



# VSP® Choice Network Manual

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# VSP CHOICE PLAN®

This supplement to the VSP Manual provides information regarding coverage for VSP patients with the VSP Choice Plan, VSP Choice Exam Plus Plan<sup>SM</sup>, Choice Access, and supplemental plans.

## **Enrollment/Doctor Participation**

Only participating Choice Network doctors can provide services to VSP Choice Plan patients.

## ELIGIBILITY & AUTHORIZATION

### Copays

Copay information is provided when you obtain an authorization.

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**Note:** Don't waive copays.

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### Coordination of Benefits (COB)

With the exception of the secondary allowances, the VSP Choice Plan® COB guidelines are the same as the VSP Signature Plan®. For additional information, see [Coordination of Benefits](#) in the VSP Manual.

The following table shows you how to use the secondary plan to coordinate benefits based on your network participation.

Patient's Primary Plan	Patient's Secondary Plan	Your Network Participation	Then
VSP Choice Plan	VSP Signature Plan	Choice Network	You'll be reimbursed based on the <a href="#">VSP Signature Plan COB allowances</a> (see COB rules for exceptions).
VSP Choice Plan	VSP Signature Plan	Non-Choice Network	We'll reimburse the patient based on the VSP Signature Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan	VSP Choice Plan	Choice Network	You'll be reimbursed based on the <a href="#">VSP Choice Plan COB allowance</a> (see COB rules for exceptions).
VSP Signature Plan	VSP Choice Plan	Non-Choice Network	We'll reimburse the patient based on the VSP Choice Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.

## CHOICE COORDINATION OF BENEFITS

The VSP Choice Plan COB guidelines are the same as the VSP Signature Plan. For additional information, see [Coordination of Benefits](#) in the VSP Manual.

## EXAM COVERAGE

Covered comprehensive eye exams are generally available to patients once every 12 or 24 months on a service year, fiscal year, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

Patients may also be covered for:

- **Primary EyeCare services.** For more information, see [Primary and Acute EyeCare](#) in the VSP Manual.
- **Retinal Screening.** For more information about the Retinal Screening Value-Added Feature and Retinal Screening Covered Benefit, see [Retinal Screening](#) in the VSP Manual.

Your assigned VSP Choice Plan® eye exam fees are based on levels of service. See [Eye Exams](#) in the VSP Manual for additional information. Exam services are paid only once per eligibility period. Don't balance bill for exams.

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**Note:** Avoid reduced reimbursement. Bill separately for refraction (92015). Your Choice Network Fee Schedule lists your refraction fee.

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## MATERIALS COVERAGE

### Patient's Frame Allowance

Under the VSP Choice Plan®, your patient's frame allowance is represented by a combination of the wholesale frame amount and corresponding retail amount for which your patient is covered. Although patients will only be informed of their retail allowance, they're covered for any in-network (or covered) frame less than or equal to their wholesale or retail allowance.

Most patients with a VSP Choice Plan will have a minimum extra \$20 on top of their frame allowance when they select Marchon® or Altair® frames. Look for the wholesale and retail allowances for Marchon/Altair and all other frames indicated on the Patient Record Report at authorization. You'll be reimbursed based on the wholesale equivalent of the patient's retail allowance for Marchon and Altair frames.

Your patient can apply the frame allowance to any frame, listed or unlisted, (except for out-of-network frames in which case the patient's out-of-network frame allowance should be applied). If patients choose unlisted frames, use your acquisition cost instead of the *Frames* catalog price when submitting the "wholesale cost" to VSP.

There is no charge to patients for standard frame cases; however, you may charge patients for special orders or for deluxe frame cases.

VSP does not provide a dispensing fee when a patient-supplied frame is used and patients can't be charged any additional fees.

Patients are also eligible for savings on additional services and materials (see [Value-Added Benefits](#) below).

### FRAME OVERAGES

Charge the patient according to our frame overage procedures. When the selected frame exceeds both the wholesale and equivalent retail allowance coverage, your patient is responsible for the overages exceeding his or her retail frame allowance at 80% of U&C. Don't charge your patient more than 80% of U&C on frame overage, plus any applicable sales tax.

For more information, refer to the [Providing Frames](#) section in the VSP Manual.

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You'll only receive payment for frames when the lenses meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

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### LENSES

- Single vision, bifocal, trifocal, or lenticular lenses in plastic or glass
- Eye sizes up to and including 60mm
- Polycarbonate lenses for monocular patients, dependent children, and handicapped patients
- Lined multifocal lenses in all segment widths, including occupational lenses. See the [Dispensing & Patient Lens Enhancements](#) section of the VSP Manual for specific details on occupational lenses
- Prism and slab off
- Base curves (regardless of curve)

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**Note:** We only cover lenses that meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

**Here's our minimum prescription criteria:**

The combined power in any meridian must be  $\pm 0.50$  diopter or greater in at least one eye. If not, you can apply one of the following exceptions:

- Necessary prism is 0.50 diopter or greater in at least one eye.
  - Anisometropia is 0.50 diopter or greater.
  - Cylinder power is  $\pm 0.50$  diopter or greater.
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## OTHER LENS ENHANCEMENTS

If your patient selects a lens enhancement that has a copay, collect the lens enhancement copay directly from the patient. You'll be charged the VSP Choice Plan charge-back fee for those lens enhancements.

**Covered with Additional Copay:** For lens enhancements that are covered with copay, charge the patient the patient copay listed on the [VSP Choice Plan Lens Enhancements Chart](#) or 80% of your U&C fees, whichever is lower, or the client-specific copay indicated on the Patient Lens Enhancement Report.

**Covered with Additional Copay, 80% U&C:** For lens enhancements not listed on the [VSP Choice Plan Lens Enhancements Chart](#), charge 80% of your U&C fees.

### Patient Charges

The following example illustrates how to calculate "add-on" fees based on your total prices for a specific lens enhancement.

Your U&C fee for UNITY™ PLx Trivex (mid-index) is:	\$260
Subtract your U&C fee for UNITY PLx in plastic:	-\$200
Your U&C add-on fee for mid-index is:	\$60
Deduct 20%	\$48
Add the VSP Choice Plan Lens Enhancement price for Progressive F in Plastic (FA):	+\$105
Patient pays:	\$153
Your U&C fee for near-variable focus, plastic is:	\$180
Subtract your U&C fee for bifocals (FT28):	-\$130
Difference (your U&C add-on fee)	\$50
Deduct 20% (your U&C add-on fee):	-\$10
Patient pays:	<b>\$40</b>

## COVERED LENS ENHANCEMENTS

If your patient chooses a covered lens enhancement, you'll receive the Choice Plan covered service fee. We won't apply a charge back.

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**Note:** Covered service fees don't apply to polycarbonate lenses dispensed to children or handicapped patients or patients with the Federal Plan.

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## FLEXIBLE LENS ENHANCEMENTS

To offer more customized coverage to clients and members, we've developed flexible lens enhancement programs that allow partial coverage for the most popular VSP lens enhancements, including anti-reflective (AR) coatings, photochromics, and progressives. Always refer to the online Patient Record Report and Lens Enhancements Charges report for complete information on lens enhancement coverage. The [VSP Flexible Lens Enhancement Coverage Tip Sheet](#) provides more information and helps you calculate patients' out-of-pocket expenses.



## Contact Lenses

### ELECTIVE CONTACT LENSES

Many clients provide coverage for contact lenses in lieu of prescription glasses. To qualify, patients must first be eligible for glasses. Refer to the Patient Record Report for the patient's specific type of coverage and contact lens allowances.

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**Note:** Contact lens exam services are also known as the contact lens fitting and evaluation, or F&E. These services are separate from the WellVision Exam and should be dispensed only to patients who wear or want to wear contact lenses and specifically request a contact lens exam.

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VSP patients may have the following elective contact lens benefits:

**Contact Lens Exam Copay with Materials Allowance** – Your patient has a copay toward contact lens exam services and a separate allowance for contact lens materials. The patient pays the contact lens exam services (initial fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. VSP will reimburse the difference between the patient's copay and 85% of your U&C fees. There is no copay for contact lens materials.

**Exam And (Combined Contact Lens Allowance)** – Your patient has a combined allowance toward contact lens exam services, calculated at 85% of your U&C fees, and materials. There is no copay for contact lens materials. Your patient is responsible for the difference between your fees for contact lens exam services (85% U&C) materials, and their contact lens allowance.

**Covered Contact Lenses** – Your patient is covered after a copay for contact lens exam services and an annual supply of contact lenses.

### VISUALLY NECESSARY CONTACT LENSES

We'll cover contacts in full for patients meeting the established necessary contact lens benefit criteria if those patients are eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Refer to [Visually Necessary Contact Lenses section](#) in the VSP Manual for more information.

Don't balance bill your patient. Apply exam and material (spectacle lenses and frame) copays for necessary contact lenses, unless otherwise specified.

Visually necessary contact lenses aren't typically covered for patients who've received any elective cosmetic surgery, such as LASIK, PRK, or RK.

**Note:** For Visually Necessary Contact Lenses and Covered Contact Lenses, VSP will only cover an annual supply of materials based on the manufacturer's replacement schedule. No additional contact lens materials may be billed to VSP through additional VSP plans/coverage's the patient may have.

This rule also applies to Elective Contact Lens patients when the allowance exceeds an annual supply of contact lens materials based on the manufacture's replacement schedule.

You may only coordinate benefits up to the annual supply of contact lens materials if plans permit. See [Coordination of Benefits Between Multiple VSP® Plans](#) in the VSP Manual.

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**Note:** Visually necessary contact lenses are not fully covered under the Individual Plan. Patients covered under the Individual Plan have a \$120 contact lens allowance for both elective and visually necessary contact lenses.

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Contact lens exam services are also known as the contact lens fitting and evaluation (or F&E). These services are separate from the WellVision Exam and should be dispensed only to patients who wear or want to wear contact lenses and specifically request a contact lens exam.

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**Note:** The “initial” contact lens fitting period for all contact lens benefits is 90 days. Additional services outside of the initial fitting period (whether finalizing the fitting, or additional services throughout the year for ongoing management of a patient’s condition) should be handled privately between you and the patient.

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## Low Vision

Many clients provide this coverage. Refer to [Low Vision](#) section in the VSP Manual for more information.

## Value-Added Benefits

The benefits below are considered a private transaction between you and your patient. Your patient is fully responsible for payment..

### EXAM SERVICES

Charge 80% of U&C on additional eye exams.

### GLASSES

Charge 80% on eligible additional pairs of glasses, including plano sunglasses, if dispensed within 12 months of the exam. The benefit:

- Is based on your total U&C fee.
- Is unlimited for 12 months on or following the date of the last covered eye exam.
- Is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of U&C fee.
- Applies to prescription and non-prescription lenses.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.

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**Note:** If a patient has coverage for lenses every 12 months and a frame every 24 months, charge 80% of U&C for the frame in the year when the patient is eligible for lenses but not for a frame.

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### CONTACT LENSES

Charge 85% of U&C on contact lens services. This benefit:

- Is subtracted from your U&C fee for evaluation, fitting, and follow-up services for prescription contact lenses.
- Is unlimited for 12 months on or following the date of the covered eye exam.
- Is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of U&C.
- Doesn't apply to lenses, solutions, cleaning products, and service agreements.

### RETINAL SCREENING VALUE ADDED FEATURE

Patients are eligible for routine retinal screening as a value added feature to complement their WellVision Exam® benefit.

Please see the [Retinal Screening](#) section of the **VSP Manual** for more information.

## VSP LASER VISIONCARE<sup>SM</sup> PROGRAM

- Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP doctors.
- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom PRK LASIK with wavefront technology using the microkeratome only or Bladeless LASIK.
- If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price.
- Please see the **Laser VisionCare** program page on **VSPOnline** for information on how to participate or for a list of participating facilities.

## DIABETIC EYECARE PLUS PROGRAM<sup>SM</sup>

- The Diabetic Eyecare Plus Program provides medical eye care services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.
- Please see the [Diabetic Eyecare Plus Program<sup>SM</sup>](#) section for more information

## Supplemental Plans

The VSP Choice Plan may also be sold with the following supplemental plans:

### CHOICE COMPUTER VISIONCARE<sup>SM</sup> PLAN

**Note:** If your patient chooses a covered lens enhancement, there's no charge. If your patient selects any other lens enhancements charge the patient according to the [VSP Choice Plan Lens Enhancements Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens enhancements not listed on the [VSP Choice Plan Lens Enhancements Chart](#). You'll be charged back the VSP Choice Plan lab fee for those lens enhancements.

See the [VSP Computer VisionCare Plan](#) section of the VSP Manual for more information.

### CHOICE ADDITIONAL PAIR

**Note:** If your patient chooses a covered lens enhancement, there's no charge. If your patient selects any other lens enhancements charge the patient according to the [VSP Choice Plan Lens Enhancements Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens enhancements not listed on the VSP Choice Plan Lens Enhancements Chart. You'll be charged back the VSP Choice Plan lab fee for those lens enhancements.

Doctors are paid Choice fees for the materials dispensing. See Lab instructions for materials dispensed under these supplemental plans.

**Reminder:** Obtain a separate authorization for these plans and follow the plan information provided on the authorization.

## LAB

Refer to the [Using Our Contract Lab System](#) page in the **VSP Manual**.

### Submission Instructions

**Online eClaim Submission:** Submit orders to any contract lab through eClaim. Include all prescription information. You can choose any lab on the [VSP National Contract Lab list](#).

**Paper Claims:** Submit your orders to any contract lab on the [VSP National Contract Lab list](#).

### Lab Information

The Doctor Service Report on Eyefinity will show the selected lab's contact information for each submitted order. The Lab Packing Slip also shows this information.

### First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a patient's lenses to meet their needs. Refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

### Using Non-Contract Labs

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs and they may only be used in the situations below.

