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ADVANTAGE NETWORK PLANS

This supplement to the VSP Manual provides information about coverage available to VSP members through the Advantage Network.

ENROLLMENT/DOCTOR PARTICIPATION

Only participating Advantage Network doctors can provide services to VSP members with a plan that uses the Advantage Network.

Participating doctors must:

- Maintain an active status with the VSP Network.
- Agree that all VSP doctors within their practice, including all offices, will see Advantage Network patients.
- Provide VSP with written notice 90 days prior to the termination date if the practice discontinues participation in the Advantage Network.
- Agree that if the owner doctor terminates from the Advantage Network, then all doctors associated with the practice will be terminated from the Advantage Network.

ELIGIBILITY & AUTHORIZATION

Copays

We'll indicate copays when you obtain authorization.

Note: Don't waive copays.

Coordination of Benefits (COB)

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

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

Patient's primary plan	Patient's secondary plan	Your network participation is	Then
VSP Advantage Plan	VSP Signature Plan	Advantage Network	You'll be reimbursed based on the VSP Signature Plan COB allowances. (See COB rules for exceptions).
VSP	VSP	Non-	We'll reimburse the patient based

Advantage Plan	Signature Plan	Advantage Network	on the VSP Signature Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan	VSP Advantage Plan	Advantage Network	You'll be reimbursed according to the Advantage Coordination of Benefits Secondary Allowances .
VSP Signature Plan	VSP Advantage Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Advantage Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Advantage Plan	VSP Choice Plan	Advantage Network	You'll be reimbursed based on the VSP Choice Plan COB allowances (See COB rules for exceptions.)
VSP Advantage Plan	VSP Choice Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Choice Plan non-VSP provider reimbursement schedule if the out-of-network coverage is available.
VSP Choice Plan	VSP Advantage Plan	Advantage Network	You'll be reimbursed according to the Advantage Coordination of Benefits Secondary Allowances .
VSP Choice Plan	VSP Advantage Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Advantage Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.

EXAM COVERAGE

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

Eye exams are reimbursed at 80% of your U&C fee, up to the maximum amount shown on the Advantage Network Fee Schedule, less any exam copay. Don't balance bill for exams. View the **Advantage Network Fee Schedule** on VSPOnline by selecting **Administration** and **Practice/Doctor Updates** from the menu, then clicking the **View or Update Fees** link.

Note: Refractions are included in your exam fees.

MATERIALS COVERAGE – VSP ADVANTAGE PLAN

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

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

Important! Maximize your reimbursement for VSP Advantage Plan and VSP Essentials Plan patients. Earn up to an additional \$34 per order with Enhanced UNITY[®] Savings and Marchon[®] Savings. Or deliver glasses faster and increase your bottom line with VizTec and VSP In-Office Finishing. [Learn more.](#)

Lenses

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full. Your base lens payment includes your reimbursement for the following:

- Single vision, bifocal, trifocal, or lenticular lenses in plastic or glass
- Eye size up to and including 60mm
- Polycarbonate lenses for dependent children, monocular patients, 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 is ± 0.50 diopters or greater in at least one eye or one of the following exceptions occurs:

- Necessary prism of 0.50 diopters or greater in at least one eye.
 - Anisometropia is 0.50 diopters or greater.
 - Cylinder power is ± 0.50 diopters 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 Advantage Plan charge-back fee](#) for those options.

Cost-Controlled Options

For cost-controlled options, the patient pays for non-covered options according to the [VSP Advantage 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 Advantage Plan Options Chart](#), charge 80% of your U&C fees.

Patient Charges

The following examples illustrate 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 is:	\$60
Subtract 20%:	-\$12
80% of your U&C add-on fee:	\$48
Add the VSP Advantage Plan patient fee for Progressive F – Plastic (FA):	\$105
Patient pays:	\$153

Your U&C fee for near variable focus plastic is:	\$180
Subtract your U&C fee for bifocals (FT28):	- \$130
Your U&C add-on fee is:	\$50
Subtract the 20% discount:	-\$10
Patient pays:	\$40

COVERED LENS OPTIONS

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

FLEXIBLE OPTIONS

To offer more customized coverage to 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 Options 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

Note: We’ll only cover frames when the lenses meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

VSP Advantage Plan patients receive a client-defined retail frame allowance. We'll pay you 55% of the retail price of the frame, up to 55% of the patient's retail frame allowance. Patients are also eligible for a 20% discount on the retail frame overage.

Bill all frames as "doctor supplied" since we're paying you directly. Your practice is responsible for paying the lab for any lab-supplied frames.

Contact Lenses

ELECTIVE CONTACT LENSES

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 (fitting and evaluation, or F&E) 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 (fitting and evaluation, or F&E), calculated at 85% of your U&C fees, and materials. There is no copay for contact lens materials.

VISUALLY NECESSARY CONTACT LENSES

We'll cover contacts in full for patients meeting the established 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 visually 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.

