

Long Island Vision Care Insurance Guide

BILLING TAX IDs

Insurance	AT GO LIVE	FUTURE
Eyemed	File with Ciao! Optical. Credentialing is complete.	
VSP		
Superior	File with your existing TAX ID (Account). No Change. *	File under a new TAX ID (once ODs are credentialed) and you will get a new login/account for carrier and lab (TriSupreme).
Davis		

- *Note that Dr. Schoenbart's address is being updated with lab/carriers. Brett said that Marianne and Joanne are doing this.*

LABS

Insurance	Lab
Eyemed	RxO
VSP	TriSupreme
Superior	TriSupreme
Davis	TriSupreme

Note that after credentialing is done with the new Tax ID, you will have a new TriSupreme account. We will work with you for this. Prior to this, you will continue to use Dr. Fisher or Dr. Correale accounts.

Dr. Schoenbart's account address should

BALANCES IN EHR

	EHR Fee Schedule	Copay in EHR	Balance Left in EHR	Ciao! Optical
Medical	<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	Insurance amount owed – After Fee Schedule and Patient Payment Applied	<p>Post in Ciao!</p> <ul style="list-style-type: none"> - If copay, make sure that's in the copay column and that the amount patient pays is correct - If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays.
Vision	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</p> <p>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! – <i>can be done in a combined entry if the site is billing to the insurance carrier</i>
Medical and Routine Vision which will go to vision plan + Optos	<p>Medical: Apply the Medical Fee Schedule</p> <p>Vision: Apply CPT codes to new invoice and apply Routine Fee Schedule which will zero itself out</p> <p>Optos: Apply to new invoice (patient invoice) – can't be on insurance invoice</p> <p>You will have 3 invoices in this example.</p>	<p>Medical: Apply copay to Medical invoice</p> <p>Vision: No (because it's zero already)</p> <p>Optos: Apply payment in EHR</p>	<p>Medical: Insurance amount owed – After Fee Schedule and Patient Payment Applied</p> <p>Vision: \$0</p> <p>Optos: \$0</p>	Post in Ciao! – <i>can be done in a combined entry if the site is billing to the insurance carrier</i>

MEDICAL FEE SCHEDULES

MEDICAL PLANS

1. Apply insurance fee schedule in Eclips
2. Apply patient copay
 - Copay will reduce the ultimate plan pays
 - **IMPORTANT – DO THIS IN ECLIPS 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 Eclips – 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 $U\&C = \text{Plan Pays} + \text{Discounts}$ (said differently $\text{Plan Discounts} = U\&C - \text{Plan Pays}$)

MEDICAL PLANS

=PLAN PAYS in Ciao! Optical – take note of it. This doesn't print on an invoice.

IN1147 Posted
Location: T047 - Triangle Visions - Gastonia
Date of Service: 02/08/2023
Posted Date: 02/08/2023 03:21:55 PM EST

ICD Codes - Click letter button to toggle on/off for all line items. Select the drop down to add additional ICD codes.

A H40.051 B C D E F

(+)	Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cust Fee	Allowable	Ins. Res.	Ins. Adjust	Pt. Disc	Co-Pay	Pt. Res.	Total Pt. Tax	Pt. Balance Ins. Balance
		A	99214 - 99214- E&M Level 4 Est	Blue Cross Blue Shield Of NC	\$200.00	\$74.29	\$34.29	\$125.71	\$0.00	\$40.00	\$0.00	\$40.00	\$0.00
1			Smith				46.16%				53.84%	\$0.00	\$34.29
(+)		A	92134 - 92134 Retina OCT	Blue Cross Blue Shield Of NC	\$120.00	\$39.59	\$39.59	\$80.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1			Smith				100%				0%	\$0.00	\$39.59
(+)													
Totals							\$320.00	\$113.88	\$73.88	\$206.12	\$0.00	\$40.00	\$0.00

MEDICAL PLANS

Insurance	Plan Name	Plan ID
Medicare	MEDICAL MEDICARE-DINAPOLI	1824390
BCBS	MEDICAL BCBS-DINAPOLI	1827921
UHC	MEDICAL UHC-DINAPOLI	1827922
GHI	MEDICAL GHI-DINAPOLI	1827923
Humana	MEDICAL HUMANA-DINAPOLI	1827924
Aetna	MEDICAL AETNA-DINAPOLI	1827925
Empire	MEDICAL EMPIRE-DINAPOLI	1827926
Emblem GHI	MEDICAL EMBLEM GHI-DINAPOLI	1827927
Oxford	MEDICAL OXFORD-DINAPOLI	1827928
UMR	MEDICAL UMR-DINAPOLI	1827929
MAGNACARE	MEDICAL MAGNACARE-DINAPOLI	1827930
RR Medicare	MEDICAL RR MEDICARE-DINAPOLI	1827931
Multiplan PCHS	MEDICAL MULTIPLAN PCHS-DINAPOLI	1827932
CHAMPVA Manual Plan	MEDICAL CHAMPVA MANUAL PLAN-DINAPOLI	1827933
WELLCARE Health	MEDICAL WELLCARE HEALTH-DINAPOLI	1827934
Commercial East Meadow	MEDICAL COMMERCIAL EAST MEADOW-DINAPOLI	1827935
NYC CBVH	MEDICAL NYC CBVH-DINAPOLI	1827936

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

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

In Eclips, 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.

Billing will be completed by Kim Leon and Ashley Carlson (NY Area). They will have access to Eclips and file through Trizetto.

