



VSP Essentials Plan Professional Fee Schedule for Routine Services

Effective Date January 1, 2014

Eye Exam

Exam 80% of your U&C fee up to a maximum of \$40.00

Materials Dispensing

Single Vision Lenses	\$16.00
Bifocal Lenses	\$21.00
Trifocal Lenses	\$35.00
Lenticular Lenses	\$35.00
New Frame	55% of allowance less copay

Progressive Lens Dispensing

You'll receive your bifocal dispensing fee plus the following service fees for covered progressive lenses. **The Total Reimbursement column below is the combined amount you will keep.**

- If progressives are covered, both the dispensing fee and service fee are paid by VSP.
- For all other progressives, see Patient Charges for Lens Options.

Bifocal Dispensing PLUS:	Progressive Lens	Service Fee	Total Reimbursement
	Category N	\$80.00	\$101.00
	Category O	\$71.00	\$92.00
	Category F	\$51.00	\$72.00
	Category J	\$49.00	\$70.00
	Category K	\$27.00	\$48.00

Patient Charges for Lens Options

Charge the patient 80% of your usual and customary (U&C) add-on fee. Refer to the [VSP Advantage Plan Options Chart](#) for the charge back amount to be deducted from your VSP payment. You will not be charged for covered options.

Frame Allowances and Overages

When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance.