

VSP Choice Plan



Lens Enhancements Chart



Effective June 27, 2023

Revised June 27, 2023

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

Copay

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

Charge Back

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

Service Fee

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

Use the following chart for what to charge your patients.

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

| ASPHERICAL AND SPHERICAL LENS STYLES | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------------------------------|-------------------------------------|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| AA | Aspheric Plastic 1.50 | \$10 | \$21 | \$31 | \$14 | \$21 | \$35 |
| AB | High-index Plastic 1.53-1.60/Trivex | \$29 | \$27 | \$56 | \$33 | \$27 | \$60 |
| AH | High-index Plastic 1.66/1.67 | \$48 | \$35 | \$83 | \$58 | \$40 | \$98 |
| AJ | High-index Plastic 1.70 and Above | \$68 | \$43 | \$111 | \$78 | \$40 | \$118 |
| AD | Polycarbonate | \$14 | \$21 | \$35 | \$14 | \$21 | \$35 |
| AE | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| AF | High-index Glass 1.60-1.80 (Clear) | \$35 | \$25 | \$60 | \$85 | \$53 | \$138 |

| DIGITAL ASPHERIC LENS STYLES | | SINGLE VISION | | | MULTIFOCAL | | |
|------------------------------|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| BA | Digital Aspheric Lenses - Plastic | \$24 | \$21 | \$45 | \$34 | \$21 | \$55 |
| BA + BB | Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex | \$16 | \$12 | \$45 + \$28 | \$16 | \$12 | \$55 + \$28 |
| BA + BH | Digital Aspheric Lenses - High-index Plastic 1.66/1.67 | \$37 | \$21 | \$45 + \$58 | \$40 | \$28 | \$55 + \$68 |
| BA + BJ | Digital Aspheric Lenses - High-index Plastic 1.70 and Above | \$57 | \$29 | \$45 + \$86 | -- | -- | -- |
| BA + BD | Digital Aspheric Lenses - Polycarbonate | \$10 | \$0 | \$45 + \$10 | \$10 | \$0 | \$55 + \$10 |

| OCCUPATIONAL LENS STYLES | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------------------|------------------------------|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| CA | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| CE | (Lab Use Only) | -- | -- | -- | -- | -- | -- |

| POLARIZED LENS STYLES | | SINGLE VISION | | | MULTIFOCAL | | |
|-----------------------|--|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| DA | Polarized Lenses - Plastic A | \$36 | \$21 | \$57 | \$48 | \$29 | \$77 |
| DA + DB | Polarized Lenses - High-index Plastic 1.53-1.60/Trivex | \$47 | \$29 | \$57 + \$76 | \$59 | \$36 | \$77 + \$95 |
| DA + DH | Polarized Lenses - High-index Plastic 1.66/1.67 | \$55 | \$34 | \$57 + \$89 | \$67 | \$41 | \$77 + \$108 |
| DA + DJ | Polarized Lenses - High-index Plastic 1.70 and Above | \$70 | \$38 | \$57 + \$108 | -- | -- | -- |
| DA + DD | Polarized Lenses - Polycarbonate | \$13 | \$18 | \$57 + \$31 | \$13 | \$18 | \$77 + \$31 |
| DE | Polarized/Laminated Lenses - Glass | \$49 | \$29 | \$78 | \$63 | \$38 | \$101 |

| BIFOCAL LENS STYLES (MARK BIFOCAL BOX) | | SINGLE VISION | | | MULTIFOCAL | | |
|--|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| IA | Near Variable Focus - Plastic | -- | -- | -- | \$26 | \$24 | \$50 |
| IA + IB | Near Variable Focus - High-index Plastic 1.53-1.60/Trivex | -- | -- | -- | \$11 | \$13 | \$50 + \$24 |
| IA + II | Near Variable Focus - High-index Plastic 1.66/1.67 | -- | -- | -- | \$27 | \$23 | \$50 + \$50 |
| IA + IJ | Near Variable Focus - High-index Plastic 1.70 and Above | -- | -- | -- | \$36 | \$24 | \$50 + \$60 |
| IA + ID | Near Variable Focus - Polycarbonate | -- | -- | -- | \$7 | \$13 | \$50 + \$20 |
| GA | Blended Bifocal - Plastic | -- | -- | -- | \$14 | \$16 | \$30 |

| PLASTIC DYES | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| MM | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| MN | Plastic Dyes - Solid Color (Except Pink I and II) | \$5 | \$10 | \$15 | \$5 | \$10 | \$15 |
| MP | Plastic Dyes - Gradient | \$7 | \$10 | \$17 | \$7 | \$10 | \$17 |

