

Dalton Family Eyecare Insurance Guide

BILLING TAX IDs

Dalton Family EyeCare will still be the legal entity (tax ID) 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	AT GO LIVE	FUTURE
Eyemed	File with Ciao! Optical. Credentialing is complete.	
VSP		
Spectera	File with your existing TAX ID (Account). No Change. *	File with your existing TAX ID (Account). No Change. *
Block Vision		

Medical and Routine Billing Process

Dalton Family EyeCare will still 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 Filing	Long-Term Filing	Cash Posting
Eyemed	Kristi	Remote Biller	Ciao! Optical	Ciao! Optical	Back Office (AS400)
VSP	Optician: Optical Kristi: Exam and CLs	Remote Biller	Rainbow: File all Materials & Exams (send packing slips to Dalton)	EM Biller: File all Materials & Exams (send packing slips to Dalton)	Back Office (AS400)
Spectera	Kristi	Remote Biller	Rainbow: File all Materials & Exams (send packing slips to Dalton)	EM Biller: File all Materials & Exams (send packing slips to Dalton)	Back Office (AS400)
Block Vision	Kristi	Remote Biller	Rainbow: File all Materials & Exams (send packing slips to Dalton)	EM Biller: File all Materials & Exams (send packing slips to Dalton)	Back Office (AS400)
NOK (Employer Safety Program)	Kristi	Kristi	Kristi	Kristi	Back Office (AS400)
Medical	Kristi	Remote Biller	Tracy/EM Biller	EyeMed Biller	EyeMed Biller (EHR)

LABS

Insurance	Lab
Eyemed	RxO
VSP	Southern Optical
Spectera	Southern Optical
Block Vision	Southern Optical
NOK (Safety)	RxO

- Only insured/claimed eyewear orders may go to Southern Optical.
- 2nd Pair or private pay orders will always go to RxO.

BALANCES IN EHR

	EHR Fee Schedule	Copay in EHR	Balance Left in EHR	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. 	Apply payment in EHR	<p>Insurance amount owed – After Fee Schedule and Patient Payment Applied</p> <p>\$0 patient balance should be left in EHR.</p>	Post in Ciao! <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 Example: 92014 & 92015 Optos: Apply to new invoice (patient invoice) – can't be on insurance invoice</p>	<p>Vision: No (because it's zero already) Optos: Apply payment in EHR</p>	Both invoices should be \$0 – patient paid	Post in Ciao! – can be done in a combined entry if the site is billing to the insurance carrier
Medical and Routine Vision which will go to vision plan + Optos	<p>Medical: Apply the Medical Fee Schedule Vision: Apply CPT codes to new invoice and apply Routine Fee Schedule which will zero itself out Optos: Apply to new invoice (patient invoice) – can't be on insurance invoice You will have 3 invoices in this example.</p>	<p>Medical: Apply copay to Medical invoice Vision: No (because it's zero already) Optos: Apply payment in EHR</p>	<p>Medical: Insurance amount owed – After Fee Schedule and Patient Payment Applied Vision: \$0 Optos: \$0</p>	Post in Ciao! – can be done in a combined entry if the site is billing to the insurance carrier

DALTON MEDICAL INSURANCE

MEDICAL BILLING AND INSURANCE VERIFICATION

1. Apply insurance fee schedule in the EHR
2. Apply patient copay
 - Copay will reduce the ultimate plan pays
 - **IMPORTANT – DO THIS IN THE EHR PRIOR TO EVER ENTERING INTO CIAO! OPTICAL**
3. On the invoice screen (not the printed invoice) – take note of the Ins. Resp amount. This will be Plan Pays.
4. Take payment of copay or patient responsibility In the EHR – the only balance left should be insurance amount owed.
5. In Ciao! Optical –
 - 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)
6. 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

MEDICAL PLANS

Plan Name	Plan ID
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

All Medical Plans in Ciao! Optical are Bill Actual, meaning you need to invoice in Revolution, account for patient copay payments and then enter into Ciao! Optical.

INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.

In Revolution, 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.

MEDICAL FREUDENBERG NOK-DAL

LAB: Southern Optical

BILLING: Kristi

PLAN ID: 1834277

Company Safety Program:

- Select frame from TeamVision assortment, use UPC on tag in Ciao! Optical.
- Send lab order to RxO (either RxO will give you complete pair back or you will send frame to them)
- The patient will have a Primary Routine Vision Insurance (VSP or EyeMed)
 - Apply these benefits first
 - Patient gets an additional \$100 to cover the out-of-pocket cost of glasses after insurance has been applied.
 - Add \$100 to Plan Pay amount in Ciao! Optical.
- Create invoice in Revolution for Safety Glasses, leaving \$100 balance on the Freudenberg Insurance Receivable ledger.
- Site will invoice bi-monthly and money from Employer should be sent to Insurance NCNO Account and partner with the Biller to post payment in the EHR.

MEDICAL PLANS

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

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 Eclips.

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

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

Trizetto Verification

Run Individual Eligibility Inquiry: Manage Patients tab > Check Patient Eligibility.

After clicking on Check Patient Eligibility, you will then click on **Run Individual Eligibility Inquiry**



Check Patient Eligibility

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

[Run Individual Eligibility Inquiry](#)



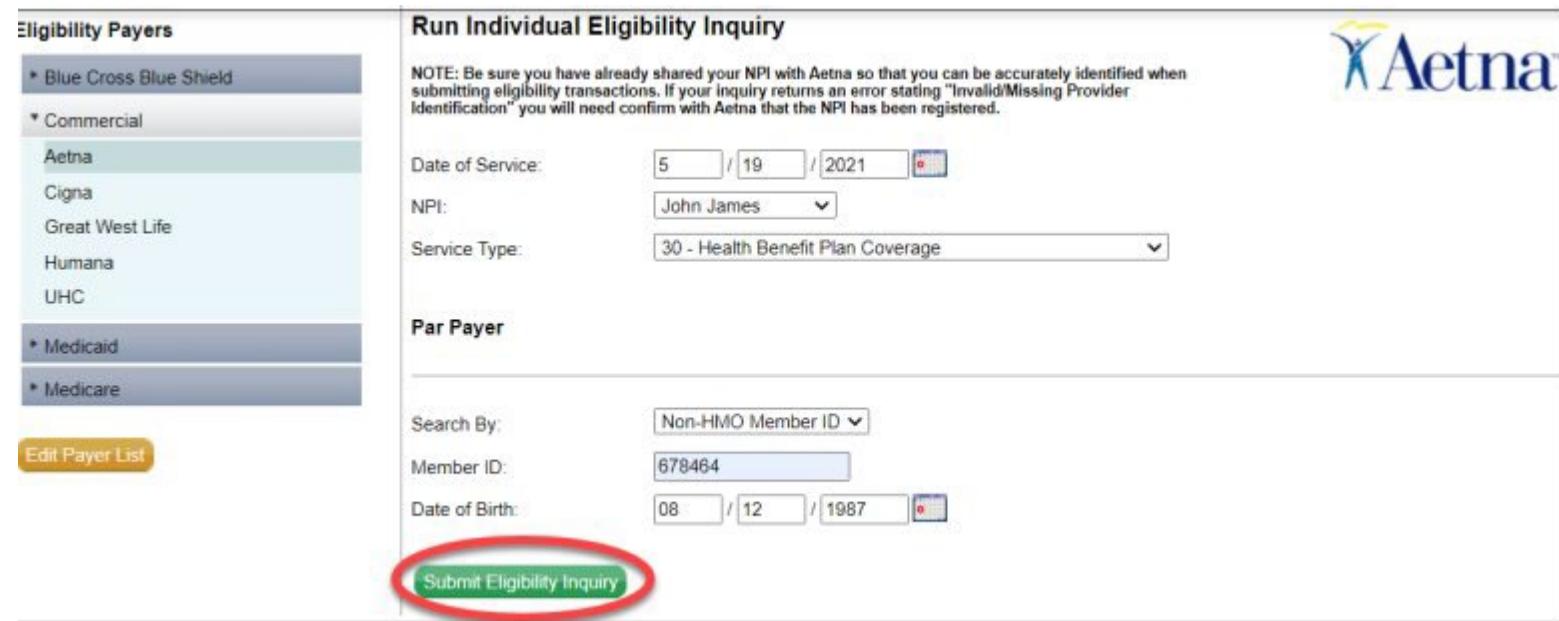
[Search Eligibility Transaction History](#)

[Run Eligibility Usage Report](#)

Trizetto Verification

When ready to submit an eligibility transaction, select the appropriate payer from your customized list on the left. The Run Individual Eligibility Inquiry screen will appear on the right. The screen will differ by payer and is indicative of the transaction requirements for a given payer. Enter all data above the page break line. (Example: date of service and Service Type dropdown field, if available).

- Select a search option. (Example: subscriber, dependent, HMO, Non-HMO)
- Enter the individual eligibility data. (Example: ID number, date of birth, patient name – if a Group Number field appears the payer will recommend you use this field to ensure accurate results)
- Click on the **Submit Eligibility Inquiry** button



The screenshot shows the Aetna Run Individual Eligibility Inquiry interface. On the left, a sidebar titled 'Eligibility Payers' lists various payers: Blue Cross Blue Shield, Commercial, Aetna, Cigna, Great West Life, Humana, UHC, Medicaid, and Medicare. Below this is an 'Edit Payer List' button. The main right panel is titled 'Run Individual Eligibility Inquiry' and includes a note about sharing the NPI with Aetna. It has fields for 'Date of Service' (5/19/2021), 'NPI' (John James), 'Service Type' (30 - Health Benefit Plan Coverage), and 'Par Payer' search fields for 'Search By' (Non-HMO Member ID), 'Member ID' (678464), and 'Date of Birth' (08/12/1987). At the bottom is a green 'Submit Eligibility Inquiry' button, which is circled in red.

Trizetto Verification

- 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.

- Navigate to the Benefit Information Tab to view Coverage details.

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 J. Hall
DOB: 4/25/1971

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

Patient Information **Benefit Information**

► Patient
► Subscriber
► Provider
► Payer

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

DALTON ROUTINE INSURANCE

Routine Vision Plans Accepted

Insurance	Plan Name	Plan ID	BILLING
Eyemed	Member Search	Auto-Calculates	Ciao! Optical (auto-system)
VSP	VSP-DAL	1834259	EyeMed Biller
Spectera	SPECTERA-DAL	1834260	EyeMed Biller
Block Vision	BLOCK VISION-DAL	1834261	EyeMed Biller

Insurance	Current Biller	Current Cash Poster	Short-Term Filing	Long-Term Filing	Cash Posting
Eyemed	Kristi	Remote Biller	Ciao! Optical	Ciao! Optical	Back Office (AS400)
VSP	Optician: Optical Kristi: Exam and CLs	Remote Biller	Rainbow: File all Materials & Exams (send packing slips to Dalton)	EM Biller: File all Materials & Exams (send packing slips to Dalton)	Back Office (AS400)
Spectera	Kristi	Remote Biller	Rainbow: File all Materials & Exams (send packing slips to Dalton)	EM Biller: File all Materials & Exams (send packing slips to Dalton)	Back Office (AS400)
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NOK (Employer Safety Program)	Kristi	Kristi	Kristi	Kristi	Back Office (AS400)
Medical	Kristi	Remote Biller	Tracy/EM Biller	EyeMed Biller	EyeMed Biller (EHR)

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:

Minimum required:

Plan Name:

Plan ID:

Member ID:

Member First Name:

Member Last Name:

Member Date of birth:

Fake

Patient

1/1/2001

DOB

or Plan ID

or at least first 3 digits of Member ID

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

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

VSP REIMBURSEMENT RATES – DALTON

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 ADDITIONAL NOTES

FORMULAS & DEFINITIONS

- Retail Price (RP) – Plan Pays (PP) = Discount (D)
- Copay Column = What the patient pays us
 - This is its own column and not part of the above formula
- Plan Pays = What the insurance pays us
 - Service Fee = Plan Pays when it's a covered item
- If there is a dollar amount in the copay column, the formula “ $RP = PP + D$ ” applies
 - Example: For Crizal Rock (not covered by VSP), the patient is charged \$85 and this is input in the copay column in Ciao. If there is an amount in the copay column, then you need to make sure that there are numbers in the PP & D columns (above formula). The discount would be the retail price of Crizal Rock line, and the plan pays would be \$0 because patient is paying for this add-on.

EXAM

- VSP offers additional reimbursement when you include diagnosis codes or select conditions on your VSP claims for patients with chronic conditions. For each patient, you can earn. Add applicable amount to Plan Pays – diagnosis codes must be on claim in Eyefinity if entered in Ciao! Optical
 - Diabetes – \$5
 - Diabetic Retinopathy – \$5
 - High Cholesterol – \$2
 - Hypertension – \$2
- **EXAM PLAN PAYS = VSP REIMBURSEMENT (from binder) – PATIENT EXAM COPAY + CHRONIC CONDITION**

VSP 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.

VSP CONTACT LENS: Combined Allowance for Materials & Fit

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

Contacts Routine eye exam covered.

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

Contacts are instead of [lens, frame].

Logic behind calculations:

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

Enter in Ciao! Optical:

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

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

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

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

VSP CONTACT LENS: Separate allowance for Material & Fit

Patient has Separate benefits for CL Fit and Materials.

Procedure is the same if benefits are used on different DOS.

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

VSP CONTACT LENS: Separate allowance for Material & Fit

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

BILLING: EyeMed Biller

PLAN ID:1834259

Example

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

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 Altair Eyewear/Marchon frames and any other available frame promotions included below:

WFA75: \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.

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

WFA55: \$150.00 for non-Altair 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
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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

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
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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: 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
[Text Box]

Buttons:

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

Annotations:

- Blue box around DST Processing: \$40 VSP Digital upcharge
\$10 Technical Add-on
\$15 Light Filter
- Blue box around EyeZen+1 Single Vision: Base lens line, enter material copay (if applicable)
\$15 Material Copay
- Blue box around Hi-Index 1.67: 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.

WFAB5 \$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

Example

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 Stlth 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																	
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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

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

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.**

VSP PROCESS

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

Enter in accurate AUTH #s for VSP in the Assignment Claim Form. This will show in the history for the billers.

Best Practice is to pull 1 auth for services and materials at one time. If separate and unique, need to make sure both services and materials contain the correct Auth # with the correct order type. DO NOT PLACE 0s or 1234.

The image shows two screenshots of a software interface for managing VSP insurance plans and generating customer orders.

Assignment Claim Form (Left):

- Plan Information:** Plan Name: VSP-ROSIN, Phone #: 1824524, Plan Type: Assignment.
- Authorized Services:** Options for Frame, Lens, Contacts, and Exam. The **Exam** checkbox is selected and highlighted with a red box.
- Exam Auth:** A text input field for entering the authorization number, also highlighted with a red box.
- Customer Information:** Member ID, SSN, and DOB (9/2/1959) are entered.

Customer Plan Information (Middle):

- Employment Status, Student Status, Relation to Primary Member, and other demographic questions.
- Primary Member Plan Information:** First Name, MI, Last Name, Address, ZIP Code, City, State, Member ID, SSN, Phone, Gender, Employer, Marital Status, DOB, and Student Status.

Customer Order (Right):

- Customer Order Id:** 10000683629084, EPP: No, Dispense Date: N/A, Dispensing Associate: N/A.
- Prescription:** Contacts Single Vision, Doctor: Beasley, Courtney, Date Written: 2/10/2023, Expiration Date: 2/10/2024.
- Prescription Details:** SPH, CYL, AXIS, BC, DIA, COLLECTION, COLOR, OD(R) -4.00, OS(L) -4.00, Pack Size, Annual Supply, Qty.
- Customer Information:** Plan Name: VSP-ROSIN, Plan ID: 1824524, Group #: 2, Customer: 1, Member ID: 1, Primary Member: 1, Authorized: Contacts, Material Auth: 87836650, Plan Type: Assignment.

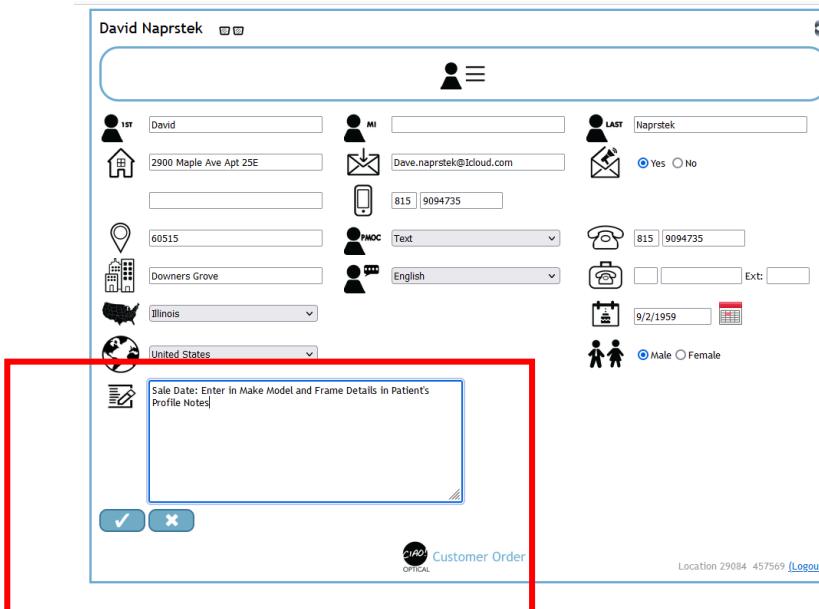
If selling an exam and materials – for the exam sale in Ciao! Optical, you only need to select Exam and then enter the auth. For materials, select either Frame, Lens, Frame & Lenses for a complete pair, or contacts and then enter the auth #.

VSP PROCESS

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

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

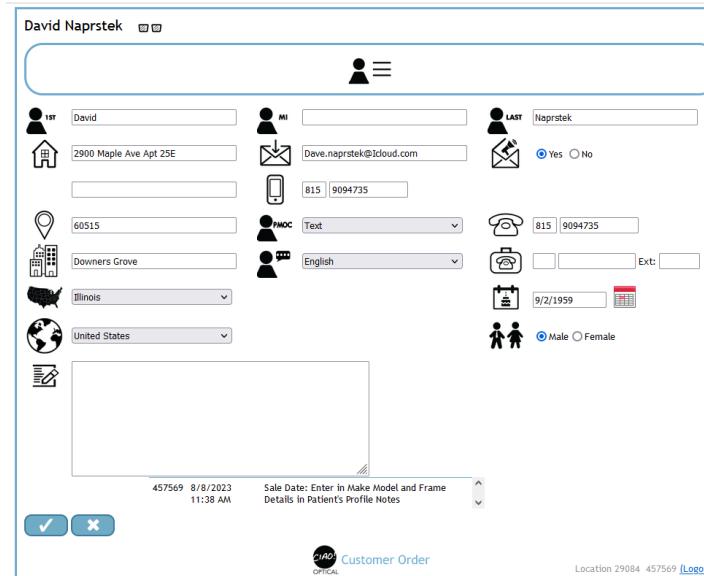
David Naprstek



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

Customer Order

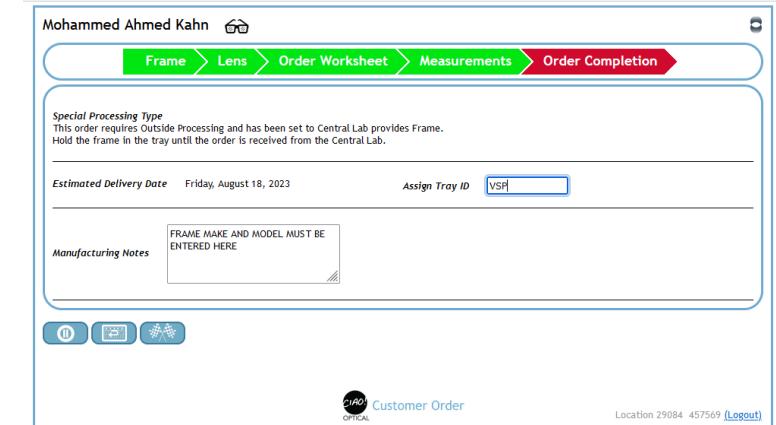
David Naprstek



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

Customer Order

Mohammed Ahmed Kahn



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

Estimated Delivery Date: Friday, August 18, 2023

Assign Tray ID: VSP

Manufacturing Notes: FRAME MAKE AND MODEL MUST BE ENTERED HERE

Customer Order

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

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

VSP DOCTOR ASSIGNED FEE REPORT

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

EYE EXAMINATIONS	U&C FEE (LESS LAB COST)	SIGNATURE PLAN REIMBURSEMENT	VSP CHOICE PLAN REIMBURSEMENT
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.

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Classification: Restricted

Spectera

- Use the **SPECTERA DAL - 1834260** for all materials (Contact Lenses, Eyewear) and eye exams that are not listed in the Auto-Calc plan list. (Next Page)
- Formulary CL orders need to be in Ciao! Optical as Specialty Rx to avoid an actual order. Order to be placed with Spectera and the claim by billing team. Billers will always ship to patient's address in their profile (alt. addresses will not be known).

LAB: Southern Optical

BILLING: EyeMed Biller

PLAN ID:1834260

	PATIENT PAYS	PLAN PAYS	
Exam (92004, 92014, 92015)	Check plan details for exam copay	92004: \$65 92014: \$58 92015: \$10	
CL Fit (92071, 92310, 92317, S0592)	<ul style="list-style-type: none"> Non-covered lenses, patient pays full U&C of fit. Covered lenses, patient pays copays (could be \$0). 	<ul style="list-style-type: none"> Non-covered lenses, plan pays is \$0. Covered lenses, we get \$30 for fit. Reduce if copay. 	
Frames (v2020, V2025)	Patient pays amount over allowance, no additional discount.	71% of allowance amount	
Lenses	<p>Check plan detail for out-of-pocket amounts for material and enhancements.</p> <p>Patient pays lens copay if present + upgrade amounts noted on plan summary/benefit sheet.</p>	SV: \$35 BF: \$55 TF: \$60 Progressive – Tier I: \$125 Progressive – Tier II: \$164 Progressive – Tier III: \$190 Progressive – Tier IV: \$250 Progressive – Tier V: \$285	Photo: \$58.50 Poly: \$25.50 High Index: \$47 AR – Tier I: \$29 AR – Tier II: \$34 AR – Tier III: \$68 AR – Tier IV: \$82
Contact Lenses	<ul style="list-style-type: none"> Non-Formulary lenses: patient pays overage above allowance, no additional discount. Formulary lenses: See benefit sheet for number of covered boxes. Patient pays for copay (if applicable). 	<ul style="list-style-type: none"> Non-Formulary: Plan pays is 82% of customary charge minus the patient out-of-pocket, which is the balance after the allowance Formulary: Plan pays is 82% of customary charge minus the patient copay (if applicable). 	

Spectera Auto-Calc Plan List

PLAN CODE	PLAN NAME	PLAN CODE	PLAN NAME	Spectera Product Name	Employer/Company
1834319	SPECTERA EXAM \$0-DAL	1834313	SPECTERA A3-DAL	2400	RICOH
1834320	SPECTERA EXAM \$5-DAL	1834312	SPECTERA D1-DAL	C0531	
1834321	SPECTERA EXAM \$10-DAL	1834297	SPECTERA VK-DAL	C0725	Publix
1834322	SPECTERA EXAM \$15-DAL	1834308	SPECTERA 7D-DAL	C1014	Penske PL
1834323	SPECTERA EXAM \$20-DAL	1834311	SPECTERA 8S-DAL	D0507	
1834324	SPECTERA EXAM \$25-DAL	1834316	SPECTERA 8T-DAL	D0508	Tricare High
1834325	SPECTERA EXAM \$30-DAL	1834299	SPECTERA YU-DAL	EX005	Aegon USA
		1834314	SPECTERA DA-DAL	F2796	Southern Tire
		1834306	SPECTERA 21-DAL	F2977	UPS_Medical
		1834310	SPECTERA L2-DAL	F2996	City of Atlanta
		1834300	SPECTERA AF-DAL	F3285	Jetro Holdings
1834326	Spectera CLs \$100-DAL	1834296	SPECTERA EK-DAL	F3345	State of NC
1834327	Spectera CLs \$110-DAL	1834302	SPECTERA 3Y-DAL	F9003	Golden Rule
1834328	Spectera CLs \$115-DAL	1834315	SPECTERA CI-DAL	L003V	CST Global
1834329	Spectera CLs \$120-DAL	1834303	SPECTERA 3Z-DAL	M0787	United Dual Choice
1834330	Spectera CLs \$125-DAL	1834305	SPECTERA B7-DAL	M0789	UHC Dual Complete
1834331	Spectera CLs \$130-DAL	1834304	SPECTERA AP-DAL	M0795	UHC Dual Comple Full Dual
1834332	Spectera CLs \$140-DAL	1834318	SPECTERA 4K-DAL	M0927	
1834333	Spectera CLs \$150-DAL	1834318	SPECTERA 4K-DAL	M1049	UHC Complete Care 013
1834334	Spectera CLs \$160-DAL	1834318	SPECTERA 4K-DAL	M1235	UHC Medicare Gold
1834335	Spectera CLs \$175-DAL	1834318	SPECTERA 4K-DAL	M1270	AARP Medicare Adv
1834336	Spectera CLs \$200-DAL	1834317	SPECTERA 5K-DAL	M1332	UHC Complete Care
1834337	Spectera CLs \$225-DAL	1834295	SPECTERA E1-DAL	N0001	Freedom Life Ins
1834338	Spectera CLs \$250-DAL	1834301	SPECTERA MI-DAL	S1006/S1002/S1018/S1010	National Environmental
1834339	Spectera CLs \$275-DAL	1834307	SPECTERA AQ-DAL	S1026/S1037/S1043/S1049	Pro Pump Solutions
1834340	Spectera CLs \$300-DAL	1834298	SPECTERA G7-DAL	SH104/SH105	Airlock Digital
		1834295	SPECTERA EI-DAL	SH421/SH434	Enterprise Vending
		1834295	SPECTERA EI-DAL	T1069	The Arbor Holding Co.
		1834295	SPECTERA EI-DAL	V1004/V1008/V1012/V1020	Blossman Gas
		1834309	SPECTERA K8-DAL	V1841	UHG

Spectera Formulary Contact Lenses

For Spectera Formulary Contact Lenses: Designate 1 person to manage these (manager)

- Sell in Ciao! Optical
- Use Specialty Contact Lens Rx Type – this is a free-form Rx option – note brand in Note Section
- On the Order Screen – enter in price and QTY (# of boxes) into STORE STOCK. This will ensure it doesn't go to Premium Vision.
- Order will be placed with claim –WILL SHIP TO PATIENT
- If additional lenses need to be ordered outside of covered lenses, place a 2nd unique order and leverage OOGP (patient will pay).

