

Select VSP plans will now auto-calculate in Ciao! Optical. This quick reference guide highlights when to use auto-calculations (vs. manual plans), how to limit and search for plans, and other tips for in-office use. Ciao! will not bill the insurance carrier but will reduce the number of manual calculations keyed into Ciao!

Click the link for plan IDs: [LIVC Auto-Calculation Plan IDs](#)

Key Information

When searching the plan in Ciao!, each VSP plan will be listed by the VSP plan type (Choice, Signature, Advantage) and service or product. For eyeglasses, the wholesale frame allowance (WFA) will also be listed.

In addition, if polycarbonate is a covered in full item, we must select the plan that indicates poly is covered.

VSP CHOICE COMP PR WFA100 0 CPY	COV	ROS	→ Covered
VSP CHOICE COMP PR WFA100 0 CPY	NC	ROS	→ Not-Covered

All other covered in full eyeglass features (AR Coating, Progressives, Transitions, etc.) you must use the **Generic Plan** and manually calculate in Ciao! as you do today.

VSP-DINAPOLI

Assignment

1827937

The product icon selected in Ciao! Optical must match the VSP plan you select:



Exams



Contact Lens



Complete Pairs



Lens only

Exceptions

Contact lenses:

- If the retail amount is over \$1000, you must use the Generic Plan

Eyezen:

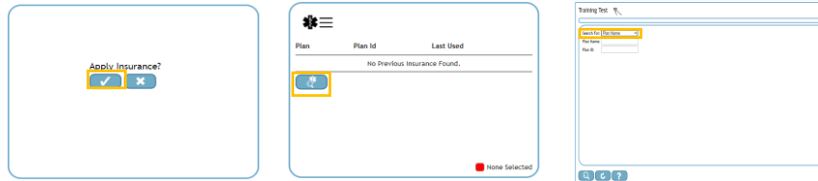
- The TA, Blue Filter, and Eyezen copay will be on the DST line (max \$60)
- The Material Copay will be on the base line of lens

Varilux X Fit and Comfort Max Fit:

- The 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

Ciao! Optical Entry

1. Select the checkmark to apply insurance and begin searching the insurance carrier
2. Change the pulldown bar from EyeMed to **Plan Name** or **Assignment Plan**



3. Search the Auto-Calculation Plan by **Plan ID** or **Plan Name**
4. Click the link for plan IDs: [LIVC Auto-Calculation Plan IDs](#)

Search For:

Plan Name:

Plan ID:

5. When searching by Plan Name, reduce the number of plans by typing in **key words**:

Rosin Key Words:

- VSP Contacts
- VSP Sig Complete WFA _ _ _ (e.g.: 60, 107)
- VSP Sig Lenses Only \$ _ _ (patient copay)
- VSP Sig Exam
- VSP Choice Complete WFA _ _ _ (WFA allowance)
- VSP Choice Lenses Only \$ _ _ (patient copay)
- VSP Choice Exam
- VSP Adv Complete WFA _ _ _ (WFA allowance)
- VSP Adv Lenses Only \$ _ _ (patient copay)
- VSP Adv Exam

6. For complete pair orders, locate the WFA by viewing the patient benefit summary:

Copayments Exam	\$10.00	Material	\$10.00	01/01/2023
Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:				
WFA73	\$190.00	for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame coverage.		
WFA63	\$170.00	for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.		
WFA38	\$150.00	for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.		

7. Once your search is limited, verify you've selected the correct **Copay** amount
8. Select the correct **Covered** (COV) or **Non-Covered** (NC) polycarbonate plan

9. Proceed on and enter the Patient Demographics:

Plan Information

Plan Name:: VSP GENERIC PLAN-TVO NC

Phone #:

Open Hours:

Plan ID: 1818653

Plan Type: Assignment

Authorized: ☒ Frame ☒ Lens

☐ Contacts ☐ Exam

Materials Auth: 123

Benefit Calculation Notes:

Customer Plan Information

Employment Status: Full-Time Employer: EssilorLux

Student Status: Not a Student Marital Status: Single

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

Customer Information

Member ID: 123

SSN:

DOB: 8/7/1980

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:

10. Enter Services and/or Materials for the patient

11. On Order Worksheet, select **Vision Care Plan Pricing** (radio button)

12. For contact lenses, if applicable, apply contact lens instant savings:

Training Test

Contacts

Order Worksheet

Category	QTY	Item#	Description	Retail Price
Contacts	4	733905851179	OD - OAS1D 905 8.5 143 V501, -1.00	\$459.96
	4	733905851179	OS - OAS1D 905 8.5 143 V501, -1.00	\$459.96
				TOTAL: \$919.92

Main Promotion

Current Offer: 16737 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Associate Sale

Promotion Savings \$125.00

YOU PAY: \$794.92

Vision Care Plan Pricing

Vision Care Plan: VSP CONTACTS \$130 ALLOW \$25 CPY-TVO NC

Plan Id: 1818706

Current Offer: 16738 - ANNUAL SUPPLY INSTANT SAVINGS

Deal Code:

Promotion Savings \$125.00

Vision Care Savings \$105.00

YOU PAY: \$689.92

Radio button will select insurance pricing

Review insurance details and other savings

Category	QTY	Item#	Description	Retail Price	Copy	You Pay
Contacts	4	733905851179	OD - OAS1D 905 8.5 143 V501, -1.00	\$459.96	\$12.50	\$344.96
Contacts	4	733905851179	OS - OAS1D 905 8.5 143 V501, -1.00	\$459.96	\$12.50	\$344.96
			Vision Care Savings	(\$105.00)		
			16738 - ANNUAL SUPPLY INSTANT SAVINGS	(\$125.00)		
TOTAL:						\$689.92

Apply contact lens instant savings

Edit the claim

[Click](#) To View A Video Of How To Search For VSP Auto-calculation Plans

[Click](#) Here To Watch A Video Of The New VSP Process In Action!