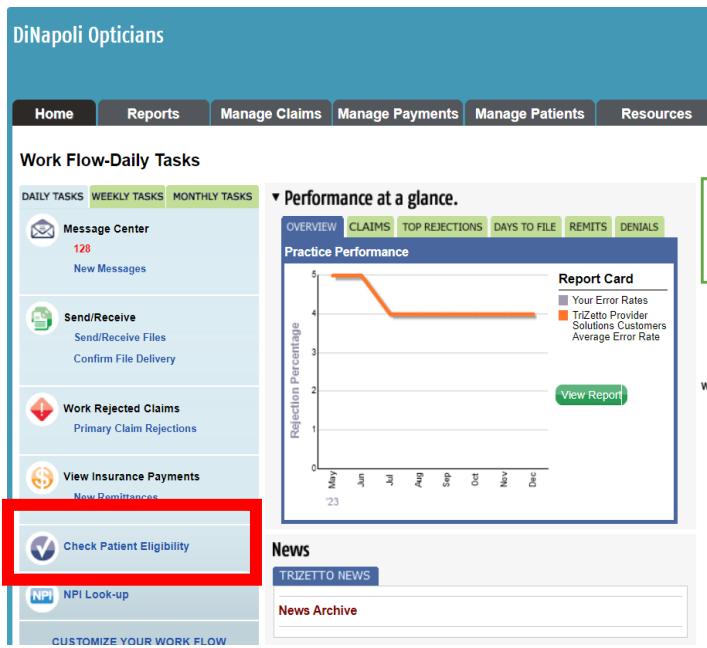


Once logged in, on the home page there are video tutorials to help you navigate the system.

A screenshot of the Trizetto provider portal home page. The top navigation bar includes "Home", "Reports", "Manage Claims", "Manage Payments", "Manage Patients", and "Resources". Below the navigation is a "Work Flow-Daily Tasks" section with links for "Message Center", "Send/Receive", "Work Rejected Claims", "View Insurance Payments", "Check Patient Eligibility", and "NPI Look-up". To the right is a "Performance at a glance" section with a bar chart titled "Practice Performance" comparing "Your Error Rates" (blue bars) and "Trizetto Provider Solutions Customers Average Error Rate" (orange line). The chart spans from August 23 to June 24. The page also features a "NEED HELP?" button with a video camera icon, a "UPCOMING TRAINING" section, and logos for "Cooperative Exchange", "MGMA Gold Affiliate", "EHNAC ACCREDITED", "CAQH CORE CERTIFIED", "MARYLAND HEALTH CARE", and "EDIFIECS".

PATIENT ELIGIBILITY

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



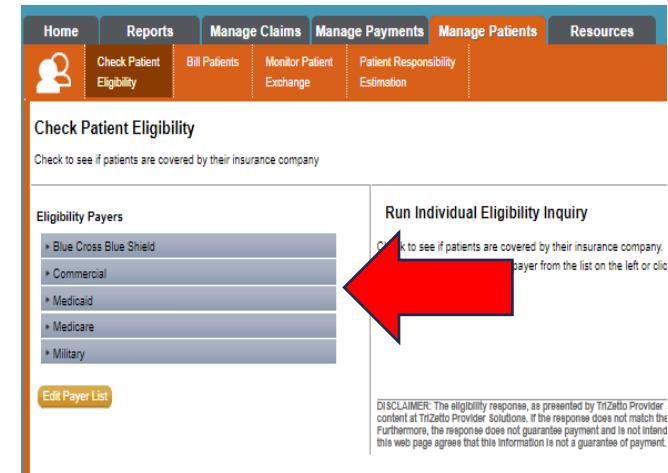
The screenshot shows the DiNapoli Opticians home page. At the top, there is a navigation bar with links: Home, Reports, Manage Claims, Manage Payments, Manage Patients, and Resources. Below the navigation bar, there is a section titled "Work Flow-Daily Tasks" with several items: Message Center (128 New Messages), Send/Receive (Send/Receive Files, Confirm File Delivery), Work Rejected Claims (Primary Claim Rejections), View Insurance Payments (New Remittances), and Check Patient Eligibility. The "Check Patient Eligibility" link is highlighted with a red box. To the right of these tasks, there is a "Performance at a glance" section with a "Practice Performance" chart showing rejection percentages from May to Dec '23. The chart compares "Your Error Rates" (blue line), "Trizetto Provider Solutions Customers Average Error Rate" (orange line), and "Trizetto Provider Solutions Customers Average Error Rate" (green line). Below the chart is a "Report Card" section with a "View Report" button. At the bottom of the page, there is a "News" section with "TRIZETTO NEWS" and a "News Archive" link.

2 Select Run Individual Inquiry



The screenshot shows the "Check Patient Eligibility" page. The title is "Check Patient Eligibility" and the sub-instruction is "Check to see if patients are covered by their insurance company." Below the title are three buttons: "Run Individual Eligibility Inquiry" (highlighted with a red arrow), "Search Eligibility Transaction History", and "Run Eligibility Usage Report".

3 Select Run Individual Inquiry



The screenshot shows the "Check Patient Eligibility" page. The title is "Check Patient Eligibility" and the sub-instruction is "Check to see if patients are covered by their insurance company." On the left, there is a "Eligibility Payers" list with items: Blue Cross Blue Shield, Commercial, Medicaid, Medicare, and Military. Below this is an "Edit Payer List" button. On the right, there is a "Run Individual Eligibility Inquiry" section with a "Check to see if patients are covered by their insurance company" link and a "Select a payer from the list on the left or click here" button. A red arrow points to the "Run Individual Eligibility Inquiry" link. At the bottom, there is a "DISCLAIMER" section with text about the eligibility response.

PATIENT ELIGIBILITY

4

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



Click to add this search feature



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

PATIENT ELIGIBILITY

4

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

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

Individual Eligibility Response for: **Active Coverage**

Judith
DOB: 4/

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

Patient Information **Benefit Information**

► Patient
► Subscriber
► Provider
► Payer



5

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

Patient Information **Benefit Information**

Active Coverage

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

► Co-Insurance
► Deductible



ADVANCED EYECARE CENTER ROUTINE INSURANCE

ROUTINE VISION PLANS ACCEPTED

Insurance	Plan Name	Plan ID	Billing
Eyemed	Member Search	Auto-Calculates	Ciao! Optical (auto-system)
VSP	<u>AUTO-CALCULATION PLAN ID's</u> Bill Actual: VSP-DAL	Auto-Calculates or Bill Actual: 1834259	837 File or Mason Billing Team
Davis Vision	Davis Vision-DAL	1835960	Mason Billing Team
NVA	NVA-Dalton	1835987	Mason Billing Team
Community Eye Care	Community Eyecare-DAL	1835959	Mason Billing Team

Insurance	Current Biller & Current Cash Poster	Short Term Billing Process	Go-Forward Billing	Cash Posting
Eyemed	AEC	Ciao! Optical	Ciao! Optical	Back Office (AS400)
VSP	AEC	<p>New VSP Log In will be provided.</p> <p>Do not use old VSP account to file claims or pull authorizations for dates of service past 8/5.</p>	<p>VSP Auto-Calculation Plans in Ciao! Optical</p> <p>Exams & CL Fittings, Contact Lens Materials only:</p> <ul style="list-style-type: none"> • Auto Files Claim with VSP (VSP 837 file) • No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect <p>Eyeglasses:</p> <ul style="list-style-type: none"> • Mason Billing Department files claim • Will send packing slip for Southern Lab <p>VSP Bill Actual Plans in Ciao! Optical</p> <p>Exams, Eyeglasses, & Contact Lens Orders</p> <ul style="list-style-type: none"> • Mason Billing Department 	Back Office (AS400)
Davis Vision, NVA, Community Eye Care	AEC	<ul style="list-style-type: none"> • Claims will be held • Mason billing dept to file all claims from 8/5 to current once credentialing complete • Matt P will run reporting 	<p>Mason Billing Department: File all Materials & Exams</p> <ul style="list-style-type: none"> • send packing slips to site 	Back Office (AS400)

ROUTINE BILL ACTUAL PLANS – CIAO! OPTICAL FORMULARY

Retail Price
-Plan Pays
Discounts

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

If you have a copay amount, formula holds true.

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

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

Plan Pays = what the insurance pays us

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

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

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

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

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

EYEMED (ALWAYS AUTO-CALCULATES)

TYPE: Routine Vision Professional Services & Materials

PLAN ID: In Ciao! Optical – varies by member

PLAN NAME: In Ciao! Optical – varies by member

NOTES:

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

Search For:

Plan Name:

Plan ID:

Member ID:

Member First Name:

Member Last Name:

Member Date of birth:

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.

TeamVision

[Home](#)

VSP PROCESS

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

Plan Information

Plan Name: VSP-ROGIN

Phone #: [redacted]

Open Hours: [redacted]

Plan ID: 1824524

Plan Type: Assignment

Authorized: Frame Lens Contacts Exam

Exam Auth: [redacted]

Benefit Calculation Notes: [redacted]

Customer Information

Member ID: [redacted]

SSN: [redacted]

DOB: 9/2/1959

Customer Plan Information

Employment Status: [redacted]

Employer: [redacted]

Student Status: [redacted]

Marital Status: [redacted]

Relation to Primary Member: [redacted]

Is condition related to employment? Yes No Unknown

Is customer's need accident related? Yes No

Is there a secondary plan? Yes No

Primary Member Plan Information

First Name: [redacted]

MI: [redacted]

Last Name: [redacted]

Address: [redacted]

ZIP Code: [redacted]

City: [redacted]

State: [redacted]

Member ID: [redacted]

SSN: [redacted]

Phone: [redacted]

Gender: Male Female

Employer: [redacted]

Employment Status: [redacted]

Marital Status: [redacted]

DOB: [redacted]

Student Status: [redacted]

Customer Order Id: 10000683629084 EPP: No Dispense Date: N/A Dispensing Associate: N/A Delivery Method: N

Prescription Type: Contacts Single Vision

Doctor: Beasley, Courtney

Date Written: 2/10/2023

Expiration Date: 2/10/2024

Plan Name: VSP-ROGIN

Plan ID: 1824524

Group #: 2

Customer: [redacted]

Member ID: 1

Primary Member:

Authorized: Contacts

Material Auth: 37836650

Plan Type: Assignment

SPH	CYL	AXIS	BC	DIA	COLLECTION	COLOR
OD(R) -4.00		8.6	14.1	Clariti 1 Day	VISI	VISITNT
OS(L) -4.00		8.6	14.1	Clariti 1 Day	VISI	VISITNT

Pack Size: Annual Supply: Qty:

OD(R) 90	N	2
OS(L) 90	N	2

Shipping Location Type: Customer Primary

Shipping Type: Standard

Showing 1 to 1 of 1 entries

Customer Order

Patient Test

Doctor Services Order Worksheet

Patient Status: New Established

Source: Internal Rx

Doctor Name: Toomey, Sara

Eye Exam: No Eye Exam

Contact Lens Eval: No Contact Lens Fitting

No High Risk Diagnosis

Select Diagnosis

Myopia, unspecified eye

Presbyopia

Unspec amblyopia, OD

Unspec amblyopia, OS

Unspec amblyopia, both

Unspec amblyopia, unspec eye

Unspec astig, OD

Unspec astig, OS

Unspec astig, unspec eye

Unspec astigmatism, OU

Select Code

ICD Code H52.4

Diagnosis Presbyopia

Add Diagnosis

Diagnosis Code: [redacted]

No Diagnoses Selected.

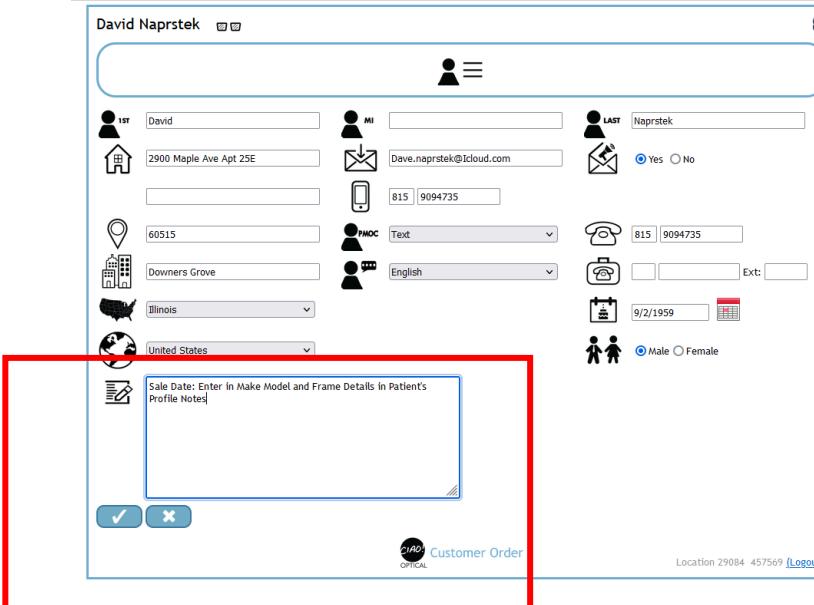
Clear | Delete

Customer Order

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

VSP PROCESS

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



David Naprstek

1st Name: David MI: MI Last Name: Naprstek

Address: 2900 Maple Ave Apt 25E Email: Dave.naprstek@icloud.com Phone: 815 9094735

Phone: 815 9094735 Text: 815 9094735

Address: 60515 Downers Grove IL 60515 English: English

Phone: 815 9094735 Text: 815 9094735

Phone: 815 9094735 Ext: 815 9094735

Address: 9/2/1959 Downers Grove IL 60515 English: English

Phone: 815 9094735 Text: 815 9094735

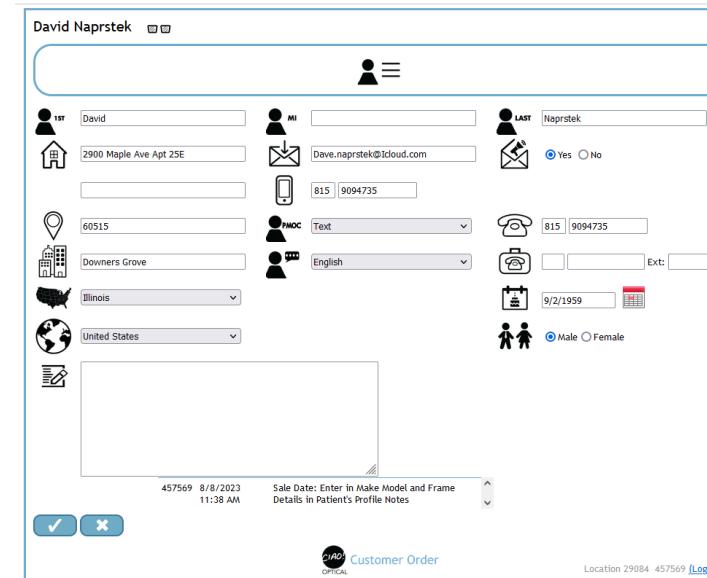
Phone: 815 9094735 Ext: 815 9094735

Address: 9/2/1959 Downers Grove IL 60515 English: English

Gender: Male Female

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

Customer Order



David Naprstek

1st Name: David MI: MI Last Name: Naprstek

Address: 2900 Maple Ave Apt 25E Email: Dave.naprstek@icloud.com Phone: 815 9094735

Phone: 815 9094735 Text: 815 9094735

Address: 60515 Downers Grove IL 60515 English: English

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Phone: 815 9094735 Ext: 815 9094735

Address: 9/2/1959 Downers Grove IL 60515 English: English

Phone: 815 9094735 Text: 815 9094735

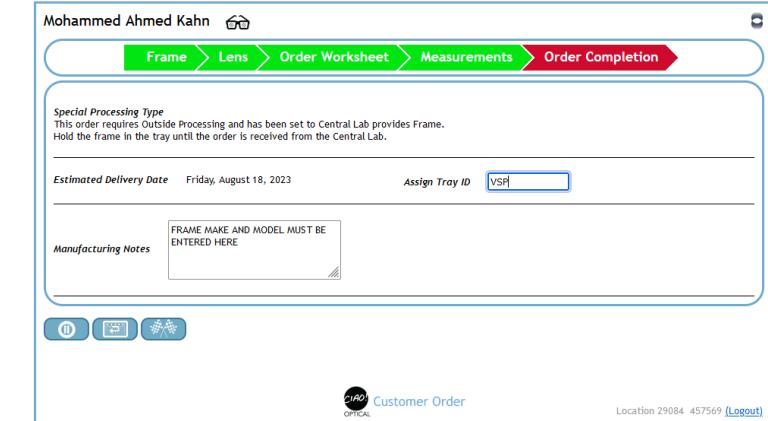
Phone: 815 9094735 Ext: 815 9094735

Address: 9/2/1959 Downers Grove IL 60515 English: English

Gender: Male Female

457569 8/8/2023 11:38 AM Sale Date: Enter in Make Model and Frame Details in Patient's Profile Notes

Customer Order



Mohammed Ahmed Kahn

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

Estimated Delivery Date: Friday, August 18, 2023 Assign Tray ID: VSH

Manufacturing Notes: FRAME MAKE AND MODEL MUST BE ENTERED HERE

Customer Order

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

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	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

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

	VSP	Spectra	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 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.

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

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 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

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**

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

VSP REIMBURSEMENT RATES

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$56.00	\$53.20
Intermediate Exam: New 92002 Est. 92012	\$41.00	\$32.20
Refraction: 92015	\$14.00	\$13.30
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$19.91	\$14.41
Bifocal Lenses**	\$27.16	\$18.50
Trifocal Lenses	\$26.41	\$19.11
Lenticular Lenses	\$39.67	\$26.75
New Frame	\$34.20	\$17.50

**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.

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

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

[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

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 average



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.

