

BASDEN EYE CARE INSURANCE GUIDE

BILLING TAX IDs

Your practice will file with your existing Tax ID- 20-3844953, that will be listed on all insurance portals and claims. While processes will be updated with TeamVision's systems and support teams, it's important to know what TIN and Insurance portals you will be using to file claims and verify eligibility.

INSURANCE	POST INTEGRATION
Eyemed	File with Ciao! Optical.
All other carriers	File with Tax ID: 20-3844953

MEDICAL AND ROUTINE BILLING PROCESS

Basden Eye Care will be the legal entity (tax ID) listed on all insurance claims. While processes will be updated with TeamVision's systems and support teams, it's important to know who will be filling claims by each carrier.

MEDICAL INSURANCE			
Carrier	Post Integration	Future State	Cash Posting
Medical & Medicare	<ul style="list-style-type: none"> Billed through RevolutionEHR & Trizetto Site to scrub claims and submit 	<ul style="list-style-type: none"> Billed through RevolutionEHR & Trizetto Mason biller to scrub claims and submit 	Site/Medical Biller Posts in E.H.R.
Medicaid	<ul style="list-style-type: none"> Billed through RevolutionEHR & Trizetto Site to scrub claims and submit Materials filed through portal using frame kits or Seen frames 	<ul style="list-style-type: none"> Billed through RevolutionEHR & Trizetto Mason biller to scrub claims and submit Materials filed through portal using frame kits or Seen frames 	Site/Medical Biller Posts in E.H.R.

ROUTINE VISION INSURANCE				
Carrier	In Ciao!	Post Integration	Future State	Cash Posting
VSP	Bill Actual Plans	<ul style="list-style-type: none"> Site to file all services Will be provided a listing of Ciao! transactions to cross reference 	<ul style="list-style-type: none"> Mason Billing Department files claim Will receive packing slip in 48 hours 	Back Office (AS400)
Versant Spectera	Auto Calculation Plans	<ul style="list-style-type: none"> Only available for Exams and Contact Lenses with a U&C under \$1000 Must select correct plan in Ciao! Optical (Choice & Copay), sperate authorizations (exam/materials), correct ID, primary details Auto-files every Thursday 837 file Site will be notified if claims denied 		Back Office (AS400)
EyeMed	Auto Calculation Plan	<ul style="list-style-type: none"> Ciao! Optical will file the claim 		Back Office (AS400)

LABS

INSURANCE	LAB
Medicaid	Classic Optical
Eyemed	RxO
Superior Vision	New Southern Lab Accounts: T167: 0215-058947 T168: 0215-058948
Davis	
Spectera	
VSP	

Lab Notes:

- Only insured/claimed eyewear orders may go to Insurance Required labs.
 - In LPA, mark as RxSun Authentic
- 2nd Pair or private pay orders will always go to RxO.

Southern Lab Address:

1856 Corporate Dr # 150,
Norcross, GA 30093

PH: 800-765-7343

FRAME KIT UPCS

Medicaid Frame Kit UPC's	
Article Description	UPC
ACQ Consignment-adult OPT	20500002485125
ACQ Consignment-kids OPT	20500002485132
<ul style="list-style-type: none">• Can also use SEEN frames with EL model specific UPC.• Will need to send SEEN frames to Classic Optical.	
Safety Frame Kit UPC's	
Article Description	UPC
ACQ Consignment Safety-adult OPT	20500002485149
ACQ Consignment Safety-kids OPT	20500002485156

Notes:

- Do not inventory Frame Kits
- Inventory SEEN frames

MEDICAL INSURANCE

MEDICAL PLANS

- All Medical Plans in Ciao! Optical are Bill Actual, meaning you need to **invoice in RevolutionEHR**, account for patient copay payments and then **enter into Ciao! Optical**.
- INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.
- In RevolutionEHR, **leave the insurance balance**. Claims will be filed from here through Trizetto and adjusted when the EOB is received. Billers will manage this.
- **USE MEDICAL PLANS IN CIAO! OPTICAL INSURANCE SEARCH TO BYPASS CLAIM FORM SCREENS.**