Examples of emergencies include:

- Loss, theft, or breakage of prescription eyewear when your patient doesn't own an alternate pair and can't wear contact lenses
- Situations where your patient can't function at work or school and doesn't have another pair of glasses or contact lenses
- Patients whose safety and well-being will be jeopardized without the immediate delivery of their prescription eyewear

Emergency situations don't include:

- Instances where faster turn-around time is requested to accommodate trips, vacations, or other discretionary events
- Providing faster service when your patient has another functional pair of glasses or contacts

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**Important!** You must document the emergency that requires the use of Non-Contract Labs. Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

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To submit a claim when a non-VSP lab is used, select Non-IDC Lab Invoice (Lab 0100) from the pull-down menu in the Lab Selection box on eClaim or write "Non-IDC Lab Invoice (Lab 0100)" in the Special Instructions area of the Materials Invoice. When submitting an emergency claim, please specify the emergency reason. Selecting an emergency reason is for documentation purposes; not selecting a reason does not remove the emergency requirement.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name

- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. VSP will pay you an established fee of \$10.50 for single vision, \$23.50 for bifocal/progressive and \$33.50 for trifocal, in addition to your regular dispensing fees. Use your bifocal lens-dispensing fee for progressives. Charge your patient according to the [VSP Choice Lens Enhancements Chart](#) or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

All emergency orders are subject to review. When a claim is found to be incorrect, payments for material services will be reversed.

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**Important!** Always verify orders upon receipt by checking all lab lens enhancement codes.

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## SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

### Submitting Claims

Submit VSP Choice Plan® claims following the same procedure as VSP Signature Plan® claims. For additional information, refer to the [Submitting Claims](#) section in the VSP Provider Reference Manual.

### Billing

- You may bill WellVision Exams® using S0620 (routine ophthalmological examination, including refraction, new patient) or S0621 (routine ophthalmological examination, including refraction, established patient). Be sure to complete a comprehensive exam when using these codes, VSP pays at the comprehensive level.
- If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.
- WellVision® Exams should be billed with Z01.00, Z01.01 or Z13.5 or the appropriate [refractive diagnosis code](#); materials must be billed with the appropriate refractive disorder diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.

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**Note:** Bill your U&C fee on two lines for progressive lenses; one for the base bifocal lenses and the second for the progressive add-on.

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### Reimbursement

Reimbursement is made according to the current VSP Choice Plan Fee Schedule. View the **VSP Choice Plan Fee Schedule** on **VSPOnline** under **Administration**, by clicking on **Practice/Doctor Updates** and then **View or Update Fees**.

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**Note:** Only Practice Administrators can view the Professional Fee Schedules. If you can't access the fee schedule, contact Eyefinity® at **877.448.0707**.

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Refractive Diagnosis Codes	
ICD-10	Description
H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.211	Irregular astigmatism, right eye
H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral

H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.6	Other disorders of refraction
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction

## VSP EASYOPTIONS

For more information on [VSP EasyOptions](#), refer to the **Plans and Coverages** section in the **VSP Manual**.

## VSP ELEMENTS PROGRAM<sup>®</sup>

For more information on [VSP Elements](#), refer to the **Plans and Coverages** section in the **VSP Manual**.



# CLIENT DETAILS

## ADP TOTALSOURCE

### LVC Allowance Exception

Instead of using their material benefit for prescription eyewear (including lens, frame, and contact lenses), eligible patients can choose to use their benefit toward approved Laser Vision Care (LVC) services (PRK, LASIK, Custom PRK , Custom LASIK using wavefront technology or Bladeless LASIK.

Eligible patients will have a \$150 LVC allowance every plan year. The allowance amount applies to both eyes. The patient must be eligible for materials to receive LVC services. The patient will still be eligible for the standard LVC discounts.

## BLUE CROSS BLUE SHIELD OF MICHIGAN - MESSA

Providers will be able to locate MESSA members in the VSP system using their full SSN or by searching by name, date of birth, and the last four digits of their SSN. Should MESSA members present their Blue Cross/MESSA insurance card, staff should use it as identification only. MESSA members' Enrollee ID's are not going to be used as an identifier in the system.

### Coordination of Benefits (COB)

Follow VSP's standard COB process. When paying secondary, please use the below COB secondary allowances.

#### MAXIMUM COB SECONDARY ALLOWANCES

	VSP-1	VSP-2	VSP-3	VSP-3 Plus	VSP-1 B	VSP-2 S	VSP-3 G	VSP-3 Plus P
Exam	\$38	\$38	\$38	\$38	\$38	\$38	\$38	\$38
Lenses	\$50	\$50	\$50	\$70	\$50	\$50	\$50	\$70
Frame	\$50	\$65	\$65	\$80	\$130	\$130	\$130	\$130
Deductible	\$35	\$24.50	None	None	\$35	\$24.50	None	None

### Plan Details

Effective July 1, 2017, MESSA members will have the following Standard Choice Plans available in addition to their existing Signature Plans\*

\*Please refer to the Signature PRM for plan benefit information.

Plan Name Effective 7.1.17	Exam Copay	Materials Copay	Elective Contact Lens Allowance	Frame Allowance	Covered Lens Enhancements	Other Lens Enhancements
VSP-3 Plus 200 CL	None	None	\$200 see <a href="#">Note #1</a>	\$80 retail/ \$35 whsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses (including smart-segs), polarized lenses.	Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge coating/groove painting, faceting, UV 400 coatings, roll, and polish.

VSP-3 Plus 250 CL	None	None	\$250 see <a href="#">Note #1</a>	\$130 retail/ \$50 whsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses (including smart-segs), polarized lenses.	
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### CLIENT DETAIL NOTES – EFFECTIVE JULY 1, 2017

**Note #1:** Standard contact lens benefit. Add your U&C fees for materials then add your professional fee for contact lens (discounted by 15%) and apply your patient's allowance.

# CENTERS PLAN FOR HEALTHY LIVING INTEGRATED PRIMARY EYECARE

Members of Centers Plan for Healthy Living are covered under VSP’s Integrated Primary EyeCare Program<sup>SM</sup>. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

**Note:** Some Centers Plan for Healthy Living members are also eligible for routine benefits through VSP, including Medicaid. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Centers Plan for Healthy Living’s Customer Service department at **1.855.270.1600**, option 2 to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

## Eligibility & Authorization

For additional questions about eligibility, paper claims and benefits, check your patient’s ID card for information and the contact phone number. Keep a copy of the ID card in your patient’s file.

### SAMPLE ID CARDS



## Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Centers Plan for Healthy Living website at [www.centersplan.com](http://www.centersplan.com). Services that are approved will be applied to the member’s medical benefit.

**Note:** Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

## Reimbursement

Centers Plan for Healthy Living handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

## Submitting Claims

Please refer to the patient’s ID card from Centers Plan for Healthy Living for directions on submitting claims.

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Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to Centers Plan for Healthy Living and are viewable under this tool. Continue to submit claims for routine eye care to VSP.

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**Centers Plan for Healthy Living Schedule of Covered Services - Medicare: Effective January 1, 2019**

**Centers Plan for Healthy Living Schedule of Covered Services - Medicaid: Effective January 1, 2019**

## VSP<sup>®</sup> EYES OF HOPE<sup>®</sup> GIFT CERTIFICATES, INCLUDING SIGHT FOR STUDENTS<sup>®</sup>

VSP Eyes of Hope offers several types of charitable gift certificates that provide no-cost eye exams and glasses for adults and children in need who qualify through Choice Network doctors:

- **Sight for Students gift certificates** are distributed through national and regional strategic partners such as the National Association of School Nurses and Prevent Blindness to help children succeed in school.
- **VSP Eyes of Hope gift certificates** are distributed to adults and children through national and regional strategic partners and at local outreach events with charitable and community partners throughout the U.S. Full-coverage gift certificates provide access to an exam, frame and lenses; materials-only gift certificates are also available for people who have coverage for an exam.
- **Disaster Relief gift certificates** are distributed through local American Red Cross chapters and shelters, USAA, and VSP Eyes of Hope mobile eye care clinics to adults and children who need eye care or have lost or damaged their glasses during a disaster.

Your practice will be reimbursed for the eye care and glasses you provide just as if the patient is a VSP member with a VSP Choice Plan<sup>®</sup>. Please review the following information carefully, as each gift certificate type has unique coverage.

If you are not currently a Choice Network provider, please refer the patient back to VSP at **800.877.7195** to find a participating provider.

If you have any questions about the program, call VSP Customer Care at **800.615.1883**.

### 2019 Program Updates

To ensure that all people in need have access to vision care, Social Security numbers (SSN) are no longer required for individuals to receive care through a VSP Eyes of Hope gift certificate or mobile clinic, effective September 1, 2019.

The gift certificate design has been updated to reflect this change with a new Patient ID field replacing the SSN field on the front of each certificate. Follow the instructions under “Submit a Claim” below to process the claim.

Existing gift certificates have also been modified with instructions to enable you to provide care to someone who does not have or is unwilling to provide a SSN. If you receive a gift certificate that still includes the SSN field and the patient does not provide one, follow the instructions under “Submit a Claim” below. If you have any questions, call **800.615.1883** for support.

### How to Process a Gift Certificate

#### CHECK VALIDITY

Each patient may use one gift certificate every 12 months; patients must present a valid gift certificate to receive charitable services. Please check to make sure the certificate is being redeemed before the expiration date noted on the front and refer the patient back to the partner organization to obtain a new gift certificate if necessary. Unfortunately, VSP can't accept claims on expired gift certificates.

#### CHECK PATIENT ELIGIBILITY

If patient has a Social Security number (SSN), check whether the patient has active coverage by using the “Member Search” button through **eClaim on Eyefinity<sup>®</sup>** or by calling VSP customer service. Only the last four digits of the SSN are required. If no patient record appears, or if the patient does not have an SSN, proceed to the next step to validate the gift certificate. However, having a SSN is no longer a requirement for the individual to receive services or for the doctor to be compensated. Any discussion involving SSN will be between the doctor and patient.

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**NOTE:** A patient who does not have a SSN will not be a member in the VSP system. Get an Authorization Number

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- From the eInsurance tab, select the “Gift Certificate” button, enter the letters “GC” followed by the gift certificate number printed on the front (example: GC0000001), and click “GO.”
- Create the patient record using the pre-printed “Patient ID” number on the front.
- Once the patient record has been created, check benefits covered via the VSP Provider Reference Manual for Choice or the “Patient Record” tab in eInsurance.

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**Note:** It may take 10-15 minutes after the authorization is created for the data to display.

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## Get an Authorization Number

- From the eInsurance tab, select the “Gift Certificate” button, enter the letters “GC” followed by the gift certificate number printed on the front (example: GC0000001), and click “GO.”
- Create the patient record using the pre-printed “Patient ID” number on the front.
- Once the patient record has been created, check benefits covered via the VSP Provider Reference Manual for Choice or the “Patient Record” tab in eInsurance. Note: It may take 10-15 minutes after the authorization is created for the data to display.

## HOW TO GET AN AUTHORIZATION NUMBER WITH A ‘PATIENT ID’ INSTEAD OF A SOCIAL SECURITY NUMBER (SSN)

A ‘Patient ID’ number will be pre-printed on gift certificates issued after September 1, 2019. This number is to be entered into the Patient ID field in eInsurance.

For gift certificates issued prior to September 1, 2019 that do not have the pre-printed Patient ID number, the following formula can be used to generate the Patient ID number that replaces the SSN:

1. Start with the GC serial number located on the top right of the front of the gift certificate
2. Replace the ‘GC’ alpha characters in the gift certificate number with two zeroes ‘00’
3. Enter the resulting number in the Patient ID field in eInsurance
4. Process claim as usual

Example:

1. GC serial number: GC0123456
2. Replace ‘GC’ with ‘00’: ~~GC~~0123456 becomes 000123456
3. Enter resulting number (000123456) into Patient ID field in eInsurance
4. Process claim as usual

## Submit a Claim

### ELECTRONIC CLAIMS

Submit the claim as you would for any VSP plan

### PAPER CLAIMS

Keep a copy of the certificate in your patient’s file. Call **800.615.1883** if you have questions about submitting a paper claim.

Exam only - Submit the original certificate to us with a completed [CMS-1500 claim form](#).

Exam and materials for Sight for Students claims that require Otis & Piper frames – Submit the original certificate, a completed [CMS-1500 claim form](#), and a completed VSP Materials Invoice form to VSPOne Columbus at 2065 Rohr Road, Lockbourne, OH 43137.

Exam and materials for Disaster Relief and VSP Global Eyes of Hope – Submit the original certificate, a completed [CMS-1500 claim form](#), and a completed VSP Materials Invoice form to a VSP wholly-owned lab. Please follow all other normal lab processing procedures; reserve private lab use for emergencies only.

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**NOTE:** Use Patient ID number in place of SSN on the [CMS-1500 claim form](#). See instructions in ‘Get an Authorization Number’ section above.

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## Select Eyewear

Most patients with gift certificates have access to Altair Eyewear frames up to defined frame allowance. Patients with Sight for Students gift certificates are directed to choose from the Otis & Piper collection. Frame allowances and lens benefits are noted in the section below.

If you do not carry the frames covered by the gift certificate, contact Altair at **800.505.5557** to add them to your dispensary, view the collections online at [altaireyewear.com](http://altaireyewear.com), or refer the patient back to VSP to find a provider who offers these frames.

## Waive Sales Tax Collection

Because VSP’s gift certificate programs are designed to provide a comprehensive eye exam and prescription glasses at no cost to those in need, VSP strongly encourages all VSP network doctors not to collect sales tax from these patients for covered materials.

## Archive the Gift Certificate

Save a copy of the gift certificate in your patient’s file.

## Eligibility and Benefits for Each Type of Gift Certificate

The below information relates to each specific gift certificate type. Verify the criteria before providing services to ensure that you’ll be reimbursed.

Eye care services and prescription eyewear are not available if already covered through a private insurer and/or a government program such as Medicaid.

Children covered by the VSP Access Plan may qualify if they meet all other eligibility criteria. Need clarification? Call VSP.

Only one gift certificate can be redeemed in any 12-month period. Glasses that are lost, stolen, or broken within 12 months after a previous certificate is redeemed won’t be covered or replaced.

<b>SIGHT FOR STUDENTS GIFT CERTIFICATES</b>	
Sight for Students gift certificates are distributed through national and regional strategic partners such as the National Association of School Nurses and Prevent Blindness to help children succeed in school.	
<b>PATIENT COVERAGE</b>	
<b>Eligibility</b>	To use a gift certificate, the patient must: <ul style="list-style-type: none"> <li>• be 19 years old or younger;</li> <li>• have a family income at or under 200% of the federal Poverty Level guidelines;</li> <li>• not have used a VSP program in the last 12 months.</li> </ul>
Exam/ProfSvcs	Covered - Every 12 months



Lens	Covered - Every 12 months
Frame	Covered - Every 12 months
<b>Benefit</b>	VSP Choice Plan®
<b>Network</b>	Choice
<b>Lab Use</b>	The VSPOne Columbus lab must be used to process all orders, including out-of-kit and paper claims.
<b>Low Vision</b>	Criteria applies. Please see <a href="#">Low Vision</a> in the Plans & Coverages section for further information.
<b>Vision Therapy</b>	Criteria applies. Please see <a href="#">Vision Therapy</a> in the Plans & Coverages section for further information.
<b>Coordination of Benefits</b>	COB rule 9: COB isn't allowed. Call VSP at <b>800.615.1883</b> for client exceptions and specific instructions.
<b>Retinal Screening</b>	Charge the lesser of \$39.00 or U&C
<b>PLAN DETAILS</b>	
<b>Co-Payments</b>	Exam \$0, Lens \$0, Frame \$0 Co-pay does not apply to NCL
<b>Frame Allowance</b>	<p>Fully covered from Otis and Piper™ Eyewear Collection.</p> <p>Covered for Altair/Marchon frames. up to \$115 allowance (wholesale \$45). Other frames: Charge 80% of U &amp; C.</p> <p>To ensure correct claims processing, enter \$0.00 for both wholesale and retail amounts.</p> <p><b>Out-of-kit frames are allowed for the following medically or visually necessary reasons:</b></p> <ul style="list-style-type: none"> <li>• Frame material allergies.</li> <li>• The appropriate eye size is unavailable within the Otis &amp; Piper kit selection.</li> </ul> <p><b>Use a KX modifier to indicate medical necessity. Medical necessity must be documented in the patient's file.</b></p> <p><b>Out-of-kit frames are available in any of the Altair frame collections or Altair manufactured frame lines.</b></p> <ul style="list-style-type: none"> <li>• Patients can choose from any frame manufactured by Altair.</li> <li>• If you do not carry Altair frames, contact Altair at <b>800.505.5557</b> to add them to your dispensary, view the collection online at <b>altaireyewear.com</b>, or refer the patient back to VSP to find a provider who offers these frames.</li> </ul>

	<p>For patient-supplied frames:</p> <ul style="list-style-type: none"> <li>• Patient may re-use their own existing frame; doctor can bill on Eyefinity as patient supplied.</li> <li>• Patient may <b>not</b> purchase a new non-Altair frame privately.</li> <li>• Provider Reimbursement</li> <li>• The doctor will receive a combined lens and frame dispensing fee of \$25.</li> </ul> <p>For patient-supplied frames, the doctor will receive a \$25 dispensing fee. Both frame and lens benefit will be exhausted.</p>
<b>Necessary Contact Lenses (NCL)</b>	Criteria applies. Please see <a href="#">Necessary Contact Lenses</a> in the Plans & Coverages section for further information. Copay \$0
<b>Value Added Benefits</b>	<p>20% off complete additional pair of glasses, including plano sunglasses, from a VSP doctor within 12 months of routine exam.</p> <p>15% contact lens exam services from a VSP doctor for 12 month on, or following date of routine exam.</p>
<b>LENS ENHANCEMENT DETAILS</b>	<p>Patients may choose to add lens enhancements. Follow the instructions on the Patient Record Report and charge patients according to the <a href="#">VSP Choice Plan® Lens Enhancements Chart</a>.</p> <p>Polycarbonate lenses are covered. Patient pays any additional lens enhancements. Please see <a href="#">Lenses</a> on Materials Coverage section for more information</p>
Anti-reflective Coatings	Covered with Additional Copay
Aspheric (plastic & digital)	Covered with Additional Copay, 80% of U&C
Blended Bifocal	Covered with Additional Copay, 80% of U & C
Edge Treatments	Covered with Additional Copay, 80% of U&C
Glass Color Coatings	Covered with Additional Copay, 80% of U&C
High Index	Covered with Additional Copay, 80% of U&C
Mirror/Ski Type Coating	Covered with Additional Copay, 80% of U&C
Near Variable Focus	Covered with Additional Copay, 80% of U&C
Oversize Lenses	Covered with Additional Copay
Photochromics	Covered with Additional Copay
Plastic Dyes (Gradient)	Covered with Additional Copay
Plastic Dyes (Solid color except Pink I & II)	Covered with Additional Copay
Polarized	Covered with Additional Copay, 80% of U&C
Polycarbonate	Covered
Polycarbonate add on for Near Variable Focus*	Covered
Polycarbonate add on for Polarized*	Covered
Polycarbonate add on for Progressive*	Covered
Progressives	Covered with Additional Copay
Rimless Drill	Covered

Scratch Resistant Coatings	Covered
Solid Tints and Plastic Dyes (Pink I & II)	Covered
UV Protection	Covered
*Coverage applies to Polycarbonate only, see the lens enhancement charges tab to view patient charges. This information does not guarantee patient eligibility, patient coverage, or payment to providers. Confirmation of eligibility will be determined upon receipt of the claim by VSP	

## VSP EYES OF HOPE FULL-COVERAGE GIFT CERTIFICATES

VSP Eyes of Hope gift certificates are distributed to adults and children through national and regional strategic partners and at local outreach events with charitable and community partners throughout the U.S. Full-coverage gift certificates provide access to an exam, frame and lenses.	
<b>PATIENT COVERAGE</b>	
<b>Eligibility</b>	<p>To use this gift certificate, the patient must:</p> <ul style="list-style-type: none"> <li>• have a family income at or under 200% of the Federal Poverty Level guidelines;</li> <li>• not have used a VSP program in the last 12 months.</li> </ul> <p>If the patient has coverage for a routine exam but not materials, bill the exam through other vision insurance and use the gift certificate for materials only.</p> <p>Glasses that are lost, stolen, or broken within 12 months after a certificate is redeemed can't be covered or replaced.</p>
Exam/Prof Svcs	Covered - Every 12 months
Lens	Covered - Every 12 months
Frame	Covered - Every 12 months
<b>Benefit</b>	VSP Choice Plan®
<b>Network</b>	Choice
<b>Lab Use</b>	<p>Must use plan designated contract laboratory.</p> <ul style="list-style-type: none"> <li>• Must be processed by an approved VSP Lab from the eClaim drop-down menu.</li> <li>• Please follow all other standard lab processing procedures; reserve private lab use for emergencies.</li> </ul>
<b>Low Vision</b>	Criteria applies. Please see <a href="#">Low Vision</a> in the Plans & Coverages section for further information.
<b>Vision Therapy</b>	Not Covered.
<b>Coordination of Benefits</b>	COB rule 9: COB isn't allowed. Call VSP at <b>800.615.1883</b> for client exceptions and specific instructions.
<b>Retinal Screening</b>	Charge the lesser of \$39.00 or U&C
<b>PLAN DETAILS</b>	

<b>Co-Payments</b>	Exam \$0, Lens \$0, Frame \$0 Co-pay does not apply to NCL
<b>Frame Allowance</b>	Frames are covered up to \$115.00 (wholesale \$45) WFA45 for Altair Eyewear frames. If the frame exceeds wholesale and retail allowance, the patient pays the retail overage. The patient receives a 20% savings on the overage.
<b>Necessary Contact Lenses (NCL)</b>	Criteria applies. Please see <a href="#">Necessary Contact Lenses</a> in the Plans & Coverages section for further information. Copay \$0.
<b>Value Added Benefits</b>	20% off a complete additional pair of glasses, including plano sunglasses, from a VSP doctor within 12 months of routine exam. 15% off contact lens exam services from a VSP doctor for 12 month on, or following date of routine exam.
<b>LENS ENHANCEMENT DETAILS</b>	Polycarbonate lenses are covered for patients 19 years old or younger, and for adults with monocular vision. Please see <a href="#">Lenses</a> on Materials Coverage section for more information. Lens enhancements listed as “N” or “Non-covered” are not available to the patient and will invalidate the materials portion of the claim. If a claim is submitted with non-covered lens enhancements, the provider will be responsible for the lab bill and for the entire cost of all materials.
Anti-reflective Coatings	Not Covered
Aspheric (plastic & digital)	Covered with Additional Copay, 80% of U&C
Blended Bifocal	Not Covered
Edge Treatments	Not Covered
Glass Color Coatings	Not Covered
High Index	Not Covered
Mirror/Ski Type Coating	Not Covered
Near Variable Focus	Covered with Additional Copay, 80% of U&C
Oversize Lenses	Covered
Photochromics	Not Covered
Plastic Dyes (Gradient)	Not covered
Plastic Dyes (Solid color except Pink I & II)	Not Covered
Polarized	Not covered
Polycarbonate	Covered
Polycarbonate add on for Near Variable Focus*	Covered
Polycarbonate add on for Polarized*	Covered
Polycarbonate add on for Progressive*	Covered
Progressives	Not Covered
Rimless Drill	Not Covered
Scratch Resistant Coatings	Covered

Solid Tints and Plastic Dyes (Pink I & II)	Covered
UV Protection	Not covered

\*Coverage applies to Polycarbonate only, see the lens enhancement charges tab to view patient charges.

This information does not guarantee patient eligibility, patient coverage, or payment to providers. Confirmation of eligibility will be determined upon receipt of the claim by VSP.

## VSP EYES OF HOPE MATERIALS-ONLY GIFT CERTIFICATES

VSP Eyes of Hope gift certificates are distributed to adults and children through national and regional strategic partners and at local outreach events with charitable and community partners throughout the U.S. Materials-only gift certificates provide access to a frame and lenses, but not a comprehensive exam.	
<b>PATIENT COVERAGE</b>	
<b>ELIGIBILITY</b>	<p>This gift certificate may be used by a patient who has coverage for an eye exam, either through a private insurance or government program, and does not have coverage for prescription eyewear. To use this gift certificate, the patient must:</p> <ul style="list-style-type: none"> <li>• have a family income at or under 200% of the Federal Poverty Level guidelines;</li> <li>• not have used a VSP program in the last 12 months.</li> </ul>
Exam/ProfSvcs	Not Covered
Lens	Covered - Every 12 months
Frame	Covered - Every 12 months
<b>Benefit</b>	VSP Choice Plan®
<b>Network</b>	Choice
<b>Lab Use</b>	<p>Must use plan designated contract laboratory.</p> <ul style="list-style-type: none"> <li>• Must be processed by an approved VSP Lab from the eClaim drop-down menu.</li> <li>• Please follow all other standard lab processing procedures; reserve private lab use for emergencies.</li> </ul>
<b>Low Vision</b>	Not Covered
<b>Vision Therapy</b>	Not Covered
<b>Coordination of Benefits</b>	COB rule 9: COB isn't allowed. Call VSP at <b>800.615.1883</b> for client exceptions and specific instructions.
<b>Retinal Screening</b>	Charge the lesser of \$39.00 or U&C
<b>PLAN DETAILS</b>	
<b>Co-Payments</b>	Lens \$0, Frame \$0 Co-pay does not apply to NCL
<b>Frame Allowance</b>	Frames are covered up to \$115.00 (wholesale \$45) WFA45 for Altair Eyewear frames.

<p>If you do not carry Altair frames, contact Altair at <b>800.505.5557</b> to add them to your dispensary, view the collection online at <a href="http://altaireyewear.com">altaireyewear.com</a>, or refer the patient back to VSP to find a provider who offers these frames.</p>	<p>If the frame exceeds wholesale and retail allowance, the patient pays the retail overage. The patient receives 20% savings on the overage.</p>
<p><b>Necessary Contact Lenses (NCL)</b></p>	<p>Criteria applies. Please see <a href="#">Necessary Contact Lenses</a> in the Plans &amp; Coverages section for further information. Copay \$0.</p>
<p><b>Value Added Benefits</b></p>	<p>20% off a complete additional pair of glasses, including plano sunglasses, from a VSP doctor within 12 months of routine exam. 15% off contact lens exam services from a VSP doctor for 12 month on, or following date of routine exam.</p>
<p><b>LENS ENHANCEMENT DETAILS</b></p>	<p>Polycarbonate lenses are covered for patients 19 years old or younger, and for adults with monocular vision. Please see <a href="#">Lenses</a> on Materials Coverage section for more information. Lens enhancements listed as “N” or “Non-covered” are not available to the patient and will invalidate the materials portion of the claim. If a claim is submitted with non-covered lens enhancements, the provider will be responsible for the lab bill and for the entire cost of all materials.</p>
<p>Anti-reflective Coatings</p>	<p>Not Covered</p>
<p>Aspheric (plastic &amp; digital)</p>	<p>Covered with Additional Copay, 80% of U&amp;C</p>
<p>Blended Bifocal</p>	<p>Not Covered</p>
<p>Edge Treatments</p>	<p>Not Covered</p>
<p>Glass Color Coatings</p>	<p>Not Covered</p>
<p>High Index</p>	<p>Not Covered</p>
<p>Mirror/Ski Type Coating</p>	<p>Not Covered</p>
<p>Near Variable Focus</p>	<p>Covered with Additional Copay, 80% of U&amp;C</p>
<p>Oversize Lenses</p>	<p>Covered</p>
<p>Photochromics</p>	<p>Not Covered</p>
<p>Plastic Dyes (Gradient)</p>	<p>Not covered</p>
<p>Plastic Dyes (Solid color except Pink I &amp; II)</p>	<p>Not Covered</p>
<p>Polarized</p>	<p>Not covered</p>
<p>Polycarbonate</p>	<p>Covered</p>
<p>Polycarbonate add on for Near Variable Focus*</p>	<p>Covered</p>
<p>Polycarbonate add on for Polarized*</p>	<p>Covered</p>
<p>Polycarbonate add on for Progressive*</p>	<p>Covered</p>
<p>Progressives</p>	<p>Not Covered</p>
<p>Rimless Drill</p>	<p>Not Covered</p>
<p>Scratch Resistant Coatings</p>	<p>Not Covered</p>
<p>Solid Tints and Plastic Dyes (Pink I &amp; II)</p>	<p>Covered</p>
<p>UV Protection</p>	<p>Not covered</p>

\*Coverage applies to Polycarbonate only, see the lens enhancement charges tab to view patient charges.

This information does not guarantee patient eligibility, patient coverage, or payment to providers. Confirmation of eligibility will be determined upon receipt of the claim by VSP.

## DISASTER RELIEF GIFT CERTIFICATES

Disaster Relief gift certificates are distributed through local American Red Cross chapters and shelters, USAA, and VSP Eyes of Hope mobile eye care clinics to adults and children who need eye care or have lost or damaged their glasses during a disaster.

<b>PATIENT COVERAGE</b>	
<b>ELIGIBILITY</b>	<p>To use this gift certificate, the patient must:</p> <ul style="list-style-type: none"> <li>• need eye care due to a disaster or have lost or damaged eyewear during a disaster;</li> <li>• not have used another gift certificate in the last 12 months.</li> </ul> <p>VSP members are NOT eligible for Disaster Relief gift certificates, as VSP will reinstate benefits for members who need eye care or replacement glasses as a result of a disaster. Patients covered by the VSP Access Plan may qualify for Disaster Relief gift certificates if they meet all eligibility criteria. Call VSP to clarify the member's VSP coverage or reinstate benefits.</p>
Exam/Prof Svcs	Covered - Every 12 months
Lens	Covered - Every 12 months
Frame	Covered - Every 12 months
<b>Benefit</b>	VSP Choice Plan®
<b>Network</b>	Choice
<b>Lab Use</b>	Please choose an approved VSP Lab from the eClaim drop-down menu. Follow all other standard lab processing procedures; reserve private lab use for emergencies.
<b>Low Vision</b>	Criteria applies. Please see <a href="#">Low Vision</a> in the Plans & Coverages section for further information.
<b>Vision Therapy</b>	Not Covered
<b>Coordination of Benefits</b>	COB rule 9: COB isn't allowed. Call VSP at <b>800.615.1883</b> for client exceptions and specific instructions.
<b>Retinal Screening</b>	Charge the lesser of \$39.00 or U&C
<b>PLAN DETAILS</b>	
<b>Co-Payments</b>	Lens \$0, Frame \$0 Co-pay does not apply to NCL
<b>Frame Allowance</b>	Frames are covered up to \$115.00 (wholesale \$45) WFA45 for Altair Eyewear frames. If the frame exceeds wholesale and retail allowance, the patient pays the retail overage.

	The patient receives 20% savings on the overage.
<b>Necessary Contact Lenses (NCL)</b>	Criteria applies. Please see <a href="#">Necessary Contact Lenses</a> in the Plans & Coverages section for further information. Copay \$0.
<b>Value Added Benefits</b>	20% off a complete additional pair of glasses, including plano sunglasses, from a VSP doctor within 12 months of routine exam. 15% off contact lens exam services from a VSP doctor for 12 month on, or following date of routine exam.
<b>LENS ENHANCEMENT DETAILS</b>	Polycarbonate lenses are covered for patients 19 years old or younger, and for adults with monocular vision. Please see <a href="#">Lenses</a> on Materials Coverage section for more information. Lens enhancements listed as “N” or “Non-covered” are not available to the patient and will invalidate the materials portion of the claim. If a claim is submitted with non-covered lens enhancements, the provider will be responsible for the lab bill and for the entire cost of all materials.
Anti-reflective Coatings	Not Covered
Aspheric (plastic & digital)	Covered with Additional Copay, 80% of U&C
Blended Bifocal	Not Covered
Edge Treatments	Not Covered
Glass Color Coatings	Not Covered
High Index	Not Covered
Mirror/Ski Type Coating	Not Covered
Near Variable Focus	Covered with Additional Copay, 80% of U&C
Oversize Lenses	Covered
Photochromics	Not Covered
Plastic Dyes (Gradient)	Not covered
Plastic Dyes (Solid color except Pink I & II)	Not Covered
Polarized	Not covered
Polycarbonate	Covered
Polycarbonate add on for Near Variable Focus*	Covered
Polycarbonate add on for Polarized*	Covered
Polycarbonate add on for Progressive*	Covered
Progressives	Not Covered
Rimless Drill	Not Covered
Scratch Resistant Coatings	Not Covered
Solid Tints and Plastic Dyes (Pink I & II)	Covered
UV Protection	Not covered

\*Coverage applies to Polycarbonate only, see the lens enhancement charges tab to view patient charges.

This information does not guarantee patient eligibility, patient coverage, or payment to providers. Confirmation of eligibility will be determined upon receipt of the claim by VSP.



## CIGNA HEALTHY REWARDS—VISION NETWORK SAVINGS PROGRAM

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**Important!** If updates are made to the VSP Choice Access Plan, those changes will apply to Cigna's Vision Network Savings Program.

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VSP administers the Vision Network Savings Program under Cigna's Healthy Rewards Program. The program provides savings for routine vision services and materials to all Cigna members through a Cigna Vision provider.

The plan is a VSP Choice Access plan with regional pricing on certain vision services and materials (see below for savings and prices). Prices are determined regionally, and services are available through VSP's Choice Network of doctors. Savings may be used an unlimited number of times during the patient's enrollment as a Cigna member.

There are no authorizations or claims to file—just bill the patient directly after applying the appropriate savings and regional prices.

### Eligibility

- All Cigna medical, dental, vision, pharmacy, behavioral health, and voluntary plan members are eligible for the program and can receive savings on routine vision services and materials from a Cigna Vision provider.
- Eligibility for the Vision Network Savings Program will not be available online—you won't be able to obtain an authorization or file a claim with VSP.
- If the patient has routine coverage available, please use that coverage first.
- The savings are available when patients pay privately for services and materials—they aren't combined with any other routine vision coverage.

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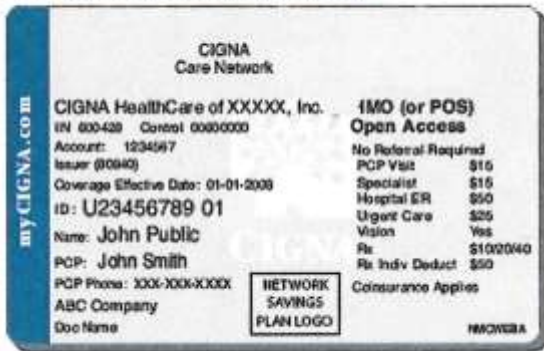
**Please Note:** Some Cigna members may have routine benefits directly through Cigna. If benefits can't be verified with VSP, apply the Vision Network Savings Program benefits, charge the patient, and advise him or her to contact Cigna to find out if he or she can submit a claim directly to Cigna.

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### ID CARDS

Most members will have a Cigna ID card with the Cigna logo in the background like the samples below.

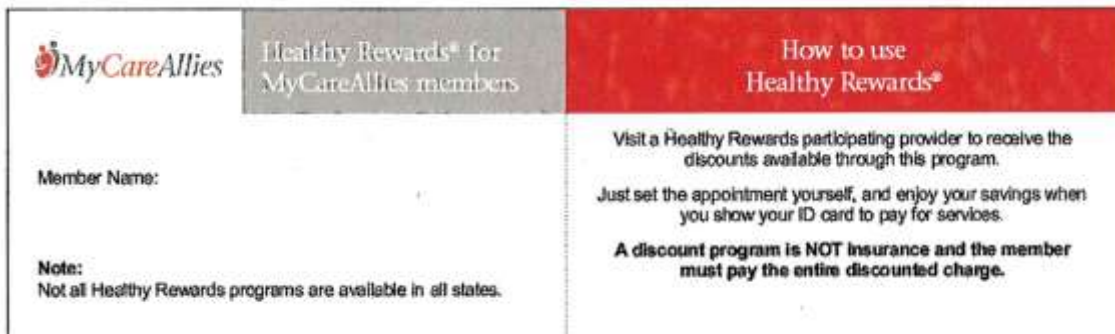
HMO Open Access or POS Open Access



Starbridge



Patients with My Care Allies coverage will have ID cards like the one below that don't have the Cigna logo, but they are eligible for the Vision Network Savings Program.



## Claims/Billing & Reimbursement

**Important!** There are no authorizations or claims to file—just bill the patient directly.

## Exam Coverage

- Charge patient 80% of U&C for exam fees or the regional exam pricing listed below for your region.
- Compare and charge the patient the lower of the two.
- Provide the level of exam needed to determine your patient's visual health status.
- Savings only applies to services and procedures included in a WellVision Exam. It doesn't apply to additional diagnoses and treatment.

## Materials Coverage

Eligible patients get savings on frames, lenses, lens enhancements, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following savings and follow the regional pricing when providing services to Cigna members through the Vision Network Savings Program.

### FRAME

- Savings of 25% on the retail price of the frame.

### LENSES

- For all lenses, charge patients 80% of U&C fees or the regional lens prices listed below for your region.
- Compare and charge the patient the lower of the two.
- There are also region specific pricing for single vision, bifocal, and trifocal lenses. Refer to the chart below to determine the appropriate pricing based on your location.

## Regional Pricing

**Important!** If updates are made to the VSP Choice Access Plan, those changes will apply to Cigna's Vision Network Savings Program.

Charge patients 80% of U&C or the prices for your region as indicated below. Patients should be charged the lower of the two amounts.

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AK	All	1	\$90	\$50	\$70	\$90
AL	All	4	\$75	\$40	\$60	\$75
AR	All	4	\$75	\$40	\$60	\$75
AZ	All	3	\$80	\$45	\$65	\$85
CA	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano	1	\$90	\$50	\$70	\$90
	All other counties	2	\$90	\$45	\$65	\$85
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	All	2	\$90	\$45	\$65	\$85
GA	All	3	\$80	\$45	\$65	\$85
HI	All	1	\$90	\$50	\$70	\$90
IA	All	4	\$75	\$40	\$60	\$75
ID	All	4	\$75	\$40	\$60	\$75
IL	All	2	\$90	\$45	\$65	\$85
IN	All	4	\$75	\$40	\$60	\$75
KS	All	4	\$75	\$40	\$60	\$75
KY	All	4	\$75	\$40	\$60	\$75
LA	All	3	\$80	\$45	\$65	\$85
MA	All	1	\$90	\$50	\$70	\$90

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
ME	All	3	\$80	\$45	\$65	\$85
MD	All	2	\$90	\$45	\$65	\$85
MI	All	2	\$90	\$45	\$65	\$85
MN	All	3	\$80	\$45	\$65	\$85
MO	All	4	\$75	\$40	\$60	\$75
MS	All	4	\$75	\$40	\$60	\$75
MT	All	4	\$75	\$40	\$60	\$75
NE	All	4	\$75	\$40	\$60	\$75
NC	All	4	\$75	\$40	\$60	\$75
ND	All	4	\$75	\$40	\$60	\$75
NH	All	2	\$90	\$45	\$65	\$85
NJ	All	1	\$90	\$50	\$70	\$90
NM	All	3	\$80	\$45	\$65	\$85
NV	All	2	\$90	\$45	\$65	\$85
NY	Bronx, Kings, Nassau, New York, Richmond, Rockland, Suffolk Queens, Westchester	1	\$90	\$50	\$70	\$90
	All other counties	3	\$80	\$45	\$65	\$85
OH	All	3	\$80	\$45	\$65	\$85
OK	All	4	\$75	\$40	\$60	\$75
OR	All	3	\$80	\$45	\$65	\$85
PA	All	2	\$90	\$45	\$65	\$85
PR (Puerto Rico)	All	4	\$75	\$40	\$60	\$75
RI	All	2	\$90	\$45	\$65	\$85
SC	All	4	\$75	\$40	\$60	\$75
SD	All	4	\$75	\$40	\$60	\$75
TN	All	4	\$75	\$40	\$60	\$75
TX	All	3	\$80	\$45	\$65	\$85
UT	All	3	\$80	\$45	\$65	\$85
VA	All	3	\$80	\$45	\$65	\$85
VT	All	3	\$80	\$45	\$65	\$85
WA	All	2	\$90	\$45	\$65	\$85
WI	All	4	\$75	\$40	\$60	\$75
WV	All	4	\$75	\$40	\$60	\$75
WY	All	4	\$75	\$40	\$60	\$75
US Virgin Islands	All	4	\$75	\$40	\$60	\$75

## LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees, not to exceed \$40.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees, not to exceed \$15.
- **UV Coating:** Charge 80% of U&C fees, not to exceed \$15.
- **Standard Progressive** (Code KA): 80% of U&C fees, not to exceed \$55 (only the amount over the base lens-flat top 28)
- **Premium and Custom Progressive**(Code FA, JA, NA, OA): Charge 80% of additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of additional U&C cost for high powers lenses.
- **All Other** Lens Enhancements & Features: Charge 80% of U&C fees.

### Progressive Lenses

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas (or Region 4).

#### Bifocal Base Lens

Bifocal (Flat Top 28) U&C	\$100
Deduct 20% (\$20)	-\$20
Bifocal Lens	\$80
vs.	vs.
Not-to-exceed regional maximum (Region 4 = \$60)*	\$60

#### Patient Bifocal Price

(Use the lower of the regional price or 80% of U&C fee) **\$60**

#### Progressive Add-On

Premium Progressive U&C	\$220
Minus Bifocal U&C (Use Flat-Top 28)	-\$100
Premium Progressive Add-On Price	\$120
Deduct 20% (\$24)	-\$24

#### Patient Premium Progressive Add-On Price

**\$96**

#### TOTAL Patient Cost

Bifocal price	\$60
Plus Progressive add-on price	<u>+\$96</u>
<b>Total Patient out-of-pocket for Bifocal and Progressive</b>	<b>\$156</b>

**\*Important!** Please refer to the [Lenses](#) section above to determine the appropriate bifocal maximum for your region based on your office location.