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

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

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

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

Note:

- For patients with fully covered frames (i.e., pediatrics), the patient pays \$0, and we get WFC + Frame Dispensing Fee
- For plans that just have a total allowance (no signature, choice, advantage WFA, etc.). We collect the overage above the allowance amount (that will be in the copay column) + dispensing fee for frames and lenses.

VSP Advantage Plan patients receive a client-defined retail frame allowance (they do not list a WFC).

- Plan pays = 55% of the retail price of the frame (up to 55% of the patient's retail frame allowance)
 - Tip: If the retail frame amount is less than the allowance, you will use 55% of the retail frame that the patient chose.
 - Example 1: The retail frame allowance is \$130, and the chosen frame is \$150 | The patient will pay \$16 (frame retail price - allowance - 20%) | Plan pays = \$71.50 (55% of \$130 allowance)
 - Example 2: The retail frame allowance is \$130, and the chosen frame is \$120 | The patient will pay \$0 | Plan pays = \$66 (55% of \$120)
- No additional frame dispensing fee is paid by VSP

Co-payments Exam \$10.00 Material \$10.00 01/01/2023
Frame Allowance Extra \$20 promotion on Alair Eyewear/Marchon frames and any other available frame promotions included below:
WFA73 \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.
WFA65 \$170.00 for Alair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.
WFA58 \$150.00 for non-Alair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

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

VSP Reimbursements

EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$56.00	\$53.20
Intermediate Exam: New 92002 Est. 92012	\$41.00	\$32.20
Refraction: 92015	\$14.00	\$13.30
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$19.91	\$14.41
Bifocal Lenses**	\$27.16	\$18.50
Trifocal Lenses	\$26.41	\$19.11
Lenticular Lenses	\$39.67	\$26.75
New Frame	\$34.20	\$17.50

VSP-LENSES

- 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).
- 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

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.

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

BILLING: EyeMed Biller

PLAN ID:1834259 (Bill Actual Plan)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$56.00	\$53.20
Intermediate Exam: New 92002 Est. 92012	\$41.00	\$32.20
Refraction: 92015	\$14.00	\$13.30
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$19.91	\$14.41
Bifocal Lenses**	\$27.16	\$18.50
Trifocal Lenses	\$26.41	\$19.11
Lenticular Lenses	\$39.67	\$26.75
New Frame	\$34.20	\$17.50

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 DOCTOR ASSIGNED FEE REPORT

PRACTICE NAME	STATE	TAX IDENTIFICATION NUMBER	FEE CODE
DALTON FAMILY EYECARE INC	GA	203298180	01

	U&C FEE (LESS LAB COST)	SIGNATURE PLAN REIMBURSEMENT	VSP CHOICE PLAN REIMBURSEMENT
EYE EXAMINATIONS	Filed 01/01/2023	Effective 01/01/2023	Effective 01/01/2023
New Patient Comp. Exam + Refraction	170.00	70.00	66.50
Estab. Patient Comp. Exam + Refraction	165.00	70.00	66.50
New Patient Int. Exam + Refraction	122.00	55.00	45.50
Estab. Patient Int. Exam + Refraction	118.00	55.00	45.50
Refraction Only		14.00	13.30

MATERIALS DISPENSING

Single Vision Lenses	64.00	19.91	14.41
Bifocal Lenses**	75.00	27.16	18.50
Trifocal Lenses	80.00	26.41	19.11
Lenticular Lenses		36.97	26.75
New Frame	60.00	34.20	17.50

****PROGRESSIVE LENS DISPENSING**

You will receive your bifocal dispensing fee PLUS the applicable Signature or Choice service fees for covered and non-covered 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. If progressives are not covered, see Patient Copay column for information on patient charges.

PATIENT CHARGES FOR NON-COVERED LENS ENHANCEMENTS:

Signature: Charge patient the listed VSP Signature Plan Lens Enhancements Chart listed copay or your usual and customary fee (U&C), whichever is lower.

Choice: Charge patient the listed VSP Choice Plan Lens Enhancements Chart listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

The "charge back" amount for the appropriate plan will be deducted from your check.

FRAME ALLOWANCES AND OVERAGES: See the VSP Provider Reference Manual for frame dispensing guidelines.

Charge the patient:

Signature and Choice: 80% of the retail price exceeding the retail allowance, when the frame exceeds **both** the wholesale and retail allowance.

COMMERCIAL ESSENTIAL MEDICAL EYE CARE REIMBURSEMENT

- Medical eye exams (CPT codes 920XX and 99202-99215) are reimbursed according to your Signature payables, as reported on your practice's Assigned Fee Report.
- Retinal screening is reimbursed \$39.00 or your usual and customary (U&C) fees, whichever is lower.
- Additional covered services are reimbursed at 80% of your U&C fee, up to the Essential Medical Eye Care maximum allowables.
 - *VSP's non-exam Essential Medical Eye Care services approximate the Centers for Medicare and Medicaid Services (CMS) Medicare Physician Fee Schedule amounts.*

MEDICAID ESSENTIAL MEDICAL EYE CARE REIMBURSEMENT

- Reimbursement for approved Medicaid procedures will be 80% of your U&C fee or your state's VSP Medicaid fee schedule, whichever is lower.
 - *VSP's non-exam Essential Medical Eye Care services approximate your state's Medicaid fee schedule amounts.*

E&M SERVICES U&C FEE REIMBURSEMENT		E&M SERVICES U&C FEE REIMBURSEMENT			
E&M 99205	220.00	136.50	E&M 99215	210.00	103.50
E&M 99204	190.00	96.00	E&M 99214	144.00	73.50
E&M 99203	132.00	64.00	E&M 99213	112.00	52.00
E&M 99202	102.00	41.50	E&M 99212	80.00	32.00
			E&M 99211	50.00	14.00

OVR /OVR

VSP PROPRIETARY & CONFIDENTIAL

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

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	\$31	\$14	\$21	\$35
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	\$56	\$33	\$27	\$60
AH	High-index Plastic 1.66/1.67	\$48	\$35	\$83	\$58	\$40	\$98
AJ	High-index Plastic 1.70 and Above	\$68	\$43	\$111	\$78	\$40	\$118
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	\$60	\$85	\$53	\$138
DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	\$45	\$34	\$21	\$55
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	\$45 + \$28	\$16	\$12	\$55 + \$28
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	\$45 + \$58	\$40	\$28	\$55 + \$68
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	\$45 + \$86	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	\$45 + \$10	\$10	\$0	\$55 + \$10
OCCUPATIONAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--
POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	\$57	\$48	\$29	\$77
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	\$57 + \$76	\$59	\$36	\$77 + \$95
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	\$57 + \$89	\$67	\$41	\$77 + \$108
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	\$57 + \$108	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	\$57 + \$31	\$13	\$18	\$77 + \$31
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	\$78	\$63	\$38	\$101
BIFOCAL LENS STYLES (MARK BI FOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	\$50 + \$60
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	\$50 + \$20
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	\$30
PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

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

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

VSP Choice Plan

Effective June 27, 2023

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

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MIR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$49	\$26	\$23	\$49
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	\$55	\$30	\$25	\$55
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$16	\$6	\$10	\$16
SQ	Edge Coating	\$17	\$19	\$36	\$17	\$19	\$36
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	\$66	\$41	\$25	\$66
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-On	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

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

VSP Choice Plan

Effective June 27, 2023

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

PROGRESSIVE

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

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

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

PROGRESSIVE CATEGORIES² AS OF 6/27/2023

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

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOline 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®

Effective June 27, 2023

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

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

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

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

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

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

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

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

VSP Signature Plan

Effective June 27, 2023

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

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	Glass Color Coatings - Solid	\$22	\$16	\$38	\$22	\$16	\$38
MT	Glass Color Coatings - Gradient	\$25	\$17	\$42	\$25	\$17	\$42
PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$14	\$29	\$23	\$14	\$37
PR	Photochromics - Plastic	\$47	\$23	\$70	\$47	\$23	\$70
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QT	Anti-reflective Coating C	\$41	\$20	\$61	\$41	\$20	\$61
QV	Anti-reflective Coating D	\$52	\$23	\$75	\$52	\$23	\$75
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$8	\$15	\$7	\$8	\$15
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$14	\$29	\$15	\$14	\$29
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$5	\$10	\$6	\$6	\$12
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$5	\$12	\$10	\$6	\$16
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$8	\$14	\$6	\$8	\$14
SQ	Edge Coating	\$17	\$15	\$32	\$17	\$15	\$32
SR	Faceted Lenses (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	Plastic Dyes - Gradient	\$7	\$8	\$15	\$7	\$8	\$15
IV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14

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

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

VSP Signature Plan

Effective June 27, 2023

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

PROGRESSIVE

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

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

PROGRESSIVE CATEGORIES² AS OF 6/27/2023

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

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

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

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

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Classification: Restricted

VSP: EYEZEN LENS ADD-ONS (& Varilux)

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

Order Price Calculator

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

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

Benefit Calculation Notes

**Example fees are based on VSP Standard Plan

\$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

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

PLAN DETAILS

Co-payments Exam \$15.00 Material \$15.00

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

WFAT3 \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.