ROUTINE FEE SCHEDULES

Routine Vision Accepted Plans

Insurance	Plan Name	Plan ID	BILLING
Eyemed	Member Search	Auto-Calculates	Ciao! Optical (auto-system)
VSP	VSP-DINAPOLI	1827937	Staff Site
Superior	SUPERIOR-DINAPOLI	1827938	Staff Site
Davis	DAVIS VIS-DINAPOLI	1827939	Staff Site

ROUTINE Bill Actual Plans – Ciao! Optical Formulary

Plan Pays + Discounts = Retail Price

Copays stand alone

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-pocket will need to be adjusted/reduced from Plan Pays

Plan Pays = what the insurance pays us

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

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

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

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

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

EyeMed (always auto-calculates)

TYPE: Routine Vision Professional Services & Materials

PLAN ID: In Ciao! Optical – varies by member

PLAN NAME: In Ciao! Optical – varies by member

NOTES:

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

Search For:

Plan Name:

Plan ID:

Member ID:

Member First Name:

Member Last Name:

Member Date of birth:

Minimum required:

- First letter of First Name
- First letter of Last Name
 - DOB
 - or Plan ID
 - or at least first 3 digits of Member ID

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

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

VSP REIMBURSEMENT RATES – LIVC

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$64.00	\$62.40
Intermediate Exam: New 92002 Est. 92012	\$49.00	\$42.40
Refraction: 92015	\$16.00	\$15.60
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$29.00	\$19.00
Bifocal Lenses**	\$40.00	\$23.50
Trifocal Lenses	\$49.00	\$27.00
Lenticular Lenses	\$53.00	\$34.00
New Frame	\$39.50	\$23.00

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

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

Reduce Plan Pay amount if copay

**PROGRESSIVE LENS DISPENSING:

For all Plans (Signature, Choice, & Advantage): You will receive your bifocal dispensing fee PLUS the applicable 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 (Enter Disp. Fee + Service Fee in Plan Pays Column).
- If progressives are not covered, enter Dispensing Fee in Plan Pays and the applicable patient copay in the Patient Copay column.

PATIENT CHARGES FOR NON-COVERED LENS ENHANCEMENTS:

- **Signature:** Charge patient the listed copay in the VSP Signature Plan Lens Enhancements Chart or your usual and customary fee (RETAIL), whichever is lower.
- **Choice:** Charge patient the listed copay in the VSP Choice Plan Lens Enhancements Chart or 80% of your usual and customary fee (RETAIL), whichever is lower.
- **Advantage:** Charge the patient the lesser of 80% of your usual and customary (U&C) add-on fee or the VSP Advantage Plan Lens Enhancement Chart amount. For lens enhancements not listed, charge 80% of your U&C add-on fee. For non-covered lens enhancements, the charge back amount will be deducted from your VSP payment. You will not be charged for covered lens enhancements.

VSP CONTACT LENS: Combined Allowance for Materials & Fit

Patient has allowance towards CL Fit & Materials. Benefits used on different DOS will require a call to VSP.

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

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 average

VSP CONTACT LENS: Separate allowance for Material & Fit

Patient has Separate benefits for CL Fit and Materials.

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

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

VSP CONTACT LENS: Separate allowance for Material & Fit

Example

Contacts Routine eye exam covered.

CL Exam Services Charge the lesser of \$60 copay or 85% U&C
 CL Materials \$175

Contacts are instead of [lens, frame].

Logic behind calculations:

U&C	Discounted Price (U&C less 15%)	Patient Pays	Plan Pays
\$105.00	\$89.25	\$60.00	\$29.25

Enter in Ciao! Optical:

CONTACT LENS EVALUATION/FIT			
U&C	Plan Pays	Discount	Copay
\$105.00	\$29.25	\$75.75	\$60.00

CONTACT LENS MATERIALS			
U&C	Plan Pays	Discount	Copay
\$170.99	\$87.50	\$83.49	\$83.49
\$170.99	\$87.50	\$83.49	\$83.49

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

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

VSP – FRAMES

- **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.
- **In order to claim the full WFA amount, the Wholesale Frame Cost (WFC) = Retail Price x 45% -** must be greater than the WFA amount. If less, patient pays \$0 and we bill the lower amount which is WFC.
- 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.

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

VSP Reimbursements

	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$64.00	\$62.40
Intermediate Exam: New 92002 Est. 92012	\$49.00	\$42.40
Refraction: 92015	\$16.00	\$15.60
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$29.00	\$19.00
Bifocal Lenses**	\$40.00	\$23.50
Trifocal Lenses	\$49.00	\$27.00
Lenticular Lenses	\$53.00	\$34.00
New Frame	\$39.50	\$23.00

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:

WFA73 \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.

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

WFA58 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

- You will need the VSP Lens Enhancement Charts to calculate the patient's out-of-pocket amount and enter it into Ciao! Optical. **Contracted rates vary by site.**

VSP-LENSES

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

VSP Reimbursements

SIGNATURE PLAN	CHOICE PLAN	
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$64.00	\$62.40
Intermediate Exam: New 92002 Est. 92012	\$49.00	\$42.40
Refraction: 92015	\$16.00	\$15.60
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$29.00	\$19.00
Bifocal Lenses**	\$40.00	\$23.50
Trifocal Lenses	\$49.00	\$27.00
Lenticular Lenses	\$53.00	\$34.00
New Frame	\$39.50	\$23.00

VSP-LENSES, Eyezen – Varilux – Add Ons

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	\$191.00		\$ 101.35	\$ 89.65	32.80
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15.00	10.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$60.00		\$ 0.00	\$ 60.00	50.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170.00	75.00
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
EyeZen+1 Single Vision	\$160.00		\$ 23.38	\$ 136.62	30.00
Hi-Index 1.67	\$120.00		\$ 0.00	\$ 120.00	56.00

**\$40 VSP Digital upcharge
\$10 Technical Add-on**

Base lens line, enter material copay (if applicable)
\$15 Material Copay
\$15 Light Filter

Hi-Index 1.67 for a DIGITAL lens

**Example fees are based on VSP Standard Plan

Benefit Calculation Notes

Back to Order Worksheet (i) X Next

PLAN DETAILS

Co-payments Exam \$15.00 Material \$15.00

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

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

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

WFA57 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

Example

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

EyeZen

- DST Processing Line:
 - Eyezen Start = \$40 (Digital upgrade)
 - Eyezen 1 – 4 = \$40 + \$10 Technical Add-On
- Focal Type Line (EyeZen Single Vision) = Material Copay + \$15 Light Filter

Varilux X Fit & Comfort Max

- Focal Type Line = VSP Lens Copay/Patient Pays + \$10 Custom Measurement
- Other add-on options: Oversize Frame and Rimless

VSP PROCESS

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.