Block Vision (Medicaid Plan)

- Use **BLOCK VISION – DAL 1834261** for materials.
- Use **Block Exam Auto-Calc** plan for Exams
- One exam per calendar year
- Copays must be subtracted from Plan Pays
- Benefit allowances listed on Authorizations

PLAN CODE	PLAN NAME
1834290	BLOCK EXAM \$0-DAL
1834291	BLOCK EXAM \$5-DAL
1834292	BLOCK EXAM \$10-DAL
1834293	BLOCK EXAM \$15-DAL
1834294	BLOCK EXAM \$20-DAL

LAB: Southern Optical

BILLING: EyeMed Biller

PLAN ID:1834261

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Varies Per Plan	92004 & 92014: \$52.95 92015: \$0
CL Fit (92071, 92310, 92317, S0592)	Not covered	100%
Frames	<ul style="list-style-type: none">• Varies Per Plan• Patient receives additional 20% over allowance amount.	Plan Varies <ul style="list-style-type: none">• \$45 (\$75 allowance)• \$32.40 (\$54 allowance)
Lenses	<ul style="list-style-type: none">• Varies Per Plan	SV: Up to \$32 BF: Up to \$42 TF: Up to \$52 V2100: \$12.60
Contact Lenses	Not covered	

LENS CLASSIFICATION

Item	VCode	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
Crizal Easy Pro	V2750 V2755 EM/VSP	Tier 2 + BS UV	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
Crizal Sapphire HR	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Prevencia	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Rock	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
Crizal SunShield UV	V2750 V2755 EM	Tier 2 + BS UV	Cat D	Tier 4	Premium	Not Covered
Crizal SunShield Mirrors UV	V2750 V2755 EM	Tier 3 + BS UV	Cat D	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
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* 11 mm above = full distance (Similar to Shamir Workspace)	V2781 V2799 for VSP	N/A	N/A	N/A	Standard	N/A

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

LENS RETAIL PRICING

Code	Lens Materials	Price
	Plastic	\$ 75.00
V2784	Poly	\$ 45.00
V2783	High Index 1.67	\$ 140.00
V2783	High Index 1.74	\$ 195.00

	Lens Designs	Price
V2419	Aspheric	\$ -
	Digital	\$ 60.00
V2100 - V2114	Single Vision	\$ 100.00
V2100 - V2114	Single Vision Eyezen Start	\$ 140.00
V2100 - V2114	Single Vision Eyezen 1 - 4	\$ 150.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux X Fit	\$ 450.00
V2781	Elite (Ideal Adv IV Fit) Sun Only	\$ 285.00
V2781	Premium PG Design (Accolade)	\$ 210.00
	Computer (11 mm above = full distance (Similar to Shamir Workspace)	\$ 295.00

	Add-on/Custom measurement	Price
	Polish	\$ 25.00
	Roll & Polish	\$ 40.00
	Rimless Drill (Only GA Poly Hi Index)	\$ 70.00
V2780	Oversize Frame	\$ 15.00
	Custom Measurements (VX X Fit & Comfort Max Fit)	\$ 10.00
	Technical Add On, (Eyezen 1-4 only)	\$ 10.00

Code	ARs	Price
V2750	Backside AR	\$ 50.00
V2750	Premium AR	\$ 110.00
V2750	Crizal SunShield	\$ 85.00
V2755	Backside UV (added to Crizal ARs below)	\$ 15.00
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

	Tints	Price
	Blue Light (Not Eyezen)	\$ 45.00
	Polarized	\$ 85.00
V2745	Solid tint	\$ 25.00
V2745	Gradient tint	\$ 30.00
V2761	Mirror	\$ 90.00
V2744	Transition GEN8	\$ 130.00
V2744	Transition Xtractive	\$ 155.00

VSP = High Luster Edge Polish

VSP = 61 eye size or greater

REFERENCE – CODES

EXAM CODES

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

VISION CODES

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

HYPEROPIA

REGULAR ASTIGMATISM

H52.00	Unspecified Eye	H52.229	Unspecified Eye
H52.01	Right Eye	H52.221	Right Eye
H52.02	Left Eye	H52.222	Left Eye
H52.03	Bilateral	H52.223	Bilateral

MYOPIA

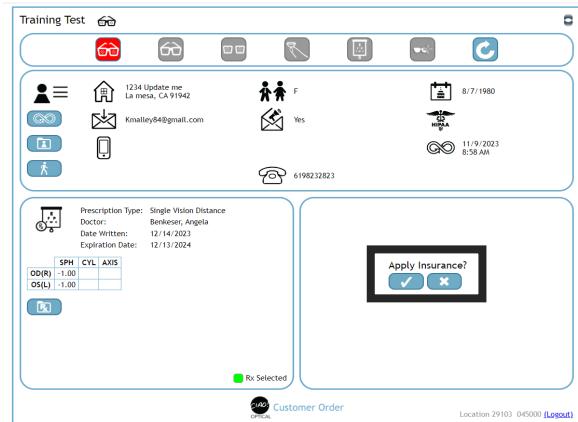
IRREGULAR ASTIGMATISM

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

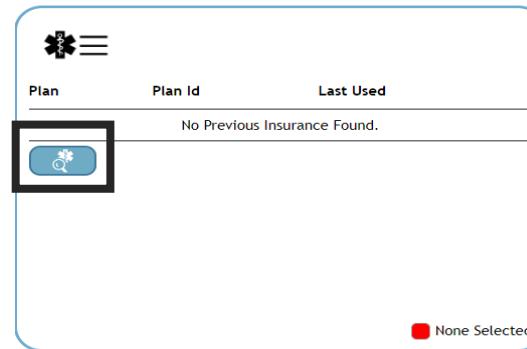
Ciao! Optical Entry

CIAO! OPTICAL ENTRY: AUTO-CALCULATION PLANS

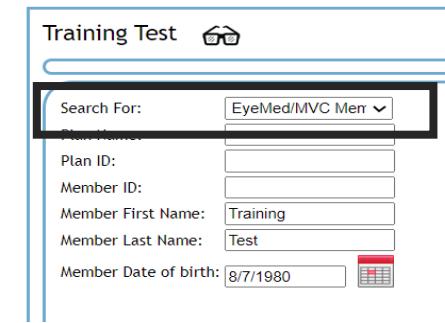
1 Click the Checkmark to indicate you'd like to apply insurance



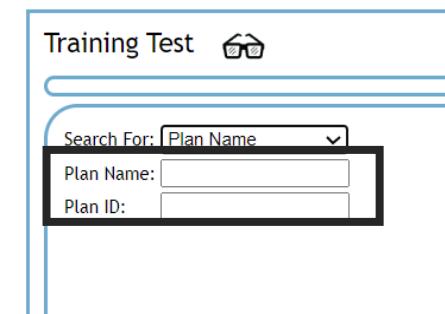
2 Click the blue the Search button



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)