Value Added Discounts and Programs

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

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;
- 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 frame.

CONTACT LENS DISCOUNT

Patients are eligible for a 15% discount on contact lens exam services (fitting and evaluation). 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, solution, cleaning products, and service agreements.

VSP LASER VISIONCARESM 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 visit **VSPOnline** and reference the **Laser VisionCare ProgramSM** page under **Plans** for information on how to participate and a list of participating facilities.

MATERIALS COVERAGE – VSP ESSENTIALS PLAN

Materials coverage matches the VSP Advantage Plan except for lens options, as outlined below.

Important! Maximize your reimbursement for VSP Advantage Plan and VSP Essentials Plan patients. Earn up to an additional \$34 per order with Enhanced UNITY® Savings and Marchon® Savings. Or deliver glasses faster and increase your bottom line with VizTec and VSP In-Office Finishing. [Learn more.](#)

Lenses

COVERED LENS OPTIONS

If your patient chooses a covered lens option, you'll receive the [VSP Advantage Plan Options Chart](#) covered service fee. We won't apply the charge-back fee.

OTHER LENS OPTIONS

If your patient selects any other option, charge the patient 80% of your U&C fees and collect the option cost directly from the patient. You'll be charged back the [VSP Advantage Plan charge-back fee](#) for those options.

Patient Charges

The following examples illustrate how to calculate "add-on" fees based on your total prices for a specific lens option:

Your U&C fee for progressive is:	\$220
Subtract your U&C fee for bifocals (FT28):	-\$100
Your U&C add-on fee is:	\$120
Subtract 20% discount:	-\$24
Patient pays:	\$96

Single vision lens is covered in full.	
Your U&C fee for the AR coating is:	\$80
Subtract 20% discount:	-\$16
Patient pays:	\$64

FLEXIBLE OPTIONS

To offer more customized coverage to 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 Options 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.

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 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.

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

VSPOne Sacramento or VSPOne 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 VSPOne Sacramento at:

3131 Fite Circle
Sacramento, CA 95827
800.952.5518
VSPOne.com

Contact VSPOne San Diego at:

2651 La Mirada Drive
Vista, CA 92081
866.569.8800
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 Columbus, 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 VSPOne Columbus at:

2605 Rohr Road
Lockbourne, OH 43137
800.251.5150
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 Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB – OREGON, WASHINGTON

VSPOne 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 VSPOne Olympia at:

8719 Commerce Place Drive NE, Suite D
Lacey, WA 98516

888.352.7502
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 Olympia, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

Submit claims just as you do for VSP Signature Plan claims. For additional information, refer to [Submitting Claims](#) in the VSP Manual.

Billing

- You may bill eye exams using S0620 (routine ophthalmological examination, including refraction, new patient) or S0621 (routine ophthalmological examination, including refraction, established patient). Be sure to complete a comprehensive exam when using these codes; VSP pays at the comprehensive level.
- If you choose to use 920XX codes to bill the eye exam, please remember to bill refraction (92015) separately for accurate reimbursement.
- All eye exams should be billed with V72.0, V80.2 or the appropriate refractive diagnosis code, and materials must be billed with the appropriate refractive disorder diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.

Note: When billing progressive lenses, bill your U&C fee on two lines—one for the base bifocal lenses and the second for the progressive add-on.

Reimbursement

Reimbursement is made according to the current **Advantage Network Fee Schedule**. View the **Advantage Network Fee Schedule** on VSPOnline by selecting **Administration** and **Practice/Doctor Updates** from the menu, then clicking the **View or Update Fees** link.

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

VSP ADVANTAGE PLAN COORDINATION OF BENEFITS SECONDARY ALLOWANCES

Eye exam	\$50	less secondary plan copays
Lenses	\$36	less secondary plan copays
Frame	\$58	less secondary plan copays

Secondary allowances are cumulative. The maximum secondary allowance available for exam, lenses, and frame services is \$144.

ADVANTAGE 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.

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

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

MATERIALS COVERAGE

Advantage Exam Plus and Advantage Exam Plus with Allowances patients are entitled to discounts on spectacle materials and contact lens services. Advantage Exam Plus with Allowances patients are eligible for additional materials benefits based on a client-determined schedule of allowances. Refer to [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.

HOMETOWN HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Hometown Health Plan's HMO and PPO, as well as Renown Health and Senior Care Plus members, are covered under VSP's Integrated Primary EyeCare ProgramSM. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Note: Some Hometown Health members are also eligible for routine benefits through VSP. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Hometown Health's Provider Relations department at 775.982.3233 to schedule an in-service to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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

SAMPLE ID CARDS


Sample HMO ID Card - Front

Member Number:	
Member Name:	
Subscriber Name:	
PCP Name:	
PCP Phone:	888-341-8574
	Bin:005974
OFFICE COPAYS	RxGrp:HOMETOWN
Primary Care/Specialist	
	RX: Generic/Brand/Non-Formulary
UC/ER COPAYS	
Urgent Care/Emergency Room	HMO

Sample HMO ID Card - Back

For routine or urgent care call your Primary Care Physician (PCP) listed on the front of this card.
 In northern Nevada, Renown Regional Medical Center and Renown South Meadows Medical Center are the preferred medical facilities for emergency and hospital care.