## CONTACT LENS EXAM SERVICES (FITTING & EVALUATION)

- Charge patients 85% of U&C.

### **CONTACT LENS MATERIALS**

- Charge patients as usual.

### **PLANO SUNGLASSES**

- Charge 80% of U&C.

### **Lab**

Lab work can be done on a private invoice basis using any lab, including in-office labs.

### **LASIK**

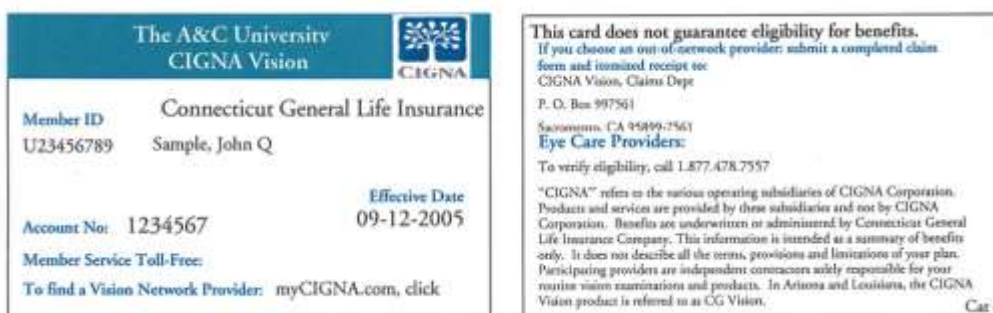
LASIK discounts are not included through the Vision Network Savings Program administered by VSP. Please have patients contact Cigna Member Services at the phone number or Web site on their ID card for more information.

## CIGNA VISION

VSP is Cigna Vision's routine vision care plan administrator. Cigna Vision plans typically cover a full eye exam, less a copay. We'll indicate specific plan information, coverage of materials, reimbursements, and copays, if any, on the Patient Record Report (a.k.a. authorization). Cigna Vision routine plans are administered through the Choice Network.

### Alternate Member Identification Number

Cigna Vision members have an Alternate Member Identification Number. Many members will have a Cigna generated ID number that begins with "U," followed by 8 digits. However, there will be instances when a Cigna Vision member has a unique 9 digit ID number. The ID number will be listed on the member's Cigna Vision or Cigna medical ID card. See below for an example of the Cigna Vision ID card.



### Communications

Cigna branded Savings Statements are in PDF format available to provide to Cigna Vision patients:

- [Cigna Vision Savings Statement w/ 20% savings](#)
- [Cigna Vision Statement w/out 20% savings](#)

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If members have questions regarding their benefits, please refer them to Cigna Vision Customer Service at 877.478.7557. Use your current VSP eligibility, authorization, and claims processes for Cigna Vision patients, including calling VSP for questions at 800.615.1883.

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### Eligibility

Please check eligibility for routine services with VSP first for Cigna members to ensure claims are billed to the appropriate insurance carrier as some members may have routine benefits directly through Cigna. If benefits can't be verified with VSP, apply the [Cigna Healthy Rewards-Vision Network Savings Program](#) savings, charge the patient, and advise him or her to contact Cigna to find out if the claim can be submitted directly to Cigna.

Some Cigna Vision members may also have dual coverage. They may have a full service VSP plan and a Cigna Vision Choice Exam Plus plan. Comment codes will alert you that the member may have dual coverage. If dual coverage does exist, check eligibility using the last 4 digits of the primary member's SSN, instead of the Cigna ID number.

### Coverage Exceptions

Cigna Vision has some exceptions to coverage that are slightly different than our other plans. The Patient Record Report (a.k.a. authorization) will indicate the following exceptions:

## **POLYCARBONATE LENSES**

These lenses are covered for children under the age of 19. The authorization will indicate them as covered lens enhancements.

## **OVERSIZE LENSES**

These lenses are covered regardless of the eye size.

## **VALUE ADDED BENEFITS**

Cigna Vision members qualify to receive a savings on exams and contact lens services through the Cigna Healthy Rewards Vision Network Savings Program. Members also receive lenses and lens enhancements at 80% of U&C , and frames at 75% of U&C even when a complete pair of glasses isn't ordered. Please refer to the [Cigna Healthy Rewards-Vision Network Savings Program Client Detail Page](#) for more detailed information.

## **ALLOWANCE PLANS - REMAINING ALLOWANCE**

Cigna Vision members with an Exam Plus or Access Indemnity plan, with a combined material allowance, can apply any unused portion of the material allowance at a later date, within the same eligibility period (i.e. calendar year), to additional materials or services. Some exceptions may apply. See the Patient Record Report for any client exceptions Members can't carry forward balances from a past eligibility period. Call VSP at **800.615.1883** to determine available allowances and to obtain an authorization.

## **Visually Necessary Contact Lenses**

Material copays don't apply to visually necessary contact lenses. Don't collect material copays from patients receiving visually necessary contact lenses, unless indicated in special comments.

## **Explanation of Payment Schedule**

We reimburse for services or materials provided to Cigna Vision members four times a month. Your normal Explanation of Payment (EOP) shows your Cigna Vision patients. In addition to your standard EOPs, you may receive an EOP for additional payment cycles, if you billed VSP for services or materials for a Cigna Vision Patient. For questions, call VSP at **800.615.1883**.

## **Client Exceptions**

The following Cigna Vision clients have unique exceptions as indicated below.

## **Altria/Philip Morris**

### **PROGRESSIVE LENSES**

If the patient orders progressive lenses, they have an \$80 progressive lens allowance. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the allowance and bill your patient the remaining balance. You may use any lab on a private invoice basis.

#### Lab Selection Instructions

To choose a lab on eClaim:

- VSP contract lab - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.
- Non-VSP contract lab - to send the order to a non-VSP contract lab, choose lab 100 from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.



## Lens Enhancements

If your patient selects progressive lenses and also orders covered lens enhancements, don't charge your patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan® chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#). Please note, if there are no service fees or charge back amounts listed (i.e., rimless mounting, pink tints 1 and 2), the lens enhancement is considered covered in the allowance and no additional payment will be made.

If other lens enhancements are ordered with the progressive lens, bill the patient 80% of U&C for this enhancement.

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**Important!** Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

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## Aquent

### ALLOWANCES

This plan has a \$300 combined allowance for any combination of exam, lenses, lens enhancements, frames, and contacts. Apply allowance to adjusted U&C for exam, glasses, and contact lens services. You may bill the patient the remaining balance.

## LACERA

### PROGRESSIVE LENSES

This plan has a \$70 allowance for progressive lenses, with a \$40 copay. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the copay from your adjusted U&C fees, and then subtract the \$70 progressive allowance. Bill your patient the remaining balance. You may use any lab on a private invoice basis.

<b>Here's an example of how to bill the patient:</b>	
Progressive U&C	\$200.00
Deduct 20%	-\$40.00
<b>Subtotal</b>	<b>\$160.00</b>
Subtract Copay (Patient Pays)	-\$40.00
<b>Subtotal</b>	<b>\$120.00</b>
Subtract Progressive Allowance	-\$70.00
<b>Remaining Balance</b>	<b>\$50.00</b>
\$50 balance & \$40 copay	
<b>Patient Pays</b>	<b>\$90.00</b>

### Lab Selection Instructions

To choose a lab on eClaim:

- **VSP contract lab** - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.

- **Non-VSP contract lab** - to send the order to a non-VSP contract lab, choose lab 100 from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.

## LENS ENHANCEMENTS

If your patient selects progressive lenses and also orders covered lens enhancements, don't charge your patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#) (see exception below).

Exception: rimless mount and pink 1 and 2 tints are considered part of the allowance. No additional payment will be made for these enhancements.

If other lens enhancements are ordered with the progressive lens, charge the patient 80% of your U&C.

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**Important!** Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

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## CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered for contact lens services (fitting and evaluation). Patients can choose to use their benefits towards an exam, contact lens services (fitting and evaluation) and either glasses (lens and frame) or contact lenses.

The contact lens allowance is based on the type of contact lenses that are dispensed. For non-disposable contacts, the allowance is \$180. For disposable contacts, the allowance is \$230.

Contact lens materials are eligible once per lifetime. The patient can receive contact lens materials and a frame in the same eligibility period.

## VISUALLY NECESSARY CONTACT LENSES

This plan has a \$230 allowance for necessary contact lenses. Follow normal procedures to determine if the patient meets the visually necessary contact lens criteria. Bill your patient the remaining balance. The patient is covered in full for contact lens services (fitting and evaluation). Use the patient's Additional Pair benefit to bill the contact lens services.

## SEIU - Staff Plan

### CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered for contact lens services (fitting and evaluation). Patients can choose to use their benefits towards an exam, contact lens services (fitting and evaluation), and either glasses (lens and frame), or contact lenses.

Visually Necessary Contact Lenses

This plan has a \$170 allowance for both visually necessary contact lenses and elective contact lenses (ECL). If your patient requires visually necessary contact lenses, bill as elective contact lenses. Apply the allowance to 85% of your U&C for the contact lens services (fitting and evaluation) fees and your U&C for contact lens material fees. Bill your patient the remaining balance.

### PROGRESSIVE LENSES

All progressive lenses are covered with a \$40 copay.

### CLAIM SUBMISSION

Please include all services and/or materials, when submitting claims for SEIU members, including those not covered by their Cigna Vision benefits (additional pairs, etc.). The charges can be added to

the FSA field on eClaim. Refer to the [Flexible Spending Account](#) section in the VSP Manual for more information.

SEIU - Union Plan

### **VISUALLY NECESSARY CONTACT LENSES**

This plan has a \$40 allowance for both visually necessary contact lenses (NCL) and elective contact lenses (ECL). If your patient requires visually necessary contact lenses, bill as elective contact lenses. Apply the allowance to 85% of your U&C for the contact lens services (fitting and evaluation) fees and your U&C for contact lens material fees. Bill your patient the remaining balance.

### **PROGRESSIVE LENSES**

All progressive lenses are covered with a \$50 copay.

### **CLAIM SUBMISSION**

Please include all services and/or materials, when submitting claims for SEIU members, including those not covered by their Cigna Vision benefits (additional pairs, etc.). The charges can be added to the FSA field on eClaim. Refer to the [Flexible Spending Account](#) section in the VSP Manual for more information.

## **South Florida Water Management - Buy up Plan (VSP Choice Plan)**

### **PROGRESSIVE LENSES**

This plan has a \$105 allowance for progressive lenses. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the allowance from 80% of your U&C fees. Bill your patient the remaining balance. You may use any lab on a private invoice basis.

Lab Selection Instructions

To choose a lab on eClaim:

- **VSP contract lab** - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.

Non-VSP contract lab - to send the order to a non-VSP contract lab, choose "lab 100" from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.

Lens Enhancements

If your patient selects progressive lenses and also orders any covered lens enhancements, don't charge the patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#). Please note, if there are no service fees or charge back amounts listed (i.e. rimless mounting and pink tints 1&2), the lens enhancement is considered covered in the allowance and no additional payment will be made

If other lens enhancements are ordered with the progressive lens, charge the patient 80% of U&C for the lens enhancement.

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**Important!** Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

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## **Cigna Covered in Full Plans**

Cigna has some clients that cover services in full for members under the age of 19 and/or members 19 and over.

The plans can be VSP Choice, Exam Plus with Allowance, or Access Indemnity. The coverage is identified with a comment code that indicates patients are covered in full for one pair of glasses or a one year supply of disposable contacts or one pair of conventional contacts, including the contact lens services (fitting and evaluation).

Contact lens materials will be reimbursed according to the Covered Contact Lens plan. The contact lens services will be reimbursed at 85% of your U&C fees. Dispensing an annual supply at one time is required under these plans. VSP should only be billed for an annual supply of lenses and shouldn't be billed for additional lenses. Additional lenses should be handled as a private transaction between you and the patient.

Covered lens enhancements include- Oversize, UV coating, scratch coating, polycarbonate and tints (solid & plastic gradient).

# FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

## New for 2020:

### Diabetic EyeCare Plus Program<sup>SM</sup>

Members who have diabetes now receive a covered-in-full retinal screening (digital imaging of the inside of the eye) and members with diabetes, glaucoma, and age-related macular degeneration may be eligible for additional exams and services. Limitations and coordination with medical coverage may apply. There is no copay for the services covered under the Diabetic EyeCare Plus Program for FEDVIP members.

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**Note:** Be sure to carefully review the Patient Record Report at authorization. [Download the member brochure.](#)

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## Materials

- Depending on their plan, FEDVIP members will have an extra \$40 or extra \$50 on top of their frame allowance to spend on Marchon or Altair frames. Review the Patient Record Report for the patient's retail and wholesale frame allowances. Refer to the [Providing Frames](#) section of the VSP Manual for more details.
- Effective October 1, 2019, FEDVIP members with the VSP High Option will be covered for Techshield<sup>TM</sup> anti-reflective (AR) coatings and have a \$20 allowance for non-Techshield<sup>TM</sup> AR coatings. Review the Patient Record Report and the Patient Lens Enhancement Charges Report to calculate the correct charges, if any.
- Contact lens exam services will be covered with a copay. Patients will have a separate allowance of \$120 or \$150 for contact lens materials, depending on their plan. See the [Contact Lenses](#) section for more information about the Contact Lens Exam Copay with Materials Allowance.

## Lab Routing

Starting January 1, 2014, prescription eyewear orders for FEDVIP members will be fulfilled through a nationwide network that includes VSPOne Optical Technology Centers and more than 50 other contract labs. Based on the materials requested, eClaim at [eyefinity.com](http://eyefinity.com) will display a list of labs available to complete your order. Orders will be routed according to the claim submission date rather than the date of service.

