

Choice



# VSP<sup>®</sup> Choice Network Manual

Check out the **Manuals** on **VSPOnline**.

Effective January 1, 2013

**Note:** This manual remains the sole and exclusive property of VSP. The information contained in this manual is confidential and proprietary, and the VSP network doctor is granted a limited personal and nontransferrable license for use of the content of this manual during the doctor's participation on the VSP doctor network. The contents of this manual may not be used, copied, and/or reproduced for any other purpose, or disclosed and/or disseminated to any third party for any purpose whatsoever, without the prior written consent of VSP. If, for any reason, the manual recipient doctor no longer participates on the VSP doctor network, the doctor hereby agrees, and is directed, to immediately destroy this manual, all copies, and any and all amendments and addenda that may be issued by VSP from time to time.

<b>VSP CHOICE PLAN®</b> .....	<b>2</b>
ELIGIBILITY & AUTHORIZATION.....	2
CHOICE COORDINATION OF BENEFITS SECONDARY ALLOWANCES.....	3
EXAM COVERAGE .....	3
MATERIALS COVERAGE.....	4
LAB.....	8
LAB – CALIFORNIA .....	9
LAB – FLORIDA.....	10
LAB – OHIO.....	10
LAB – OREGON, WASHINGTON .....	11
SUBMITTING CLAIMS/BILLING & REIMBURSEMENT .....	12
<b>CLIENT DETAILS</b> .....	<b>13</b>
ADP TOTALSOURCE.....	13
CHARITY PROGRAMS: SIGHT FOR STUDENTS®, AMERICAN RED CROSS, AND VSP MOBILE EYES® .....	13
CIGNA HEALTHY REWARDS—VISION NETWORK SAVINGS PROGRAM.....	18
CIGNA PPO & OAP—INTEGRATED PRIMARY EYECARE <sup>SM</sup> .....	24
CIGNA VISION.....	27
FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP) .....	36
FIRST ENERGY LOCAL 102.....	37
HEALTH SERVICE SYSTEMS .....	39
METLIFE VISION .....	40
METLIFE VISIONACCESS PROGRAM.....	41
VSP EASYOPTIONS.....	44
<b>CHOICE EXAM PLUS PLANS</b> .....	<b>46</b>
EXAM & MATERIALS COVERAGE .....	46
<b>CHOICE EXAM PLUS PLAN CLIENT DETAILS</b> .....	<b>47</b>
CIGNA HEALTHCARE OF NEW MEXICO.....	47
<b>VSP CHOICE ACCESS® PLAN</b> .....	<b>49</b>
CAREINGTON CHOICE ACCESS (CCA).....	54
DENTAL & VISION SAVINGS PLAN® .....	54
<b>VSP CHOICE OPTIONS CHART</b> .....	<b>61</b>

# VSP CHOICE PLAN<sup>®</sup>

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.

---

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

---

### Coordination of Benefits (COB)

With the exception of the secondary allowances, the VSP Choice Plan<sup>®</sup> COB guidelines are the same as the VSP Signature Plan<sup>®</sup>. 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 SECONDARY ALLOWANCES

Eye exam	\$66	less secondary plan copays
Lenses	\$51	less secondary plan copays
Frame	\$76	less secondary plan copays

Secondary allowances are cumulative. The maximum secondary allowance available for exam, lenses, and frame services is \$193.

## EXAM COVERAGE

Fully-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<sup>®</sup> 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.

---

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

---

## MATERIALS COVERAGE

Coverage typically includes necessary prescription lenses and a frame up to a client-specified wholesale/retail allowance, or an allowance toward contact lenses. Please review your patient's coverage before providing materials.

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

### 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 Options](#) section of the VSP Manual for specific details on occupational lenses
- Prism and slab off
- Base curves (regardless of curve)

---

**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.
- 

### NON-COVERED LENS OPTIONS

If your patient selects a non-covered option, collect the option cost directly from the patient. You'll be charged back the [VSP Choice Plan lab fee](#) for those options.

#### **Cost Controlled Options**

For controlled options, the patient pays for non-covered options according to the [VSP Choice Plan Options Chart](#) or 80% of your U&C fees, whichever is lower.

#### **Non-Cost Controlled options**

For lens options not listed on the [VSP Choice Plan Options Chart](#), continue to 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 option

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
Less 20% discount	\$48
Add the VSP Choice Plan Patient Option price for Progressive F in Plastic (FA):	+\$105
<b>Patient pays:</b>	<b>\$153</b>

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
Subtract 20% of the difference (your U&C add-on fee):	-\$10
<b>Patient pays:</b>	<b>\$40</b>

## COVERED LENS OPTIONS

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

---

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

---

## FLEXIBLE OPTIONS

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

## FRAMES

---

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

---

Under the Choice Plan, your patient's frame allowance is equivalent to the wholesale frame amount and corresponding retail amount for which the patient is covered. Although patients will only be informed of their retail allowance, they're covered in full for any frame selected that's less than or equal to their wholesale or corresponding retail allowance.

Your patient can apply the frame allowance to any listed or unlisted frame. If the frame selected is an unlisted frame, use your acquisition cost instead of the frame's catalog price when submitting the "wholesale cost" to VSP.

## 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, less a 20% discount. Don't charge your patient more than the discounted frame overage, plus any applicable sales tax.

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

## 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.

---

**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.

---

VSP patients may have the following elective contact lens benefits:

**Contact Lens Exam Copay with Materials Allowance** – Your patient has a not-to-exceed patient copay toward contact lens exam services and a separate allowance for contact lens materials. The patient pays the contact lens exam services (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 (less 15%), 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.



---

**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.

---

## Low Vision

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

## Value-Added Discounts and Programs

The discounts below are considered a private transaction between you and your patient. Your patient is fully responsible for the payment of any discounted items.

### EXAM SERVICES

Provide a 20% discount on additional eye exams.

### NON-COVERED MATERIALS DISCOUNT

Patients are eligible for a 20% discount on non-covered materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months of the exam. The discount:

- 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 a 20% discount off your U&C fee.
- Applies to prescription and non-prescription lenses.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.

---

**Note:** If a patient has coverage for lenses every 12 months and a frame every 24 months, the 20% discount applies to the non-covered frame in the year when the patient is eligible for lenses but not for a frame.

---

### CONTACT LENS DISCOUNT

Patients are eligible for a 15% discount on contact lens services. This discount:

- 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 a 20% discount.
- Doesn't apply to lenses, solutions, cleaning products, and service agreements.

## RETINAL SCREENING VALUE ADDED FEATURE

Effective January 1, 2013, patients are eligible for routine retinal screening as a value added feature to complement their WellVision Exam<sup>®</sup> 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 LASIK with wavefront technology using the microkeratome only.
- 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.

## Supplemental Plans

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

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

**Note:** The patient pays for non-covered options according to the [VSP Choice Plan Options Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens options not listed on the VSP Choice Plan Options Chart. You'll be charged back the VSP Choice Plan lab fee for those options.

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

### CHOICE SECOND PAIR

**Note:** The patient pays for non-covered options according to the [VSP Choice Plan Options Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens options not listed on the VSP Choice Plan Options Chart. You'll be charged back the VSP Choice Plan lab fee for those options.

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

VSP Contract labs must fabricate covered lenses dispensed to your patients ([unless there's an emergency](#), you're providing a [Doctor In-Office Lens Option](#), or you're using the [VSP In-office Finishing Program](#)). Learn about the [VSP In-Office Finishing Program](#) for information about finishing stock lenses in your office.