Submit claims to: EDI Payor ID #88023
 Mail claims to: Hometown Health
 PO Box 981703
 El Paso TX, 79998-1703



Eligibility, benefits or pre-certification information:
 775-982-3232 or 800-336-0123
 Health Hotline (24-hour Registered Nurse):
 775-982-5757 or 888-324-3243

Possession of this card does not guarantee eligibility.

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Hometown Health website at www.hometownhealth.com. Services that are approved will be applied to the members’ medical benefit.

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

Reimbursement

Hometown Health handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

Submitting Claims

Please refer to the patient’s ID card from Hometown Health for directions on submitting claims.

KAISER PERMANENTE OF OHIO CLIENT DETAILS

Kaiser Permanente® of Ohio chose VSP to administer their vision plan beginning January, 2010. Eligible Kaiser Permanente of Ohio HMO, Added Choice® Point-of-Service, Medicare Plus (Medicare Cost), and Commercial members can receive a WellVision exam from any doctor on the VSP Advantage Network.

Note: Kaiser Permanente High Deductible Health Plan (HDHP) members do not have coverage for exams.

Patient Eligibility for Services

You must look up eligibility with each patient's unique Kaiser Permanente Medical Record Number (MRN), found on the member's identification card. Add leading zeros to make it a nine digit number if you're using practice management software.

EXAM

All active members are fully covered for a WellVision exam, less plan copays. The WellVision exam includes a diabetic retinal exam and glaucoma screening. There is no annual limit on WellVision exams.

MATERIALS

Not all members are eligible for materials. Please check the [Patient Record Report](#) for eligibility.

LENS AND FRAME

Eligible members will have a material allowance that can be used towards any combination of:

- Lenses (including lens options)
- Frame
- Contact lens materials only (contact lens services must be billed under the second pair benefit)

Important! If the entire material allowance is not used on the original date of service, any remaining balance can be used within the same eligibility period. Contact VSP at 800.615.1883 to determine the remaining balance and request an authorization.

CONTACT LENS EXAM

All members with a materials benefit are also eligible for contact lens fitting and evaluation services, including follow-up appointments with a \$50 copay. Coverage for the contact lens exam is available once every 12 months.

Bill the contact lens services under the second pair benefit and the materials under the primary benefit.

Patient Eyecare Report

You must fax a completed [VSP Patient EyeCare Report](#) for every patient seen, within three business days of the exam, to the Kaiser Permanente Ophthalmology Department at 216.297.2678. Save a copy in the patient's file.

Referrals

You are not contracted to provide medical treatment of the eye to Kaiser Permanente of Ohio members. If a patient requires medical treatment for an eye pathology, illness, or injury, follow the instructions below based on your patient's Primary Care Physician (PCP) network and the care needed.

Call the Kaiser Permanente Customer Relations Department to verify PCP name, network and appointment phone number.

OPMG NETWORK

If the PCP is in the Ohio Permanente Medical Group (OPMG) network and the patient needs **urgent** care, fax a copy of a completed Patient Eyecare Report to 216.297.2678 (M-F 8 a.m.-5 p.m. EST), or contact the Kaiser Permanente Emergency Advice Line at 800.686.2240 (after 5 p.m. EST, weekends and holidays).

For **non-urgent** needs, advise the patient to call 800.524.7377, press 2, and press 3, to speak with an advice nurse and/or schedule an appointment with an OPMG Ophthalmologist. Give the patient a copy of the completed Patient Eyecare Report to provide to the specialist.

ALL OTHER PCP NETWORKS

For all other PCP networks: If the patient needs **urgent** care, call the patient's PCP's office directly and request an urgent referral to a Plan-contracted Ophthalmologist and give the patient a copy of the Patient Eyecare Report to provide to the specialist.

For **non-urgent** needs, advise the patient to contact his/her PCP for a written referral to an Ophthalmologist who participates under a direct contract with Kaiser Permanente. Give the patient a copy of the completed Patient Eyecare Report to provide to the specialist following receipt of an authorized referral.

Claims

All claims are billed directly to VSP. Don't bill Medicare as primary for Well Vision services provided to Kaiser Permanente Medicare Plus Members.

Laser Vision Correction Surgery

This is not a covered benefit.

Optimapping

This is not a covered benefit. Optimapping is never to be done in place of a dilated eye exam. Discuss the patient's financial responsibility for eye photos in advance of the service.