Plan Information

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

Plan Type: Assignment

Authorized: Frame Lens
 Contacts Exam

Exam Auth:

Customer Plan Information

Employment Status: Employer:
Student Status: Marital Status:
Relation to Primary Member:
Is condition related to employment? Yes No Unknown
Is customer's need accident related? Yes No
Is there a secondary plan? Yes No

Primary Member Plan Information

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

Customer Order

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

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

Pack Size	Annual Supply	Qty
OD(R) 90	N	2
OS(L) 90	N	2

Shipping Location Type: Customer Primary
Shipping Type: Standard

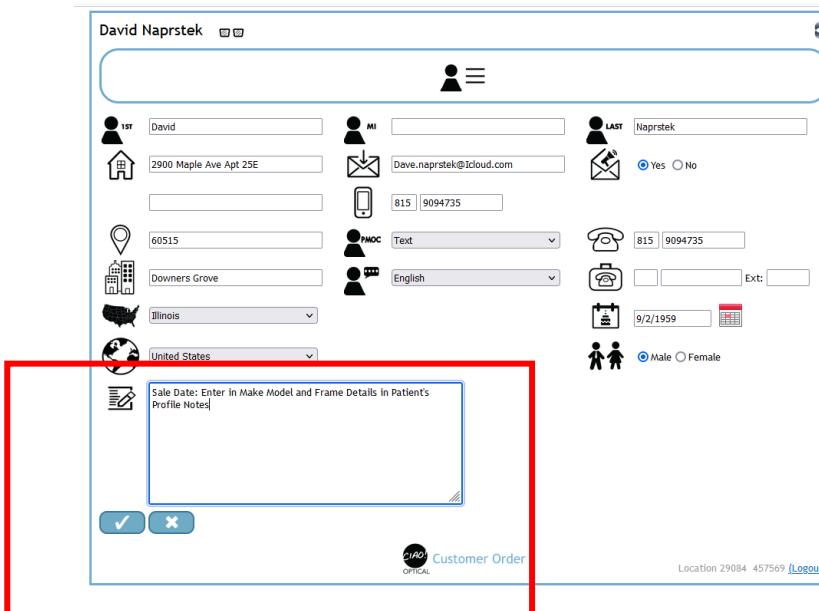
Showing 1 to 1 of 1 entries

Customer Order
OPTICAL
Location 29084 457569 (Logout)

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

VSP PROCESS

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



David Naprstek

1ST: David MI: LAST: Naprstek

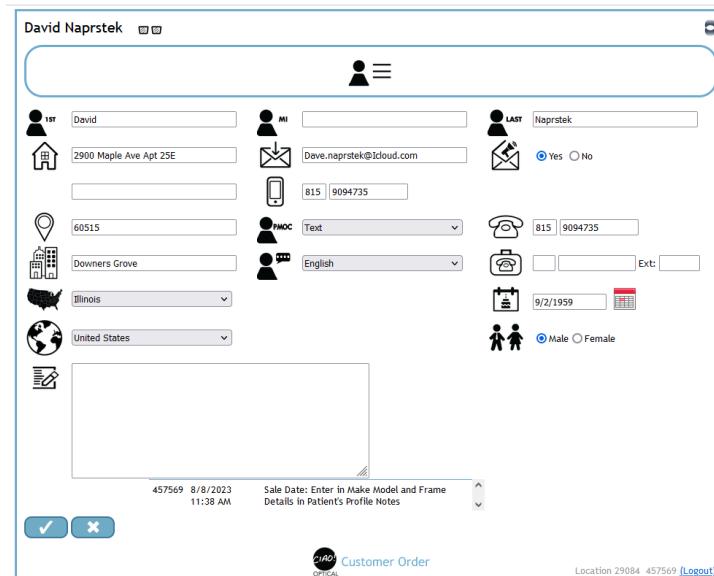
2900 Maple Ave Apt 25E Email: Dave.naprstek@icloud.com Phone: 815 9094735
815 9094735
815 9094735

60515 Text: 815 9094735
Downers Grove English: Ext: 815 9094735

9/2/1959 Male/Female: Male

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

Customer Order



David Naprstek

1ST: David MI: LAST: Naprstek

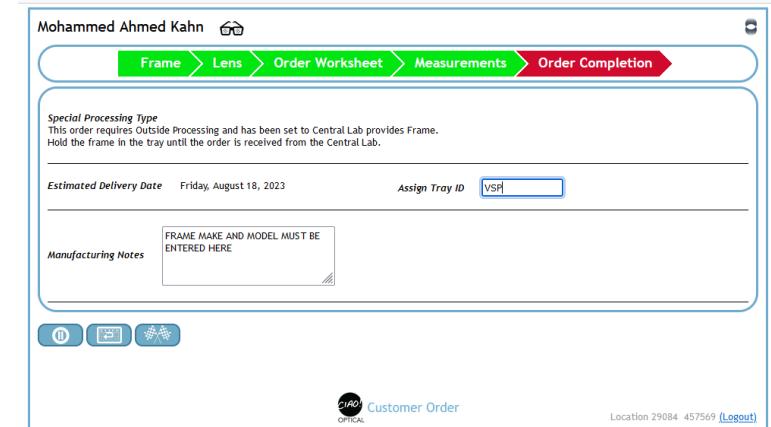
2900 Maple Ave Apt 25E Email: Dave.naprstek@icloud.com Phone: 815 9094735
815 9094735
815 9094735

60515 Text: 815 9094735
Downers Grove English: Ext: 815 9094735

9/2/1959 Male/Female: Male

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

Customer Order



Mohammed Ahmed Kahn

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

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

Advantage Network

Effective June 27, 2023

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	High-index Plastic 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	High-index Plastic 1.70 and Above	\$68	\$43	80% of U&C	\$78	\$40	80% of U&C
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	80% of U&C	\$85	\$53	80% of U&C

DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	80% of U&C	\$34	\$21	80% of U&C
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	80% of U&C	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	80% of U&C + \$10	\$10	\$0	80% of U&C + \$10

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

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	80% of U&C	\$67	\$41	80% of U&C
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	80% of U&C	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

BIFOCAL LENS STYLES (MARK BI FOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	80% of U&C
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	80% of U&C
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	80% of U&C
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	80% of U&C
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	80% of U&C

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

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

Advantage Network

Effective June 27, 2023

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	Glass Color Coatings - Gradient	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	Edge Coating	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

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

Advantage Network

Effective June 27, 2023

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

PROGRESSIVE

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

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

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

2. To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

PROGRESSIVE CATEGORIES³ AS OF 6/27/2023

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

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

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

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

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Classification: Restricted

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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--
POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

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

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

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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

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

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

PROGRESSIVE

Code	Lens Enhancement Description	Charge Back	Service Fee ¹	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$80	\$175
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + \$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

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

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$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	Charge Back	Service Fee ¹	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$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

Davis Vision

- Use the **DAVIS VIS-DINAPOLI – 1827939** for all materials (Contact Lenses, Eyewear) and eye exams.

	PATIENT PAYS	PLAN PAYS
Exam	Check plan details for exam copay	<ul style="list-style-type: none"> 92004: \$46.80 (Includes refraction) Reduce if Copay 92014: \$46.35 (Includes refraction) Reduce if Copay
CL Fit	Patient responsibility. Please refer to Plan Benefit sheet for provider supplied for any discount.	<ul style="list-style-type: none"> \$0
Frames	Patient pays amount over allowance. See Plan Benefit sheet for any additional discounts	See Fee schedule for plan pay amounts. They vary by plan and frame category.
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: \$65
Contact Lenses	Patient pays amount over allowance. See Plan Benefit sheet for any additional discounts	85% of allowance amount

Davis Vision

Davis Vision Standard Plans			
Services / Materials	Fashion Plan	Designer Plan	Premier Plan
Spectacle Examination* * Includes Dilation, when professionally indicated	\$50.00	\$50.00	\$50.00
Frame† Retail Credit	\$75.00	\$90.00	\$120.00
Reimbursement	\$42.75	\$51.30	\$68.40
Spectacle Lenses			
Single Vision	\$35.00	\$35.00	\$35.00
Bifocal	\$55.00	\$55.00	\$55.00
Trifocal	\$65.00	\$65.00	\$65.00
Non-Plan Contact Lenses‡			
Allowance	\$75.00	\$90.00	\$105.00
Reimbursement	\$63.75	\$76.50	\$89.25
Medically Necessary Contact Lenses** ** Prior approval necessary	100% U&C	100% U&C	100% U&C
SPECTACLE LENS OPTIONS		PAID BY PATIENT	
Plastic or glass single vision, bifocal or Trifocal lenses	Included	Included	Included
Glass grey #3 prescription lenses	Included	Included	Included
Over-size lenses	Included	Included	Included
Post-cataract lenses	Included	Included	Included
Fashion, sun and gradient tinted plastic lenses	Included	Included	Included
Scratch resistant coating on plastic lenses			
Single Vision	\$20.00	\$20.00	\$20.00
Multifocal	\$20.00	\$20.00	\$20.00
Ultraviolet coating	\$12.00	\$12.00	\$12.00
PGX® (sun sensitive) glass lenses	\$20.00	\$20.00	\$20.00
Blended invisible bifocals	\$20.00	\$20.00	\$20.00
Intermediate Vision Lenses	\$30.00	\$30.00	\$30.00
Progressive addition lenses			
Standard Types	\$50.00	\$50.00	\$50.00
Premium Types	\$90.00	\$90.00	\$90.00
Anti-Reflective Coating			
Standard Types	\$35.00	\$35.00	\$35.00
Premium Types	\$48.00	\$48.00	\$48.00
Ultra Types	\$60.00	\$60.00	\$60.00
Polycarbonate lenses***	\$30.00	\$30.00	\$30.00
Polaroid	\$75.00	\$75.00	\$75.00
High index (thinner and lighter)	\$55.00	\$55.00	\$55.00
Transitions® Lenses			
Single Vision	\$65.00	\$65.00	\$65.00
Multifocal	\$65.00	\$65.00	\$65.00

*** No copayment applicable for dependent children, monocular patients and patients with a prescription of +/- 6.00 diopters.

All prices illustrated are inclusive of any applicable member copayments.

† On other plans where the frame allowance differs, Rosin Eyecare shall be reimbursed at fifty-seven percent (57%) of the frame allowance.

‡ On other plans where the contact lens allowance differs, Rosin Eyecare shall be reimbursed at eighty-five percent (85%) of the contact lens allowance.

One (1) year warranty required on all plan-supplied eyeglasses.

FEDERAL EMPLOYEES FEP BLUEVISION PREMIER PLAN	
SERVICES / MATERIALS	PAID BY DAVIS VISION
Spectacle Examination Includes Dilation, when professionally indicated	\$50.00
Frame* Retail Credit	\$130.00
Reimbursement	\$74.10
Spectacle Lenses	
Single Vision	\$35.00
Bifocal	\$55.00
Trifocal	\$65.00
Contact Lenses**	
Retail Credit	\$130.00
Reimbursement	\$110.50
Medically Necessary Contact Lenses Prior approval necessary	Covered in Full
SPECTACLE LENS OPTIONS	
PAID BY PATIENT	
Plastic or glass single vision, bifocal or Trifocal lenses	Included
Glass, Plastic and glass grey #3 prescription lenses	Included
Over-size lenses	Included
Post-cataract lenses	Included
Fashion, sun and gradient tinted plastic lenses	Included
Scratch resistant coating on plastic lenses	
Single Vision	\$20.00
Multifocal	\$20.00
Ultraviolet coating	\$12.00
PGX® (sun sensitive) glass lenses	\$20.00
Blended invisible bifocals	\$20.00
Progressive addition lenses	
Standard Types	\$50.00
Premium Types	\$90.00
ARC (Anti-Reflective Coating)	
Standard	\$35.00
Premium	\$48.00
Ultra	\$60.00
Polycarbonate lenses***	\$30.00
Polarized	\$75.00
High index (thinner and lighter)	\$55.00
Transitions® Lenses	
Single Vision	\$65.00
Multifocal	\$65.00

* Charges in excess of the patient credit should be collected from the patient.
Patient is entitled to 20% off charges over \$130.00 for frames.