## 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.

## LAB – CALIFORNIA

VSP**One** Sacramento or VSP**One** San Diego must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Option](#), or you're using the [VizTec](#) service or VSP In-office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Sacramento at:

3131 Fite Circle  
Sacramento, CA 95827  
800.952.5518  
VSP**One**.com

Contact VSP**One** San Diego at:

2651 La Mirada Drive  
Vista, CA 92081  
866.569.8800  
VSP**One**.com

---

**Important!** In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

[VizTec](#) is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

---

## First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

## LAB – FLORIDA

VSPOne Ft. Lauderdale or VSPOne Tampa must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Option](#), or you're using the [VizTec](#) service or VSP In-office Finishing Program. Some orders with proprietary lenses or coatings will be fulfilled by HOYA – Largo, FL.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Ft. Lauderdale at:

6611 NW 15th Way  
Fort Lauderdale, FL 33309  
800.327.3718  
VSPOne.com

Contact VSPOne Tampa at:

5600 115th Avenue North  
Clearwater, FL 33760  
866.587.6141  
VSPOne.com

---

**Important!** In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

[VizTec](#) is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

---

## First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Ft. Lauderdale or VSPOne Tampa, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

## LAB – OHIO

VSPOne Columbus must fabricate all covered lenses dispensed to VSP patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Option](#), or you're using the [VizTec](#) service or VSP In-Office Finishing Program. Refer to the [VSP In-Office Finishing](#)

[Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Columbus at:

2605 Rohr Road  
Lockbourne, OH 43137  
800.251.5150  
VSP**One**.com

---

**Important!** In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

[VizTec](#) is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

---

## First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSP**One** Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

## LAB – OREGON, WASHINGTON

VSP**One** Olympia must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Option](#), or you're using the [VizTec](#) service or VSP In-office Finishing Program. Some orders with proprietary lenses or coatings will be fulfilled by HOYA – Eugene, OR; HOYA – Portland, OR; or HOYA – Seattle, WA.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Olympia at:

8719 Commerce Place Drive NE, Suite D  
Lacey, WA 98516  
888.352.7502  
VSP**One**.com

---

**Important!** In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

[VizTec](#) is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

---

## First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Olympia, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

## SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

### Submitting Claims

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

### Billing

- You may bill WellVision Exams<sup>®</sup> 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.
- All WellVision<sup>®</sup> Exams should be billed with V72.0, V80.2 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.

---

**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.

---

### Reimbursement

Reimbursement is made according to your current VSP Choice Plan Fee Schedule. View the VSP Choice Plan Fee Schedule on **VSPOnline** under Administration - **Practice/Doctor Update** on the left side of the page.

---

**Note:** Only Practice Administrators can view the Professional Fee Schedules. If you aren't able to access the fee schedule, contact Eyefinity<sup>®</sup> at 877.448.0707.

---

# 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, or Custom LASIK using wavefront technology).

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.

## CHARITY PROGRAMS: SIGHT FOR STUDENTS<sup>®</sup>, AMERICAN RED CROSS, AND VSP MOBILE EYES<sup>®</sup>

When you see patients with gift certificates from these VSP charities: Sight for Students, the American Red Cross, and VSP Mobile Eyes, you get reimbursed!

VSP founded the Sight for Students program to provide vision exams and glasses to uninsured children across the country. We also help disaster survivors through a partnership with the American Red Cross and with the VSP Mobile Eyes program, which provides support to people in need at disasters, and non-disaster events.

eClaim accepts Sight for Students, American Red Cross, and VSP Mobile Eyes gift certificates.

Charity Claims are reimbursed based on your VSP Choice Network fees.

---

**Important!** The program is designed to provide a comprehensive eye exam and materials at no cost to gift certificate recipients. VSP strongly encourages all VSP Network Doctors not to collect sales tax from these patients for covered materials.

---

### Eligibility Criteria

Patients must present a valid gift certificate to receive services. Check the expiration date printed on the front of certificates. Don't accept expired certificates. Refer patients back to the partner organizations for new certificates. We'll deny claims for expired certificates.

#### SIGHT FOR STUDENTS

Partner organizations distributing these certificates must verify the following criteria.

The child using the gift certificate must meet **all** of these criteria:

1. Family income is at or under 200% of poverty level (guidelines on [sightforstudents.org](http://sightforstudents.org)).
2. The child doesn't have routine exam or materials coverage through Medicaid or any other vision insurance. Children with other VSP coverage aren't eligible for Sight for

- Students. **Note:** Children covered by our Access Plan discount program may qualify for Sight for Students if they meet all other eligibility criteria. Call the Provider Services Support Line at 800.615.1883 for help.
3. The child is 18 or younger and has not graduated from high school.
  4. The child or parent is a U.S. citizen or documented resident with a Social Security Number (SSN). A SSN is required to use this program. Child may use their parents SSN if they do not have their own.
  5. The child hasn't used our program during the last 12 months. Lost, stolen, or broken glasses aren't covered, or replaced. Only one gift certificate per child can be issued during any 12- month period.

---

**Note:** Make sure patient is eligible and verify all but the first criteria before providing services. Sometimes ineligible students get certificates. VSP will deny coverage and payment for those and it will be considered a private transaction between your office and the patient.

---

### AMERICAN RED CROSS

People must meet the following criteria to use American Red Cross certificates:

- Eyeglasses or contacts were lost during a disaster.
- Has no vision insurance.

OR

- Benefits aren't currently available through existing vision insurance.

People with any available routine VSP benefits (exam, lens, or frame) aren't eligible for American Red Cross certificates.

---

**Note:** People covered by our Access Plan may qualify for American Red Cross certificates if they meet all eligibility criteria. Call VSP at 800.615.1883 for help.

---

### VSP MOBILE EYES

Partner organizations distributing these certificates must verify the following criteria.

The patient using the gift certificate must meet **all** of these criteria:

1. Family income is at or under 200% of poverty level (guidelines on sightforstudents.org).
2. The patient doesn't have routine exam or materials coverage through any vision insurance. Patients with other VSP coverage aren't eligible for VSP Mobile Eyes.
3. The patient is a U.S. citizen or documented resident with a Social Security Number (SSN). A SSN is required to use this program.
4. The patient hasn't used our program during the last 12 months. Lost, stolen, or broken glasses aren't covered or replaced. Only one gift certificate per patient can be issued during any 12 month period.

---

**Note:** Patients covered by our Access Plan discount program may qualify for VSP Mobile Eyes if they meet all other eligibility criteria. Call the Provider Services Support Line at 800.615.1883 for help.

---



## Getting an Authorization Number for Gift Certificates

Only Choice Network doctors can provide services to gift certificate patients. If you are not currently a Choice Network provider and/or do not carry Altair frames, refer patient back to VSP to find a participating provider.

- Check eligibility through eClaim. Patients with other VSP coverage are not eligible for services. If patient has the Access Plan, they may still be eligible. Call VSP at 800.615.1883 for assistance.
- If the patient doesn't have other VSP coverage, you'll see the "Member ID not found" alert message. Click Back to Previous Page and go to the **eInsurance** tab. Enter the gift certificate number (including the letters GC) and click Gift Certificate.
- Enter the patient information to generate an authorization number.
- Patients may only choose from a selection of Altair® frames.
- Material orders must be processed by an approved VSP Lab from the eClaim drop-down menu.

---

**Important!** Check the options coverage carefully. Patient options have changed. Any option listed as an "N" or "Non-Covered" is not available to the patient and will invalidate the materials portion of the claim. If claim is submitted with non-covered options, you will be responsible for the lab bill and for the entire cost of all materials.

---

- Keep this gift certificate in the patient's file.

### DETERMINING ELIGIBILITY

It's important to confirm patient and coverage information before providing services because Sight for Students patients can use a parent's SSN.

