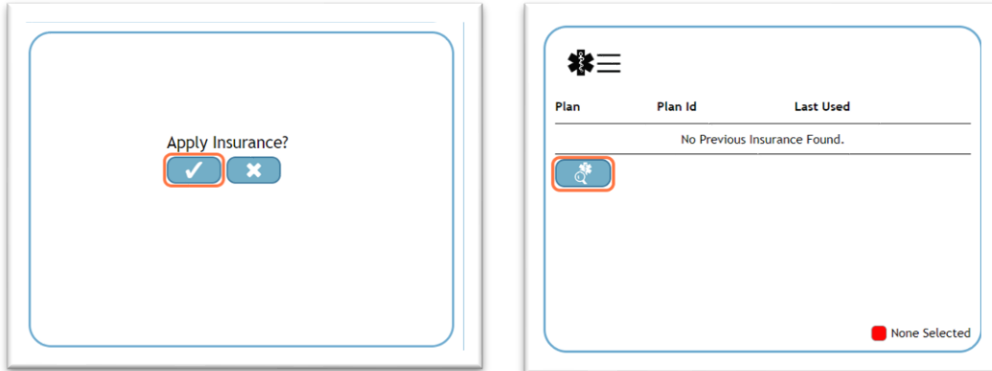


## EYEMED

- ❑ When Prompted, Select The Checkmark To Use Insurance
- ❑ Select The Magnifier With A Flower To Search A Plan



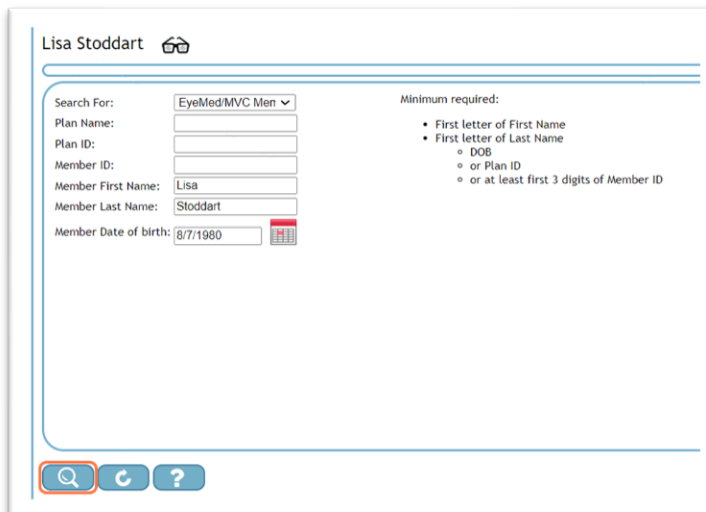
Apply Insurance?

Plan Plan id Last Used

No Previous Insurance Found.

None Selected

- ❑ When Searching **EYEMED**, It Will Pre-Populate Name & DOB
- ❑ Click **SEARCH**



Lisa Stoddart

Search For: EyeMed/MVC Men

Plan Name:

Plan ID:

Member ID:

Member First Name: Lisa

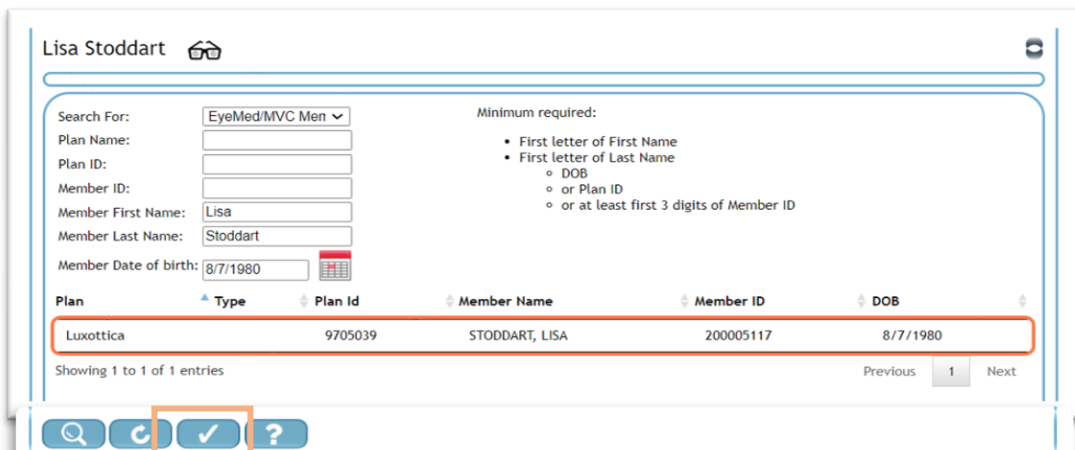
Member Last Name: Stoddart

Member Date of birth: 8/7/1980

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

- ❑ Select The Plan
- ❑ Click The **CHECKMARK**



Lisa Stoddart

Search For: EyeMed/MVC Men

Plan Name:

Plan ID:

Member ID:

Member First Name: Lisa

Member Last Name: Stoddart

Member Date of birth: 8/7/1980

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

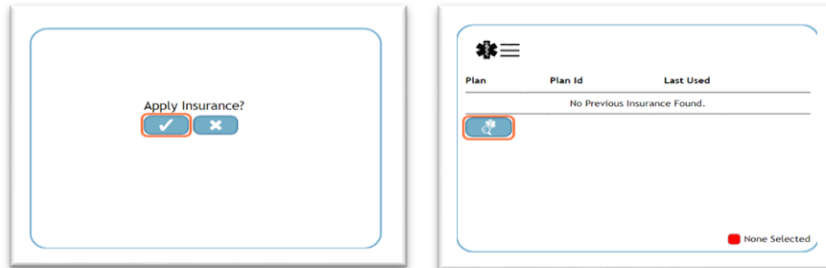
Plan	Type	Plan Id	Member Name	Member ID	DOB
Luxottica		9705039	STODDART, LISA	200005117	8/7/1980

Showing 1 to 1 of 1 entries

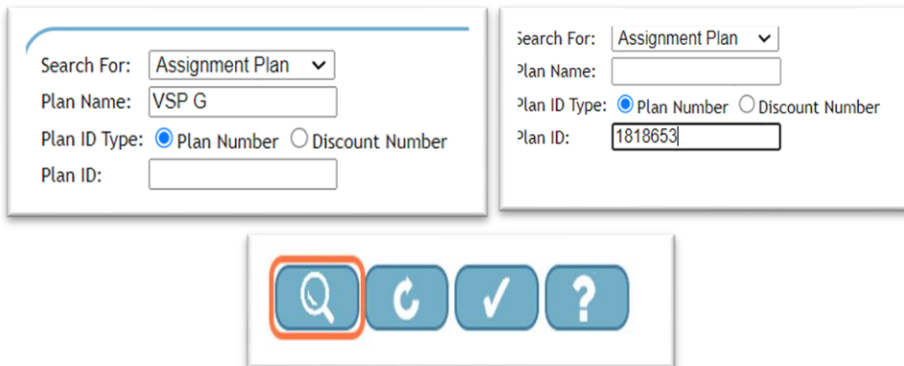
Previous 1 Next

## ALL OTHER INSURANCE CARRIERS (INCLUDING SAFETY PLANS)

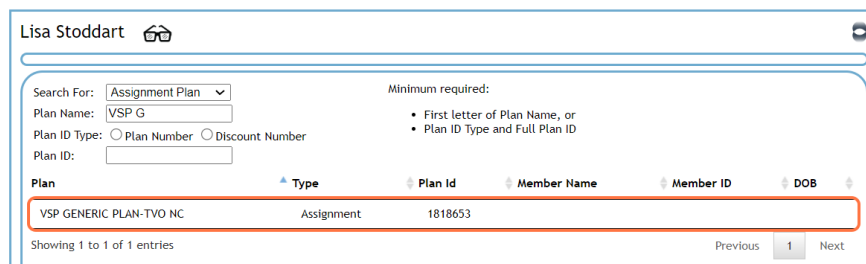
- ☐ When Prompted, Select The Checkmark To Use Insurance
- ☐ Select The Magnifier With A Flower To Search A Plan



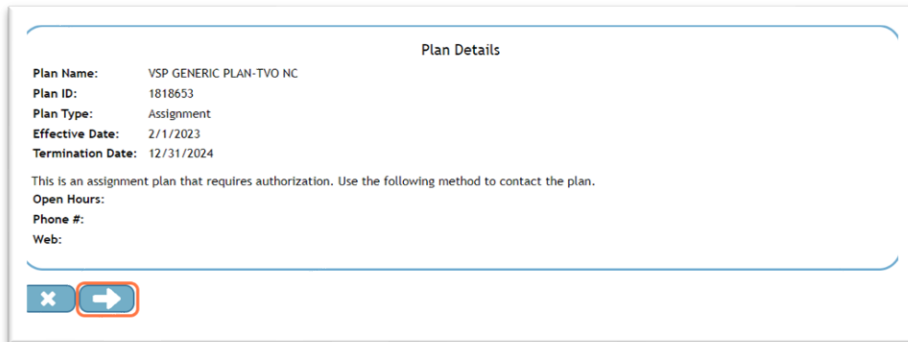
- ☐ Change The Pulldown Bar To **ASSIGNMENT PLAN**
- ☐ Type The Name Of The Plan And Click The Lookingglass
- ☐ OR Select The **PLAN NUMBER** Radio Button And Type The Plan ID Number Found In Your **INSURANCE BOOK** Under The **PLAN ID** Box
- ☐ Once You Have Entered Your Selection, Hit The Magnifier To **SEARCH**