** Charges in excess of the patient credit should be collected from the patient.
Patient is entitled to 15% off charges over \$130.00 for contact lenses.

Davis Vision (Frame Tower)

- Use the **DAVIS VIS-DINAPOLI – 1827939** for all materials (Contact Lenses, Eyewear) and eye exams.

	PATIENT PAYS	PLAN PAYS
Frames	<p>Sell in Ciao! Optical UPC 20500001821962 DAVIS VISION FRAME KIT. Note there is a retail price of \$45. Depending on what patient pays, please discount accordingly in Discount column. Davis is providing these frames, so we don't have a Plan Pays.</p> <p>\$0 with yellow tag frame kit \$25 with red tag \$45 with blue tag</p>	\$20.88 Dispensing Fee
Lenses	Standard plastic SV/BF included for \$0 18 & Under get poly included Patient can upgrade for plan copay	Standard SV/BF: \$12.88 Poly: \$20.00

Note that these frames in the kit are NOT IN INVENTORY. The UPC 20500001821962 DAVIS VISION FRAME KIT is provided just to sell in Ciao! Optical.

Superior Vision

- Use the **SUPERIOR-DINAPOLI - 1827938** for all materials (Contact Lenses, Eyewear) and eye exam

	PATIENT PAYS	PLAN PAYS
Exam	Check plan details for exam copay	\$52 (includes refraction), reduce if copay
CL Fit	<ul style="list-style-type: none"> Standard Fit: copay Specialty Fit (up to \$40/\$50 allow): copay + overage above allowance If Specialty Fit covered: Patient pays \$0 Non-elective or Medically Necessary Contact Lens Fit up to a \$250 retail allowance ** 	<ul style="list-style-type: none"> Standard Fit: \$25, reduced if copay Specialty Fit (up to \$40/\$50 allow): \$25, reduce if copay If Specialty Fit covered: \$60 Non-elective/Med Nec: \$200
Frames	Patient pays amount over allowance, no additional discount.	50% of allowance. If 50% of U&C is less, we get the lower 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> <p>Progressive – Tier 4: Patient pays retail less \$120 or \$165 allowance, no additional discounts.</p>	<p>SV: \$30 BF: \$45 TF: \$65 Lenticular: \$105</p> <p>Progressive – Standard: \$85</p> <p>Progressive – Tier 1: \$120</p> <p>Progressive – Tier 2: \$135</p> <p>Progressive – Tier 3: \$160</p> <p>Progressive – Tier 4: \$50</p> <ul style="list-style-type: none"> \$120 Allowance: \$70 \$165 Allowance: \$95
Contact Lenses	<p>Elective CTL Allowance: Patient pays amount over allowance</p> <p>Non-elective or Medically Necessary Contact Lens **</p>	<p>Elective: 80% of allowance. If ordering less than allowance amount, it's 80% of price.</p> <p>Non-elective/Med Nec: \$220, pre-auth needed</p>

Superior Vision

Base Lenses (uncoated glass or plastic lenses)	Provider Reimbursement (per pair)	Special Notes
Single Vision Lens	\$30	Covered in full to member.
Bifocal Lens	\$45	Covered in full to member.
Trifocal Lens	\$65	Covered in full to member.
Lenticular	\$105	Covered in full to member.

Progressive Lenses	Provider Reimbursement (per pair)	Special Notes
Progressive - when it is non-covered under plan design	\$65	Member pays the difference between retail trifocal and retail progressive.
Standard Progressive	\$85	Covered in full. Use modifier L1.
Premium Progressive Tier 1*	\$120	Covered in full. Use modifier T1.
Premium Progressive Tier 2*	\$135	Covered in full. Use modifier T2.
Premium Progressive Tier 3*	\$160	Covered in full. Use modifier T3.
Premium Progressive Tier 4* - \$120 retail allowance	\$70	Use modifier T4. Member responsible for any amount over the \$120 retail allowance.
\$120 Progressive Allowance	\$70	Member pays any amount over the allowance.
\$165 Progressive Allowance	\$95	Member pays any amount over the allowance.

Frames (member pays any amount over allowance)	Provider Reimbursement	Special Notes
Frame Retail Allowance	50%	Lesser of 50% of billed or 50% of frame allowance.
Specialty Lens Options **	Provider Reimbursement (per pair)	Special Notes
Factory Scratch Coat (single sided only)	\$0	Covered in full to member.
Polycarbonate Single Vision Lens	\$25	Covered in full to member.
Polycarbonate Multifocal Vision Lens	\$25	Covered in full to member.
\$80 Photochromic Allowance	\$57	Member pays any amount over allowance.
Photochromic covered in full	\$57	Covered in full to member.
UV	\$8	Covered in full to member.
Standard Anti Reflective	\$38	Member is responsible for the difference between the standard AR and the brand name AR.
Tints solid or gradient (plastic or glass)	\$10	Covered in full to member.
\$60 High Index Allowance	\$38	Member pays any amount over allowance.