PLAN NAME	PLAN ID
MEDICAL VIVA-BAS	1837688
MEDICAL CANOPY SOUTHLAND-BAS	1837689
MEDICAL MEDICARE-BAS	1837690
MEDICAL MEDICAID-BAS	1837691
MEDICAL TRICARE-BAS	1837692
MEDICAL BCBS-BAS	1837693
MEDICAL CIGNA-BAS	1837694
MEDICAL AETNA-BAS	1837695
MEDICAL AUBURN UNIVERSITY-BAS	1837696
MEDICAL UHC-BAS	1837697
MEDICAL SITE SAVERS-BAS	1837698

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

ROUTINE INSURANCE

ROUTINE PLANS

- In RevolutionEHR, discount services and record as paid and enter into Ciao! Optical.
- There should be no patient or insurance balances left in RevolutionEHR.
- Select plans in Ciao! Optical are auto-calculation plans. Others are Bill Actual, meaning you need to reference the patient benefit summary and manually enter the copays, plan pay amounts and discounts into Ciao! Optical
- INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.

PLAN NAME	PLAN ID
VSP-BAS	1837699
SUPERIOR-BAS	1837700
DAVIS-BAS	1837701
SPECTERA-BAS	1837702
ALWAYS CARE-BAS	DISCONTINUED
NVA-BAS	DISCONTINUED

[Basden Eye Care Auto-Calc Plan ID's](#)

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

VSP Reimbursements

	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014	\$53.60	\$52.40
Intermediate Exam: New 92002 Est. 92012	\$41.10	\$31.90
Refraction: 92015	\$13.40	\$13.10
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$30.98	\$14.00
Bifocal Lenses**	\$51.90	\$18.00
Trifocal Lenses	\$50.83	\$21.00
Lenticular Lenses	\$71.16	\$29.40
New Frame	\$44.05	\$17.00

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

BILLING:

- Bill Actual: Site
- Auto-calculation: Auto file

PLAN ID:

- 11837699(Bill Actual Plan)
- Auto-Calc plans for Exams and Contact Lenses

[Basden Eye Care Auto-Calc Plans](#)

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 – PATIENT EXAM COPAY + CHRONIC CONDITION

Auto-Calc plans would need to be edited.

SUPERIOR VISION

Basden Eye Care Auto-Calc Plans

LAB: Southern

BILLING: Site

PLAN ID: 1837700 (Bill Actual) or Auto-Calculate

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

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Copay listed on Service Record Form	\$50 (reduce if copay) *If Retinal Image covered in full, plan pays is \$39
CL Fit	Copay listed on Service Record Form *Specialty Contact Lens Fit = U/C- CL Fit allowance + patient copay	\$33 (reduce if copay)
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 55% of the frame allowance
Lenses	Copay & Allowances listed on Service Record Form Additional lens options please see patient benefit form	Single Vision \$16 Bifocals \$20 Trifocals \$20 Progressives \$20
Contact Lenses	Allowance listed on Service Record Form	Up to 80% of the members allowance

SUPERIOR VISION

Exhibit B

LAB MODEL COMMERCIAL FEE SCHEDULE – STANDARD

DESCRIPTION	REIMBURSEMENT¹
EYE EXAMINATION ²	NO CHANGE
FRAME DISPENSING	
PROVIDER SUPPLIED FRAME ³	UP TO 55% OF MEMBERS ALLOWANCE
LENS DISPENSING	
SINGLE VISION LENS	\$16.00
BIFOCAL LENS	\$20.00
TRIFOCAL LENS	\$20.00
PROGRESSIVE LENS	\$20.00
LENS OPTIONS	
LENS OPTIONS ⁴	REFER TO PLAN SPECIFIC LENS OPTIONS EXHIBIT B-1
CONTACT LENS	
PROVIDER SUPPLIED CONTACT LENSES ³	NO CHANGE
CONTACT LENS FIT AND FOLLOW-UP	
STANDARD CONTACT LENS FITTING FEE ⁵	NO CHANGE
PREMIUM CONTACT LENS FITTING FEE ⁵	NO CHANGE