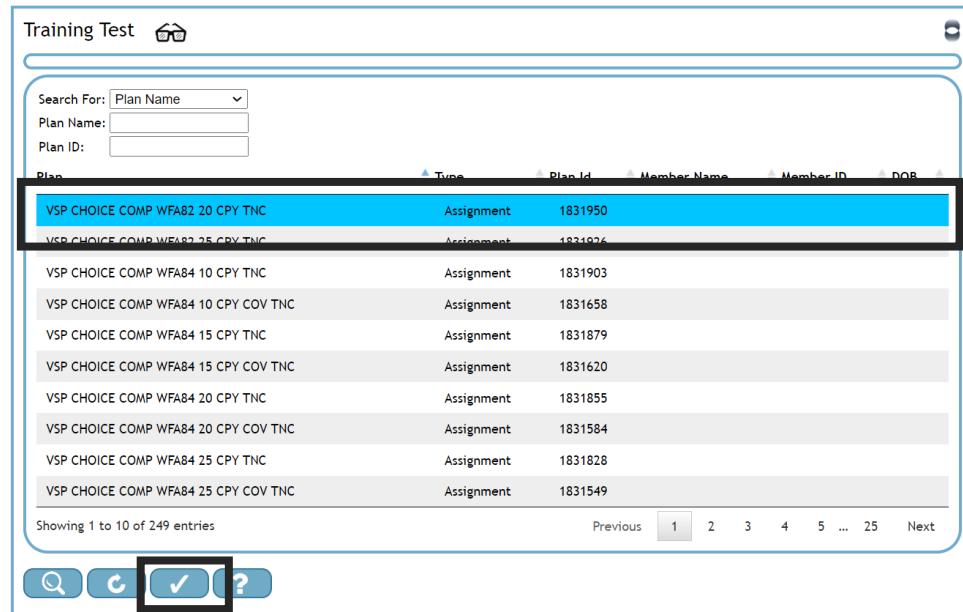
Enter this Cadence when searching via Plan Name:
• Carrier (VSP (Choice, Signature,) Spectera, Block)
• Material (complete, lens only exam, contacts)
• For eyewear: include WFA allowance

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



Training Test

Search For: Plan Name

Plan Name:

Plan ID:

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	1831956			
VSP CHOICE COMP WFA84 10 CPY TNC	Assignment	1831903			
VSP CHOICE COMP WFA84 10 CPY COV TNC	Assignment	1831658			
VSP CHOICE COMP WFA84 15 CPY TNC	Assignment	1831879			
VSP CHOICE COMP WFA84 15 CPY COV TNC	Assignment	1831620			
VSP CHOICE COMP WFA84 20 CPY TNC	Assignment	1831855			
VSP CHOICE COMP WFA84 20 CPY COV TNC	Assignment	1831584			
VSP CHOICE COMP WFA84 25 CPY TNC	Assignment	1831828			
VSP CHOICE COMP WFA84 25 CPY COV TNC	Assignment	1831549			

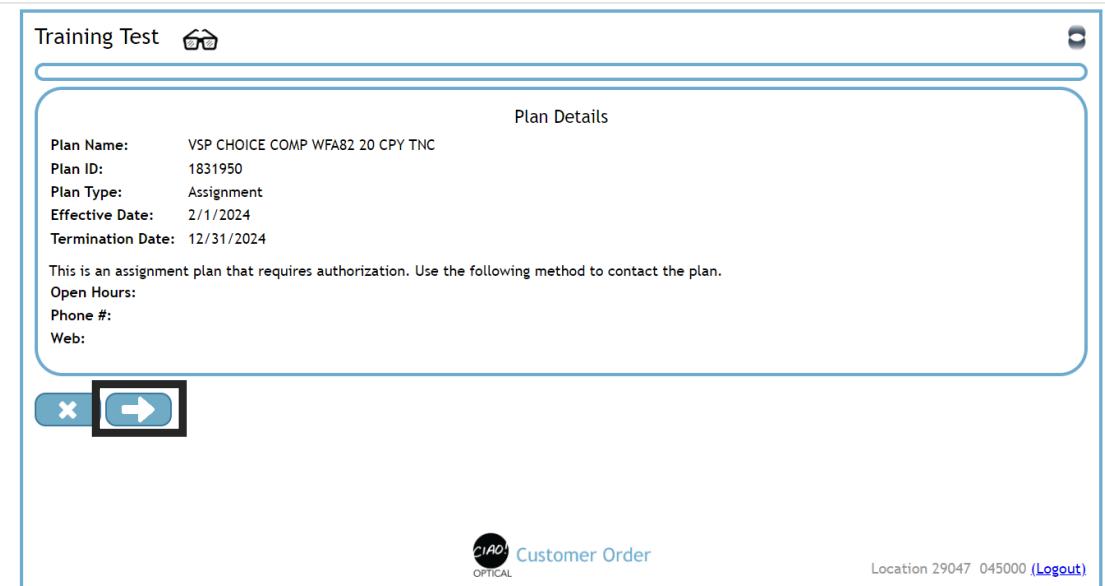
Showing 1 to 10 of 249 entries

Previous 1 2 3 4 5 ... 25 Next

Q C ✓ ?

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 Next

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

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

Training Test 

C

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

Benefit Calculation Notes:

Member Information

Member ID: **12345678**

SSN:

DOB: 8/7/1980 

Customer Plan Information

Employment Status: Full-Time Part-Time Employer: Target

Student Status: Not a Student Student Marital Status: Single Married

Relation to Primary Member: Self Spouse Child

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:

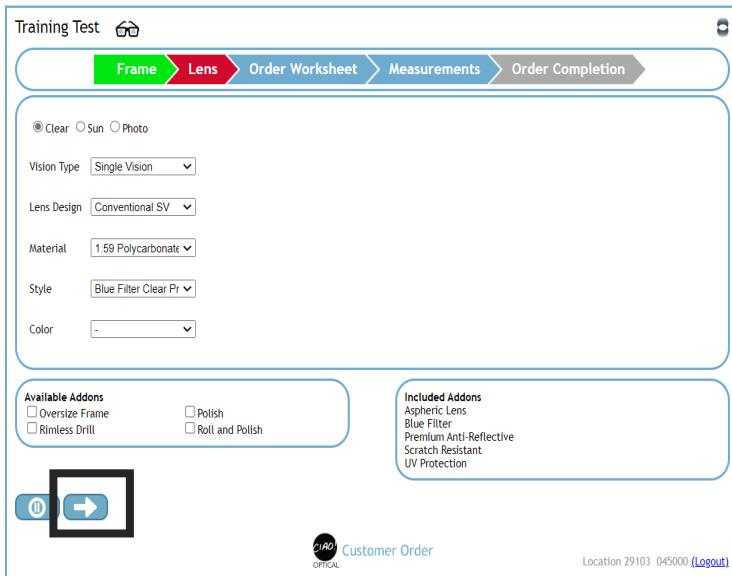
 CIAO! OPTICAL Customer Order

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

CIAO! OPTICAL ENTRY: AUTO-CALCULATION PLANS

8

Enter Frame and Lens Selection



Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Frame

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

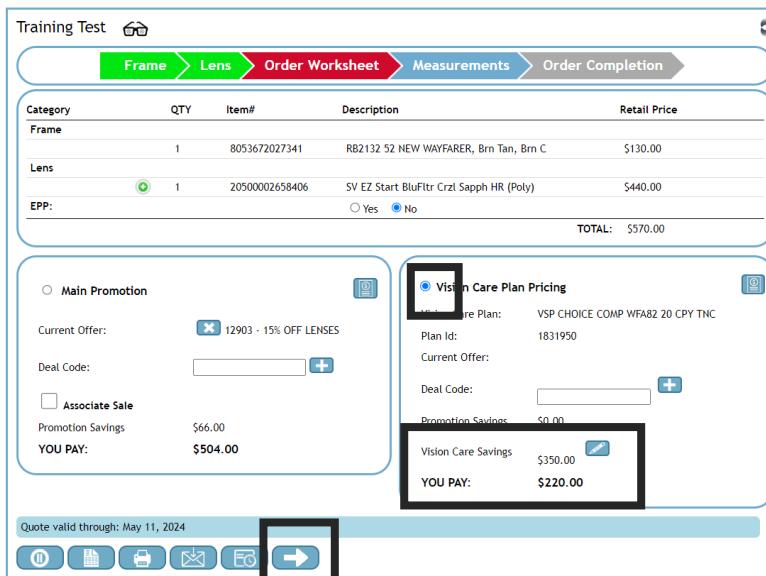
Included Addons: Aspheric Lens, Blue Filter, Premium Anti-Reflective, Scratch Resistant, UV Protection