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

WFAS7 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

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	888392269775	004123 55 Holbrook Metal, Blk Mat, Grn	\$211.00														
Lens	1	20500002465028	SV OK OTD 1.59 Clr Sttth Pro	\$240.00														
EPP:			<input type="radio"/> Yes <input type="radio"/> No															
TOTAL: \$451.00																		
PLAN DETAILS																		
Co-payments Exam \$15.00 Material \$15.00																		
Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:																		
WFA73 \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.																		
WFA65 \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.																		
WFA5 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.																		
<table border="1"><thead><tr><th>MATERIAL</th><th>VSP Signature</th></tr><tr><th>DISPENSING</th><th>PLAN PAYS</th></tr></thead><tbody><tr><td>Single Vision Lenses</td><td>\$38.38</td></tr><tr><td>Bifocal Lenses**</td><td>\$57.00</td></tr><tr><td>Trifocal Lenses</td><td>\$65.36</td></tr><tr><td>Lenticular Lenses</td><td>\$91.50</td></tr><tr><td>New Frame</td><td>\$44.35</td></tr></tbody></table>					MATERIAL	VSP Signature	DISPENSING	PLAN PAYS	Single Vision Lenses	\$38.38	Bifocal Lenses**	\$57.00	Trifocal Lenses	\$65.36	Lenticular Lenses	\$91.50	New Frame	\$44.35
MATERIAL	VSP Signature																	
DISPENSING	PLAN PAYS																	
Single Vision Lenses	\$38.38																	
Bifocal Lenses**	\$57.00																	
Trifocal Lenses	\$65.36																	
Lenticular Lenses	\$91.50																	
New Frame	\$44.35																	

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

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

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

Patient's total = \$197.42

VSP PROPRIETARY LENS & FRAME ORDERS: Entering in Ciao! Optical

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

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

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OO4123 55 Holbrook Metal, Blk Mat, Grn	\$211.00		\$ 101.35	\$ 109.65	48.80
Authentic Lens Finishing	\$30.00		\$ 0.00	\$ 30.00	30.00
Backside UV	\$0.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$23.00		\$ 0.00	\$ 23.00	23.00
Oakley Stealth Pro	\$60.00		\$ 0.00	\$ 60.00	60.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
SV Oakley True Digital	\$82.00		\$ 43.38	\$ 38.62	35.62
P1.59 Oakley Clear Stealth Pro	\$45.00		\$ 0.00	\$ 45.00	0.00

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

Benefit Calculation Notes

○ Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC

Plan Id: 1814833

Current Offer:

Deal Code: +

Promotion Savings: \$0.00

Vision Care Savings: \$253.58

YOU PAY: \$197.42

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

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

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

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

	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 \$60• Premium 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	

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

Exhibit B-1**LENS OPTIONS LAB CHARGE BACK SCHEDULE**

Digital Single Vision Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Digital Single Vision (Intermediate)	\$30	\$20	\$10
Progressive Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier PAL	\$50	\$20	\$30
Premium Tier PAL	\$90	\$60	\$30
Ultra Tier PAL	\$140	\$85	\$55
Ultimate Tier PAL	\$175	\$115	\$60
Anti-Reflective Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier AR	\$35	\$28	\$7
Premium Tier AR	\$48	\$41	\$7
Ultra Tier AR	\$60	\$50	\$10
Ultimate Tier AR	\$85	\$68	\$17
Polarized Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Polarized	\$75	\$50	\$25
Polycarbonate Polarized	\$75	\$50	\$25
High-Index 1.67 Polarized	\$75	\$50	\$25
Glass Polarized	\$75	\$50	\$25
Blue Light Filtering	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Essential Blue Series	\$15	\$8	\$7
Polycarbonate Essential Blue Series	\$15	\$8	\$7
Trivex Essential Blue Series	\$15	\$8	\$7
High-Index 1.67 Essential Blue Series	\$15	\$8	\$7
High-Index 1.74 Essential Blue Series	\$15	\$8	\$7



Photochromic Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Photochromic, non-glass (Transitions)	\$65	\$40	\$25
Photochromic (PGX), Glass	\$20	\$10	\$10

Lens Materials	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard (Plastic)	\$ -	\$ -	\$ -
Polycarbonate	\$30	\$10	\$20
Trivex	\$50	\$30	\$20
High-Index 1.67	\$55	\$30	\$25
High-Index 1.74	\$120	\$80	\$40
Glass Single Vision	\$ -	\$ -	\$ -
Glass Multifocal	\$ -	\$ -	\$ -

Other Add-on Options	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Tint	\$ -	\$ -	\$ -
Tint - Gradient	\$ -	\$ -	\$ -
Mirror – Solid, Single and Double Gradient	\$86	\$30	\$56
Scratch Resistant Coating - Standard	\$ -	\$ -	\$ -
Scratch Resistant Coating – Premium (TD2)	\$30	\$25	\$5
Scratch Protection Plan Single Vision	\$20	\$10	\$10
Scratch Protection Plan Multifocal	\$40	\$30	\$10
UV Coat	\$12	\$6	\$6
Edge Polish	\$22	\$8	\$14
High Luster Edge Polish	\$70	\$7	\$63
Roll and Polish	\$16	\$10	\$6
Roll Edge	\$24	\$10	\$14
Rimless Drill	\$66	\$17	\$49
Slab Off	\$186	\$110	\$76
Specialty Lenses (Myodisc, Lenticular Grind, Double Sided Grind)	\$206	\$36	\$170



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

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Copay listed on benefit summary	\$50
CL Fit (92071, 92310, 92317, S0592)	Patient pays of out pocket for the fitting	N/A
Frames (V2020, V2025)	Allowance listed on benefit summary. Member is responsible for any additional charges over the allowance less a 20% discount.	45% of the retail frame allowance
Lenses	Allowance listed on benefit summary	<ul style="list-style-type: none">• Single Vision \$32.00• Bifocals \$42.00• Trifocals \$52.00• Progressives \$50*• Transitions \$65*• AR Coating \$40*• Scratch Coating \$10* <p>*All standard features</p>
Contact Lenses	Allowance listed on benefit summary. Member pays any additional charges over the allowance, less a 10-15% discount	75% of the retail price up to the allowance

NVA Sample Standard Fee Schedule

Eye Exams	\$50.00	Progressives (standard)	\$50.00
Single Vision Lens	\$32.00	Transitions (standard)	\$65.00
Bifocal Lens	\$42.00	AR Coating (standard)	\$40.00
Trifocal Lens	\$52.00	Scratch Coating (standard)	\$10.00

Example Reimbursement for eyeglasses with no co pays from member

Eye exam	\$50.00
Bifocal Lenses	\$42.00
AR Coating	\$40.00
Standard Progressive	\$50.00
Sub total:	\$182.00

Frames: **\$120.00 frame allowance**

NVA reimburses 45% of retail frame allowance. The member is responsible for any additional charge over the allowance less a 20% discount.

Member chooses \$150.00 frame:

NVA reimburses 45% of \$120.00 = \$54.00

\$150 - \$120.00 = \$30.00

20% discount of \$30.00 = -\$6.00

Member pays \$24.00

Total Reimbursement: \$182.00 + \$54.00 + \$24.00 = \$260.00

Example Reimbursement for Contact Lenses:

Exam \$50.00

Contact lens allowance- **\$ 120 retail allowance**

Member chooses \$130 in contact lenses.

75% of \$120.00= \$90.00

10% discount of \$10.00= -\$1.00

Member pays \$9.00

NVA reimburses 75% of the retail price up to the group allowance. The member pays any additional charge over the retail allowance less a 10%-15% discount.

Total Reimbursement \$50.00+\$90.00+\$9.00= \$149.00



NATIONAL VISION ADMINISTRATORS, L.L.C.
1200 Route 46 West, Clifton, NJ 07013

Sample Fee Schedule

DESCRIPTION

NVA PAYS

ROUTINE EYE EXAM	\$50.00
FRAME ALLOWANCE	45% OF BENEFIT ALLOWANCE
SINGLE VISION LENSES	\$32.00
BIFOCAL LENSES	\$42.00
TRIFOCAL LENSES	\$52.00
CONTACT LENS ALLOWANCE	75% OF BENEFIT ALLOWANCE
MEDICALLY NECESSARY CONTACTS	100%
SINGLE VISION GRADIENT	\$15.00
MULTIFOCAL GRADIENT	\$15.00
SINGLE VISION SOLID TINT	\$15.00
MULTIFOCAL SOLID TINT	\$15.00
SINGLE VISION TRANSITION	\$80.00
BIFOCAL TRANSITION	\$80.00
TRIFOCAL TRANSITION	\$80.00
SCRATCH COATING	\$10.00
PROGRESSIVE STANDARD	\$50.00
PROGRESSIVE PREMIUM	\$100.00
ANTI REFLECTIVE COATING	\$40.00
POLYCARBONATE	\$25.00
POLYCARBONATE MULTI	\$30.00
SINGLE VISION HIGH INDEX	\$45.00
BIFOCAL HIGH INDEX	\$45.00
TRIFOCAL HIGH INDEX	\$45.00
UV COATING	\$12.00

*MEMBERS MAY HAVE COPAY OR COINSURANCE PLEASE CHECK THE PLAN DESIGN AND MEMBER BENEFITS

COMMUNITY EYE CARE

LAB: RxO

BILLING: Mason Billing Team

PLAN ID: 1835959

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Copays listed on benefit summary	\$61 (reduce if copay)
CL Fit (92071, 92310, 92317, S0592)	Copays listed on benefit summary	\$60 (reduce if copay)
Frames & Lenses (V2020, V2025)	Allowance listed on benefit summary	60% of the allowance minus the copay
Contact Lenses	Allowance listed on benefit summary	85% of the patient allowance minus the copay



Fee Schedule

Routine Examinations	\$61 (inclusive of the copayment)
Frames and Lenses	60% of the considered amount*, up to a maximum of 60% of the member's allowance
Contact Lenses	85% of the considered amount*, up to a maximum of 85% of the member's allowance
Contact Lens Fittings	\$60 (inclusive of the copayment)
Contact Lens Evaluations	\$60 (inclusive of the copayment)

CEC Discounts: All CEC members are eligible for an overage discount on eyewear. For amounts exceeding the eyewear allowance, members should receive a 20% discount on glasses (frames and/or lenses) and a 10% discount on contact lenses.

All CEC members are eligible for a 20% discount on additional pairs of glasses or sunglasses, within 12 months of a routine exam. For routine retinal screening, the member should be charged the lesser of \$39.00 or U&C.

Health Plan Discounts: Individuals enrolled in health plans that use the CEC network may be eligible for eyewear discounts – 20% for glasses (frames and/or lenses) and 10% for contact lenses.

**Considered amount not to exceed member's allowance inclusive of any applicable copays.*

LENS RESOURCES

LENS CLASSIFICATION

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



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,	Comprehensive
92004	Exam
92012,	Intermediate Exam
92002	
92015	Refraction

Vision Codes

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

Diagnosis Codes

Hyperopia		Regular Astigmatism
H52.00	Unspecified Eye	H52.22 Unspecified Eye
9		9
H52.01	Right Eye	H52.221 Right Eye
H52.02	Left Eye	H52.222 Left Eye
H52.03	Bilateral	H52.223 Bilateral

Myopia

Myopia		Irregular Astigmatism
H52.10	Unspecified Eye	H52.219 Unspecified Eye
H52.11	Right Eye	H52.211 Right Eye
H52.12	Left Eye	H52.212 Left Eye
H52.13	Bilateral	H52.213 Bilateral

CIAO! OPTICAL ENTRY

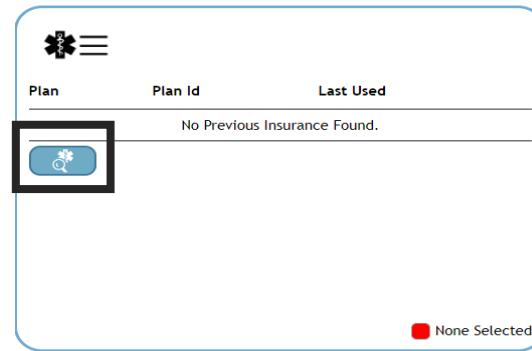
CIAO! OPTICAL ENTRY

Medical Plans

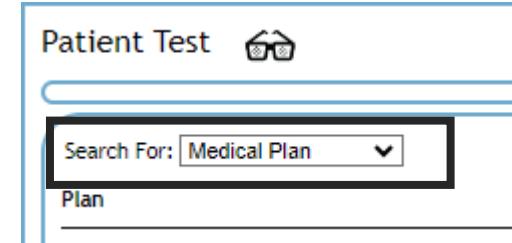
1 Click the Checkmark to indicate you'd like to apply insurance



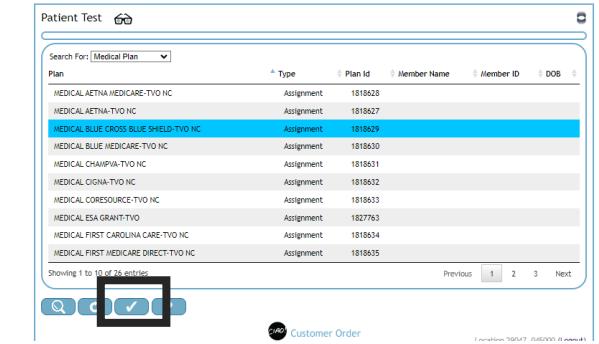
2 Click the blue the Search button



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

Medical Plans

5

Bypass the Plan Details screen

Patient Test

Plan Details

Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TIVO NC

Plan ID: 1818629

Plan Type: Assignment

Effective Date: 2/1/2023

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 29047 045000 (Logout)

6

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

Patient Test

Invoice

Bill To: Blue Cross Blue Shield (Primary Medical)
Plan ID: 1818629
Plan Name: MEDICAL BLUE CROSS BLUE SHIELD-TIVO NC
Provider: CO B2B17547

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

Proc Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext Price	Adjustments	Post	Balance
04/22/2024	82131			SCANNING COMPUTERIZED OPTH BAKING, RETNA	1	\$209.00	\$0.00	\$0.00	\$209.00	-\$19.95	\$0.00	\$189.05
04/22/2024	82022			SCAN LEVEL 2, NEW PT	1	\$211.00	\$0.00	\$0.00	\$211.00	-\$17.23	\$0.00	\$193.77
04/22/2024	84211			SCAN LEVEL 4, EST PT	1	\$141.00	\$0.00	\$0.00	\$141.00	-\$17.50	\$0.00	\$123.50

Patient Test

Doctor Services Order Worksheet

Patient Status: Established

Source: Internal Rx

Doctor Name: Toomey, Sara

Eye Exam: Contact Lens Eval

92014 COMPREHENSIVE EST PT

No Contact Lens Fitting

No High Risk Diagnosis

Procedure List:

- 45202 Foreign Body Removal, CONJ, SUPERF 00
- 45210 Conjunct Foreign Body Removal 00
- 45220 Corneal Foreign Body Removal 00
- 45222 Corneal Foreign Body Removal 05
- 45491 Removal Corneal Epithelium 00
- 45601 Removal/Desq Cornea
- 45602 Removal/Desq Prox Cornea
- 45778 Amniotic Graft 00
- 45885 SLT 05
- 45923 Cataract Post Op 00
- 45982 Cataract Post Op 00
- 45984 Cataract Post Op 00
- 46985 IOL Procedure Secondary Implant
- 47932 Removal FB EYES LLL
- 47933 Removal FB EYES RLL
- 48020 Incision Drainage Conjunctiva 00
- 48761 Punctal Plug LLL
- 48761 Punctal Plug RLL
- 48891 Punctal Dilation Irrigation LLL
- 48901 Punctal Dilation Irrigation RLL
- 79514 Pachymetry
- 83861 TearLab Osmolarity Test 05
- 90101 Trial Frame Refraction
- 92028 Tonometer Eval
- 92071 Therapeutic BCL 00
- 92081 Visual Field Limited
- 92083 Visual Field Extended
- 92112 Optic Nerve OCT
- 92223 Extended Ophthalmoscopy LT

7

Enter the patient diagnosis and hit continue

Select Diagnosis

Myopia, unspecified eye
Presbyopia

Unspec amblyopia, OD
Unspec amblyopia, OS
Unspec amblyopia, both
Unspec amblyopia, unspec eye
Unspec astig, OD
Unspec astig, OS
Unspec astig, unspec eye
Unspec astigmatism, OU

Select Code

ICD Code: H52.4
Diagnosis: Presbyopia

Add Diagnosis

Selected Diagnosis

Diagnosis Code

No Diagnoses Selected.