- ☐ Once the plan pulls up, select it
- ☐ Then hit the check mark to proceed





- ❑ Confirm You Have Selected The Correct Plan
- ❑ Select **ARROW** To Proceed



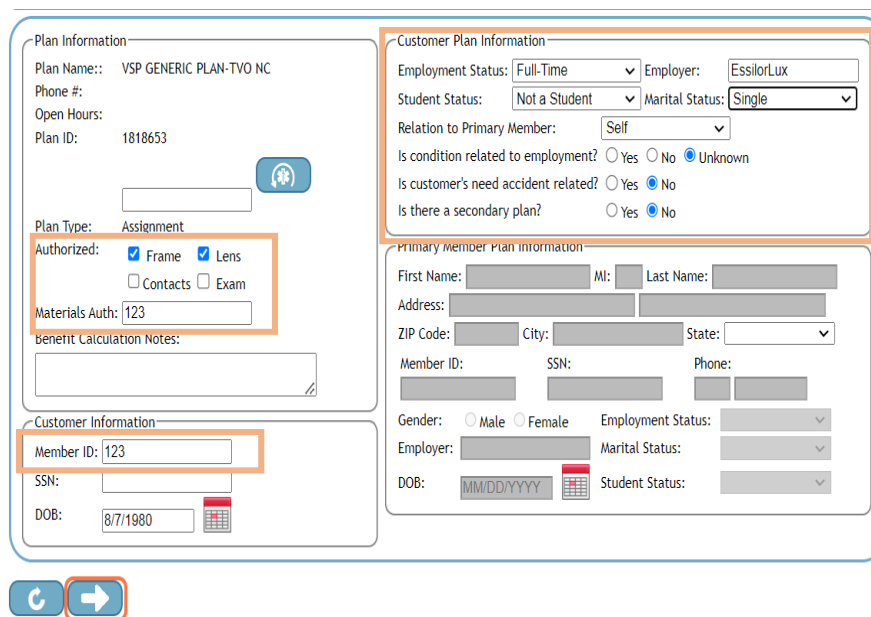
Plan Details

Plan Name: VSP GENERIC PLAN-TVO NC  
Plan ID: 1818653  
Plan Type: Assignment  
Effective Date: 2/1/2023  
Termination Date: 12/31/2024

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

- ❑ Complete The **INSURANCE DEMOGRAPHIC SCREEN**
- ❑ If Patient Is A Dependent, Complete **PRIMARY MEMBER PLAN INFORMATION** Box In It's Entirety
- ❑ Select **ARROW** To Proceed



Plan Information

Plan Name: VSP GENERIC PLAN-TVO NC  
Phone #:  
Open Hours:  
Plan ID: 1818653

Plan Type: Assignment

Authorized: ☒ Frame ☒ Lens  
☐ Contacts ☐ Exam

Materials Auth: 123

Benefit Calculation Notes:

Customer Information



Member ID: 123  
SSN:  
DOB: 8/7/1980

Customer Plan Information

Employment Status: Full-Time Employer: EssilorLux  
Student Status: Not a Student Marital Status: Single  
Relation to Primary Member: Self  
Is condition related to employment? ☐ Yes ☐ No ☒ Unknown  
Is customer's need accident related? ☐ Yes ☒ No  
Is there a secondary plan? ☐ Yes ☒ No

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:

- ❑ Enter Frame And Lens Selection
- ❑ Select Yes Or No To EPP
- ❑ On Order Worksheet, Select The **PENCIL** To Edit The Plan Pays, Discounts, & Copay/Patient Responsibility
- ❑ Enter ID Number And Password To Edit The Claim

# CIAO! ORDER; INSURANCE

☐ Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC  
Plan Id: 1818653  
Current Offer:  
Deal Code:

Promotion Savings \$0.00  
Vision Care Savings \$0.00

**YOU PAY: \$370.00**

Approved By:   
password:

- ❑ See **INSURANCE BINDER** For Directions & Plan Pays Amounts
- ❑ Select the **ARROW** to continue

Order Price Calculator

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

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 56.00	\$ 74.00	0.00
Aspheric Lens	\$0.00		\$ 0.00	\$ 0.00	0.00
Premium Anti-Reflective	\$85.00		\$ 0.00	\$ 85.00	68
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Single Vision	\$75.00		\$ 18.00	\$ 57.00	20
Polycarbonate	\$45.00		\$ 0.00	\$ 45.00	34

Benefit Calculation Notes

- ❑ Review The OOP Amount And Select **The VISION CARE PLAN PRICING** Button
- ❑ Select the **ARROW** to continue

**Vision Care Plan Pricing**

Vision Care Plan: VSP GENERIC PLAN-TVO NC  
Plan Id: 1818653  
Current Offer:  
Deal Code:

Promotion Savings \$0.00  
Vision Care Savings \$217.00

**YOU PAY: \$153.00**

Quote valid through: August 7, 2023