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

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Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

| GLASS TINTS AND COLOR COATINGS | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------------------------|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| MQ | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| MR | Glass Tints Solid (Except Pink I and II and Yellow) | \$16 | \$18 | \$34 | \$24 | \$20 | \$44 |
| MS | Glass Color Coatings - Solid | \$22 | \$20 | \$42 | \$22 | \$20 | \$42 |
| MT | Glass Color Coatings - Gradient | \$25 | \$21 | \$46 | \$25 | \$21 | \$46 |

| PHOTOCHROMICS | | SINGLE VISION | | | MULTIFOCAL | | |
|---------------|------------------------------|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| PM | Photochromics - Glass | \$15 | \$18 | \$33 | \$23 | \$18 | \$41 |
| PR | Photochromics - Plastic | \$45 | \$30 | \$75 | \$45 | \$30 | \$75 |

| OTHER COATINGS | | SINGLE VISION | | | MULTIFOCAL | | |
|----------------|--|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| QM | Anti-reflective Coating A | \$21 | \$20 | \$41 | \$21 | \$20 | \$41 |
| QT | Anti-reflective Coating C | \$41 | \$27 | \$68 | \$41 | \$27 | \$68 |
| QV | Anti-reflective Coating D | \$52 | \$33 | \$85 | \$52 | \$33 | \$85 |
| QP | Mirror - Solid and Single Gradient (Includes Base Color) | \$26 | \$23 | \$49 | \$26 | \$23 | \$49 |
| QR | Ski Type (Includes Base Tint and Backside Color) | \$30 | \$25 | \$55 | \$30 | \$25 | \$55 |
| QQ | Scratch-resistant Coating A - Factory Applied | \$7 | \$10 | \$17 | \$7 | \$10 | \$17 |
| QS | Scratch-resistant Coating B - Other Approved Coatings | \$15 | \$18 | \$33 | \$15 | \$18 | \$33 |

| OVERSIZE | | SINGLE VISION | | | MULTIFOCAL | | |
|----------|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| RM | Frames Stamped 61mm Eye Size or Greater - Plastic | \$5 | \$6 | \$11 | \$6 | \$8 | \$14 |
| RN | Frames Stamped 61mm Eye Size or Greater - Glass | \$7 | \$6 | \$13 | \$10 | \$8 | \$18 |

| MISCELLANEOUS | | SINGLE VISION | | | MULTIFOCAL | | |
|---------------|-------------------------------------|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| SP | High Luster Edge Polish | \$6 | \$10 | \$16 | \$6 | \$10 | \$16 |
| SQ | Edge Coating | \$17 | \$19 | \$36 | \$17 | \$19 | \$36 |
| SR | Faceted Lenses (Includes Polishing) | \$41 | \$25 | \$66 | \$41 | \$25 | \$66 |
| SW | Rimless Drill | \$25 | \$5 | \$30 | \$25 | \$5 | \$30 |
| SV | UV Protection | \$6 | \$10 | \$16 | \$6 | \$10 | \$16 |
| BV | UV Protection - Backside | \$7 | \$3 | \$10 | \$7 | \$3 | \$10 |
| LF | Light Filter | \$11 | \$4 | \$15 | \$11 | \$4 | \$15 |
| TA | Technical Add-On | \$8 | \$2 | \$10 | -- | -- | -- |
| SH | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| ST | (Lab Use Only) | -- | -- | -- | -- | -- | -- |

| DOCTOR SUPPLIED* | | SINGLE VISION | | | MULTIFOCAL | | |
|------------------|---|---------------|-------------|---------------|-------------|-------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee | Patient Copay | Charge Back | Service Fee | Patient Copay |
| IM | Plastic Dyes - Solid Color (Pink I and II) | \$5 | -- | -- | \$5 | -- | -- |
| IN | Plastic Dyes - Solid Color (Except Pink I and 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 |