1. All plan fees are considered reimbursement-in-full, whether the fees are reimbursed entirely by Superior Vision, or reimbursed in part by Superior Vision and in part by member co-payment. Providers shall collect member co-payment(s) at the time services are rendered. These fees do not reflect all Superior Vision plans.
2. Includes dilated fundus examination; Effective April 1, 2018: CPT codes 92002 OR 92004, 92012 OR 92014.
3. These fees do not represent all Superior Vision plans.
4. Plan specific Member Charges for lens options are considered as reimbursement in full from Superior Vision. Some plans may vary.
5. Please refer to plan specific Service Record Form for benefit eligibility.
6. Reimbursement(s) may vary by plan and for Government sponsored business (e.g. Medicaid). For additional information on plan specific reimbursement(s), please refer to the PBCS (Plan Benefit Compensation/Benefit Overview) in the Superior Vision / Versant Health provider portal.



from  VersantHealth™

SUPERIOR VISION

Exhibit B-1

LENS OPTIONS LAB CHARGE BACK SCHEDULE

Digital Single Vision Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Digital Single Vision (Intermediate)	\$30	\$20	\$10

Progressive Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier PAL	\$55	\$20	\$35
Premium Tier PAL	\$110	\$60	\$50
Ultra Tier PAL	\$150	\$85	\$65
Ultimate Tier PAL	80% U&C	\$115	\$110

Anti-Reflective Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier AR	\$50	\$28	\$22
Premium Tier AR	\$70	\$41	\$29
Ultra Tier AR	\$85	\$50	\$35
Ultimate Tier AR	80% U&C	\$68	\$52

Polarized Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Polarized	\$75	\$50	\$25
Polycarbonate Polarized	\$75	\$50	\$25
High-Index 1.67 Polarized	\$75	\$50	\$25
Glass Polarized	\$75	\$50	\$25

Blue Light Filtering	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Essential Blue Series	\$15	\$8	\$7
Polycarbonate Essential Blue Series	\$15	\$8	\$7
Trivex Essential Blue Series	\$15	\$8	\$7
High-Index 1.67 Essential Blue Series	\$15	\$8	\$7
High-Index 1.74 Essential Blue Series	\$15	\$8	\$7



Photochromic Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Photochromic, non-glass (Transitions)	\$80	\$40	\$40
Photochromic (PGX) Single Vision, Glass	\$65	\$35	\$30
Photochromic (PGX) Multifocal, Glass	\$75	\$45	\$30

Lens Materials	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard (Plastic)	N/A	N/A	N/A
Polycarbonate	\$40	\$10	\$30
Trivex	\$60	\$30	\$30
High-Index 1.67	\$80	\$30	\$50
High-Index 1.74	80% U&C	\$80	\$40
Glass Single Vision	80% U&C	\$10	\$66
Glass Multifocal	80% U&C	\$10	\$127

Other Add-on Options	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Tint	\$15	\$7	\$8
Tint - Gradient	80% U&C	\$7	\$11
Mirror - Solid, Single and Double Gradient	80% U&C	\$30	\$56
Scratch Resistant Coating - Standard	\$15	\$7	\$8
Scratch Resistant Coating - Premium (TD2)	\$30	\$25	\$5
UV Coat	\$12	\$6	\$6
Edge Polish	80% U&C	\$8	\$14
High Luster Edge Polish	80% U&C	\$7	\$63
Roll and Polish	80% U&C	\$10	\$6
Roll Edge	80% U&C	\$10	\$14
Rimless Drill	80% U&C	\$17	\$49
Slab Off	80% U&C	\$110	\$76
Specialty Lenses (Myodisc, Lenticular Grind, Double Sided Grind)	80% U&C	\$36	\$170