Follow these guidelines to determine if they have other VSP coverage:

If the SSN/ID provided is the	and you find vision coverage that is	then the
parent's	member only	child is eligible for Sight for Students. Click <b>Return to Check Eligibility &amp; Retrieve Authorizations</b> , enter the gift certificate number (including the letters GC) and click <b>Gift Certificate</b> . Process the claim as usual.
parent's	family	child isn't eligible for Sight for Students. Bill services under the parent's plan.
member not related to child	N/A	confirm the SSN/ID entered. If it's right, click <b>Return to Check Eligibility &amp; Retrieve Authorizations</b> , enter the gift certificate number (including the letters GC) and click <b>Gift Certificate</b> . Process the claim as usual.
child's	anything other than Sight for Students	child isn't eligible for Sight for Students. Bill services under the covered plan.

child's	Sight for Students (used within the last 12 months)	child isn't eligible for Sight for Students.
parent	a sibling has a Sight for Students certificate, too	child is eligible for Sight for Students. Add the new child as a dependent. Enter the gift certificate number (including the letters GC) to get authorization.

## Exam & Materials Coverage

These programs provide VSP Choice Plan coverage. Details are shown by the plan, grid, and comment codes on each gift certificate.

Sight for Students patients may qualify for vision therapy. VSP must review and approve each request for vision therapy on a case-by-case basis. Please see [Vision Therapy](#) in the VSP Manual for more information.

## Low Vision

### SIGHT FOR STUDENTS, AMERICAN RED CROSS, & MOBILE EYES

Patients may qualify for low vision services/aids. VSP must review and approve each request on a case-by-case basis. Please see [Low Vision](#) in the **Plans & Coverages** section for further information.

## Vision Therapy

### SIGHT FOR STUDENTS & MOBILE EYES

Patients may qualify for vision therapy. VSP must review and approve each request on a case-by-case basis. Please see [Vision Therapy](#) in the **Plans & Coverages** section for further information.

### AMERICAN RED CROSS

Coverage is not available.

## Necessary Contact Lenses

### SIGHT FOR STUDENTS, AMERICAN RED CROSS, & MOBILE EYES

Patients may qualify for necessary contact lenses. VSP must review and approve each request on a case-by-case basis. Please see [Necessary Contact Lenses](#) in the **Plans & Coverages** section for further information.

## Submitting Claims

### ELECTRONICALLY

- Submit the claim as you would for any VSP plans. Keep the gift certificate in your patient's file.
- All charity claims (i.e., Sight for Students, American Red Cross, and VSP Mobile Eyes) must be processed through a VSP wholly-owned lab listed in the eClaim lab drop-down

menu. Please follow all other normal lab processing procedures; reserve private lab use for emergencies only.

## **ON PAPER**

Keep a copy of the certificate in your patient's file.

- **Exam only:** Submit the original certificate with a completed [CMS-1500 claim form](#) to us.
- **Exam and materials:** Submit the original certificate, a completed [CMS-1500 claim form](#), and a completed VSP Materials Invoice form to a contract lab.
- All charity claims (i.e., Sight for Students, American Red Cross, and VSP Mobile Eyes) must be processed through a VSP wholly owned lab (VSP**One** Sacramento, VSP**One** Columbus, VSP**One** Dallas, VSP**One** Ft. Lauderdale). Please follow all other normal lab processing procedures; reserve private lab use for emergencies only.

## CIGNA HEALTHY REWARDS—VISION NETWORK SAVINGS PROGRAM

VSP administers the Vision Network Savings Program under Cigna's Healthy Rewards Program. The program provides discounts for routine vision services and materials to all Cigna members through a Cigna Vision provider. This program is also available to Cigna's dental and behavioral health network of providers.

The plan is a VSP Choice Access discount only plan with not-to-exceed maximum pricing on certain vision services and materials (see below for discount and not-to-exceed amounts). Not-to-exceed maximums are determined regionally, and services are available through VSP's Choice Network of doctors. Discounts 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 discounts and not-to-exceed maximums.

### Other Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

### Eligibility

- All Cigna medical, dental, vision, pharmacy, behavioral health, and voluntary plan members are eligible for the program and can receive discounts on routine vision services and materials from a Cigna Vision provider.
- Cigna's network of dental and behavioral health providers are eligible to receive discounts through this program.
- 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.

---

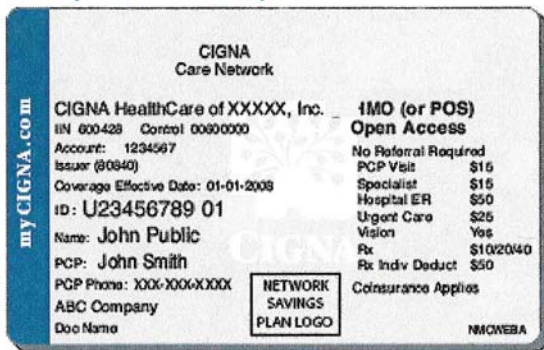
**Please Note:** Some Cigna members may have routine benefits directly through Cigna. If benefits can't be verified with VSP, apply the Vision Network Savings Program discounts, charge the patient, and advise him or her to contact Cigna to find out if he or she can submit a claim directly to Cigna.

---

### ID CARDS

Most members will have a Cigna ID card with the Cigna logo in the background like the samples below. Cigna's dental and behavioral health providers will also have an ID card identifying their eligibility for the program.

HMO Open Access or POS Open Access



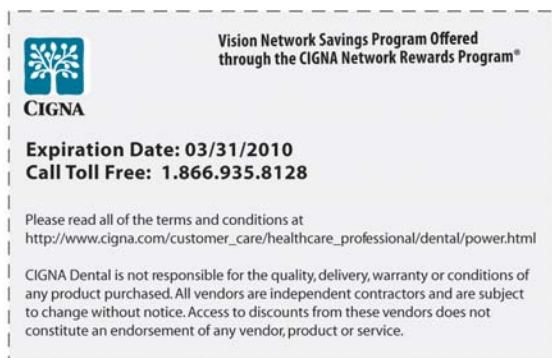
Starbridge



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.

<p>Member Name:</p> <p><b>Note:</b> Not all Healthy Rewards programs are available in all states.</p>	<p>Healthy Rewards® for MyCareAllies members</p>	<p><b>How to use Healthy Rewards®</b></p> <p>Visit a Healthy Rewards participating provider to receive the discounts available through this program.</p> <p>Just set the appointment yourself, and enjoy your savings when you show your ID card to pay for services.</p> <p><b>A discount program is NOT insurance and the member must pay the entire discounted charge.</b></p>

Cigna dental and behavioral health providers ID card:



Claims/Billing & Reimbursement

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

## Exam Coverage

- Patients should receive 20% off your Usual & Customary (U&C) exam fees or pay the not-to-exceed exam maximum listed below for your region.
- Compare your discounted U&C fee and the not-to-exceed maximum and charge the patient the lower of the two.
- Provide the level of exam needed to determine your patient's visual health status.
- A discount 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 discounts on frames, lenses, lens options, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following discounts and follow the not-to-exceed pricing when providing services to Cigna members through the Vision Network Savings Program.

### FRAME

- 25% off of the retail price of the frame.

### LENSES

- For all lenses, patients should receive a 20% discount off your U&C fees or pay the not-to-exceed lens maximums listed below for your region.
- Compare your discounted U&C fee and the not-to-exceed maximum and charge the patient the lower of the two.
- There are also region specific not-to-exceed maximums for single vision, bifocal, and trifocal lenses. Refer to the chart below to determine the appropriate not-to-exceed pricing based on your location.