*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

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Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

| PROGRESSIVE | | | | |
|-------------|---|-------------|--------------------------|---------------|
| Code | Lens Enhancement Description | Charge Back | Service Fee ¹ | Patient Copay |
| CM | Custom Measurements (on Eligible Progressive N or O) Lenses | \$2 | \$8 | \$10 |
| NA | Progressive N - Plastic | \$95 | \$80 | \$175 |
| NA + NB | Progressive N - High-index Plastic 1.53-1.60/Trivex | \$25 | \$22 | \$175 + \$47 |
| NA + NH | Progressive N - High-index Plastic 1.66/1.67 | \$48 | \$30 | \$175 + \$78 |
| NA + NJ | Progressive N - High-index Plastic 1.70 and Above | \$77 | \$48 | \$175 + \$125 |
| NA + ND | Progressive N - Polycarbonate | \$15 | \$20 | \$175 + \$35 |
| NA + NP | Progressive N - Polarized | \$51 | \$31 | \$175 + \$82 |
| OA | Progressive O - Plastic | \$79 | \$71 | \$150 |
| OA + OB | Progressive O - High-index Plastic 1.53-1.60/Trivex | \$25 | \$22 | \$150 + \$47 |
| OA + OH | Progressive O - High-index Plastic 1.66/1.67 | \$48 | \$30 | \$150 + \$78 |
| OA + OJ | Progressive O - High-index Plastic 1.70 and Above | \$77 | \$48 | \$150 + \$125 |
| OA + OD | Progressive O - Polycarbonate | \$15 | \$20 | \$150 + \$35 |
| OA + OP | Progressive O - Polarized | \$51 | \$31 | \$150 + \$82 |
| FA | Progressive F - Plastic | \$54 | \$51 | \$105 |
| FA + FB | Progressive F - High-index Plastic 1.53-1.60/Trivex | \$25 | \$22 | \$105 + \$47 |
| FA + FH | Progressive F - High-index Plastic 1.66/1.67 | \$48 | \$30 | \$105 + \$78 |
| FA + FJ | Progressive F - High-index Plastic 1.70 and Above | \$77 | \$48 | \$105 + \$125 |
| FA + FD | Progressive F - Polycarbonate | \$15 | \$20 | \$105 + \$35 |
| FA + FP | Progressive F - Polarized | \$51 | \$31 | \$105 + \$82 |
| 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 + \$47 |
| JA + JH | Progressive J - High-index Plastic 1.66/1.67 | \$48 | \$30 | \$95 + \$78 |
| JA + JJ | Progressive J - High-index Plastic 1.70 and Above | \$77 | \$48 | \$95 + \$125 |
| JA + JD | Progressive J - Polycarbonate | \$15 | \$20 | \$95 + \$35 |
| JA + JP | Progressive J - Polarized | \$51 | \$31 | \$95 + \$82 |
| 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 + \$47 |
| KA + KH | Progressive K - High-index Plastic 1.66/1.67 | \$48 | \$30 | \$55 + \$78 |
| KA + KJ | Progressive K - High-index Plastic 1.70 and Above | \$77 | \$48 | \$55 + \$125 |
| KA + KD | Progressive K - Polycarbonate | \$15 | \$20 | \$55 + \$35 |
| KA + KP | Progressive K - Polarized | \$51 | \$31 | \$55 + \$82 |
| KE | Progressive K - Glass/High-index Glass (Clear) | \$53 | \$27 | \$80 |

1. 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.

PROGRESSIVE CATEGORIES² AS OF 6/27/2023

| | | |
|-----------------|---|--|
| Custom | N | Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III [^] , Shamir Autograph Intelligence [^] , Varilux X Fit Technology [^] , ZEISS SmartLife Individual |
| | O | Unity Via Plus II/Mobile II/Wrap II, Array 2 [^] , Kodak Unique DRO, Shamir Autograph II+ [^] , Varilux Physio W3+, Varilux X Design Technology [^] , ZEISS SmartLife Superb [^] /Plus/Pure |
| Premium | F | Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V |
| | J | Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H |
| Standard | K | Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D |

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at eyefinity.com.
[^]This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

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Classification: Restricted