Superior Vision (SV) Maximum Allowable Charge* for Medically Necessary Contact Lenses (MNCL)

Condition	Max Allowable charge
Dry eye syndrome	Up to \$1,200
Keratitis	Up to \$700
Keratoconus (Unstable)	Up to \$2,500
Keratoconus (Stable)	Up to \$1,200
Pediatric Corneal Disorder & Post Traumatic Disorder	Up to \$700
Erosion	Up to \$700
Pediatric Aphakia	Up to \$700
Pediatric Pathological Myopia	Up to \$700
High Ametropia	Up to \$700
Hypermetropia	Up to \$700
Myopia	Up to \$700
Irregular Astigmatism	Up to \$1,000
Anisometropia	Up to \$700
Sjögren syndrome	Up to \$700
Vision Improvement	Up to \$700
Congenital malformations of anterior segment of eye	Up to \$700
Pediatric Aniridia	Up to \$3,700
Injury of conjunctiva and corneal abrasion w/out foreign body	Up to \$700
Foreign body in cornea	Up to \$700

*Charges applicable to Commercial Lines of Business only

LAB: Southern**BILLING:** Site**PLAN ID:** 1837701 (Bill Actual) or Auto-Calculate

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

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Copay listed on Service Record Form	\$60 (reduce if copay) *If Retinal Image covered in full, plan pays is \$39
CL Fit (92071, 92310, 92317, S0592)	Copay listed on Service Record Form	Standard CL Fitting Fee: \$60 (reduce if copay) Premium CL Fitting Fee: \$60.00 + 85% OF U&C OVER \$60 MEMBER CHARGE.
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 55% of the frame allowance
Lenses	Copay & Allowances listed on Service Record Form Additional lens options please see patient benefit form	Single Vision \$15 Bifocals \$15 Trifocals \$15 Progressives \$15
Contact Lenses	Allowance listed on Service Record Form	Up to 85% of the members allowance

Exhibit B

REGION 3 LAB MODEL FEE SCHEDULE – STANDARD

DESCRIPTION	REIMBURSEMENT ^{1,6}
EYE EXAMINATION²	\$60.00
FRAME DISPENSING	
COLLECTION FRAME	\$25.00
PROVIDER SUPPLIED FRAME ³	UP TO 55% OF MEMBERS ALLOWANCE
LENS DISPENSING	
SINGLE VISION LENS	\$15.00
BIFOCAL LENS	\$15.00
TRIFOCAL LENS	\$15.00
LENS OPTIONS	
LENS OPTIONS ⁴	REFER TO PLAN SPECIFIC SERVICE REQUEST FORM
CONTACT LENS	
PROVIDER SUPPLIED CONTACT LENSES ³	UP TO 85% OF MEMBERS ALLOWANCE
CONTACT LENS FIT AND FOLLOW-UP	
STANDARD CONTACT LENS FITTING FEE ⁵	\$60.00
PREMIUM CONTACT LENS FITTING FEE ⁵	\$60.00 + 85% OF U&C OVER \$60 MEMBER CHARGE

1. All plan fees are considered reimbursement-in-full, whether the fees are reimbursed entirely by Davis Vision, or reimbursed in part by Davis Vision and in part by member co-payment. Providers shall collect member co-payment(s) at the time services are rendered. These fees do not reflect all Davis Vision plans.

2. Includes dilated fundus examination; Effective April 1, 2018: CPT codes 92002 OR 92004, 92012 OR 92014.

3. These fees do not represent all Davis Vision plans.

4. Plan specific Member Charges for lens options are considered as reimbursement in full from Davis Vision. Some plans may vary.