## Not-to-Exceed Maximums

Charge patients your discounted fees or the not-to-exceed maximums 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

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
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	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

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
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 OPTIONS

- **Polycarbonate:** 20% off of your U&C fees, not to exceed \$40.
- Standard Anti-Reflective Coating (VSP Option QM Only): 20% off of your U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** 20% off of your U&C fees.
- Standard Scratch Coating (Factory Applied Only): 20% off of your U&C fees, not to exceed \$15.
- **UV Coating:** 20% off of your U&C fees, not to exceed \$15.
- **Standard Progressive (VSP Option code KA and LA)** 20% off of your U&C fees, not to exceed \$55 (only the amount over the base lens-flat top 28)
- **Premium and Custom Progressive Add-On Price:** 20% off the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** 20% off the additional U&C cost for high powers lenses.
- All Other Options & Features: 20% off of your 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
20% Discount (\$20)	-\$20
Discounted Bifocal Lens	\$80



vs.	vs.
Not-to-exceed regional maximum (Region 4 = \$60)*	\$60
<b>Patient Discounted Bifocal Price</b> (Use the lower of the not-to-exceed price or the discounted U&C fee)	<b>\$60</b>
<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
20% Discount (\$24)	-\$24
<b>Patient Discounted Premium Progressive Add-On Price</b>	<b>\$96</b>
<b>TOTAL Patient Cost</b>	
Discounted Bifocal price	\$60
Plus discounted 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)

- Patients should receive 15% off your U&C fee.

### CONTACT LENS MATERIALS

- **No discounts**—charge patients as usual.

### PLANO SUNGLASSES

- 20% off your U&C fees.

### 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 PPO & OAP—INTEGRATED PRIMARY EYECARE<sup>SM</sup>

Cigna PPO & OAP members are covered under the VSP Integrated Primary EyeCare<sup>SM</sup> Program (IPEC). In addition, there are several Cigna HMO states that cover members under IPEC, including members who are covered by Cigna HMO of North Carolina and Cigna HMO of the Mid-Atlantic (Virginia, Maryland, and Washington, DC). As part of the IPEC Program, you've been added to Cigna's provider network and can provide medical eyecare services to Cigna PPO and OAP (Open Access Plus) medical members. Refer to the [VSP Integrated Primary EyeCare Program](#) in the VSP Manual for more information.

---

**Note:** Some Cigna medical members are also eligible for routine benefits and/or Primary EyeCare benefits through VSP. Check eligibility with VSP prior to providing services. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

---

For more information on Cigna's policies and procedures, please visit the Cigna for Health Care Professionals Web site (CHCP) at [www.cignaforhcp.com](http://www.cignaforhcp.com). To view the Cigna HealthCare Physician & Health Care Practitioner Reference Guide, you'll need to register for an account.

For complete details about your participation with Cigna, refer to the [Addendum to Doctor Network Agreement](#) for Cigna Notice of Participation.

### Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Plan Comparison Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

### Eligibility & Authorization

You'll work directly with Cigna (not VSP) to check eligibility, submit claims, and receive reimbursement.

---

**Important!** When providing services to these patients, verify that you're a participating provider for the patient's plan. Cigna has some self-funded plans that use their own network of providers. Most Choice providers are not a part of this network. Patients and Cigna Provider Representatives won't recognize the name IPEC. To them, IPEC is part of the standard Cigna medical coverage. Simply refer to IPEC as Cigna medical coverage.

---



---

**Note:** IPEC patients may only be referred to another doctor, or refused service if the service required is beyond the scope of your licensure.

---

## Covered Codes

Please refer to the Cigna [Integrated Primary EyeCare Coverage List](#) for a complete list of nationally covered codes. This list includes codes that are covered, when appropriate, for the scope of licensure as well as the current laws, rules, and regulations as determined by the State and Federal Government. You may only practice up to the scope of your licensure. For any questions about scope of licensure, please contact your local optometric association or refer to your state licensing requirements.

## Reimbursement

Reimbursement is administered by Cigna and varies according to locations. Cigna pays claims daily in accordance with state and federal regulations.

### **OPTOMETRISTS AND VSP OPHTHALMOLOGISTS**

Reimbursements will be 100% of the billed amount up to 80% of RBRVS (Resource Based Relative Value System). Fees are subject to change with notification from VSP.

### **OPHTHALMOLOGISTS (CONTRACTED DIRECTLY WITH CIGNA)**

If you currently have a contract with Cigna, your reimbursements will be based on your contract.

## Submitting Claims

All claims must be filed directly with Cigna within one year of the date of service.

When submitting a claim to Cigna for medical eyecare services, if a refraction (92015) is listed on the claim, it must also include a routine or refractive diagnosis code in order for Cigna to consider payment. Some Cigna members have a routine indemnity vision plan administered by Cigna, and the refraction may be payable under that benefit, when available.

Please have your patient sign a waiver indicating that if the refraction fee is not covered by Cigna, it will be the patient's responsibility to pay the provider.

### **EYEFINITY**

You can submit claims directly to Cigna through Eyefinity by adding "Cigna" to your carrier list. By filing through Eyefinity as you do today, you can continue to search and track all of your claims in one location while continuing to benefit from features and services, such as automatic error checking, and free office staff training and assistance. There is a \$0.55 transaction fee for each claim.

### **POST-N-TRACK**

Post-N-Track is a Web-based service that allows you to submit claims directly to Cigna HealthCare. Post-N-Track software is offered free to Cigna HealthCare participating providers. For more information, contact Post-N-Track directly at 860.632.0572 or [enrollme@post-n-track.com](mailto:enrollme@post-n-track.com).

## PAPER

Submit paper claims to Cigna at the address on the back of the member's ID card.

## 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.

### Other Cigna Plans

VSP has relationships with other Cigna plans such as many HMOs that offer various VSP coverage supported by the Signature, Choice, and Select Networks

Refer to the [Cigna Plan Comparison Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

### Alternate Member Identification Number

Cigna Vision members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with "U," followed by 8 digits. However, there may be instances when a Cigna Vision client creates their own unique ID numbers for their employees. The ID number will be listed on the member's Cigna Vision ID card. See below for an example of the card. Cigna Vision members are cross-referenced in our systems under both their SSN and their AMI number. You can use either to verify eligibility.

The A&C University <b>CIGNA Vision</b> 	
<b>Member ID</b> U23456789	<b>Connecticut General Life Insurance</b> Sample, John Q
<b>Account No:</b> 1234567	<b>Effective Date</b> 09-12-2005
<b>Member Service Toll-Free:</b> To find a Vision Network Provider: <a href="http://myCIGNA.com">myCIGNA.com</a> , click	

**This card does not guarantee eligibility for benefits.**  
 If you choose an out-of-network provider: submit a completed claim form and itemized receipt to:  
 CIGNA Vision, Claims Dept  
 P. O. Box 997561  
 Sacramento, CA 95899-7561  
**Eye Care Providers:**  
 To verify eligibility, call 1.877.478.7557

"CIGNA" refers to the various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products. In Arizona and Louisiana, the CIGNA Vision product is referred to as CG Vision. Cat. #

## Communications

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

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

---

If members have questions regarding their benefits, please refer them to Cigna Vision Member Services 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.

---

## 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 [Vision Network Savings Program](#) discounts, 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 18. The authorization will indicate them as a covered option.

### OVERSIZE LENSES

These lenses are covered regardless of the eye size.

### VALUE ADDED DISCOUNTS

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 20% discount off of additional lenses and lens options, and 25% off frames 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 with a combined material allowance plan 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. These 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 from your discounted U&C fees 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 Options

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

If non-covered lens options are ordered with the progressive lens, bill the patient your U&C fee less 20% for the non-covered option.