Clear Delete

Customer Order

Location 29047 045000 (Logout)

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-TVO 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

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

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

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

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

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

Show All

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

Sub Total	\$468.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$468.00
Adjustments	-\$218.28
Payments Received	\$0.00
BALANCE DUE	\$249.72

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	Spectra	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

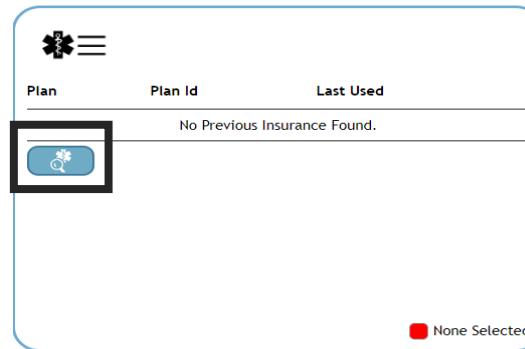
CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

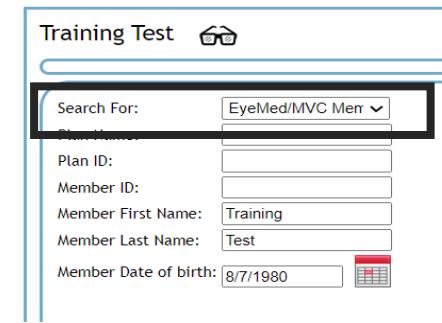
1 Click the Checkmark to indicate you'd like to apply insurance



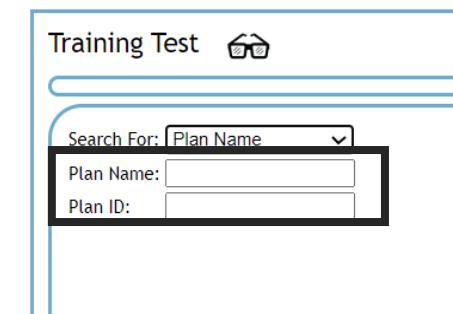
2 Click the blue the Search button



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



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



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

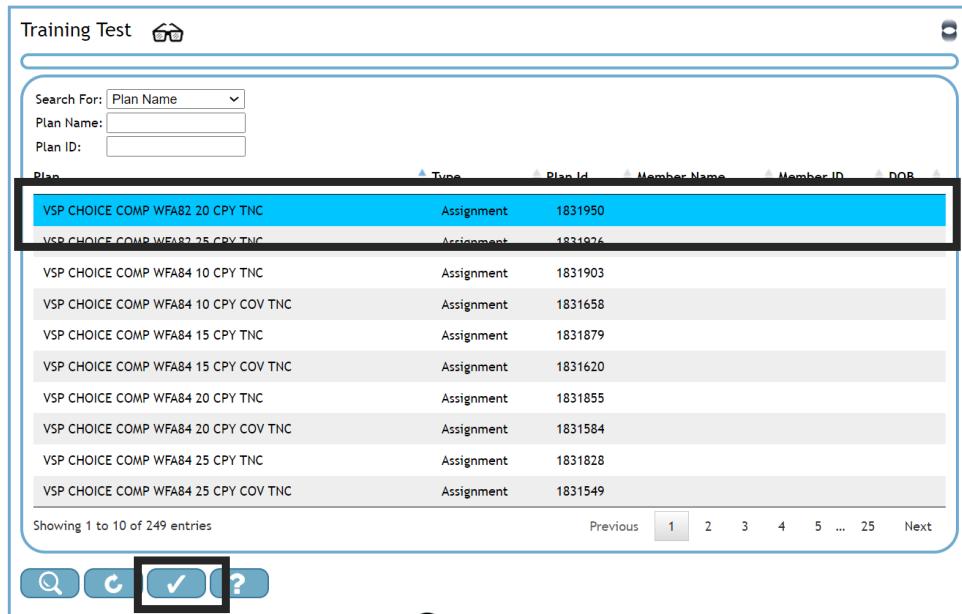
1834570	VSP CHOICE COMPLETE WFA100 10CPY COV DAL
1834470	VSP CHOICE EXAM \$4 SA 15% DAL
1834479	VSP CHOICE EXAM \$5 \$60 FIT DAL
1834659	VSP CONTACTS \$115 DAL

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

5

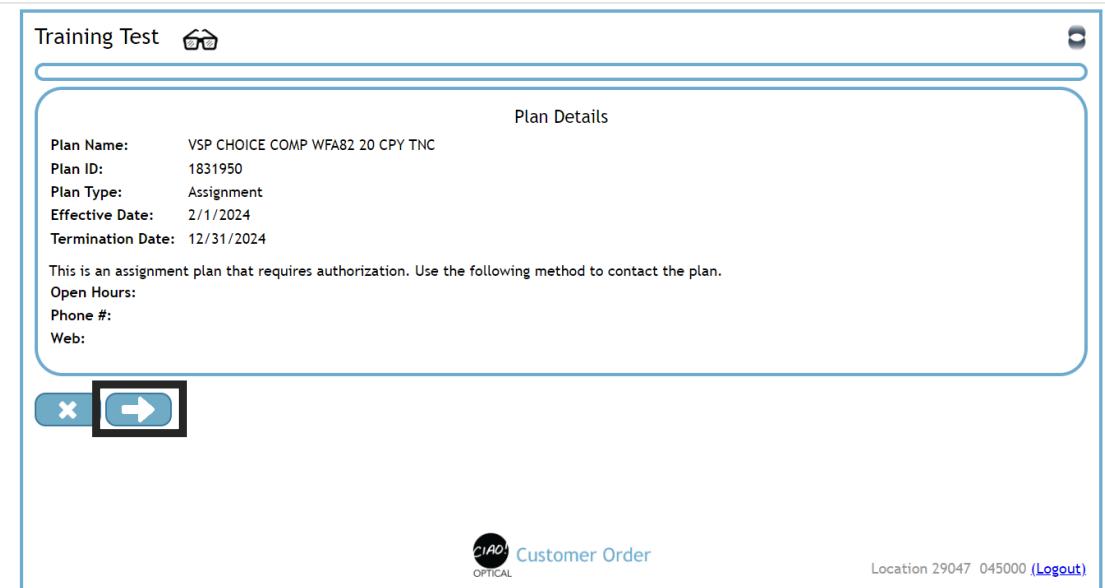
Select the plan from the listing and click the Checkmark



Plan	Type	Plan Id	Member Name	Member ID	DOB
VSP CHOICE COMP WFA82 20 CPY TNC	Assignment	1831950			
VSP CHOICE COMP WFA82 25 CPY TNC	Assignment	1831926			
VSP CHOICE COMP WFA84 10 CPY TNC	Assignment	1831903			
VSP CHOICE COMP WFA84 10 CPY COV TNC	Assignment	1831658			
VSP CHOICE COMP WFA84 15 CPY TNC	Assignment	1831879			
VSP CHOICE COMP WFA84 15 CPY COV TNC	Assignment	1831620			
VSP CHOICE COMP WFA84 20 CPY TNC	Assignment	1831855			
VSP CHOICE COMP WFA84 20 CPY COV TNC	Assignment	1831584			
VSP CHOICE COMP WFA84 25 CPY TNC	Assignment	1831828			
VSP CHOICE COMP WFA84 25 CPY COV TNC	Assignment	1831549			

6

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



Training Test

Plan Details

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

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

X →

CIAO! OPTICAL Customer Order

Location 29047 045000 (Logout)

CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

7 Complete the Insurance Demographics Screen

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

Training Test 

Plan Information

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

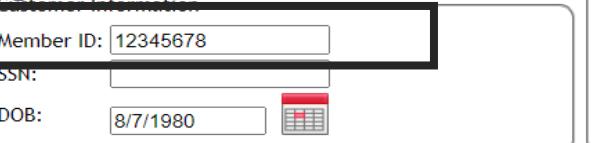
A  

Plan Type: Assignment

Authorized: Frame Lens
 Contacts Exam

Materials Auth:

Benefit Calculation Notes: 

B 

Information

Member ID:
 SSN:
 DOB: 

C 

Customer Plan Information

Employment Status: Employer:
 Student Status: Marital Status:

Relation to Primary Member:

Is condition related to employment? Yes No Unknown

Is customer's need accident related? Yes No

Is there a secondary plan? Yes No

Primary Member Plan Information

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





CIAO! OPTICAL ENTRY

AUTO-CALCULATION PLANS

8

Enter Frame and Lens Selection

9

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

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

Vision Care Plan Pricing

Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC
 Plan Id: 1831950
 Current Offer:
 Deal Code: 
 Promotion Savings \$0.00
 Vision Care Savings \$350.00 
YOU PAY: \$220.00

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

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)

Test, Training - 10005007029083 

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

Date	Associate Name	Store #	Note
11/10/2023	045000	T083	Rayban 1234. Blue Plastic. 54/18