5. Please refer to plan specific Service Record Form for benefit eligibility.

6. Reimbursement(s) may vary by plan and for Government sponsored business (e.g. Medicaid). For additional information on plan specific reimbursement(s), please refer to the plan specific benefit alert in the Davis Vision / Versant Health provider portal.



from **VersantHealth™**

Diagnosis	Maximum Allowable Charge
Aphakia	\$700
Anisometropia	\$700
High Ametropia	\$700
Irregular Astigmatism	\$1,000
Keratoconus	\$1,200
Corneal Ectasia	\$1,200
Dry Eye	\$1,200
Unstable Keratoconus	\$2,500
Aniridia	\$3,700
Other Dx not listed approved as exception	\$700

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

Digital Single Vision Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Digital Single Vision (Intermediate)	\$30	\$20	\$10

Progressive Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier PAL	\$50	\$20	\$30
Premium Tier PAL	\$90	\$60	\$30
Ultra Tier PAL	\$140	\$85	\$55
Ultimate Tier PAL	\$175	\$115	\$60

Anti-Reflective Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Standard Tier AR	\$35	\$28	\$7
Premium Tier AR	\$48	\$41	\$7
Ultra Tier AR	\$60	\$50	\$10
Ultimate Tier AR	\$85	\$68	\$17

Polarized Lenses	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Polarized	\$75	\$50	\$25
Polycarbonate Polarized	\$75	\$50	\$25
High-Index 1.67 Polarized	\$75	\$50	\$25
Glass Polarized	\$75	\$50	\$25

Blue Light Filtering	Member Out-of-Pocket	Lab Charge Back	Provider Surfee
Plastic Essential Blue Series	\$15	\$8	\$7
Polycarbonate Essential Blue Series	\$15	\$8	\$7
Trivex Essential Blue Series	\$15	\$8	\$7
High-Index 1.67 Essential Blue Series	\$15	\$8	\$7
High-Index 1.74 Essential Blue Series	\$15	\$8	\$7



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

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

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



Specialty Lenses (Myodisc, Lenticular Grind, Double Sided Grind)	\$206	\$36	\$170
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1. All plan fees are considered reimbursement-in-full, whether the fees are reimbursed entirely by Davis Vision, or reimbursed in part by Davis Vision and in part by member co-payment(s). Providers shall collect member co-payment(s) at the time services are rendered. These fees do not reflect all Davis Vision plans.
2. These fees do not represent all Davis Vision plans.
3. Plan specific Member Charges for lens options are considered as reimbursement in full from Davis Vision. Some plans may vary.
4. Please refer to plan specific Service Record Form for benefit eligibility.
5. Reimbursement(s) may vary by plan and for Government sponsored business (e.g. Medicaid). For additional information on plan specific reimbursement(s), please refer to the plan specific benefit alert in the Davis Vision / Versant Health provider portal.
6. This fee schedule is illustrative, please refer to your current fee schedule within your existing contract.



LAB: Southern

BILLING: Site

PLAN ID: 1837702 (Bill Actual) or Auto-Calculate

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

	PATIENT PAYS	PLAN PAYS					
Exam (92004, 92014, 92015)	Copay listed on Service Record Form	92004: \$54* 92014: \$48* 92015: \$8*	92012: \$37* 92002: \$41*	*reduce if copay			
CL Fit (92071, 92310, 92317, S0592)	Copay listed on Service Record Form *Specialty Contact Lens Fit = U/C- CL Fit allowance + patient copay	Standard Contact Lens Fit - \$30 (reduce if copay)					
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 40% of the frame allowance					
Lenses	Copay & Allowances listed on Service Record Form Additional lens options please see patient benefit form	Single Vision Bifocals Trifocals Polycarbonate High Index UV & Tint	\$10 \$12 \$14 \$7 \$19 \$4	Progressives: Tier 1 Tier 2 Tier 3 Tier 4 Tier 5	\$20 \$40 \$55 \$80 \$100	Transitions AR Tier 1 AR Tier 2 AR Tier 3 AR Tier 4	\$10 \$10 \$15 \$22 \$32
Contact Lenses	Allowance listed on Service Record Form	Up to 80% of the members allowance					