---

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

---



## Aquent

### ALLOWANCES

This plan has a \$250 combined allowance for any combination of exam, lenses, lens options, frames, and contacts. Apply allowance to discounted U&C fees for exam, glasses, and contact lens services. You may bill the patient the remaining balance.

## Borg Warner—Corporate and Ithaca

### VISUALLY NECESSARY CONTACTS

This plan has an allowance for both visually necessary contact lenses (NCL) and elective contact lenses (ECL). The authorization includes a comment code, indicating the allowance amount. If your patient requires visually necessary contact lenses, bill as elective contact lenses. Pre-service verification isn't required. Apply the allowance to your discounted U&C fees for contact lens services (fitting and evaluation) and your U&C fees for the contact lens materials. Bill your patient the remaining balance.

---

**Important Note:** Follow normal plan procedures for all other Borg Warner plans.

---

## City of Memphis

### CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered in full for contact lens services (fitting and evaluation).

### Billing Instructions

Obtain two authorizations when providing contact lens service. Use the primary plan to bill the WellVision routine exam. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

## 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 discounted 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.



**Here's an example of how to bill the patient:**

Progressive U&C	\$200.00
20% Discount	-\$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 OPTIONS**

If your patient selects progressive lenses and also orders covered lens options, don't charge your patient for the lens options. 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 option(s) provided. Please refer to the [VSP Choice Plan Options 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 options.

If non-covered lens options are ordered with the progressive lens, bill the patient your U&C fee less 20% for the non-covered option.

---

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

---

## CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered in full 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.

### Billing Instructions

Obtain two authorizations when providing contact lens service or materials. Use the primary plan to bill the WellVision routine exam and materials. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

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. Apply the allowance to your discounted contact lens services (fitting and evaluation) U&C fees and your U&C fees for contact lens materials. Bill your patient the remaining balance.

## Resorts International and Bally's Casino

### VISUALLY NECESSARY CONTACT LENSES

This plan has a \$105 allowance for both visually necessary contact lenses and elective contact lenses (ECL) with a \$20 copay. If your patient requires visually necessary contact lenses, bill as elective contact lenses. Pre-service verification isn't required. Apply the allowance and copay to your discounted contact lens services (fitting and evaluation) U&C fees and contact lens materials U&C fees. Bill your patient the remaining balance.

Here's an example of how to bill the patient:

Your U&C fee for contact lens services (fitting and evaluation)	\$60
Subtract a 15% discount	-\$9
Difference (discounted fee for fitting and evaluation)	\$51
Plus your U&C fees for contact lenses	\$120
Total charges for contact lens services and materials	\$171
Subtract copay (patient pays)	-\$20
Subtract allowance	-\$105
<b>Amount collected from patient plus copay</b>	<b>\$46</b>

## Rhodia

### ELECTIVE CONTACT LENSES

\$25 ECL copay with ECL allowance of \$105.

Here's an example of how to bill your patient:

Your U&C fee for contact lens services (fitting and evaluation)	\$60
Subtract a 15% discount	-\$9
Difference (discounted fee for fitting and evaluation)	\$51
Plus your U&C fees for contact lenses	\$120
Total charges for contact lens services and materials	\$171
Subtract copay (patient pays)	-\$25
Subtract allowance	-\$105
<b>Amount collected from patient plus copay</b>	<b>\$41</b>

### **VISUALLY NECESSARY CONTACT LENSES**

This plan has a \$250 allowance for visually necessary contact lenses. Follow normal procedures when making a determination if patient meets the criteria for visually necessary contact lenses. Apply the allowance to your discounted contact lens services (fitting and evaluation) U&C fees and your U&C fees for contact lens materials. Bill your patient the remaining balance.

## **Ryerson/Integris Health and Welfare**

### **VISUALLY NECESSARY CONTACT LENSES**

This plan has a \$125 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 your discounted contact lens services (fitting and evaluation) U&C fees and your contact lens material U&C fees. Bill your patient the remaining balance.

## **SCANA**

### **CONTACT LENS COVERAGE**

In addition to a routine WellVision exam, patients are also covered in full 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 on the VSP Choice Plan. Some SCANA members have the VSP Choice Exam Plus Plan and are also covered in full for contact lens services.

### **Billing Instructions**

Obtain two authorizations when providing contact lens service or materials. Use the primary plan to bill the WellVision routine exam and materials (if available). Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

### **POLYCARBONATE LENSES & SCRATCH COATING**

Polycarbonate lenses and scratch coating are covered options for SCANA members who have the VSP Choice plan.

## SEIU - Staff Plan

### CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered in full 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.

### Billing Instructions

Obtain two authorizations when providing contact lens service or materials. Use the primary plan to bill the WellVision routine exam and materials. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

### 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 your discounted contact lens services (fitting and evaluation) U&C fees and your contact lens material U&C fees. Bill your patient the remaining balance.

### PROGRESSIVE LENSES

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

### CLAIM SUBMISSION

Please include all non-covered services and/or materials, when submitting claims for SEIU members. 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 your discounted contact lens services (fitting and evaluation) U&C fees and your contact lens material U&C fees. Bill your patient the remaining balance.

### PROGRESSIVE LENSES

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

### CLAIM SUBMISSION

Please include all non-covered services and/or materials, when submitting claims for SEIU members. 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 your discounted 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 Options

If your patient selects progressive lenses and also orders any covered lens options, don't charge the patient for the lens options. 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 option(s) provided. Please refer to the [VSP Choice Plan Options Chart](#). Please note, if there are no service fees or charge back amounts listed (i.e. rimless mounting and pink tints 1&2), the option is considered covered in the allowance and no additional payment will be made.

If non-covered lens options are ordered with the progressive lens, bill the patient your U&C fee less 20% for the non-covered option.

---

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

---

# FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE PROGRAM (FEDVIP)

## 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. You won't incur paper claim charges for these claims.

**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. You won't incur paper claim charges for these claims.

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.

---

**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.

---

## 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.

## FEHB Plans

View a list of FEHB plans offering routine vision coverage to FEDVIP members.

## 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.

## FIRST ENERGY LOCAL 102

VSP is testing VSP Vision Savings Pass, a program for consumers who don't have vision care coverage, with members of First Energy Local 102.

### Eligibility & Authorization

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

---

**Note:** Benefits are unlimited and may be used repeatedly during the plan year.

---

Be aware of these materials requirements:

- Must provide complete pairs of glasses with both lenses and frame
- Only complete sets of lenses (no balance lenses)
- Frame must be doctor-supplied
- In-office finishing is not allowed.

### Patient Charges

#### PROFESSIONAL SERVICES

Eye exam: patients pay a flat rate of \$50.

Contact lens exam (fitting and evaluation): patients receive a 15% discount off your U&C fee.

Retinal screening: patients pay \$39 or your U&C fee, whichever is lower.

**MATERIALS**

Frame: patients receive a 25% discount off 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

Lens options: use the Choice Plan Options card to determine patient pricing for lens options.

Contact lenses: patients pay your U&C fee.

**Lab**

Orders must be sent to a VSP Choice Network Lab.

**Reimbursement****PROFESSIONAL SERVICES**

Eye exam: you'll be reimbursed according to your Choice Network fees.

Contact lens exam (fitting and evaluation): patient pays you directly.

Retinal screening: patient pays you directly.

**MATERIALS**

Frame: you'll be reimbursed the wholesale frame allowance (up to \$57), plus your Choice Plan frame dispensing fee, plus 80% of the retail cost over \$150.

