

Lunet Espace Vision Managed Care Guide

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PROCESS OVERVIEW

1



- All managed care (insurance) orders for exams, eyewear and contacts (if applicable) will be entered into Ciao! Optical using the insurance path and carrier's Plan ID (each program has a unique Plan ID noted in this guide).
- The plans are setup as Bill Actual meaning you will enter in the reimbursement amount manually.

2



- Tender the sale. If the patient owes any amount, you will collect that here. Note for eyewear, you can use COD (partial, collect on delivery) payment option.
- All eyewear orders will be ordered through our system – LPA, Lab Processing Application, to RxO.

3



- You will file your claims on site. You can designate one person per clinic to manage this. The practice manager will need to ensure the process supports all claims being filed in a timely manner.

4



- When payment is received from claim, you will deposit the money into your Lunet RBC bank account 1005107. You will have separate deposit slips and need to deposit separately (own bag and the insurance deposit slip). It is the same account for Ciao! Optical deposits but note it must have its unique slip and bag, so it doesn't mix.
- Payment remittance statements need to be emailed to XXXX so the back-office team can post the payment in our accounting insurance system.

Note that RAMQ will be a different process since the doctor files.

MANAGED CARE / INSURANCE PLANS

Below are the insurance plans for orders where the site files and gets the reimbursement. Programs where the customer or doctor files will follow a different process (i.e., RAMQ). Each Carrier/Program has a page for details.

Program	Plan ID In Ciao! Optical
CROIX BLEU MEDAVIE-LUNET	1832209
PROGRAMME D'AIDE SOCIAL-LUNET	1832212
NON-INSURED HEALTH BENEFITS-LUNET (First Nation, MAI,SSNA)	1832211
SAAQ-LUNET	1832213
CNESST-LUNET	1833675
MINISTÈRE DES AFFAIRES SOCIALES-LUNET	1833676

Quick reference for how to key in allowance amounts.

Item	Retail Price	Plan Pays	Discounts	Copay	Amount Due (You Pay)
Item	Price will automatically display here	Reimbursement amount (what you get paid back from claim)	If patient not responsible for overage, write-off the rest here	Should never need this column but could use if they did have a copay	Price - Plan Pays will leave the balance owed by the patient
Example w/ patient overage	100\$	43\$			57\$
Example w/ fully covered	100\$	43\$	57\$		0\$

ATB – AGED TRIAL BALANCE MONTHLY REPORT

- You will receive a monthly ATB report that shows outstanding claims and expected reimbursements.
- Each location will work (research) the items listed on their ATB, make notes, and fax back the marked-up PDF to **513-492-6847** which will be reviewed and worked with the Back-Office Team (will update the receivable in our system SAP). Questions can be sent to ASN-CAN_Lens@luxotticaretail.com and khammer@luxotticaretail.com.
- For Lock Box checks (noted below) send to **Lenscrafters Canada Inc, PO Box 56363, Postal Station A, Toronto, Ontario, M5W 4L1** (we share the same as LC).

Program	PAYMENT TYPE
CROIX BLEU MEDAVIE-LUNET	ACH – Website
PROGRAMME D’AIDE SOCIAL-LUNET	Checks sent to lock box
NON-INSURED HEALTH BENEFITS-LUNET (First Nation, MAI,SSNA)	ACH - Express Scripts – email Jblevins@luxotticaretail.com when payments are available
SAAQ-LUNET	Checks sent to lock box
CNESST-LUNET	Checks sent to lock box
MINISTÈRE DES AFFAIRES SOCIALES-LUNET	Checks sent to lock box

CROIX BLUE MEDAVIE

PLAN ID: 1832209

Coverage	Plan Pays (Reimbursement)	Patient Pays	Notes
Exam	140\$ (includes visual fields & photos)	\$0	Dilatation & cycloplegic services are not covered unless pre-authorized by Blue Cross (then covered and reimbursed 60\$-plan pays column in Ciao!)
Contacts	Not Covered	Pays total amount	
Eyewear	375\$	Pays anything over 375\$ allowance	<ul style="list-style-type: none"> • Patient typically has a \$375 allowance • If allowance is not utilized by one pair, the patient can elect a second pair of eyeglasses

FILING CLAIMS:

- Jennyfer will submit for Quebec City (T141) and Blainville (T143)
- Marie-Andée will bill for Levis (T142)
- Can submit claim online:
[Medavie.bluecross.ca](https://medavie.bluecross.ca)
- Or fax form to 1 844 859 6155
- Form found in Toolkit > Documents > Lunet > Insurance Folder

PROGRAMME D'AIDE SOCIAL

PLAN ID: 1832212

Coverage	Plan Pays (Reimbursement)	Patient Pays	Notes
Exam	Exam will be through RAMQ	40\$ for retinal photo	The patient need to bring is Blue form with showing "yes" for exam prior to the eye exam
Contacts	Covered with criteria and allowance provided during pre-authorization	Pays anything over allowance	
Eyewear	64\$ + Lens Fee Schedule for total reimbursement	Pays overage	<ul style="list-style-type: none">• Patient must go through their agent for required forms• Once receiving form, they have 1 month to order eyeglasses• Patient pays out of pocket for any overages

FILING CLAIMS:

- All employees can complete claim form
- Mail in form to submit claim

PROGRAMME D'AIDE SOCIAL – FEE SCHEDULE

PARTIE I
Conditions d'admissibilité

1. Résidence

Le demandeur doit résider au Québec depuis au moins 180 jours avant la date de dépôt de la demande.

2. Situation financière

Le demandeur doit être inscrit à la recherche d'emploi et ne pas percevoir de revenu régulier autre que celui du Programme d'aide sociale.

3. Situation familiale

Le demandeur doit être marié, en union libre ou célibataire.

4. Situation médicale

Le demandeur doit être incapable de travailler en raison d'une maladie, d'une blessure ou d'un handicap.

5. Situation sociale

Le demandeur doit être inscrit à la recherche d'emploi et ne pas percevoir de revenu régulier autre que celui du Programme d'aide sociale.

PARTIE II
Le formulaire

Le formulaire doit être rempli par le demandeur ou par un tiers autorisé.

1. Informations personnelles

Nom, prénom, date de naissance, adresse, téléphone, e-mail.

2. Informations financières

Revenu, dépenses, dettes, ressources.

3. Informations médicales

Maladie, blessure, handicap, traitement.

4. Informations sociales

Famille, situation sociale, situation professionnelle.

5. Informations complémentaires

Autres informations pertinentes.

6. Signature et date

Signature du demandeur ou du tiers autorisé, date.

Travail, Emploi et Solidarité sociale
Québec

Formulaire de demande de paiement de l'indemnité et d'une monture

1. Informations personnelles

Nom, prénom, date de naissance, adresse, téléphone, e-mail.

2. Informations financières

Revenu, dépenses, dettes, ressources.

3. Informations médicales

Maladie, blessure, handicap, traitement.

4. Informations sociales

Famille, situation sociale, situation professionnelle.

5. Informations complémentaires

Autres informations pertinentes.

6. Signature et date

Signature du demandeur ou du tiers autorisé, date.

7. Informations sur le paiement

Montant de l'indemnité, date de paiement.

8. Informations sur la monture

Monture, date de livraison.

9. Informations sur le suivi

Adresse, téléphone, e-mail.

10. Informations sur le formulaire

Version, date de mise à jour.

NON-INSURED HEALTH BENEFITS (First Nation, MAI,SSNA)

PLAN ID: 1832211

Coverage	Plan Pays (Reimbursement)	Patient Pays	Notes
Exam	58.75\$	Pays overage (66.25\$)	Call 1-877-483-1575 for authorization & allowance amounts
Contacts	See coverage from authorization	Pays overage	Rx < .5 / add < .75 are not covered
Eyewear	Rx < 7.00 275\$ Rx ≥ 7.00 415\$ Rx ≥ +9.00 or ≥ -12.00 or Cyl ≥ -3.25 or anisometry ≥ 3.00 (lenses covered with 125\$ frame)	Pays overage	

FILING CLAIMS:

- Jennyfer will submit for Quebec City (T141) and Blainville (T143)
- Marie-Andrée will bill for Levis (T142)
- File claim with Express Scripts or Call 1-888-511-4666 to reach Express Scrips
 - Lunet Account Number.: VC0510313
 - Montplaisir account number: VC0510724
 - Jarjour account number: VC0510496
 - Laflamme Account No. : VC0511035

NON-INSURED HEALTH BENEFITS (First Nation, MAI,SSNA)

	Option A	Option B
Authorization *Have the client sign the form received as often as possible	Online on Express Script (Interesting when they are closed or the application has not been delivered to you): <ul style="list-style-type: none"> • Make sure you're on the right branch • Pre-application submission tab • Enter the patient's information and check verify • Enter Item ID: By clicking on the small ? you will find the IDs and meanings. (The most common are VC010 Regular Examination & VC100 For Glasses) • Enter the cost of the complete item (\$110 for the eye exam and the full amount of the glasses) • Enter the date of the service. • Attach Invoice and RX (Uploaded Tab) to submit 	By Phone: 1-877-483-1575 Opening hours: Monday to Friday from 8 a.m. to 12 p.m. and from 1 p.m. to 4 p.m. **Prioritize when open- much Faster
Payment Requests	Online on Express Script (Preferred) <ul style="list-style-type: none"> • Make sure you're on the right branch • Submit a Payment Request tab • Enter Patient Information • Check No to questions • Enter Date of Service, Item ID (VC100 Eyeglasses and VC 010 Exam), Enter Item Cost (\$58.75 for Examination and \$275 Glasses, Except Exceptions) • Enter the Authorization Number beginning with a V in the Authorization No. box. (You can find it on the form you had the customer sign) • Submit and ensure that there is no error code that appears in the Error Code box. 	Fax Submission <ul style="list-style-type: none"> • Make sure you have the form signed by the customer and filled out (your signature, the total amount of the purchase and the date of service) • Attach the receipt to the form • Fax to 1-888-249-6098 • Keep copies in case the fax has not arrived

SAAQ

PLAN ID: 1832213

Coverage	Plan Pays (Reimbursement)	Patient Pays	Notes
Exam	If covered, the SAAQ reimburses 125\$ If they are under 18 or 65 and older, The RAMQ pay the exam	When billing RAMQ the patient pays 40\$ for the retinal photos	The patient need to give you the File Number and the name of their agent.
Contacts	Not Covered		
Eyewear	<ul style="list-style-type: none">Agent will provide covered amountFrame allowance is 222\$ and patient pays overageLenses covered in full (Reimbursed in full)	<ul style="list-style-type: none">Frame allowance is 222\$ and patient pays overage	<p>The patient need to give you the File Number and the name of their agent.</p> <p>If the patient does not have this information, we are unble to bill</p>

FILING CLAIMS:

- All opticians can complete claim form
- Submit a copy of the invoice with the patient's file number, our provider number, and the patient's signature by fax.
- Request a refund confirmation. Payment confirmation can take up to 3 weeks, so make sure the customer is notified of the delays and that the whole thing can be quicker if they take care of it themselves.
- Never leave the order without having had confirmation from the SAAQ of payment to us

CNESST

PLAN ID: 1833675

Coverage	Plan Pays (Reimbursement)	Patient Pays	Notes
Exam	Difference between price and 67\$ If covered, need a proof	Pays 67\$ of deductible on exam and glasses (frame+ lens)	• Call 1 844 838 0808 (Option 2 followed by option 6) for pre-approval & get coverage amounts
Contacts	114\$	Pays overage	
Eyewear	Frame allowance 237\$ Lenses – see fee schedule	Pays overage	

FILING CLAIMS:

- Jennyfer will submit for Quebec City (T141) and Blainville (T143)
- Marie-andr  e will bill for Levis (T142)
- Fax form to 1 855 722 8081
- Form found in Toolkit > Documents > Lunet > Insurance Folder

CNESST ADDITIONAL INFORMATION

Tips for filing the claim:

- Make sure you have the necessary information to fill out the form header (No. File, Event Date, No. Health Insurance)
- Fill out the form using the CNESST price list to the best of your knowledge
- Sign the form and have the client sign
- Write in the notes that they must deduct the \$67 deductible and see the attached receipt for confirmation of the total. (It may happen that the total made using the CNESST price list is higher than what is invoiced, make sure that it does not pay more)
- Make sure to check that the payment goes to the eyewear store
- Always attach a receipt
- I always ask for a phone confirmation of the payment, but sometimes he doesn't contact us and we receive the payment by check before

***DO NOT LEAVE THE ORDER UNTIL YOU HAVE CONFIRMATION THAT WE WILL BE PAID. ***

You will receive payment by cheque with the customer's reference. It is important to keep track of the form you have submitted.

Tell the patient it can take to 1 month to receive the glasses

CNESST LENS FEE SCHEDULE

Structure de la codification

XXXXXX	2 PREMIERS CHIFFRES	Catégorie (01,11, 14,21 à 25,51 à 64,97)
XX	3 ^e CHIFFRE	Caractéristiques (1 puissance, 2 Composition, 3 Teinte, 4 Supplément, 5 Verre de contact)
XXXXXX	2 DERNIERS CHIFFRES	Éléments

Les tarifs sont en vigueur à compter du 1^{er} août 2018 pour une période de 5 ans se terminant en 2023.

CNESST -LISTE DE PRIX DES LENTILLES (PAR LENTILLE)

PUISSANCE CODE	SIMPLE FOYER 011XX	DOUBLE FOYER 111XX	TRIPLE FOYER 211XX	FOYER PROGRESSIF (conventionnel) 141XX
	18/08/01	18/08/01	18/08/01	18/08/01
1.0 Sph. Plano à 4.00 10	48	80	110	144
1.1 Cyl. 0.12 à 2.00 11	48	80	110	144
1.2 Cyl. 2.25 à 4.00 12	48	80	110	144
2.0 Sph. 4.25 à 10.00 20	48	80	110	144
2.1 Cyl. 0.12 à 2.00 21	48	80	110	144
2.2 Cyl. 2.25 à 4.00 22	48	80	110	144
3.0 Sph. 10.25 à 15.00 30	48	80	110	144
3.1 Cyl. 0.12 à 2.00 31	48	80	110	144
3.2 Cyl. 2.25 à 4.00 32	48	80	110	144

CNESST LENS FEE SCHEDULE

PUISSANCE CODE	FOYER PROGRESSIF (numérique) 221XX	FOYER PROGRESSIF(optimisé) 231XX	FOYER PROGRESSIF (personnalisé) 241XX	FOYER PROGRESSIF (dégressif -ordinateur) 251XX
	18/08/01	18/08/01	18/08/01	18/08/01
1.0 Sph. Plano à 4.00 10	173	245	310	140
1.1 Cyl. 0.12 à 2.00 11	173	245	310	140
1.2 Cyl. 2.25 à 4.00 12	173	245	310	140
2.0 Sph. 4.25 à 10.00 20	173	245	310	140
2.1 Cyl. 0.12 à 2.00 21	173	245	310	140
2.2 Cyl. 2.25 à 4.00 22	173	245	310	140
3.0 Sph. 10.25 à 15.00 30	173	245	310	140
3.1 Cyl. 0.12 à 2.00 31	173	245	310	140
3.2 Cyl. 2.25 à 4.00 32	173	245	310	140

Composition des lentilles (par lentille)

XX2XX

Code	Description	Tarif 2018-08-01
04	Haut indice : organique 1.6	35
05	Haut indice : organique 1.67	65
06	Haut indice : organique 1.74	120
07	Lentille polycarbonate simple vision	20
08	Lentille polycarbonate double vision (ST-28)	50
09	Lentille polycarbonate progressif	45

CNESST LENS FEE SCHEDULE

Supplément pour teintes et traitements (par lentille)

XX3XX

Code	Description	Tarif 2018-08-01
01	Teinte unie (organique)	22
02	Teinte graduée (organique)	29
09	Lentille polarisée (double vision)	65
10	Photochromique	75
14	Traitements UV	20
15	Teinte miroir (avec anti-reflet face arrière)	90
17	Traitement anti-reflets : multicouche standard	70
18	Traitement anti-reflets hydrophobe-oléophobe	90
19	Traitement anti-égratignures	35

N.B. S'il y a plus d'un code de teinte ou traitement veuillez inscrire le code 99

Supplément lentilles spéciales (par lentille)

XX4XX

Code	Description	Tarif 2018-08-01
01	Prisme inférieur à 5,00 dioptries	25
02	Prismes 5,00 dioptries et plus	30
04	Prisme compensateur (bicentrique)	160
07	Add.au dessus +/-3 (3.23 à 4 dioptries)	25
08	Add. Au dessus 4.25 dioptries et plus	50
09	Myodisque lenticulaire	120
10	Myodisque blended	250
11	Lentille Fresnel	75
12	Cocher,rainurer	20
15	Polir biseau	15
16	Perçage	50
18	Double foyers spéciaux St-35 (rond)	30
19	Double foyer spéciaux Exécutive	45
21	Vocationnel	80

N.B Supplément : s'il y a plus d'un code de supplément, veuillez inscrire le code 99

CNESST LENS FEE SCHEDULE

Lentilles cataractes organiques (pour aphaques) par lentille

XX4XX

Code	Description	Tarif 2018-08-01
29	Simple foyer asphérique grande vision	108
30	Simple foyer lenticulaire asphérique 40 mm	100
31	Oméga simple vision	121
32	Varilux Omega	170
33	Foyer rond Omega	127

Lentilles cornéennes (par lentille)

XXXXX

Code	Description	Tarif 2018-08-01
51	Lentille rigide : simple foyer	100
52	Lentille rigide : double foyer	208
53	Lentille rigide : lenticulaire	120
54	Lentille rigide : torique	140
55	Lentille souple : simple foyer	100
56	Lentille souple : double foyer	225
57	Lentille souple : torique	200
58	Lentille souple : teintée transparente	200
59	Lentille souple : teintée opaque	200
60	Lentille souple : port prolongé	150
61	Lentille perméable au gaz : simple foyer	125
62	Lentille perméable au gaz : double foyer	200
63	Lentille perméable au gaz : lenticulaire	150
64	Lentille perméable au gaz : torique	160
65	Lentille sclérale ¹	250

Les valeurs à utiliser sont les mêmes que celle du codage soit, 51 à 65 plutôt que 1 à 14.

¹ Cas d'exception; justification médicale de l'optométriste nécessaire

CNESST LENS FEE SCHEDULE


XXXXX

Lentilles cornéennes à remplacement planifié

Code	Description	Tarif 2018-08-01
15	Simple vision-quotidien (boîte de 30 lentilles)	43
16	Simple vision- bi-mensuel (boîte de 6 lentilles)	45
17	Simple vision-mensuel (boîte de 6 lentilles)	65
18	Simple vision-trimestriel (1 lentille)	45
19	Double vision- bi-mensuel (boîte de 6 lentilles)	70
20	Double vision-trimestriel (1 lentille)	75
21	Torique-mensuel (boîte de 6 lentilles)	95
22	Torique-trimestriel (1 lentille)	60
23	Teintée-bi-mensuel (boîte de 6 lentilles)	70
24	Teintée-mensuel (boîte de 6 lentilles)	75
25	Double vision mensuel (boîte de 6 lentilles)	125
26	Double vision torique mensuel	170
27	Torique-mensuel (division 2 ou XR (boîte de 6 lentilles)	140

RAMQ

RAMQ IS NOT processed like the other insurance plans. It's a \$0 exam service. The doctor will file for reimbursement. You will select NO for insurance and then choose the RAMQ Exam and applicable add-ons. Any patient out of pocket will be collected at time of service.

Training Test 

Doctor Services **Order Worksheet**

Patient Status: ☒ New ☐ Established

Source:

Doctor Name:

Eye Exam:

Contact Lens Eval:

☐ No High Risk Diagnosis

☐ 65205 FOREIGN BODY REMOVAL, CONJ, SUPERF OD
☐ 65210 Conjunct Foreign Body Removal OD
☐ 65220 Corneal Foreign Body Removal OD
☐ 65222 Corneal Foreign Body Removal OD
☐ 65435 Removal Corneal Epithelium OD
☐ 65600 Removal/Debr Proc on Cornea
☐ 65778 Amniotic Graft OS
☐ 65855 SLT OS
☐ 66821 YAG Post Op OD
☐ 66982 Cataract Post OP OD
☐ 66984 Cataract Post Op OD
☐ 66985 IOL Procedure Secondary Implant
☐ 67938 Removal FB EMB LLL
☐ 67938 Removal FB EMB RLL
☐ 68020 Incision Drainage Conjunctiva OD
☐ 68761 Punctual Plug LLL

☐ 65205 FOREIGN BODY REMOVAL, CONJ, SUPERF OS
☐ 65210 Conjunct Foreign Body Removal OS
☐ 65220 Corneal Foreign Body Removal OS
☐ 65222 Corneal Foreign Body Removal OS
☐ 65435 Removal Corneal Epithelium OS
☐ 65778 Amniotic Graft OD
☐ 65855 SLT OD
☐ 66761 Dest Proc on Iris, Ciliary Body
☐ 66821 YAG Post Op OS
☐ 66982 Cataract Post OP OS
☐ 66984 Cataract Post Op OS
☐ 67820 Epilation
☐ 67938 Removal FB EMB LUL
☐ 67938 Removal FB EMB RUL
☐ 68020 Incision Drainage Conjunctiva OS
☐ 68761 Punctual Plug LUL