LAB: RxO or Low Vision Approved Lab

BILLING: Site

PLAN ID: 1827936

NYS Commission for Blind

- NY State Agency that provides Low Vision exams and aids for people that are legally blind.
- See attached list for material Plan Pays

	PATIENT PAYS	PLAN PAYS
Exam	Adult Vocational Rehab: Initial Exam \$0 Follow Up \$0 Children's Services or Independent Living: Initial Exam \$0 Follow Up \$0	\$250 \$75 \$125 \$40
Materials	Patient normally pays \$0 – however if there is a delta owed by the patient, you will enter in Plan Pays and Discounts to net to the final patient price	Amount covered via voucher

Process:

- NY State Agency refers patient to Dr. Fisher (adults and kids).
- Exams
 - A voucher is emailed. The staff signs and emails back.
 - NYS pays the office electronically.
 - The biller manages exam payments - checks online for whose payment was deposited in account.
- Low Vision Aids
 - If the patient needs aids, the staff fills out a request form with codes and pricing structure.
 - If approved, NYS will send back a voucher for aids.
 - The biller will manage the payments – once the money is in the ‘bank’ (insurance bank account, NCNO), we can process (enter in Ciao! Optical and post the payment).
 - Amounts will be plan pays.

New York State Office of Children and Family Services

Commission for the Blind

Low Vision Fee Schedule - effective 10-1-2019

Modifies Low Vision Fee Schedule - effective 5-6-2019

Low Vision Examination Rates:

Participants referred for Adult Vocational Rehabilitation Services: initial examination fee is \$250.00 and the follow-up examination fee is \$75.00

Participants referred for Children's Services or Independent Living Services: initial examination fee is \$125.00 and follow-up fee is \$40.00

Low Vision Device Rates:	Price
ABSORTIVE LENSES	
A0366 Solarshield / Cocoon	\$69.91
A0384 Noir Sunwear (#20, 21, 22, 40, 48, 50, 60)	\$56.88
A0385 Noir Sunwear Medium Amber (W/I/R Coat)	\$77.00
A0386 Noir Sunwear Dark Amber	\$86.80
A0388 Noir Sunwear Dark Grey (#23)	\$72.63
FRAMES	
F8500 Standard Frame	\$161.00
F8501 Std. Frame For Tele/Microscopic Sys	\$210.00
F8504 Sports Frame	\$250.00
LIGHTING	
L6500 100 Watt Low-Vision Floor Lamp	\$140.00
L9017 Wide Angle Light	\$260.00
HAND MAGNIFIERS	
Eschenbach	
M0303 Eschenbach 1511-3 Led Hand Held	\$135.66
M0306 Eschenbach 1511-5 Led Hand Held	\$135.66
M0307 Eschenbach 1511-7 Led Hand Held	\$121.66
M0308 Eschenbach 1511-10 Led Hand Held	\$121.66
M0309 Eschenbach 1521-10 Easy Pocket (Black)	\$85.58
M0310 Eschenbach 1521-11 Easy Pocket (Silver)	\$85.58
M0311 Eschenbach 1521-22 Easy Pocket 4X(Blue)	\$92.26
M0097 1710-67-Folding Pocket - Gray 7X Aspher	\$68.08
M0098 1710-910-Folding Pocket-White 10X Asph.	\$68.08
M0104 1740-160-Folding Pocket-Burg 3.5X Bicon	\$44.63
BESSER	
M2000 B8796 Super Brite Led 3X 8D	\$66.06
M2004 B0796 Super Brite 4X 12D	\$57.73
M2006 B1796 Super Brite 5X 16D	\$57.73

New York State Office of Children and Family Services

Commission for the Blind

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M2008 B6796 Super Brite 6x 20D	\$55.00
M2010 B7796 Super Brite 7X 23D	\$55.56
M2012 B2796 Super Brite 8X 28D	\$55.98
M2014 B3796 Super Brite 10X 36D	\$52.06
M2016 B4796 Super Brite 12X 44D	\$52.06
M2018 B5796 Super Brite 14X 50D	\$52.06
M2023 Emh16D Led Hh 16D 5X 60Mm	\$85.66
M2024 Emh20D Led Hh 20D 6X 55Mm	\$80.41
M2025 Emh24D Led Hh 24D 7X 44Mm	\$85.66
M2026 Emh28D Led Hh 28D 8X 35Mm	\$68.16
M2027 Emh39D Led Hh 39D 10.75X 35Mm	\$74.29
M2028 Emh48D Led Hh 48D 13X 35Mm	\$77.88
M2029 Emh56D Led Hh 56D 15X 35Mm	\$85.66
Coil/ Optelec hand magnifiers	
M1513 Coil#5204 Hp 4X Hand Reader	\$68.69
M1530 Coil#5247 4.42X Windsor 48Mm	\$12.90
M1531 Coil#5248 2.6X Windsor 70Mm	\$15.90
M1532 Coil#5249 2.3X Windsor 98Mm	\$19.90
M9052 Optelec Powermag HH 3X-3.5X White 9502W	\$85.75
M9053 Optelec Powermag H H 4X-7.5X White	\$85.75
M9054 Optelec Powermag HH10X-14X White Yellow	\$85.75
M1603 Coil#7146 5X Led Hand Magnifier	\$86.28
M1604 Coil#7147 7X Led Hand Magnifier	\$74.02
M1606 Coil#7148 9X Led Hand Magnifier	\$74.02
Bausch and Lomb hand magnifiers	
M4504 B&L#81-23-67 5X-20X Folding Pocket	\$46.72
M4506 B&L#81-26-17 Magna-Bar	\$13.70
M4510 B&L#81-31-33 5X Packette	\$17.92
Mattingly	
M5100 5X/+20 Smartmag	\$25.00
M5101 3X/+12 Smartmag	\$25.00
STAND MAGNIFIERS	
Eschenbach stand magnifiers	
M0047 1550-71-Illum Incndscnt St 10X Asp Head	\$82.46
M0050 1551-71-Illum Incndscnt St 7X Asp Head	\$76.86
M0053 1552-71-Illum Incndscnt St 6X Asp Head	\$82.46
M0056 1553-91-Illum Incndscnt St 5X Asp Head	\$88.90
M0060 1554-91-Illum Incndscnt St 4X Asp Head	\$96.60
M0069 Handle Led 1599-144	\$117.60