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

Determine what to charge the patient

Frame cost	\$200
Subtract 25% discount	-\$50
Charge patient	\$150

Calculate doctor reimbursement

VSP pays wholesale frame allowance	\$57
VSP pays Choice Plan frame dispensing fee	+\$17*
VSP pays 80% of the retail cost over \$150	+\$40
Total reimbursement	\$114

\*estimated fee for example purposes only.

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

Lens options: you'll be reimbursed according to your Choice Network fees.



Contact lenses: patient pays you directly.

## HEALTH SERVICE SYSTEMS

### Acute EyeCare

Health Service Systems members are eligible for Acute EyeCare services. See below for details on Acute EyeCare coverage for this client.

The VSP Acute EyeCare Plan<sup>SM</sup> gives limited coverage for urgent and acute eyecare conditions. Services given to diagnose, monitor, or treat chronic conditions aren't covered.

Refer your patients back to their primary medical doctor for treatment or referral if an ongoing or chronic condition such as diabetes or glaucoma exists, or is suspected. If you've already given services, attach an explanation to the completed [CMS-1500 Claim Form](#). We'll cover only one claim per doctor, subject to approval, in a patient's benefit lifetime.

### REFERRALS

Members of this plan may self-refer for Acute EyeCare services or be referred by their primary care physician (PCP). Refer patients back to their PCP if your diagnosis shows a need for specialized services not covered under the Acute EyeCare Plan.

### COPAYS

Copays apply only to exams.

### SUBMITTING CLAIMS

Please submit claims online via [eyefinity.com](#). For paper claims, write "VSP Acute EyeCare" across the top of the CMS-1500 and submit the completed form to VSP.

---

**Note:** Acute EyeCare claims must be submitted on a separate claim from routine vision.

---

### Acute EyeCare Coverage

The list below shows the Acute EyeCare services covered for this client. Covered benefits are administered according to our policies and procedures in effect on the date of service. In addition to VSP's Acute EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

[Acute EyeCare Coverage](#)

## 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 options 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 Options

The following options are covered in full for all MetLife Vision patients:

- Polycarbonate lenses for children
- UV lenses

In addition, some MetLife Vision patients may be covered in full for standard progressives (category K). Coverage will be indicated on the Patient Record Report if applicable.

For more about these covered options, please refer to [Flexible Options](#) in the **Materials Coverage** section.

### Value-added Discounts

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

---

**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 discounts and not-to-exceed pricing in lieu of the VSP Choice Plan value-added discounts. (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 discounts for routine vision services and materials through VSP Choice Network providers.

The plan is a VSP Choice Access<sup>®</sup> discount-only plan with not-to-exceed pricing on certain vision services and materials. Not-to-exceed prices are determined regionally.

There are no authorizations or claims to file—just bill the patient directly after applying the appropriate discounts and not-to-exceed prices. Discounts may be used 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.

---

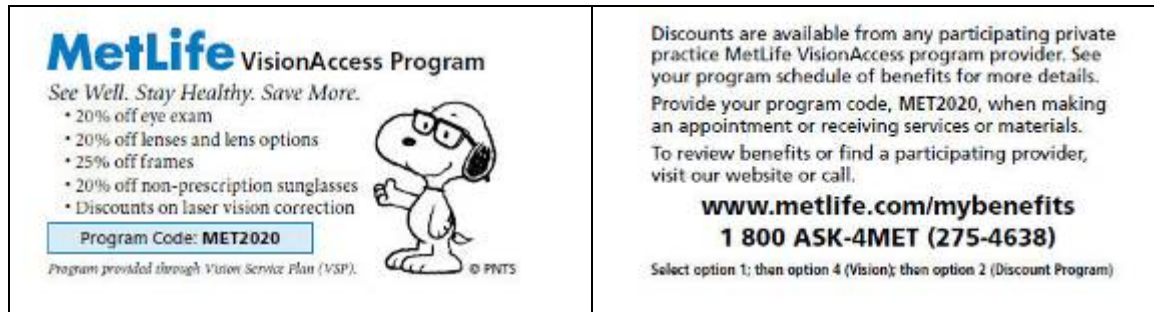
## Eligibility

- 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**.



\*Some patients may still have the code 9238205 for the previous program administered by EyeMed Vision Care. If so, please advise the patient of the new program code.

## Claims/Billing & Reimbursement

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

## MetLife VisionAccess Regional Schedule

Download a printable regional schedule. Your region, as noted at the top of the report, determines the not-to-exceed prices for the eye exam and lenses

State/County	Region	State/County	Region
Alabama	4	• All Other Counties	2
Alaska	1	Colorado	3
Arizona	3	Connecticut	1
Arkansas	4	Delaware	2
California		District of Columbia	1
• Alameda	1	Florida	2
• Contra Costa	1	Georgia	3
• Marin	1	Hawaii	1
• Napa	1	Idaho	4
• San Francisco	1	Illinois	2
• San Mateo	1	Indiana	4
• Santa Clara	1	Iowa	4
• Solano	1	Kansas	4

<b>State/County</b>	<b>Region</b>	<b>State/County</b>	<b>Region</b>
Kentucky	4	Washington	2
Louisiana	3	West Virginia	4
Maine	3	Wisconsin	4
Maryland	2	Wyoming	4
Massachusetts	1		
Michigan	2		
Minnesota	3		
Mississippi	4		
Missouri	4		
Montana	4		
Nebraska	4		
Nevada	2		
New Hampshire	2		
New Jersey	1		
New Mexico	3		
New York			
• Bronx	1		
• Kings	1		
• Nassau	1		
• New York	1		
• Queens	1		
• Richmond	1		
• Rockland	1		
• Suffolk	1		
• Westchester	1		
• All Other Counties	3		
North Carolina	4		
North Dakota	4		
Ohio	3		
Oklahoma	4		
Oregon	3		
Pennsylvania	2		
Puerto Rico	4		
Rhode Island	2		
South Carolina	4		
South Dakota	4		
Tennessee	4		
Texas	3		
Utah	3		
Vermont	3		
Virginia	3		

## Exam Coverage

- Patients should receive 20% off your Usual & Customary (U&C) eye exam fees or pay the not-to-exceed price listed in the MetLife VisionAccess Regional Schedule for your region, whichever is lower.
- Compare your discounted U&C fee and the not-to-exceed price; charge the patient the lower of the two.
- Provide the level of exam needed to determine your patient's visual health status.
- A discount 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 discounts on frames, lenses, lens options, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following discounts, following the not-to-exceed pricing, when providing services to patients eligible for the MetLife VisionAccess Program.

### FRAME

- 25% off of the retail price of the frame.

### LENSES

- For all lenses, patients should receive a 20% discount off your U&C fees or pay the not-to-exceed price listed in the MetLife VisionAccess Regional Schedule for your region (see above).
- Compare your discounted U&C fee and the not-to-exceed price; charge the patient the lower of the two.
- There are also region-specific not-to-exceed prices for single vision, bifocal, and trifocal lenses. Refer to the MetLife VisionAccess Regional Schedule for your region (see above) to determine the appropriate not-to-exceed pricing.

## Not-to-exceed Prices

Charge patients your discounted fees or the not-to-exceed price as indicated in the MetLife VisionAccess Regional Schedule for your region (see above).

### LENS OPTIONS

- **Polycarbonate:** 20% off of your U&C fees, not to exceed \$40.
- **Standard Anti-Reflective Coating (VSP Option QM Only):** 20% off of your U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** 20% off of your U&C fees.
- **Standard Scratch Coating (Factory Applied Only):** 20% off of your U&C fees, not to exceed \$15.
- **UV Coating:** 20% off of your U&C fees, not to exceed \$15.