Program	Exam Package + Add-on's
RAMQ Under 18/65 & Over (excludes additional tests)	Exam package with add-ons; 0\$ paid by patient
RAMQ Under 18 (includes additional tests)	Exam package with add-ons; 20\$ paid by patient
RAMQ 65+ (includes additional tests)	Exam package with add-ons; 40\$ paid by patient

COLLECTIONS

PROGRAMME D'AIDE SOCIAL and **SAAQ** will have checks that arrive in clinic. This will get deposited into your main RBA Lunet Account BUT you will use a second Deposit Slip and Bag (cannot be combined with your Ciao! Optical deposit).

Ciao! Optical Entry

CIAO! OPTICAL ENTRY

1

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

The screenshot shows the 'Training Test' interface. At the bottom right, a dialog box titled 'Apply Insurance?' is displayed with a blue checkmark button and a blue 'X' button. The background interface includes a header with icons, a patient information section with fields for name, email, and phone, and a prescription section with fields for SPH, CYL, and AXIS.

2

Click the blue the **Search** button

The screenshot shows the 'Training Test' interface. A blue button with a magnifying glass icon is highlighted with a black box. The background interface includes a header with icons, a patient information section, and a table with columns 'Plan', 'Plan Id', and 'Last Used'. The table contains the text 'No Previous Insurance Found.'.

3

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

The screenshot shows the 'Training Test' interface. The 'Search For:' pulldown bar is highlighted with a black box and shows 'EyeMed/MVC Men'. Below it, there are input fields for 'Plan ID:', 'Member ID:', 'Member First Name:', 'Member Last Name:', and 'Member Date of birth:'.


4

- Fill in the **Plan Name** or **Plan ID** from Insurance Book
- Click the **Search** button (Magnifier)

The screenshot shows the 'Training Test' interface. The 'Search For:' pulldown bar is highlighted with a black box and shows 'Plan Name'. Below it, there are input fields for 'Plan Name:' and 'Plan ID:'.

CIAO! OPTICAL ENTRY

- 5 Select the plan from the listing and click the **Checkmark**


Training Test 


Search For:

Plan Name:

Plan ID:


VSP-ROSIN	Assignment	1824524
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 Customer Order

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

- 6 Review you've selected the correct plan and click the **Checkmark**

Training Test 

Plan Details

Plan Name: VSP-ROSIN

Plan ID: 1824524

Plan Type: Assignment

Effective Date: 7/14/2023


Termination Date: 12/31/2024


This is an assignment plan that requires authorization. Use the following method to contact the plan.

Open Hours:

Phone #:

Web:



 Customer Order

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

CIAO! OPTICAL ENTRY

7

Complete the Insurance Demographics Screen

A

Checkmark the service you are currently entering and enter **Material Authorization** number

- Enter 1234 if not applicable

B


Enter the **Member ID** number

- Enter 1234 if not applicable

C

Complete all fields for **Customer Plan Information**

- For Primary Member indicate **Self**
- Selecting **Self** will bypass the Primary Member details

Training Test 

Plan Information

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

Plan Type: Assignment

Authorized: ☒ Frame ☒ Lens
☐ Contacts ☐ Exam


Materials Auth: 6783424

Benefit Calculation Notes:

Customer Information

Member ID: 12345678

SSN:

DOB: 8/7/1980 

Customer Plan Information

Employment Status: Full-Time Employer: Target

Student Status: Not a Student Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment? ☐ Yes ☐ No ☒ Unknown

Is customer's need accident related? ☐ Yes ☒ No

Is there a secondary plan? ☐ Yes ☒ No

Primary Member Plan Information

First Name: MI: Last Name:

Address:



ZIP Code: City: State:


Member ID: SSN: Phone:

Gender: ☐ Male ☐ Female Employment Status:

Employer: Marital Status:

DOB: MM/DD/YYYY Student Status:


 

 Customer Order

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

CIAO! OPTICAL ENTRY

8 Enter Frame and Lens Selection

Training Test 

Frame Lens Order Worksheet Measurements Order Completion

☒ Clear ☐ Sun ☐ Photo

Vision Type:

Lens Design:

Material:

Style:

Color:



Available Addons


☐ Oversize Frame ☐ Polish

☐ Rimless Drill ☐ Roll and Polish

Included Addons


Aspheric Lens
Blue Filter
Premium Anti-Reflective
Scratch Resistant
UV Protection

 Customer Order

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


9 On the Order Worksheet, click the **Pencil** to apply allowances

Training Test 


Frame Lens Order Worksheet Measurements Order Completion

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

Category	QTY	Item#	Description	Retail Price
Frame				
	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens				
	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$380.00

Main Promotion 


Current Offer: ☒ 12903 - 15% OFF LENSES

Deal Code: 

☐ Associate Sale

Promotion Savings: \$37.50


YOU PAY: \$342.50

Vision Care Plan Pricing 


Vision Care Plan: VSP-ROSLIN

Plan Id: 1824524

Current Offer:







Deal Code: 


Promotion Savings: \$0.00

Vision Care Savings: \$0.00 

YOU PAY: \$380.00

Quote valid through: February 11, 2024

 Customer Order

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

CIAO! OPTICAL ENTRY

10

Enter your **EssilorLuxottica**
Network Credentials

The screenshot shows a dark-themed interface with a table of items and a login modal. The table has columns: QTY, Item#, Description, and Retail Price. It lists two items: RB2132 52 NEW WAYFARER, Brn Tan, Brn C (\$130.00) and SV Conv Blue Filter Prem AR (Poly) (\$250.00). A modal box in the center asks for 'Approved By:' and 'password:' with input fields and check/cancel buttons. At the bottom, it shows 'TOTAL: \$380.00' and 'YOU PAY: \$380.00'.

QTY	Item#	Description	Retail Price
1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
			TOTAL: \$380.00

11

On the Order Worksheet, click the **Pencil** to apply **Patient's Allowance** in **Play Pay Column(s)**

- **Refer to Fee Schedule when applicable**


The screenshot shows the 'Order Worksheet' interface. At the top, there's a navigation bar with 'Frame', 'Lens', 'Order Worksheet' (active), 'Measurements', and 'Order Completion'. Below is the 'Order Price Calculator' section. It shows 'Plan Name: VSP-ROSIN Type: Assignment' and 'Group #: 1824524'. A table lists services with their retail prices and plan pay amounts. At the bottom, there's a 'Benefit Calculation Notes' section and navigation buttons.

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

CIAO! OPTICAL ENTRY

12

- Enter **Patient Allowances**
- May need to enter allowance over multiple lines
- Click **Continue** (arrow)
- Anything over allowance will be paid by the patient and will automatically charge the patient the balance ("you pay")

Training Test 




Frame **Lens** **Order Worksheet** **Measurements** **Order Completion**

Order Price Calculator


Plan Name: VSP-ROSIN Type: Assignment
Group #: Plan ID: 1824524

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 130		0.00
Aspheric Lens	\$0.00		\$ 0.00	\$ 0.00	0.00
Blue Filter	\$45.00		\$ 20.00	0.00	0.00
Premium Anti-Reflective	\$85.00		\$ 0.00	\$ 0.00	0.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Single Vision	\$75.00		\$ 0.00	\$ 0.00	0.00
Polycarbonate	\$45.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

\$150 Allowance

 Customer Order

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

CIAO! OPTICAL ENTRY

13

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

Training Test

Frame > Lens > **Order Worksheet** > Measurements > Order Completion

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

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$380.00

☒ Main Promotion

Current Offer: ☒ 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings \$37.50

YOU PAY: \$342.50

☐ Vision Care Plan Pricing

Vision Care Plan: VSP-ROSLIN

Plan Id: 1824524

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$0.00

YOU PAY: \$380.00

Quote valid through: February 11, 2024

Customer Order Location 29103 045000 (Logout)

Prior to Allowance



Training Test

Frame > Lens > **Order Worksheet** > Measurements > Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$380.00

☒ Main Promotion

Current Offer: ☒ 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings \$37.50

YOU PAY: \$342.50

☐ Vision Care Plan Pricing

Vision Care Plan: VSP-ROSLIN

Plan Id: 1824524

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$150.00

YOU PAY: \$230.00

Quote valid through: February 11, 2024

Customer Order Location 29103 045000 (Logout)

After Allowance