Customer Order

Logout

9

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



Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

EPP: Yes No

TOTAL: \$570.00

Main Promotion: 12903 - 15% OFF LENSES

Deal Code:

Vision Care Plan Pricing: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:

Associate Sale: Promotion Savings: \$66.00

YOU PAY: \$504.00

Vision Care Savings: \$350.00

YOU PAY: \$220.00

Quote valid through: May 11, 2024

Customer Order

Logout

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

Vision Care Plan Pricing

Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$350.00

YOU PAY: \$220.00



CIAO! OPTICAL ENTRY: 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: AUTO-CALCULATION PLANS

Other 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 than 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

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

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

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

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

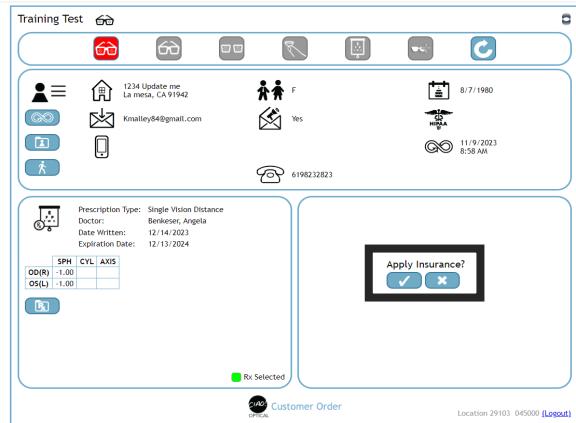
Note- When selling SV DST lenses, sell Eyezen Start or Eyezen 1-4 when prescribed by OD.

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

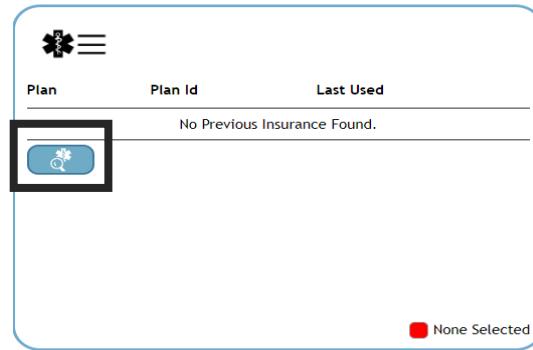
In Addition, Eyefinity doesn't offer a regular SV DST lens.

CIAO! OPTICAL ENTRY: BILL ACUTAL PLANS

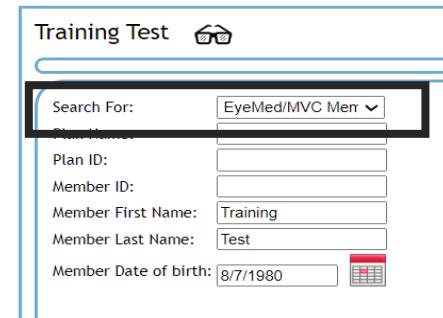
1 Click the Checkmark to indicate you'd like to apply insurance



2 Click the blue the Search button

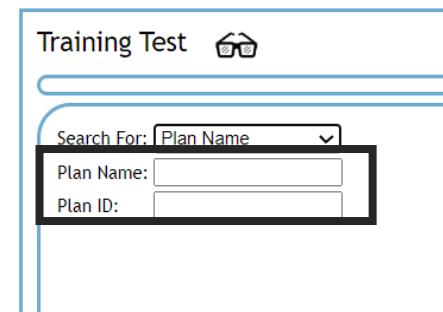


3 On the Search For pulldown bar, change it to Plan Name



4

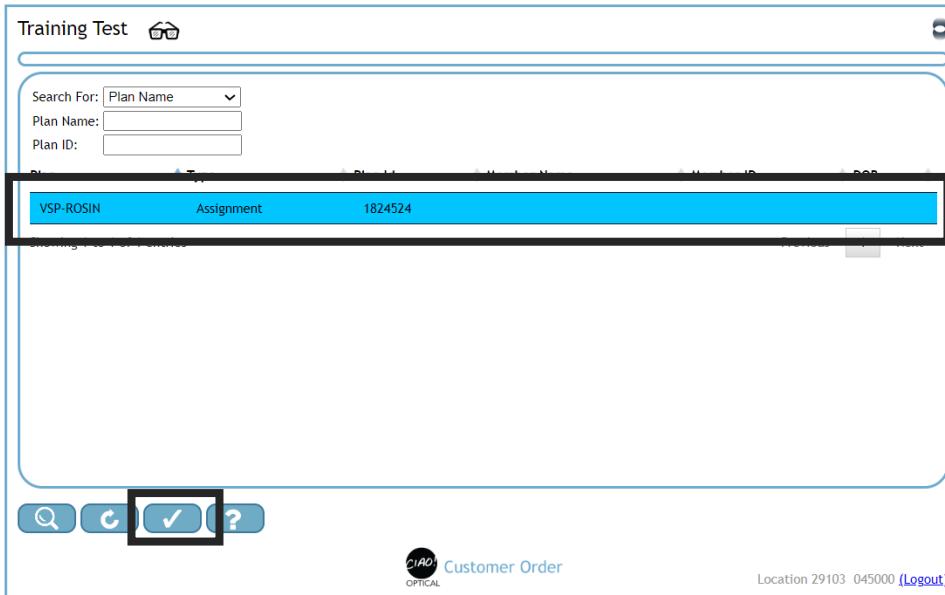
- Fill in the Plan Name or Plan ID
- Click the Search button (Magnifier)



CIAO! OPTICAL ENTRY: BILL ACUTAL 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