New York State Office of Children and Family Services

Commission for the Blind

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M0046 4294-413 Microlux Eschenbach	\$139.86
Besser Stand Magnifiers	
M2050 B9496 Super Brite 3X 8D	\$73.85
M2051 B8496 Super Brite 3X 6D	\$71.05
M2052 B1596 Super Brite 4X 12 D	\$61.60
M2053 B0596 Super Brite 5X 16D	\$61.60
M2054 B5596 Super Brite 6X 20D	\$61.60
M2055 B2596 Super Brite 7X 23D	\$57.73
M2056 B3596 Super Brite 8X 28D	\$57.73
M2057 B4596 Super Brite 10X 36D	\$57.73
M2058 B2496 Super Brite 12X 44D	\$57.73
M2059 B4496 Super Brite 14X 50D	\$57.73
M6517 2.5 Inch Dome Magnifier- # R6912	\$30.16
M6518 2 Inch Dome Magnifier# R6913	\$19.72
Optelec Stand Magnifiers	
M9001 Pwrmag BW Stand Mag 3X 8 D 9523W	\$75.60
M9002 Pwrmag BW Stand Mag 4X 12 D 9524W	\$64.75
M9003 Pwrmag BW Stand Mag 5X 16 D 9525W	\$64.75
M9004 Pwrmag BW Stand Mag 6X 20 D 9526W	\$64.75
M9005 Pwrmag BW Stand Mag 7X 24 D9727W	\$64.75
M9006 Pwrmag BW Stand Mag 8X 28 D 9529W	\$64.75
M9007 Pwrmag BW Stand Mag 10.75X 39 D 9531W	\$68.25
M9008 Pwrmag BW Stand Mag 13X 48 D 9533W	\$68.25
M9009 Pwrmag BW Stand Mag 15X 56 D 9535W	\$68.25
M9059 Big Eye#310 Floor Mag	\$210.00
M9060 Big Eye#010 Table Mag-6769156	\$135.80
M9061 Big Eye#L575 Lens-#16-L465	\$47.18
M9123 Big Eye Floor Lamp (30"-60")	\$222.60
Spectacles	
S8525 +6.00-+20.00 Aspheric (Full Eye) Mon	\$77.00
S8527 +6.00-+20.00 Ou Aspheric (Full Eye) Bi	\$91.00
S8550 +6.00-+20.00 Asph (Half Eye) Monocular	\$77.00
S8552 +6.00-+20.00 Ou Asph (Half Eye) Binoc	\$91.00
S8641 4X-8X Microscopic (Full Eye) Monocular	\$82.60
S8643 4X-8X Ou Microscopic (Full Eye) Binoc	\$109.20
S8653 10X-12XMicroscopic (Full Eye) Monocular	\$82.60
S8655 10X-12X Ou Microscopic (Full Eye)Binocu	\$119.00
S8714 +4.00 Prism (Half-Eye)	\$70.00
S8715 +5.00 Prism (Half-Eye)	\$70.00

New York State Office of Children and Family Services

Commission for the Blind

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S8716 Li +6.00-+10 Prism (Half-Eye)	\$70.00
S8807 +4.00 Prism (High Index)	\$131.60
S8813 +4.00 Prism "Thin" (Half-Eye)	\$78.75
S8814 +6.00-+8.00 Prism "Thin" (Half-Eye)	\$78.75
S8816 +10.00 Prism "Thin" (Half-Eye)	\$82.25
S8817 +12.00 Prism "Thin" (Half-Eye)	\$82.25
S8818 +14.00 Prism "Thin" (Half-Eye)	\$82.25
S8868 Progressive Addition Lenses Polycarbona	\$331.00
S8869 Bifocal Lenses Plastic	\$158.73
S8870 Trifocal Lenses Plastic	\$220.26
S8871 Polycarbonate Single Vision	\$146.43
S8872 Polycarbonate Bifocal Lenses	\$203.03
S8873 Single Vision Transition Plastic	\$147.66
S8874 Bifocal Transitions Plastic	\$232.56
S8875 Trifocal Transitions Plastic	\$294.09
S8876 Polycarbonate Transition Single Vision	\$183.34
S8877 Single Vision Lenses	\$109.51
S8878 Progressive Addition Lenses Plastic	\$355.61
S8879 Anti Reflective Coating	\$100.00
S8880 Single-Vision High Aspheric Lenses	\$184.58
S8882 Myodisc Single Vision	\$267.50
S8881 Bifocal High Aspheric Plus Lenses	\$227.64
S8883 Myodisc Bifocal Lenses	\$307.63
S8884 Polarized Single Vision Lenses	\$195.65
S8885 Polarized Bifocal Lenses	\$220.26
S8886 Polarized Trifocal Lenses	\$246.10
S8887 Lens Treatment UV, Scratch, Color Tint	\$24.61
S8888 Polycarbonate Bifocal Transition	\$282.32
S8890 Mirror Lens Coating	\$61.53
S8900 Sphero-Prism	\$36.92
S8901 Aspheric Polycarbonate Lenses	\$205.49
S8902 Polarized Polycarbonate Lenses	\$291.63
S8903 Hi-Add Polycarbonate Progressive Lenses	\$380.22
S8904 Slab-Off Grinding	\$135.36
S8905 Bi-Concave Hyper Index	\$590.64
S8906 Progressive Trans Polycarbonate Lens	\$552.49
S8920 High Add Bifocal Binocular (+4.00 - +8	\$227.64
S8921 High Add Bifocal Binocular (> +8.00D)	\$252.25
S8923 High Add Bifocal Monocular(+4.00-+8.00)	\$196.88