## Coordination of Benefits (COB)

Some FEDVIP members may have routine vision coverage through their health plan. If so, then consider the health plan as primary. Please confirm the health plan information with your patient and verify that the health plan will cover your services.

If the health plan covers:

**Exam Only:** Bill us as primary for materials. Coordinate benefits with us for any portion of the routine exam not covered by the health plan. To do so, submit a paper claim to us after you receive payment from the health plan, along with a copy of the health plan's explanation of benefits.

**Exam and Material:** Coordinate benefits for any portion of the routine exam and materials not covered by the health plan. To do so, submit a paper claim to us after you receive payment from the health plan, along with a copy of the health plan's explanation of benefits.

If the health plan doesn't cover your services, bill us as primary.

Reimbursements are based on the [VSP Choice Plan secondary COB allowance](#). For more information, refer to the [COB Between Health Plans and VSP Plans](#) section of the VSP Manual.

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**Note:** If the federal employee's health benefit (FEHB) plan is an HMO and you're not a participating provider under that plan, then bill us as primary.

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## Authorizations

Eyefinity's eClaim will display messages when patients have routine vision coverage through their health plan, indicating that coordination of benefits may apply. The IVR system and faxed authorizations will have similar messages. These messages aren't available for practices using the Practice Management Interface software.

## Glossary

<b>Closed Network Access</b>	Members must obtain medical services from network providers.
<b>FEHB Plan Type</b>	FFS and HMOs are the two FEHB plan types offered by the FEDVIP. Some FFS and HMO plans offer POS products, allowing the member to choose from a designated network of providers or non-network providers at an additional cost.
<b>Fee-for-Service (FFS)</b>	Health plan in which doctors receive a fee for each covered service. The plan will either pay the medical provider directly or reimburse the member for covered services after the member has paid the invoice and filed an insurance claim. FFS plans offer open network access, allowing the member to receive medical care from any doctor.
<b>Health Maintenance Organization (HMO)</b>	Health plan in which members receive care through a network of doctors in designated service areas. HMOs offer closed network access. <b>Note:</b> If the federal employee's health benefit (FEHB) plan is an HMO and you are not a participating provider under that plan, then bill VSP as primary.
<b>Open Network Access</b>	Members can obtain medical services from in-network or out-of-network providers.
<b>Point of Service (POS)</b>	A product offered by HMO or FFS plans. With an HMO plan, the POS product allows the member to see providers who are not part of the HMO network, paying higher deductibles and co-insurances for their services. Members must file a claim for reimbursements.

## METLIFE VISION

Patients will identify their coverage as “MetLife Vision.” Most will not be issued a member ID card; however, patients may print their own member ID card at metlife.com.

### Eligibility

When you request an authorization, the Patient Record Report will indicate “METLIFE VISION MEMBER” in the Special Information – Group Comments section. Be sure to carefully review the copays, allowances, and covered lens enhancements on the Patient Record Report.

Sample of Patient Record Report on [eyefinity.com](http://eyefinity.com):

```

**SPECIAL INFORMATION - GROUP COMMENTS
FOR NON-COVERED LENS OPTIONS USE THE CHOICE OPTIONS LIST IN THE CHOICE MANUAL ON VSPONLINE.
METLIFE VISION MEMBER: PLEASE REFER TO METLIFE VISION, NOT VSP, WHEN SPEAKING WITH THE MEMBER.
FOR FURTHER DETAILS, REVIEW THE METLIFE VISION CLIENT DETAIL PAGE IN THE CHOICE MANUAL. REFER
MEMBERS WITH QUESTIONS TO 855.MET.EYE1 (855.638.3931).

```

Sample of Patient Record Report by fax:

```

**SPECIAL INFORMATION - GROUP COMMENTS
D554 FOR NON-COVERED LENS OPTIONS USE THE CHOICE OPTIONS LIST IN THE C
HOICE MANUAL ON VSPONLINE.
P154 METLIFE VISION MEMBER: PLEASE REFER TO METLIFE VISION, NOT VSP, W
HEN SPEAKING WITH THE MEMBER. FOR FURTHER DETAILS, REVIEW THE MET
LIFE VISION CLIENT DETAIL PAGE IN THE CHOICE MANUAL. REFER MEMBER
S WITH QUESTIONS TO 855.MET.EYE1 (855.638.3931).

```

### Benefit Administration

Your practice will request an authorization, submit claims, and be reimbursed just as you would for a VSP Choice Plan® patient.

### Covered Lens Enhancements

The following enhancements are covered for all MetLife Vision patients:

- Polycarbonate lenses for children
- UV lenses (Aon Hewitt Corporate Exchange has different UV coverage options).

In addition, some MetLife Vision patients may be covered in full or with a copay for other lens enhancements, including standard progressives (category K). Coverage will be indicated on the Patient Record Report if applicable.

For more about these covered lens enhancements, please refer to [Flexible Lens Enhancements](#) in the **Materials Coverage** section.

### Value-added Benefits

Provide the VSP Choice Plan benefits for any additional services or materials as you normally would for any other VSP Choice Plan patient. Refer to [Value-Added Benefits](#) in the **Materials Coverage** section for full details.

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**Important!** If the patient provides the program code MET2020 or displays a MetLife VisionAccess Program wallet card, they are eligible for the MetLife VisionAccess Program pricing in lieu of the VSP Choice Plan value-added benefits. (Eligibility for the MetLife VisionAccess Program is not in the system and will not appear on the Patient

Record Report.) For details on administering the benefit, please see the [MetLife VisionAccess Program](#) page.

---

## Patient Communications

Remember, patients won't know that VSP is the third-party administrator for MetLife Vision. Use the MetLife-branded patient forms returned with the authorization or download them from the **Forms Library** under **Administration** on **VSPOnline**.

## Questions

Practices should call VSP at **800.615.1883** with any questions. Please refer patients with questions to MetLife Vision Customer Service:

- MetLife Vision – Call 855.MET.EYE1 (**855.638.3931**).
- MetLife VisionAccess Program – Call 800.ASK.4MET (**800.275.4638**).

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval.



## METLIFE VISIONACCESS PROGRAM

VSP administers the MetLife VisionAccess Program, providing MetLife members with benefits for routine vision services and materials through VSP Choice Network providers.

The plan is a VSP Choice Access® plan with regional pricing on certain vision services and materials. Prices are determined regionally.

There are no authorizations or claims to file—just bill the patient directly after applying the appropriate benefits and regional prices available an unlimited number of times.

---

**Important!** The MetLife VisionAccess Program is separate from MetLife Vision, although some members may be eligible for both. Be sure to check eligibility on [eyefinity.com](http://eyefinity.com) to see if the patient is also eligible for MetLife Vision. For details on administering the benefit, please see the **MetLife Vision** page.

---

### Eligibility

- Members who provide the program code **MET2020\*** (or display an optional MetLife VisionAccess Program wallet card) during their office visit are eligible.
- Eligibility for the MetLife VisionAccess Program is not available online—you won't be able to obtain an authorization or file a claim with VSP.
- If the patient has routine coverage available, please use that coverage first.
- The savings are available when patients pay privately for services and materials; they aren't combined with any other routine vision coverage.

### ID CARDS

ID cards are not required; however, some members may have optional MetLife VisionAccess Program wallet cards, sample as follows, with the program code **MET2020**.

### VisionAccess Program

**See Well. Stay Healthy. Save More.**

- 20% off eye exam
- 20% off lenses and lens options
- 25% off frames
- 20% off non-prescription sunglasses
- Discounts on laser vision correction



Program Code:  
**MET2020**



*Program provided through  
Vision Service Plan (VSP).*

### Claims/Billing & Reimbursement

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**Important!** There are no authorizations or claims to file—just bill the patient directly.

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## MetLife VisionAccess Regional Schedule

**Download** a printable regional schedule. Your region, as noted at the top of the report, determines the prices for the eye exam and lenses

State/County	Region	State/County	Region
Alabama	4	New Jersey	1
Alaska	1	New Mexico	3
Arizona	3	New York	
Arkansas	4	• Bronx	1
California		• Kings	1
• Alameda	1	• Nassau	1
• Contra Costa	1	• New York	1
• Marin	1	• Queens	1
• Napa	1	• Richmond	1
• San Francisco	1	• Rockland	1
• San Mateo	1	• Suffolk	1
• Santa Clara	1	• Westchester	1
• Solano	1	• All Other Counties	3
• All Other Counties	2	North Carolina	4
Colorado	3	North Dakota	4
Connecticut	1	Ohio	3
Delaware	2	Oklahoma	4
District of Columbia	1	Oregon	3
Florida	2	Pennsylvania	2
Georgia	3	Puerto Rico	4
Hawaii	1	Rhode Island	2
Idaho	4	South Carolina	4
Illinois	2	South Dakota	4
Indiana	4	Tennessee	4
Iowa	4	Texas	3
Kansas	4	Utah	3
Kentucky	4	Vermont	3
Louisiana	3	Virginia	3
Maine	3	Washington	2
Maryland	2	West Virginia	4
Massachusetts	1	Wisconsin	4
Michigan	2	Wyoming	4
Minnesota	3		
Mississippi	4		
Missouri	4		
Montana	4		
Nebraska	4		
Nevada	2		
New Hampshire	2		

## Exam Coverage

- Charge patients 80% of U&C or the price listed in the MetLife VisionAccess Regional Schedule for your region, whichever is lower for eye exam.
- Provide the level of exam needed to determine your patient's visual health status.
- Savings only applies to services and procedures included in a WellVision Exam. It doesn't apply to additional diagnoses and treatment.

## Materials Coverage

Eligible patients receive savings on frames, lenses, lens enhancements, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following savings or regional pricing, when providing services to patients eligible for the MetLife VisionAccess Program.

### FRAME

- Charge 75% of U&C for the retail price of the frame.

### LENSES

- For all lenses, charge patients 80% of U&C or the price listed in the MetLife VisionAccess Regional Schedule for your region (see above).
- Compare the fee and the regional price; charge the patient the lower of the two.
- There are also region-specific prices for single vision, bifocal, and trifocal lenses. Refer to the MetLife VisionAccess Regional Schedule for your region (see above) to determine the appropriate pricing.

## Regional Pricing

Charge patients 75% of U&C for frames, 80% of U&C for lenses, or the regional pricing as indicated in the MetLife VisionAccess Regional Schedule for your region (see above).

### LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees, not to exceed \$40.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings** (refer to the [Product Index](#)): Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees, not to exceed \$15.
- **UV Coating:** Charge 80% of U&C fees, not to exceed \$15.
- **Standard Progressive (code KA):** Charge 80% of U&C fees, not to exceed \$55 (only the amount over the base lens—flat top 28)
- **Premium and Custom Progressive (Code JA, FA, NA, OA):** Charge 80% of additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of additional U&C cost for high powers lenses.
- **All Other Lens Enhancements & Features:** Charge 80% of U&C fees.

### Progressive Lenses

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas.

#### Bifocal Base Lens

Bifocal (Flat Top 28) U&C	\$100
Deduct 20%(\$20)	-\$20
80% of U&C Bifocal Lens fees	\$80
vs.	vs.
Regional price (Arkansas = \$60)*	\$60
<b>Patient Bifocal Price</b>	<b>\$60</b>
(Use the lower fee.)	
<b>Progressive Add-On</b>	
Premium Progressive U&C	\$220
Minus Bifocal U&C (Flat Top 28)	-\$100
Premium Progressive Add-on Price	\$120
Deduct 20%(\$24)	-\$24
<b>Patient Premium Progressive Add-on Price</b>	<b>\$96</b>
<b>TOTAL Patient Cost</b>	
Patient Bifocal price	\$60
Plus Patient Progressive add-on price	<u>+\$96</u>
<b>Total Patient out-of-pocket for Bifocal and Progressive</b>	<b>\$156</b>

**\*Important!** Please refer to the [Lenses](#) section above to determine the bifocal price for your region based on your office location.

### CONTACT LENS EXAM SERVICES (FITTING & EVALUATION)

- Charge patient 85% of U&C fee.

### CONTACT LENS MATERIALS

- Charge patients as usual.

### PLANO SUNGLASSES

- Charge 80% of U&C fees.

### Lab

Lab work can be done on a private invoice basis using any lab, including in-office labs.

### Laser Vision Correction

Refer to the [Laser VisionCare](#) section of the VSP Manual for information. Coverage mirrors the VSP Laser VisionCare<sup>SM</sup> Program offered with the VSP Choice Access Program.

### Questions

Practices should call VSP at **800.615.1883** with any questions.

Please refer patients with questions to MetLife VisionAccess Customer Service at 800.ASK.4MET (**800.275.4638**).

MetLife VisionAccess is a savings program and not an insured benefit. It is provided through VSP Vision Care, Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

**Note:** Any changes to VSP Choice Access Plan apply to MetLife's VisionAccess Program.

## PRINCIPAL FINANCIAL GROUP

**Retirees:** Please refer to [VSP Vision Savings Pass](#) in the **Client Details** section for further information.

**Current employees and dependents:** Please refer to [VSP Choice Plan](#) and [VSP Exam Plus Plan](#) for further information.

### Eligibility

Principal identifies members by a unique nine-digit ID number referred to as a member or privacy ID. Members can find this number on [principal.com](http://principal.com) or on the Principal mobile app.

# CHOICE EXAM PLUS PLANS

## EXAM & MATERIALS COVERAGE

### Exam Coverage

Covered comprehensive eye exams are generally available to your patient once every 12 or 24 months on a service year, fiscal year, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

**Choice Exam Plus Plan and Choice Exam Plus with Allowances Plan** eye exam fees are made according to your Choice Network Fee Schedule.

We'll pay exam services once per eligibility period. Don't balance bill for exams.

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**Note:** Avoid reduced reimbursements. Bill separately for refraction (92015). Your Choice Network Fee Schedule lists your refraction fee.