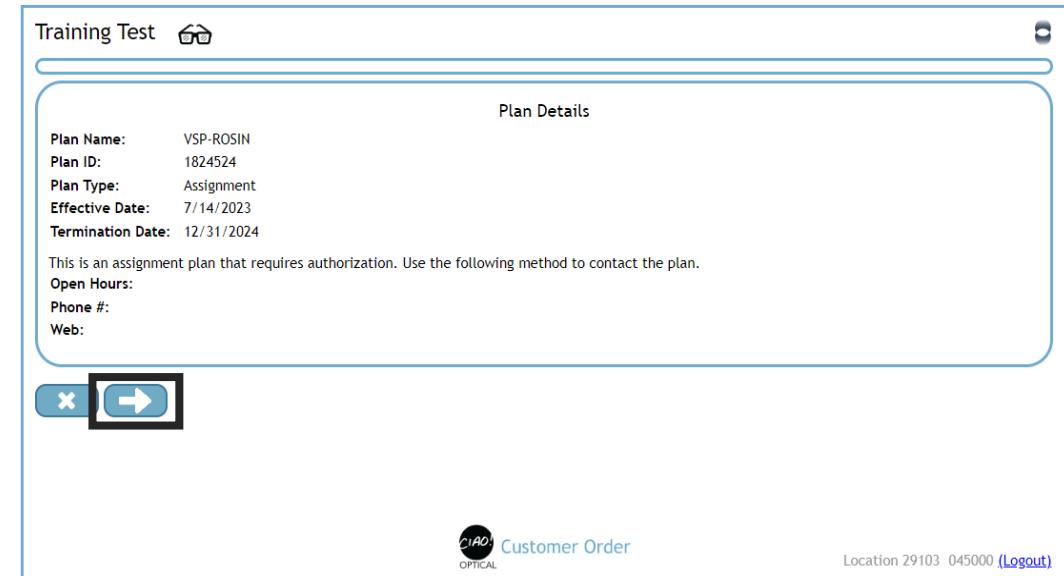
Showing 1 record(s) found

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:

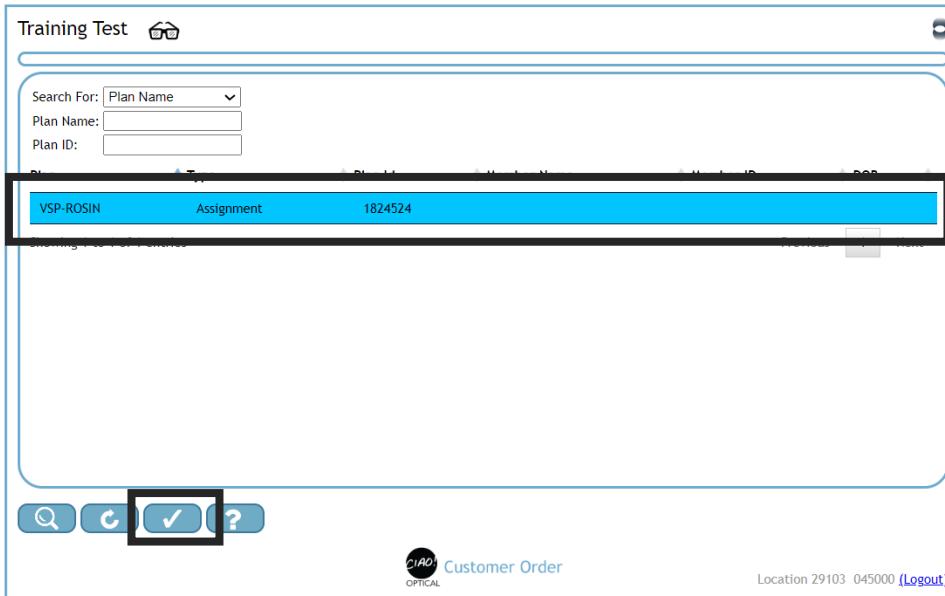
Customer Order

Logout

CIAO! OPTICAL ENTRY: BILL ACUTAL 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

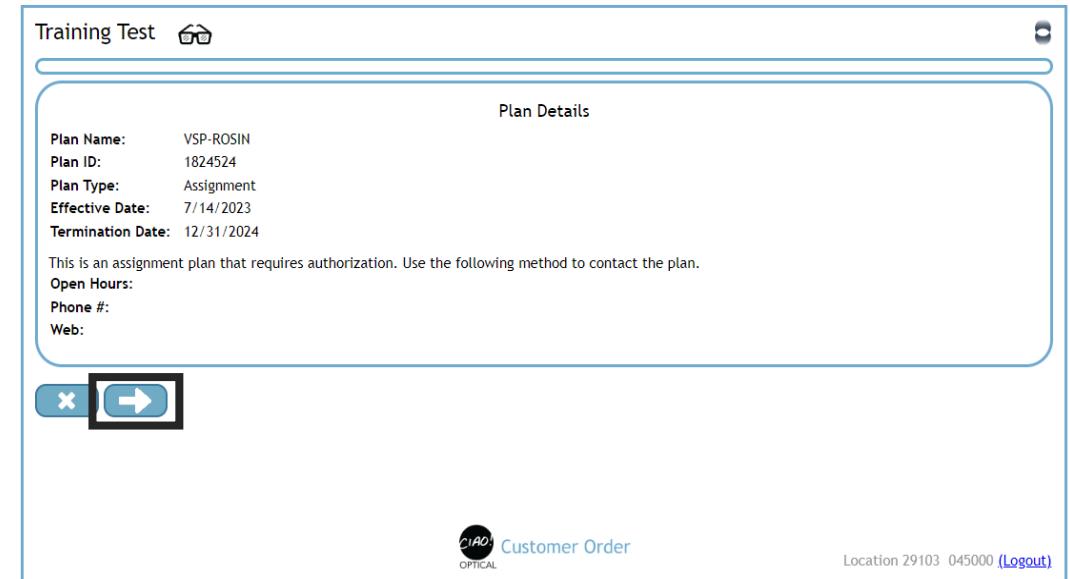
Showing 1 record(s) found

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 ACUTAL 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 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 ACUTAL 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

CIAO! OPTICAL 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: Yes 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-ROGIN

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

CIAO! OPTICAL Customer Order

Location 29103 045000 [Logout](#)

CIAO! OPTICAL ENTRY: BILL ACUTAL 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

Approved By:
password:

TOTAL: \$380.00

VSP-ROGIN
1824524

\$37.50
\$342.50

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 ACUTAL PLANS

A

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

- 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	\$4.40	\$12.40
LENS PROCESSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$30	\$11.40
Bifocal Lenses**	\$39	\$21.40
Trifocal Lenses	\$44.84	\$24.40
Lenticular Lenses	\$62.78	\$34.40
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 152-160/Trivex	\$29	\$27	\$56	\$33	\$27	\$60	
AH	High-index Plastic 166/167	\$48	\$35	\$63	\$58	\$40	\$98	
AJ	High-index Plastic 170 and Above	\$68	\$43	\$111	\$78	\$40	\$118	
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35	
AE	(Lab Use Only)	--	--	--	--	--	--	
AF	High-index Glass 160-180 (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 **A** **B** **C**

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

CIAO! OPTICAL ENTRY: BILL ACUTAL PLANS

13

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

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

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

EPP: Yes 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



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: Yes 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

YOU PAY: \$215.00

Quote valid through: May 12, 2024

Post Allowance

Customer Order

Location 29047 045000 [Logout](#)

CIAO! OPTICAL ENTRY: BILL ACUTAL 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 [\(Logout\)](#)