380.00

New York State Office of Children and Family Services

Commission for the Blind

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S8924 High Add Bifocal Monocular (> +8.00D)	\$227.64
S8925 High-Index Single Vision Lenses	\$183.34
S8926 High-Index bifocal Lenses	\$227.64
S8927 Add-On For High Cylinder	\$30.76
S9019 Fresnel Press-On Prism	\$49.22
TELESCOPES	
2.8X - 3.8X Telescopes	
T9024 Selsi#229C 2.8X Spec Binoc R-229	\$75.60
4X Telescopes	
T6511 4X12 Telescope #Tc4X12 - Se - 170C	\$52.41
5X - 5.5X Telescopes	
T2103 Beecher Mirage 5.5X Binocular	\$596.19
T2104 Beecher Mirage 5.5X Monoc Od	\$423.13
T2105 Beecher Mirage 5.5X Monoc Os	\$423.13
6X Telescopes	
T0066 4293-616-Keplerian Monocular - 6X16	\$219.66
T1809 Walters#101-060 6X16B Monoc Ts-W06916	\$111.93
T1810 Specwell 6X16 - So616N	\$268.69
T6507 6X16 Short Focus Monocular-Se-167C	\$53.99
7X Telescopes	
T1811 Walters#101-070 7X25 Monoc Ts-W07925	\$229.60
T2106 Beecher Mirage 7X Binocular	\$596.19
T2108 Beecher Mirage 7X Monocular Od	\$423.13
T2109 Beecher Mirage 7X Monocular Os	\$423.13
8X Telescopes	
T0067 4293-816 Eschenbach Keplerian Monocular	\$244.30
T0064 4292-8212-Keplerian Monocular - 8X21	\$139.30
T2110 Beecher Mirage 8X Binocular	\$596.19
T2112 Beecher Mirage 8X Monocular Od	\$423.13
T2113 Beecher Mirage 8X Monocular Os	\$423.50
T2157 Beecher Cap: Special Order	\$75.53
T3314 Specwell 8X20 Monocular Ts-So820N	\$252.44
10X + Telescopes	
T1818 Walters#101-102 10X30 Monoc Ts-W10930	\$216.93
T6516 Tech Optics 10X25 Monocular (R3920)	\$69.91
T0094 1624-1 Max Tv	\$132.86
T0095 1624-3 Max Event	\$139.86
T0096 Microlux 4294-618	\$166.88
Contact Lenses (Softs) Hard are all M999	

Optelec
#0376-103811

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Initial Fitting

C9113 Spherical Wk/Mo Mon (Inc \$85 Fit Fee)	\$300.00
C9114 Toric Wk/Mo Monocular (Inc \$125 Fit Fee)	\$381.25
C9115 Spherical Wk/Mo Binoc (Inc \$85 Fit Fee)	\$418.75
C9150 Toric Wk/Mo Binocular (Inc \$125 Fit Fee)	\$606.25

Replacements

C9116 Spherical Wk/Mo Binocular Inc 50 F/U Fee	\$375.00
C9151 Toric Wk/Mo Binocular (Inc \$50 F/U Fee)	\$512.50
C9152 Spherical Wk/Mo Monocular Inc 50 F/U Fee	\$250.00
C9153 Toric Wk/Mo Monocular (Inc \$50 F/U Fee)	\$287.50

Aphakic Contact Lenses

C9161 Aphakia Monocular (Inc \$200 Fit Fee)	\$406.25
C9163 Aphakia Binocular (Inc \$200 Fit Fee)	\$562.50

Replacements

C9162 Aphakia Monocular (Inc \$50 CI/F/U Fee)	\$218.75
C9164 Aphakia Binocular (Inc \$50 CI/F/U Fee)	\$375.00

*Note this version changed the May 3rd version by adding item M2008 B6796 Super Brite 6x 20D

M999

143830 - Mensalux - \$224.00

6904B Telescope - \$209.00
(4x12)

6912 Telescope - \$209.00
(4x12 Specwell)

6916 Telescope - \$209.00
(6x16 Specwell)

Max Detail Clip - \$195.00
(1624-6)

Max TV Clip - \$150.00

Off Light - S71PN3 - Rechargeable
Plug/Desk Lamp - \$103.39

Off Floor - L24534-SHPR - \$120.58

15864 (Visolux) - \$200.00

158628 (7x) - \$175.00

158620 (5x) - \$165.00

158614 (3.5x) - \$165.00

LENS CLASSIFICATION

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
Crizal Easy Pro	V2750 V2755 EM/VSP	Tier 2	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
Crizal Sapphire HR	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Prevencia	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Rock	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
Premium AR	V2750 V2755 EM/VSP	Tier 2	Cat C	Tier 3	Ultra	Prem AR 1
Varilux Comfort Max Fit	V2781	Tier 3	Cat O + CM	Tier 3	Ultra	Cat D
Varilux X	V2781	Tier 4	Cat O	Tier 5	Ultimate	Cat D
Varilux X Fit	V2781 V2799 CM for VSP	Tier 4	Cat N + CM	Tier 5	Ultimate	Cat D
Premium Accolade	V2781	Tier 1	Cat K	Tier 2	Premium	Cat A
MVC - Ovation Digital	V2781	Standard	Cat K	Tier 1	Premium	Cat D
Lux Workspace PG 5' no Distance	V2781 V2799 for VSP	Tier 3	Near Variable Focus	Tier 1	N/A	Cat C
Computer PG* 11 mm above - full distance	V2781	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	\$ 120.00
V2783	High Index 1.74	\$ 195.00

	Lens Designs	Price
V2419	Aspheric	\$ -
	Digital	\$ 60.00
V2100 - V2114	Single Vision	\$ 75.00
V2100 - V2114	Single Vision Eyezen Start	\$ 150.00
V2100 - V2114	Single Vision Eyezen 1 - 4	\$ 160.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux X Design	\$ 400.00
V2781	Varilux X Fit	\$ 450.00
V2781	Elite (Ideal Adv IV Fit) Sun Only	\$ 285.00
V2781	Premium PG Design (Accolade)	\$ 210.00
V2781	Standard PG Design (MVC = Ovation Digital)	\$ 165.00
	Workspace (5' no distance - similar to Shamir computer)	\$ 295.00
	Computer (11 mm above = full distance (Similar to Shamir Workspace)	\$ 295.00

Code	ARs	Price
V2750	Backside AR	\$ 50.00
V2750	Premium AR	\$ 85.00
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	150+15= \$ 165.00
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
M2745	Solid tint	\$ 25.00
M2745	Gradient tint	\$ 30.00
V2761	Mirror	\$ 90.00
V2744	Transition GEN8	\$ 125.00
V2744	Transition Xtractive	\$ 150.00

	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

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