SAFETY PLANS & OTHER RESOURCES

SAFETY PLANS

PLAN NAME	PLAN ID	Frame Kit UPC's	
		Article Description	UPC
REXNORD SAFETY-BAS	1837685	ACQ Consignment Safety-adult OPT	20500002485149
SAFEVISION SAFETY-BAS	1837686	ACQ Consignment Safety-kids OPT	20500002485156
GV AVIATION SAFETY-BAS	1837687		

General Guidelines:

- Patients must present Safety Authorization Form
- Refer to your patient's form for coverage details
- See Plan Pays chart for reimbursement amounts
- Safety plans will not auto-calculate in Ciao! Optical
- When using EL Frames (i.e., no frame kit) RxO will produce your eyewear
- When using a Frame Kit, bypass RxO by selecting RXSun Authentic in LPA
- Site will manage billing

- Provided a form showing allowance and eligibility
- Use any EL safety frames
- Send payment to biller

LAB: RxO

BILLING: Any optician

PLAN ID: 1837685

	PATIENT PAYS	PLAN PAYS
Eyeglasses	Patient pays overage (anything over \$300)	\$300

SAFEVISION

- Provided a form showing allowance and eligibility
- Must be Pentax Frames
- Always a complete pair
- Send payment check to biller

LAB: Hoya Safety Lab

BILLING: Any optician

PLAN ID: 1837686

	PATIENT PAYS	PLAN PAYS
Eyeglasses	Refer to patient form	\$25 Dispensing Fee

GE AVIATION

- Provided a form showing allowance and eligibility
- Must be Pentax Frames
- Always a complete pair
- Send payment check to biller

LAB: Hoya Safety Lab

BILLING: Any optician

PLAN ID: 1837687

	PATIENT PAYS	PLAN PAYS
Eyeglasses	Refer to patient form	\$25 Dispensing Fee

AUBURN UNIVERSITY

Invoice in RevolutionEHR

Materials entered into Ciao! with full amount that is covered in plan pay column

LAB: RxO

BILLING: Medical Biller (Materials in Rev)

PLAN ID: 1837696

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Zero	<ul style="list-style-type: none">• \$50 for routine eye exams• Full amount of emergency visit U&C
CL Fit (92071, 92310, 92317, S0592)	Zero	\$25 for CL Fittings
Frames (V2020, V2025)		
Lenses	Refer to patient form	Full amount of out-of-pocket costs (university will reimburse in full)
Contact Lenses		

REFERENCE TOOLS

[CLick Here](#) to be redirected to the **Lens Portfolio Guide**:

LENS PORTFOLIO

Click on names below to see pricing and enhancement details.

January 2025

Single Vision	Progressive	Other Lenses
<ul style="list-style-type: none">• Eyezen® Start™• Eyezen®+• Eyezen® Kids• Digital (DST)• Conventional• Sun	<ul style="list-style-type: none">• Varilux® XR Track Fit™• Varilux® XR Fit™• Varilux® Comfort Max Fit• Premium Progressive• Computer• Sun	<ul style="list-style-type: none">• Bifocal• Trifocal• Slab Off• Wrap

 Ray-Ban® Authentic Lenses	 Oakley® Authentic Lenses	 Costa Del Mar® Authentic Lenses
<ul style="list-style-type: none">• Clear• Sun	<ul style="list-style-type: none">• Clear• Sun	<ul style="list-style-type: none">• Sun

Enhancements <ul style="list-style-type: none">• Transitions®• Crizal®	Insurance Classifications <ul style="list-style-type: none">• Lens Designs and Materials• Coatings, Light Filters, and Add-Ons• Exam and Diagnosis Codes	Power Ranges <ul style="list-style-type: none">• Lens Power Ranges• Frame Power Ranges
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