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### Materials Coverage

Choice Exam Plus and Choice Exam Plus with Allowances patients are entitled to savings on glasses and contact lens services. Choice Exam Plus with Allowances patients are eligible for additional materials benefits based on a client-determined schedule of allowances. Refer to [VSP Exam Plus and Exam Plus with Allowances](#) in the VSP Manual for more information.

### Lab

Lab work is handled privately. You may supply lenses through any lab, including in-office labs.

# VSP CHOICE ACCESS® PLAN

The VSP Choice Access Plan is a savings plan with regional pricing on exams, lenses, and certain lens enhancements (listed below) that provides a savings to eligible patients when they see a VSP Choice Network Doctor. Benefits may be used an unlimited number of times during the patient's enrollment in the VSP Choice Access Plan.

The plan is not available in Montana, Vermont, Washington, Guam, Puerto Rico, and the U.S. Virgin Islands.

## Eligibility

- Verify eligibility through [eyefinity.com](http://eyefinity.com) or call VSP at **800.615.1883**.
- You can view the Patient's Record Report for plan information including savings information and regional pricing.

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**Important!** There are no authorizations or claims to file—just bill the patient directly after applying the appropriate fees.

---

## Exam Coverage

Provide the level of exam needed to determine your patient's visual health status. Use professional judgment when evaluating prescriptions from another doctor. You may request an additional exam at 80% of U&C.

- Savings only applies to services and procedures included in a WellVision Exam®. It doesn't apply to additional diagnoses and treatment.
- Deduct 20% from your U&C fees for a WellVision Exam and then compare the fee to the pricing for your region—charge the patient the lower of the two.

## Materials Coverage

Eligible patients get the following discounts on glasses, sunglasses, and lens enhancements for prescription and non-prescription lenses:

### LENS

- Charge 80% of U&C fees for base lenses up to the regional member fee.

### LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees or \$40, whichever is less.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees or \$45, whichever is less.
- **All other Anti-Reflective Coatings** (refer to the [Product Index](#)): Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees or \$15, whichever is less.
- **UV Coating:** Charge 80% of U&C fees or \$15, whichever is less.
- **Standard Progressive** (Code KA): Charge 80% of U&C fees or \$55, whichever is less (only the amount over the base lens – flat top 28).
- **Premium and Custom Progressive** (Code FA, JA, NA, OA): Charge 80% of the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of the additional U&C cost for high powers lenses.
- **All Other Lens Enhancements & Features:** Charge 80% of U&C fees.

### Premium Progressive Lenses

For progressives, subtract the U&C FT28 bifocal cost from the progressive U&C fee, and then deduct 20% off that amount.

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas (or Region 4).

#### Bifocal Base Lens

Bifocal (Flat Top 28) U&C	\$100
Deduct 20%(\$20)	-\$20
80% of U&C Bifocal Lens	\$80
vs.	vs.
Regional bifocal price (Region 4 = \$60)*	\$60
<hr/>	
<b>Patient Bifocal Price</b> (Use the lower fee)	<b>\$60</b>
<hr/>	
<b>Progressive Add-On</b>	
Premium Progressive U&C	\$220
Minus Bifocal U&C (Use Flat-Top 28)	-\$100
Premium Progressive Add-On Price	\$120
Deduct 20%(\$24)	-\$24
<b>Patient Progressive Add-On Price</b>	<b>\$96</b>
<hr/>	
<b>TOTAL Patient Cost</b>	
Patient bifocal price	\$60
Plus progressive add-on price	<u>+\$96</u>
<b>Total Patient out-of-pocket for bifocal and progressive</b>	<b>\$156</b>

**\*Important!** Please refer to the [Lenses](#) section above to determine the appropriate bifocal price for your region based on your office location.

### FRAME

- Charge 75% of U&C.
- Savings don't apply if the frame manufacturer prohibits discounts.

### CONTACT LENSES

- Charge 85% of U&C fees for contact lens services (fitting and evaluation) for prescription lenses only.
- Charge 100% of your U&C fees for contact lens materials, solutions, or cleaning products.

### Lab

Lab work is handled privately. You may supply lenses through any lab, including in-office labs.

### VSP Laser VisionCare<sup>SM</sup> Program

Refer to the [Laser VisionCare](#) section of the VSP Manual for information.

### Claims/Billing & Reimbursement

**Important!** There are no claims to file.



Apply the corresponding savings to your U&C fees, with the not-to-exceed maximums. Collect the appropriate fees from the patient. Handle the transaction as a private payment arrangement.

## Regional Pricing

The applicable regional prices are listed on the **Patient Record Report** and are also included below for your reference.

Charge patients 80% of your U&C fees or price for your region---whichever is lower.

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AK	All	1	\$90	\$50	\$70	\$90
AL	All	4	\$75	\$40	\$60	\$75
AR	All	4	\$75	\$40	\$60	\$75
AZ	All	3	\$80	\$45	\$65	\$85
CA	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano	1	\$90	\$50	\$70	\$90
	All other counties	2	\$90	\$45	\$65	\$85
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	All	2	\$90	\$45	\$65	\$85
GA	All	3	\$80	\$45	\$65	\$85
HI	All	1	\$90	\$50	\$70	\$90
IA	All	4	\$75	\$40	\$60	\$75
ID	All	4	\$75	\$40	\$60	\$75
IL	All	2	\$90	\$45	\$65	\$85
IN	All	4	\$75	\$40	\$60	\$75
KS	All	4	\$75	\$40	\$60	\$75
KY	All	4	\$75	\$40	\$60	\$75
LA	All	3	\$80	\$45	\$65	\$85
MA	All	1	\$90	\$50	\$70	\$90
ME	All	3	\$80	\$45	\$65	\$85
MD	All	2	\$90	\$45	\$65	\$85
MI	All	2	\$90	\$45	\$65	\$85
MN	All	3	\$80	\$45	\$65	\$85
MO	All	4	\$75	\$40	\$60	\$75
MS	All	4	\$75	\$40	\$60	\$75
MT	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
NE	All	4	\$75	\$40	\$60	\$75
NC	All	4	\$75	\$40	\$60	\$75
ND	All	4	\$75	\$40	\$60	\$75

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
NH	All	2	\$90	\$45	\$65	\$85
NJ	All	1	\$90	\$50	\$70	\$90
NM	All	3	\$80	\$45	\$65	\$85
NV	All	2	\$90	\$45	\$65	\$85
NY	Bronx, Kings, Nassau, New York, Richmond, Rockland, Suffolk Queens, Westchester	1	\$90	\$50	\$70	\$90
	All other counties	3	\$80	\$45	\$65	\$85
OH	All	3	\$80	\$45	\$65	\$85
OK	All	4	\$75	\$40	\$60	\$75
OR	All	3	\$80	\$45	\$65	\$85
PA	All	2	\$90	\$45	\$65	\$85
PR (Puerto Rico)	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
RI	All	2	\$90	\$45	\$65	\$85
SC	All	4	\$75	\$40	\$60	\$75
SD	All	4	\$75	\$40	\$60	\$75
TN	All	4	\$75	\$40	\$60	\$75
TX	All	3	\$80	\$45	\$65	\$85
UT	All	3	\$80	\$45	\$65	\$85
VA	All	3	\$80	\$45	\$65	\$85
VT	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
WA	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
WI	All	4	\$75	\$40	\$60	\$75
WV	All	4	\$75	\$40	\$60	\$75
WY	All	4	\$75	\$40	\$60	\$75

# VSP® VISION SAVINGS PASS™

VSP Vision Savings Pass is a non-insurance product that offers patients clear, straightforward pricing for an exam and glasses. It provides a competitive national fee schedule, special pricing on lens enhancements, and savings\* on frames and contact lens exams.

## Eligibility & Authorization

Obtain eligibility on [eyefinity.com](http://eyefinity.com) or by calling VSP at **800.615.1883**.

VSP Vision Savings Pass is listed on the VSP Patient Record Report under Benefit.

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**Note:** Coordination of benefits is not allowed because this is a non-insurance product.

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## Exam Services

Patients are eligible for an annual eye exam. Charge \$50 for the exam with the purchase of complete pairs (lenses and frame)\* of prescription glasses (bill the exam with glasses, on the same claim, to ensure accurate claim processing). Patients who select contacts or who don't purchase prescription glasses pay 80% of your U&C fee for the exam.

- Savings only applies to services and procedures included in a WellVision Exam®. It doesn't apply to additional diagnoses and treatment.
- Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at 80% of U&C.
- **Retinal screening:** patients pay \$39 or your U&C fee, whichever is lower.

See [Client Exceptions](#), below.

## Materials

Use the following to charge eligible patients for frames, lenses, and lens enhancements when a complete pair of prescription glasses is dispensed. Eligible patients can receive unlimited complete sets of prescription glasses or plano (non-prescription) sunglasses from any VSP doctor.

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**Note:** Patient is not required to receive exam from your office to receive savings. Use professional judgment when evaluating prescriptions from another doctor.

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**Frame:** patients pay 75% of the retail price of the frame.

**Base lenses:** patients pay a flat rate for base lenses, as follows:

Single vision	\$40
Bifocal	\$60
Trifocal	\$75
Lenticular	\$75
Progressive	\$60 base lens + Choice lens enhancement fee

**Lens enhancements:** use the Choice Plan Lens Enhancements Chart to determine patient pricing for lens enhancements.

**Non-prescription sunglasses:** charge 80% U&C for complete pairs of non-prescription sunglasses dispensed within 12 months of the exam.

Be aware of the following materials requirements:

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**Note:** Claims that don't meet these requirements will be denied.

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- Must provide complete pairs of glasses with both lenses and frame
- Only complete sets of lenses (includes balance lenses)
- Proprietary lens and frame are not allowed
- Frame must be doctor-supplied (not lab or patient-supplied)
- In-office finishing or the use of a non-VSP Choice Network Lab is not allowed.

## Contact Lens Services

Charge eligible patients 85% of U&C for contact lens exam services (F&E) and follow-up services, and 100% of U&C for contact lens materials.

- Applies to services for prescription contact lenses only.
- Is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another doctor.
- Doesn't apply to solutions, cleaning products, or service agreements.

## VSP Laser VisionCare<sup>SM</sup> Program

Patients are eligible for the Laser VisionCare Program. Refer to the [VSP Laser VisionCare Program](#) page in the **VSP Manual**.

See the **Laser VisionCare Program** section under **Programs** on **VSPOnline** at [eyefinity.com](http://eyefinity.com) for information on how to participate or for a list of participating facilities.

## Lab

Orders must be sent to a VSP Choice Network Lab. Use of a private lab or in-office finishing is not allowed and will cause the claim to deny.

## Submitting Claims/Billing

Claims may be submitted on eClaim or on paper. See the [Submitting Claims](#) section in the **VSP Manual** for details.

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**Note:** Be sure to bill the exam with glasses on the same claim for accurate claim processing. Don't split the billing.

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## Reimbursement

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**Note:** The patient pays the majority of the fees to your office directly. Just like any other VSP Choice Plan, VSP pays the lab on your behalf—so the "VSP Pays Doctor" column on your EOP will show a negative amount.

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## PROFESSIONAL SERVICES

**Eye exam:** When billed with prescription glasses, you'll be reimbursed by VSP according to your Choice Network fees. Without prescription glasses, patient pays you directly at 80% U&C.

Contact lens exam (fitting and evaluation): patient pays you directly at 85% U&C.

**Retinal screening:** patient pays you directly, up to \$39.

## MATERIALS

**Base lenses:** you'll be reimbursed according to your Choice Network fees.

**Lens enhancements:** your service fees and chargebacks will be calculated as usual based on the VSP Choice Plan Lens Enhancement chart to cover material costs.

**Contact lenses:** patient pays 100% of U&C directly to you.

**Non-prescription sunglasses:** patient pays 80% of U&C directly to you.

**Frame:** Your frame compensation is calculated using the wholesale frame allowance (up to \$57), plus your Choice Plan frame dispensing fee, plus 80% of the retail price over \$150, which is the same as your Choice fees.

Example: Patient chooses a frame with a retail price of \$200 and wholesale cost of \$76.

Patient pays:

Retail frame price	\$200
Subtract 25% savings	-\$50
Patient pay	\$150

VSP Choice compensation allowed amount:

Wholesale frame allowance	\$57
Choice Network frame dispensing (varies by practice)	+\$19
80% of the retail price over \$150 (80% of \$50 = \$40)	+\$40
Total compensation	\$116

The difference between what the patient pays and the total compensation amount is a chargeback (-\$34).

The chargeback is collected from the patient's payment to cover administrative costs of the program.

## Client Exceptions

Members of the following clients pay a flat \$50 exam fee, regardless of glasses purchase:

- First Energy Local 102
- Vermont Health Plan (only applies to some pediatric members)

Refer to the member's Patient Record Report to verify patient pay amount.

\*VSP does not require providers to provide discounts on non-covered services in states where it's prohibited by law to require it. However, unless you've opted out, you should continue to provide all Value Added Benefits to all VSP members. For more information, including details regarding how to opt out, call VSP at **800.615.1883**.

**B l a n k**

# VSP Choice Plan<sup>®</sup>

## Lens Enhancements Chart



Effective July 1, 2018

Use this chart to determine what to charge patients and reconcile your VSP<sup>®</sup> Vision Care Explanation of Payment.

### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower. For lens enhancements without a copay listed, charge 80% of your U&C.