New Lab Note  

Training Test 

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

Estimated Delivery Date Friday, January 26, 2024

Assign Tray ID RxO

Manufacturing Notes
Prada 3145
Black and Pink
52/18/135

Indicate which lab will produce the eyewear

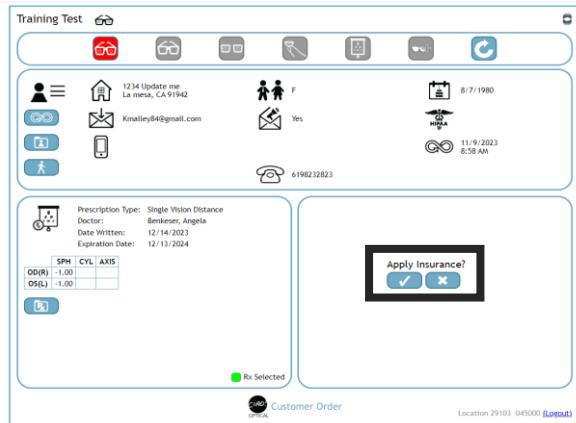
 Customer Order

Location 29103 045000 [\(Logout\)](#)

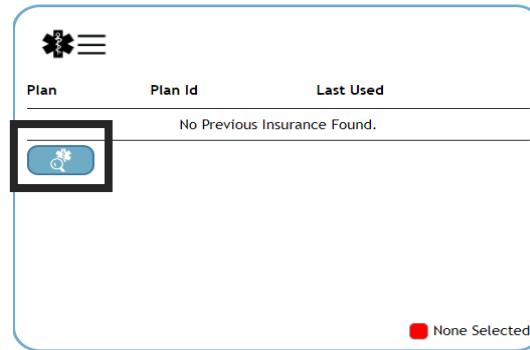
CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

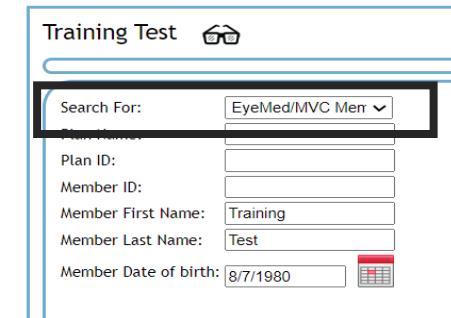
1 Click the Checkmark to indicate you'd like to apply insurance



2 Click the blue the Search button

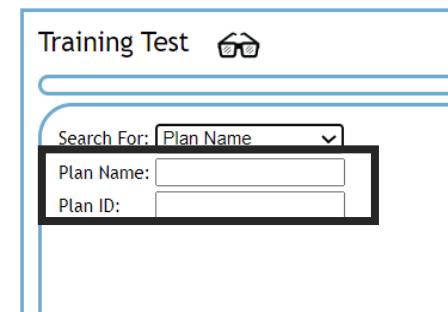


3 On the Search For pulldown bar, change it to Plan Name



4

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

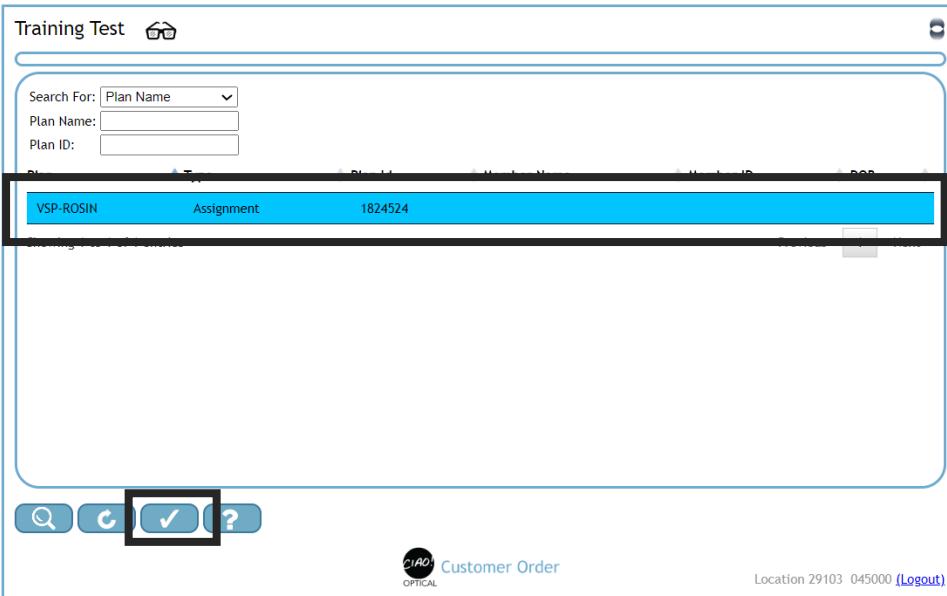


CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

5

Select the plan from the listing and click the Checkmark



Training Test

Search For: Plan Name

Plan Name:

Plan ID:

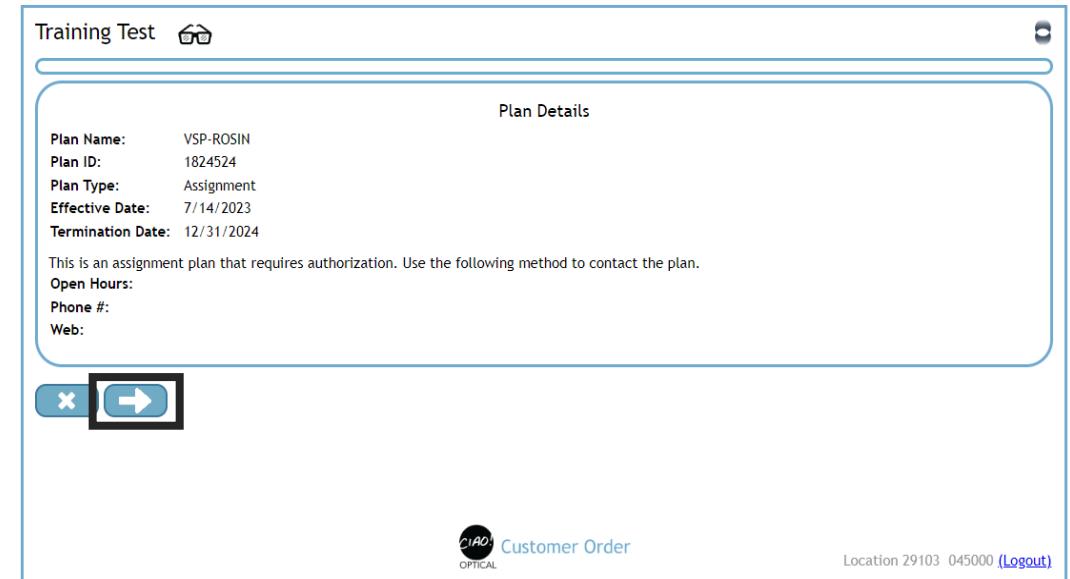
Plan Name	Type	ID
VSP-ROGIN	Assignment	1824524

Customer Order

Logout

6

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



Training Test

Plan Details

Plan Name: VSP-ROGIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023

Termination Date: 12/31/2024

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

Open Hours:

Phone #:

Web:

Customer Order

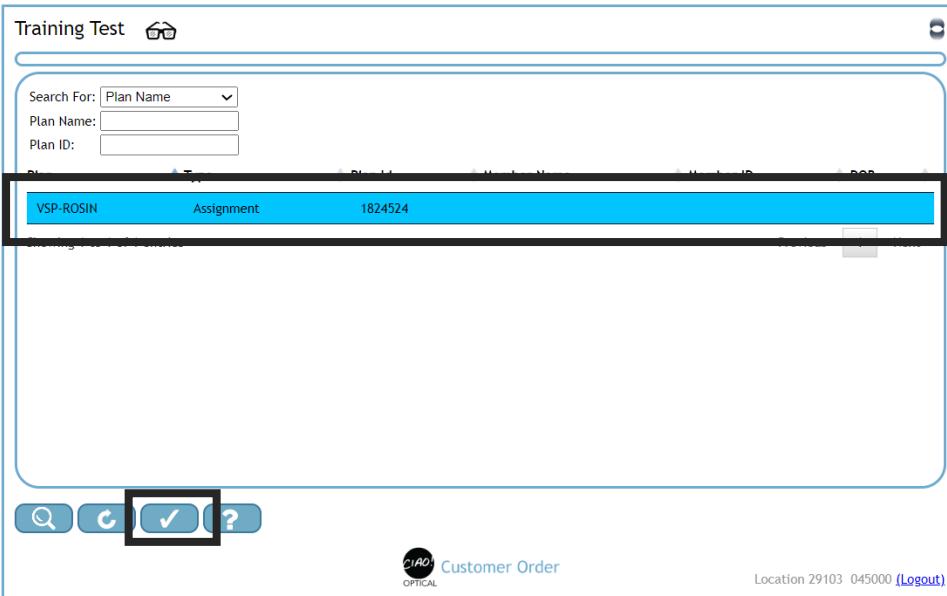
Logout

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:

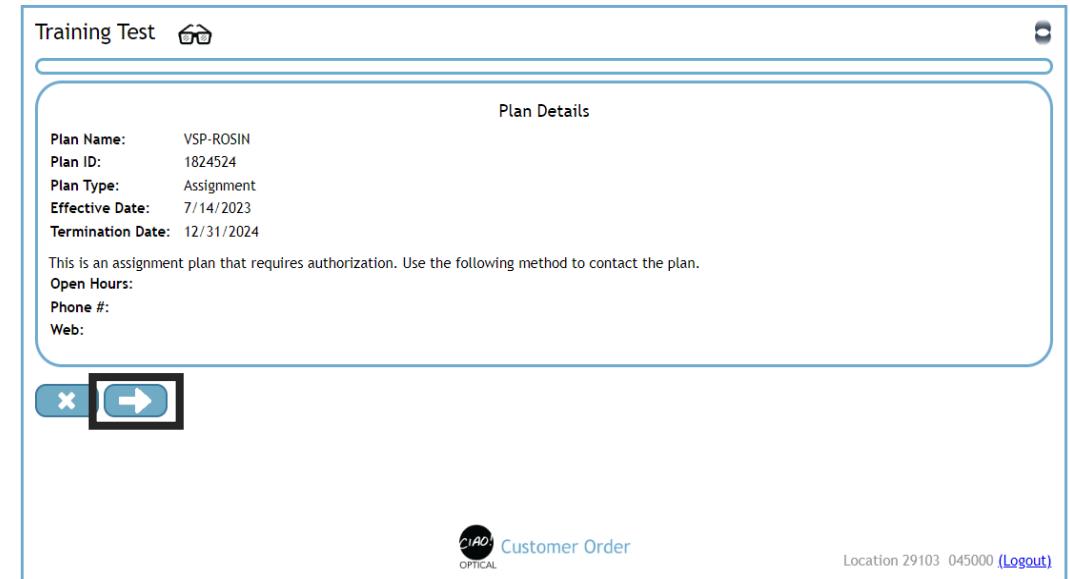
Plan Name	Type	ID
VSP-ROGIN	Assignment	1824524

Customer Order

Logout

6

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



Training Test

Plan Details

Plan Name: VSP-ROGIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023

Termination Date: 12/31/2024

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

Open Hours:

Phone #:

Web:

Customer Order

Logout

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

7

Complete the Insurance Demographics Screen

A

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

- Enter 1234 if not applicable

B

Enter the Member ID number

- Enter 1234 if not applicable

C

Complete all fields for Customer Plan Information

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

Training Test 

Plan Information

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

A 

Plan Type: Assignment

Authorized: Frame Lens
 Contacts Exam

Materials Auth: 6783424

B 

Member Information

Member ID: **12345678**

SSN:

DOB: 8/7/1980 

C  

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

Primary Member Plan Information

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

 CIAO! OPTICAL Customer Order

Location 29103 045000 [\(Logout\)](#)

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

8

Enter Frame and Lens Selection

Training Test 

Frame > Lens > Order Worksheet > Measurements > Order Completion

Clear Sun Photo

Vision Type: Single Vision

Lens Design: Conventional SV

Material: 1.59 Polycarbonate

Style: Blue Filter Clear Pr

Color: -

Available Addons: Oversize Frame, Rimless Drill, Polish, Roll and Polish

Included Addons: Aspheric Lens, Blue Filter, Premium Anti-Reflective, Scratch Resistant, UV Protection

 Customer Order

Location 29103 045000 [Logout](#)

9

On the Order Worksheet, click the Pencil to apply allowances

Training Test 

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

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

Main Promotion 

Current Offer:  12903 - 15% OFF LENSES

Deal Code: 

Associate Sale

Promotion Savings: \$37.50

YOU PAY: \$342.50

Vision Care Plan Pricing 

Vision Care Plan: VSP-ROSN

Plan Id: 1824524

Current Offer: 

Deal Code: 

Promotion Savings: \$0.00

Vision Care Savings: \$0.00 

YOU PAY: \$380.00

Quote valid through: February 11, 2024

 Customer Order

Location 29103 045000 [Logout](#)

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

10

Enter your EssilorLuxottica Network Credentials

QTY	Item#	Description	Retail Price
1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
			TOTAL: \$380.00

Approved By:

password:

Price Breakdown

RB2132 52 NEW WAYFARER, Brn Tan, Brn C
12903

1824524

Services

Vision Care Savings \$0.00

YOU PAY: **\$380.00**

February 11, 2024

11

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

Training Test

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

Order Price Calculator

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

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

Benefit Calculation Notes

Customer Order

Location 29103 045000 [Logout](#)

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

A

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

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

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$54.40	\$49.60
Intermediate Exam: New 92002 Est. 92012	\$21.40	\$22.60
Refraction: 92015 ONLY	\$13.60	\$12.40
MANUFACTURER SPENDING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$30	\$31
Bifocal Lenses**	\$80	\$71.40
Trifocal Lenses	\$44.84	\$34.50
Lenticular Lenses	\$62.78	\$34.30
New Frame	\$34	\$20.50

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 150	\$10	\$21	\$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	\$63	\$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	

B

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

C

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

Training Test 

Frame  Lens  Order Worksheet  Measurements  Order Completion

Order Price   

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

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

CIAO! OPTICAL ENTRY

BILL ACTUAL PLANS

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$0.00

YOU PAY: \$570.00

Quote valid through: May 11, 2024

Prior to Allowance



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

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$355.00

YOU PAY: \$215.00

Quote valid through: May 12, 2024

Post Allowance

CIAO! OPTICAL Customer Order

Location 29047 045000 [Logout](#)

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)

Test, Training - 10005007029083 

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

Date	Associate Name	Store #	Note
11/10/2023	045000	T083	Rayban 1234. Blue Plastic. 54/18

New Lab Note  

Training Test 

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

Estimated Delivery Date Friday, January 26, 2024

Assign Tray ID RxO

Manufacturing Notes
Prada 3145
Black and Pink
52/18/135

Indicate which lab will produce the eyewear

 Customer Order

Location 29103 045000 [\(Logout\)](#)

NVA Sample Standard Fee Schedule

Eye Exams	\$50.00	Progressives (standard)	\$50.00
Single Vision Lens	\$32.00	Transitions (standard)	\$65.00
Bifocal Lens	\$42.00	AR Coating (standard)	\$40.00
Trifocal Lens	\$52.00	Scratch Coating (standard)	\$10.00

Example Reimbursement for eyeglasses with no co pays from member

Eye exam	\$50.00
Bifocal Lenses	\$42.00
AR Coating	\$40.00
Standard Progressive	\$50.00
Sub total:	\$182.00

Frames: \$120.00 frame allowance

NVA reimburses 45% of retail frame allowance. The member is responsible for any additional charge over the allowance less a 20% discount.

Member chooses \$150.00 frame:

NVA reimburses 45% of \$120.00 = \$54.00

\$150 - \$120.00 = \$30.00

20% discount of \$30.00 = -\$6.00

Member pays \$24.00

Total Reimbursement: \$182.00 + \$54.00 + \$24.00 = \$260.00

Example Reimbursement for Contact Lenses:

Exam \$50.00

Contact lens allowance- **\$ 120 retail allowance**

Member chooses \$130 in contact lenses.

75% of \$120.00= \$90.00

10% discount of \$10.00= -\$1.00

Member pays \$9.00

NVA reimburses 75% of the retail price up to the group allowance. The member pays any additional charge over the retail allowance less a 10%-15% discount.

Total Reimbursement \$50.00+\$90.00+\$9.00= \$149.00



NATIONAL VISION ADMINISTRATORS, L.L.C.
1200 Route 46 West, Clifton, NJ 07013

Sample Fee Schedule

DESCRIPTION

NVA PAYS

ROUTINE EYE EXAM	\$50.00
FRAME ALLOWANCE	45% OF BENEFIT ALLOWANCE
SINGLE VISION LENSES	\$32.00
BIFOCAL LENSES	\$42.00
TRIFOCAL LENSES	\$52.00
CONTACT LENS ALLOWANCE	75% OF BENEFIT ALLOWANCE
MEDICALLY NECESSARY CONTACTS	100%
SINGLE VISION GRADIENT	\$15.00
MULTIFOCAL GRADIENT	\$15.00
SINGLE VISION SOLID TINT	\$15.00
MULTIFOCAL SOLID TINT	\$15.00
SINGLE VISION TRANSITION	\$80.00
BIFOCAL TRANSITION	\$80.00
TRIFOCAL TRANSITION	\$80.00
SCRATCH COATING	\$10.00
PROGRESSIVE STANDARD	\$50.00
PROGRESSIVE PREMIUM	\$100.00
ANTI REFLECTIVE COATING	\$40.00
POLYCARBONATE	\$25.00
POLYCARBONATE MULTI	\$30.00
SINGLE VISION HIGH INDEX	\$45.00
BIFOCAL HIGH INDEX	\$45.00
TRIFOCAL HIGH INDEX	\$45.00
UV COATING	\$12.00

*MEMBERS MAY HAVE COPAY OR COINSURANCE PLEASE CHECK THE PLAN DESIGN AND MEMBER BENEFITS