- **Standard Progressive (VSP Option code KA and LA) 20%** off of your U&C fees, not to exceed \$55 (only the amount over the base lens-flat top 28)
- **Premium and Custom Progressive Add-on Price:** 20% off the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** 20% off the additional U&C cost for high powers lenses.
- **All Other Options & Features:** 20% off of your 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
20% Discount (\$20)	-\$20
Discounted Bifocal Lens	\$80
vs.	vs.
Not-to-exceed regional price (Arkansas = \$60)*	\$60

#### Patient Discounted Bifocal Price

(Use the lower of not-to-exceed price or discounted U&C fee.) **\$60**

#### Progressive Add-On

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

**Patient Discounted Premium Progressive Add-on Price \$96**

#### TOTAL Patient Cost

Discounted Bifocal price	\$60
Plus discounted 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 not-to-exceed price for your region based on your office location.

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

- Patients should receive 15% off your U&C fee.

### CONTACT LENS MATERIALS

- **No discounts**—charge patients as usual.

## PLANO SUNGLASSES

- 20% off your 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 discount 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.

## VSP EASYOPTIONS

VSP® Vision Care is testing VSP EasyOptions, a new plan enhancement available for VSP Choice Plan® patients.

When you see **VSP EasyOptions** in a pop-up during the authorization process or in the group name field on the Patient Record Report, as follows, you're able to work with the patient to customize materials coverage during the eyewear selection process.

Benefit VSP Choice Plan®	Grp Name VSP EasyOptions
Lab Use Must use plan designated contract laboratory	
<b>**SPECIAL INFORMATION - GROUP COMMENTS</b>	
VSP EASYOPTIONS - PATIENT MAY CHOOSE ONE OF FOLLOWING: COVERED PROGRESSIVE, COVERED PHOTOCROMIC, \$200 RFA, OR \$200 CL ALLOWANCE. IF PATIENT CHOOSES COVERAGE NOT REFLECTED ABOVE, CALL 800.615.1883 TO REISSUE. REFER TO CHOICE MANUAL CLIENT DETAILS ON VSPONLINE.	

Matching the patient's materials coverage to their lifestyle, visual needs, and budget provides you and your staff with new opportunities to increase your capture rate for materials.

## Materials Coverage

Patients may select **one** of the following during their office visit:

- Covered progressive lenses –or–
- Covered photochromic lenses –or–
- \$200 retail frame allowance –or–



- \$200 contact lens allowance

When checking eligibility and authorizing benefits at **eyefinity.com**, you'll see these options noted in the **VSP EasyOptions** comment code on the Patient Record Report; however, they will not all be authorized.

- PLAN DETAILS will reflect a \$200 contact lens allowance, and GRID DETAILS will reflect either progressive or photochromic lens coverage. If the patient elects to use one of these options, charge the patient as you normally would and submit the claim with the authorization you have. As with other plans, patients can use their benefit for either glasses or contact lenses.
- If the patient elects instead to use the \$200 frame allowance or a lens option marked P-PATIENT PAYS, please call VSP at 800.615.1883 to reissue the authorization with the appropriate coverage. Once you have the updated authorization, charge the patient as you normally would and submit the claim according to the coverage on the reissued authorization.

---

**Important!** Remember to check that the materials coverage on the final authorization matches the materials ordered before submitting the claim.

---

## Feedback or Questions

We want to hear how this plan enhancement is working for your practice! We'll be launching a survey in early 2013 to collect your feedback once you start seeing patients.

If you have additional questions, please call VSP at 800.615.1883.

# CHOICE EXAM PLUS PLANS

## EXAM & MATERIALS COVERAGE

### Exam Coverage

Fully 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.

---

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

---

### Materials Coverage

Choice Exam Plus and Choice Exam Plus with Allowances patients are entitled to discounts on spectacle materials 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.

# CHOICE EXAM PLUS PLAN CLIENT DETAILS

## CIGNA HEALTHCARE OF NEW MEXICO

### Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

### Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.



### Routine Coverage

#### ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna Healthcare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U,” followed by 8 digits. However, there may be instances when a Cigna Vision client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna Healthcare ID card. See below for an example of the card. Cigna Healthcare members are

cross-referenced in our systems under both the subscriber/employee SSN and their AMI number. You can use either to verify eligibility.

## Expanded Primary EyeCare

Cigna HealthCare of New Mexico, Inc. HMO, managed care, and POS members (not PPO, OAP, or indemnity plan members) who have VSP routine benefits are also eligible for standard and Expanded Primary EyeCare services. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on standard Primary EyeCare coverage. See the following pages for details on Expanded Primary EyeCare coverage for this client.

### INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

### PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample below). Please confirm Expanded Primary EyeCare coverage with VSP before providing services.



### REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under Primary EyeCare or Expanded Primary EyeCare plans. For care outside your scope and/or plan coverage, your patient's Cigna HMO primary care physician directs referrals.

### SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient's Cigna ID card.

### COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare and Expanded Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

## EXPANDED PRIMARY EYECARE COVERAGE

The following list shows services covered for this client beyond those services covered under Primary EyeCare. Please refer to [Primary EyeCare Plan](#) in the VSP Manual for details on those services.

Covered benefits will be administered according to our policies and procedures in effect on the date of service. In addition to VSP's Primary EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

View [Cigna HealthCare of New Mexico Expanded Primary EyeCare Coverage](#).

## VSP CHOICE ACCESS® PLAN

The VSP Choice Access Plan is a discount only plan with not-to-exceed maximum pricing on exams, lenses, and certain lens options (listed below) that provides a discount to eligible patients when they see a VSP Choice Network Doctor. Discounts 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](#) or call VSP at 800.615.1883.
- You can view the Patient's Record Report for plan information including discount information and not-to-exceed regional maximums.

---

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

---

### 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 a 20% discount.

- A discount only applies to services and procedures included in a WellVision Exam®. It doesn't apply to additional diagnoses and treatment.
- Deduct a 20% discount off your U&C fees for a WellVision Exam and then compare the discounted fee to the not-to-exceed maximum 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 options for prescription and non-prescription lenses:

**LENS**

- 20% off the base lens price with certain not-to-exceed regional maximums.

**LENS OPTIONS**

- Polycarbonate: 20% off of your U&C fees, not to exceed \$40.
- Standard Anti-Reflective Coating (VSP Option QM Only): 20% off of your U&C fees, not to exceed \$45.
- All other Anti-Reflective Coatings (refer to the [Product Index](#)): 20% off of your U&C fees.
- Standard Scratch Coating (Factory Applied Only): 20% off of your U&C fees, not to exceed \$15.
- UV Coating: 20% off of your U&C fees, not to exceed \$15.
- Standard Progressive (VSP Option code KA and LA) 20% off of your U&C fees, not to exceed \$55 (only the amount over the base lens – flat top 28)
- Premium and Custom Progressive Add-On Price: 20% off the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- Higher Powers: 20% off the additional U&C cost for high powers lenses.
- **All Other Options & Features:** 20% off of your U&C fees.

**Premium Progressive Lenses**

For progressives, subtract the U&C FT28 bifocal cost from the progressive U&C fee, and then apply a 20% discount 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
20% Discount (\$20)	-\$20
Discounted Bifocal Lens	\$80
vs.	vs.
Not-to-exceed regional maximum (Region 4 = \$60)*	\$60

**Patient Discounted Bifocal Price**

(Use the lower of the not-to-exceed price or the discounted 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
20% Discount (\$24)	-\$24

**Patient Discounted Progressive Add-On Price****\$96****TOTAL Patient Cost**

Discounted bifocal price	\$60
Plus discounted 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.

---

## FRAME

- 25% off U&C fees for frames.
- Discounts don't apply if the frame manufacturer prohibits discounts.