### **Charge Back**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

### **Service Fee**

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

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# VSP Choice Plan

Charge patients the listed patient copay or 80% of your U&C, 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	<b>Aspheric Plastic</b> 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	<b>High-index Plastic</b> 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	<b>High-index Plastic</b> 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	<b>High-index Plastic</b> 1.70 & Above	\$68	\$43	80% of U&C	--	--	--
AD	<b>Polycarbonate</b>	\$10	\$21	\$31	\$14	\$21	\$35
AE	<b>(Lab Use Only)</b>	--	--	--	--	--	--
AF	<b>High-index Glass</b> 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	<b>Digital Aspheric Lenses – Plastic</b>	\$19	\$21	80% of U&C	\$26	\$21	80% of U&C
BA + BB	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	<b>Digital Aspheric Lenses – High-index Plastic</b> 1.70 & Above	\$57	\$29	80% of U&C	--	--	--
BD	<b>Digital Aspheric Lenses – Polycarbonate</b>	\$19	\$21	\$40	\$26	\$21	\$47

Occupational Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	<b>(Lab Use Only)</b>	--	--	--	--	--	--
CE	<b>(Lab Use Only)</b>	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	<b>Polarized Lenses – Plastic A</b>	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	<b>Polarized Lenses – High-index Plastic</b> 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	<b>Polarized Lenses – High-index Plastic</b> 1.66/1.67	\$55	\$34	80% of U&C	--	--	--
DA + DD	<b>Polarized Lenses – Polycarbonate</b>	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	<b>Polarized/Laminated Lenses – Glass</b>	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

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	<b>Near Variable Focus – Plastic</b>	--	--	--	\$26	\$24	80% of U&C
IA + IB	<b>Near Variable Focus – High-index Plastic</b> 1.53-1.60	--	--	--	\$11	\$13	80% of U&C
IA + II	<b>Near Variable Focus – High-index Plastic</b> 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
IA + ID	<b>Near Variable Focus – Polycarbonate</b>	--	--	--	\$7	\$13	80% of U&C
GA	<b>Blended Bifocal – Plastic</b>	--	--	--	\$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	<b>(Lab Use Only)</b>	--	--	--	--	--	--
MN	<b>Plastic Dyes – Solid Color</b> (Except Pink I & II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	<b>Plastic Dyes – Gradient</b>	\$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

Charge patients the listed patient copay or 80% of your U&C, 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	<b>(Lab Use Only)</b>	--	--	--	--	--	--
MR	<b>Glass Tints Solid</b> (Except Pink I & II & Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	<b>Glass Color Coatings – Solid</b>	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	<b>Glass Color Coatings – Gradient</b>	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C

Photochromics		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	<b>Photochromics – Glass</b>	\$15	\$18	\$33	\$23	\$18	\$41
PP	<b>Photochromics – Plastic</b>	\$42	\$28	\$70	\$51	\$31	\$82
^PP	<b>Photochromics – Mid-index</b>	\$42	\$28	\$70	\$51	\$31	\$82

Other Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	<b>Anti-reflective Coating A</b>	\$21	\$20	\$41	\$21	\$20	\$41
QN	<b>Anti-reflective Coating B</b>	\$34	\$24	\$58	\$34	\$24	\$58
QT	<b>Anti-reflective Coating C</b>	\$41	\$28	\$69	\$41	\$28	\$69
QV	<b>Anti-reflective Coating D</b>	\$52	\$33	\$85	\$52	\$33	\$85
QP	<b>Mirror – Solid &amp; Single Gradient</b> (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	<b>Ski Type</b> (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	<b>Scratch-resistant Coating A – Factory Applied</b>	\$7	\$10	\$17	\$7	\$10	\$17
QS	<b>Scratch-resistant Coating B – Other Approved Coatings</b>	\$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	<b>Frames Stamped 61mm Eye Size or Greater – Plastic</b>	\$5	\$6	\$11	\$6	\$8	\$14
RN	<b>Frames Stamped 61mm Eye Size or Greater – Glass</b>	\$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	<b>High-luster Edge Polish</b>	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	<b>Edge Coating</b>	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	<b>Faceted Lenses</b> (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SV	<b>UV Protection</b>	\$6	\$10	\$16	\$6	\$10	\$16
BV	<b>UV Protection – Backside</b>	\$7	\$3	\$10	\$7	\$3	\$10
TA	<b>Technical Add On</b>	\$8	\$2	\$10	--	--	--
SH	<b>(Lab Use Only)</b>	--	--	--	--	--	--
ST	<b>(Lab Use Only)</b>	--	--	--	--	--	--
SW	<b>(Lab Use Only)</b>	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	<b>Plastic Dyes – Solid Color</b> (Pink I & II)	\$5	--	--	\$5	--	--
IN	<b>Plastic Dyes – Solid Color</b> (Except Pink I & II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	<b>Plastic Dyes – Gradient</b>	\$7	\$10	\$17	\$7	\$10	\$17
IV	<b>UV Protection</b>	\$6	\$10	\$16	\$6	\$10	\$16

^If ordered with SunSensors or SunGray photochromics, lens enhancement code PP includes payment for mid-index materials.

1. 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 Choice Plan

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

Progressive				
Code	Lens Enhancement Description	Charge Back	Service Fee <sup>2</sup>	Patient Copay
CM	<b>Custom Measurements</b> (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	<b>Progressive N – Plastic</b>	\$95	\$80	\$175
NA + NB	<b>Progressive N – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$22	\$175 + 80% of U&C <sup>3</sup>
NA + NH	<b>Progressive N – High-index Plastic</b> 1.66/1.67	\$48	\$30	\$175 + 80% of U&C <sup>3</sup>
NA + NJ	<b>Progressive N – High-index Plastic</b> 1.70 & Above	\$77	\$48	\$175 + 80% of U&C <sup>3</sup>
NA + ND	<b>Progressive N – Polycarbonate</b>	\$15	\$20	\$175 + \$35
NA + NP	<b>Progressive N – Polarized</b>	\$51	\$31	\$175 + 80% of U&C <sup>3</sup>
OA	<b>Progressive O – Plastic</b>	\$79	\$71	\$150
OA + OB	<b>Progressive O – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$22	\$150 + 80% of U&C <sup>3</sup>
OA + OH	<b>Progressive O – High-index Plastic</b> 1.66/1.67	\$48	\$30	\$150 + 80% of U&C <sup>3</sup>
OA + OJ	<b>Progressive O – High-index Plastic</b> 1.70 & Above	\$77	\$48	\$150 + 80% of U&C <sup>3</sup>
OA + OD	<b>Progressive O – Polycarbonate</b>	\$15	\$20	\$150 + \$35
OA + OP	<b>Progressive O – Polarized</b>	\$51	\$31	\$150 + 80% of U&C <sup>3</sup>
FA	<b>Progressive F – Plastic</b>	\$54	\$51	\$105
FA + FB	<b>Progressive F – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$22	\$105 + 80% of U&C <sup>3</sup>
FA + FH	<b>Progressive F – High-index Plastic</b> 1.66/1.67	\$48	\$30	\$105 + 80% of U&C <sup>3</sup>
FA + FJ	<b>Progressive F – High-index Plastic</b> 1.70 & Above	\$77	\$48	\$105 + 80% of U&C <sup>3</sup>
FA + FD	<b>Progressive F – Polycarbonate</b>	\$15	\$20	\$105 + \$35
FA + FP	<b>Progressive F – Polarized</b>	\$51	\$31	\$105 + 80% of U&C <sup>3</sup>
FE	<b>Progressive F – Glass/High-index Glass</b> (Clear)	\$59	\$51	\$110
JA	<b>Progressive J – Plastic</b>	\$46	\$49	\$95
JA + JB	<b>Progressive J – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$22	\$95 + 80% of U&C <sup>3</sup>
JA + JH	<b>Progressive J – High-index Plastic</b> 1.66/1.67	\$48	\$30	\$95 + 80% of U&C <sup>3</sup>
JA + JJ	<b>Progressive J – High-index Plastic</b> 1.70 & Above	\$77	\$48	\$95 + 80% of U&C <sup>3</sup>
JA + JD	<b>Progressive J – Polycarbonate</b>	\$15	\$20	\$95 + \$35
JA + JP	<b>Progressive J – Polarized</b>	\$51	\$31	\$95 + 80% of U&C <sup>3</sup>
JE	<b>Progressive J – Glass/High-index Glass</b> (Clear)	\$56	\$49	\$105
KA	<b>Progressive K – Plastic</b>	\$28	\$27	\$55
KA + KB	<b>Progressive K – High-index Plastic</b> 1.53-1.60/Trivex	\$25	\$22	\$55 + 80% of U&C <sup>3</sup>
KA + KH	<b>Progressive K – High-index Plastic</b> 1.66/1.67	\$48	\$30	\$55 + 80% of U&C <sup>3</sup>
KA + KJ	<b>Progressive K – High-index Plastic</b> 1.70 & Above	\$77	\$48	\$55 + 80% of U&C <sup>3</sup>
KA + KD	<b>Progressive K – Polycarbonate</b>	\$15	\$20	\$55 + \$35
KA + KP	<b>Progressive K – Polarized</b>	\$51	\$31	\$55 + 80% of U&C <sup>3</sup>
KE	<b>Progressive K – Glass/High-index Glass</b> (Clear)	\$53	\$27	\$80

2. 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.

3. 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 Categories <sup>3</sup> as of 7/1/2018		
Custom	N	Autograph III*, Hoyalux iD LifeStyle/2*, UNITY® Via Elite*, Varilux Physio Enhanced Fit/W3+ Fit*, Varilux X Fit Technology*, ZEISS DriveSafe Individual*, ZEISS Individual 2*
	O	Autograph II+*, Kodak Unique, Shamir Intouch, synchrony Performance HDV, UNITY Via Plus/Mobile/Wrap*, Varilux Comfort W2+ Fit*, Varilux Physio Enhanced/W3+*, Varilux X Design Technology*, ZEISS Precision
Premium	F	KODAK Digital Precise, Shamir Spectrum+, synchrony Performance HD, UNITY Via, Varilux Comfort 2 DRx/Enhanced/W2+, Varilux Physio/DRx, ZEISS GT2, ZEISS Choice
	J	Ethos Plus, Hoyalux GP Wide, Ideal Advanced, Kodak Precise/PB/Short, Shamir Element, synchrony Easy Adapt, Varilux Comfort 2, Varilux Ellipse
Standard	K	Accolade, Adaptar, Amplitude/Mini/BKS, Ethos, Image, Kodak Concise, Natural/Digital, Navigator, Ovation, SmallFit, synchrony Easy View/HD, VIP

4. If a lens is not shown, please refer to the **Product Index** in the **Manuals** on **VSPOnline** at **eyefinity.com**.

\*This progressive lens is customizable for the most precise prescription. You'll receive the additional CM service fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. All three measurements are required. Refer to the **Product Index** in your **VSPManual** for additional eligible lenses.



## VSP CHOICE PLAN<sup>®</sup>

### LENS ENHANCEMENTS CHART



#### EFFECTIVE APRIL 1, 2020

Use this chart to determine what to charge patients and reconcile your VSP<sup>®</sup> Vision Care Explanation of Payment.

#### Copay

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower. For lens enhancements without a copay listed, charge 80% of your U&C.

#### Charge Back

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### Service Fee

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

Use the following chart for what to charge your patients.

## VSP CHOICE PLAN

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	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$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 + 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 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	\$24	80% of U&C
IA + IB	Near Variable Focus—High-index Plastic 1.53-1.60	--	--	--	\$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 + 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 & 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

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 & II & 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

PHOTOCHROMICS		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
PP	Photochromics — Plastic A	\$60	\$15	\$75	\$60	\$15	\$75
PR	Photochromics — Plastic B	\$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
QN	Anti-reflective Coating B	\$34	\$24	\$58	\$34	\$24	\$58
QT	Anti-reflective Coating C	\$41	\$28	\$69	\$41	\$28	\$69
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid & 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
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection—Backside	\$7	\$3	\$10	\$7	\$3	\$10
TA	Technical Add On	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30

DOCTOR SUPPLIED <sup>1</sup>		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 & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I & 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

1. 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 CHOICE PLAN

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 <sup>2</sup>	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 <sup>3</sup>
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C <sup>3</sup>
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + 80% of U&C <sup>3</sup>
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + 80% of U&C <sup>3</sup>
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 <sup>3</sup>
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C <sup>3</sup>
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + 80% of U&C <sup>3</sup>
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + 80% of U&C <sup>3</sup>
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 <sup>3</sup>
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C <sup>3</sup>
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + 80% of U&C <sup>3</sup>
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + 80% of U&C <sup>3</sup>
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 <sup>3</sup>
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C <sup>3</sup>
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + 80% of U&C <sup>3</sup>
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + 80% of U&C <sup>3</sup>
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 <sup>3</sup>
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C <sup>3</sup>
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + 80% of U&C <sup>3</sup>
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + 80% of U&C <sup>3</sup>
KE	Progressive K - Glass/High-index Glass (Clear)	\$53	\$27	\$80

2. 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.

3. 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 CATEGORIES\* AS OF 4/1/2020

<b>Custom</b>	N	UNITY® Via Elite*, iD LifeStyle 3*, iD MyStyle 2*, Kodak Unique DRO HD*, Shamir Autograph III*, Shamir Autograph Intelligence*, Varilux Physio Enhanced Fit/W3+ Fit*, Varilux X Fit Technology*, ZEISS Individual 2*
	O	UNITY® Via Plus/Mobile/Wrap*, Array 2*, Kodak Unique DRO, Shamir Autograph II+*, Shamir Intouch, Varilux Physio Enhanced/W3+, Varilux X Design Technology*
<b>Premium</b>	F	UNITY® Via, Hoyalux Summit ecp, Kodak Digital Precise, Shamir Spectrum+, Varilux Comfort 2 DRx/Enhanced/W2+, ZEISS Choice, ZEISS GT2
	J	Ethos Plus, Essilor Ideal, Hoyalux GP Wide, Kodak Precise/PB/Short, Shamir Element, synchrony Easy Adapt, Varilux Comfort 2, Varilux Ellipse
<b>Standard</b>	K	Ethos, Accolade, Adaptar, Amplitude/Mini/BKS, Image, Kodak Concise, Natural/Digital, Navigator, Ovation, SmallFit, synchrony Easy View/HD, VIP

4. If a lens is not shown, please refer to the **Product Index** in the **Manuals** on **VSPOnline** at **eyefinity.com**.

\*This progressive lens is customizable for the most precise prescription. You'll receive the additional CM service fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. All three measurements are required. Refer to the **Product Index** in your **VSP Manual** for additional eligible lenses.





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