## CONTACT LENSES

- Provide a 15% discount off U&C fees for contact lens services (fitting and evaluation) for prescription lenses only.
- Charge 100% of your U&C fees for the contact lenses - there is no discount 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 discount 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 Not-to-Exceed Maximums

The not-to-exceed maximums are listed on the Patient Record Report and are also included below for your reference.

Charge patients 80% of your U&C fees or the not-to-exceed maximums 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,	1	\$90	\$50	\$70	\$90

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
	Napa, San Francisco, San Mateo, Santa Clara, Solano					
	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
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



State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
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

## CAREINGTON CHOICE ACCESS (CCA)

Please refer to the [VSP Choice Access Plan](#) section of the Choice Manual.

## DENTAL & VISION SAVINGS PLAN®

The Dental & Vision Savings Plan is a discount only plan with not-to-exceed maximum pricing on exams, lenses, and certain lens options (listed below) that provides a discount to eligible patients when they see a VSP Choice Network Doctor. Discounts may be used an unlimited number of times during the patient's enrollment in the Dental & Vision Savings Plan.

The plan is not available in California, Illinois, New Hampshire, 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 discount information and not-to-exceed regional maximums.

---

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

---

### 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 a 20% discount.

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

### Materials Coverage

Eligible patients get discounts on glasses, sunglasses, and lens options. The discounts include:

#### Lens

- 20% off the base lens price with certain not-to-exceed regional maximums

#### LENS OPTIONS

- **Polycarbonate:** 20% off of your U&C fees, not to exceed \$40.

- Standard Anti-Reflective Coating (VSP Option QM Only): 20% off of your U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** 20% off of your U&C fees.
- Standard Scratch Coating (Factory Applied Only): 20% off of your U&C fees, not to exceed \$15.
- **UV Coating:** 20% off of your U&C fees, not to exceed \$15.
- **Standard Progressive (VSP Option code KA and LA) 20%** off of your U&C fees, not to exceed \$55 (only the amount over the base lens – flat top 28)
- **Premium and Custom Progressive Add-On Price:** 20% off the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** 20% off the additional U&C cost for high powers lenses.
- **All Other Options & Features:** 20% off of your U&C fees.

### **Progressive Lenses**

For progressives, subtract the U&C FT28 bifocal cost from the progressive U&C fee, and then apply a 20% discount 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
20% Discount (\$20)	-\$20
Discounted Bifocal Lens	\$80
vs.	vs.
Not-to-exceed regional maximum (Region 4 = \$60)*	\$60

---

**Patient Discounted Bifocal Price** **\$60**  
(Use the lower of the not-to-exceed price or the discounted U&C fee)

---

#### **Progressive Add-On**

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

---

**Patient Discounted Progressive Add-On Price** **\$96**

---

#### **TOTAL Patient Cost**

Discounted Bifocal price	\$60
Plus discounted 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.

---

## FRAME

- 25% off U&C fees for frames.
- Discounts don't apply if the frame manufacturer prohibits discounts.

## CONTACT LENSES

- Provide a 15% discount off U&C fees for contact lens services (fitting and evaluation) for prescription lenses only.
- Charge 100% of your U&C fees for the contact lenses - there is no discount 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.

---

## Regional Not-to-Exceed Maximums

The not-to-exceed maximums are listed on the **Patient Record Report** and are also included below for your reference.

Charge patients 80% of your U&C fees or the not-to-exceed maximums 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	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.				
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	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.				
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		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
NH	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.				
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	1	\$90	\$50	\$70	\$90

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
	Queens, Westchester					
	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		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 Choice Plan<sup>®</sup>

## Options Chart



## Effective March 1, 2013

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

### Patient Fee

Charge patients the listed patient fee or 80% of your usual and customary fee (U&C), whichever is lower. For options without a patient fee listed, charge 80% of your U&C.

### Charge Back

This is the amount charged to you for noncovered options to cover lab fees. You won't be charged for covered options.

### Service Fee

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

# VSP Choice Plan

Effective March 1, 2013

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

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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 & Above	\$68	\$43	80% of U&C	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$14	\$21	\$35
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
BA	Digital Aspheric Lenses – Plastic	\$19	\$20	80% of U&C	\$26	\$20	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 & Above	\$57	\$29	80% of U&C	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$20	\$39	\$26	\$20	\$46

Occupational Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	--	--	--
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
IA	Near Variable Focus – Plastic A	--	--	--	\$16	\$18	80% of U&C
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$24	80% of U&C
+IB	Near Variable Focus – High-index Plastic 1.53–1.60	--	--	--	\$11	\$13	80% of U&C
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
+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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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 option code is always in conjunction with a base lens option 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.



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

Glass Tints and Color Coatings		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
PM	Photochromics – Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics – Plastic A	\$22	\$25	\$47	\$39	\$31	\$70
PP	Photochromics – Plastic B	\$42	\$28	\$70	\$51	\$31	\$82
^PP	Photochromics – Mid-index	\$42	\$28	\$70	\$51	\$31	\$82

Other Coatings		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	(Lab Use Only)	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Option Description	In-office Lab <sup>1</sup>	Service Fee	Patient Fee	In-office Lab <sup>1</sup>	Service Fee	Patient Fee
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

<sup>1</sup>If ordered with SunSensors photochromics, option code PP includes payment for mid-index materials.

<sup>1</sup>In-office Lab - For the patient options your office can fulfill in-house, you'll be reimbursed this listed fee for covered options. For noncovered options, this will be included in the patient fee you collect from the patient.

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

Progressive				
Code	Option Description	Charge Back	Service Fee <sup>2</sup>	Patient Fee
CM	Custom Measurements (on Eligible Progressive N or O)	\$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 & 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 & 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 & 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 & 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 & 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

<sup>2</sup>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.

<sup>3</sup>To determine the option price, subtract your U&C price of the standard option, i.e., KA progressive, from your U&C price of the premium material option, i.e., KP polarized.

Progressive Categories <sup>4</sup>		
Custom	N	Hoyalux iD LifeStyle/cd*, Reveal Freeform Vi*, UNITY® PLxpression*, Varilux Ipseo*, Varilux Physio Enhanced Fit*, Zeiss Individual*
	O	Autograph II*, GT2 3D/Short, GT2 3DV, Hoyalux Summit cd/ecp iQ*, Kodak Unique, Reveal Freeform, SOLA HDV, Supercede/Ws Internal, UNITY PLxtra/PLxtreme*, Varilux Ellipse 360, Varilux Physio/Short 360, Varilux Physio Enhanced
Premium	F	Accolade Freedom, AO Easy HD, Creation, Definity/Short, Element/Short, GT2/Short, Hoyalux Summit ecp/cd, Kodak Digital Precise/Short, Presio i/Digital, Reveal, Shamir Spectrum, SOLAOne HD, Succeed Internal, UNITY PLx, Varilux Comfort 2 DRx/Short/Enhanced, Varilux Physio/DRx/Short
	J	AO Easy, Compact ULTRA, Compact ULTRA HD, Essilor Ideal Short/Advanced, Ethos HD/Short, Genesis, Gradal Top, Hoyalux GP Wide, Kodak Precise/Short, Kodak Precise PB/Short, Piccolo, SOLAOne, Varilux Comfort 2/Short, Varilux Ellipse
Standard	K	Accolade, Adapter, Amplitude/Mini, AO Compact, Essilor Ideal, Freedom ID, HD Trinity/Short, Illumina, Image, Instinctive, iRx Pro, Kodak, Kodak Concise, Natural, Navigator/Short, Outlook, Ovation, SmallFit, SOLAMAX, VIP

<sup>4</sup>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.





PO Box 997100  
Sacramento, CA 95899-7100  
800.615.1883  
vsp.com