VSP ADVANTAGE NETWORK MANUAL

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Effective January 1, 2022

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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.

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

Essentials Plan			the out-of-network coverage is available.
VSP Choice Plan	VSP Advantage Plan or VSP Essentials 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.
VSP Choice Plan	VSP Essentials Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Essentials Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.

EXAM COVERAGE

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 your Advantage Network Fees located under Quick Links and Tools on VSPOnline, then click **View Fees** link. On the **Fee Inquiry** page, click **Advantage** button to view the plan's fee schedules.

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 benefits on additional materials (see Value Added Benefits below).

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 & Lens Enhancements 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.

OTHER LENS ENHANCEMENTS

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

Covered with Additional Copay

For lens enhancements that are covered with additional copay, charge the patient the patient copay listed in the VSP Advantage Network Lens Enhancements Chart or 80% of your U&C fees, whichever is lower.

Covered with Additional Copay, 80% U&C

For lens enhancements not listed on the VSP Advantage Network Lens Enhancements 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 enhancement:

Your U&C fee for Mid-Index is:	$260
Subtract your U&C fee for Mid-Index in plastic:	-$200
Your U&C add-on fee is:	$60
Deduct 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
Deduct 20%:	-$10
Patient pays:	**$40**

COVERED LENS ENHANCEMENTS

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

FLEXIBLE LENS ENHANCEMENTS

To offer more customized coverage to clients and members, we’ve developed several flexible lens enhancement programs that allow partial coverage for the most popular VSP lens enhancements, including anti-reflective (AR) coatings, photochromics, and progressives. Always refer to the Patient Record Report and Lens Enhancements Charges Report for complete information on lens enhancement coverage. The VSP Flexible Lens Enhancements 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. Charge 80% of U&C on the retail frame overage.

Effective January 1, 2014, most patients with a VSP Advantage Plan will have an extra $20 on top of their frame allowance when they select Marchon® or Altair® frames. Look for the retail allowances for Marchon/Altair and all other frames indicated on the Patient Record Report at authorization. You’ll be reimbursed up to 55% of the patient’s retail frame allowance for the frame brand dispensed.

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

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 (initial fitting and evaluation, or F&E) and a separate allowance for contact lens materials. The patient pays the contact lens exam services (initial fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. VSP will reimburse the difference between the patient's copay and 85% of your U&C fees. There is no copay for contact lens materials.

Exam And (Combined Contact Lens Allowance) – Your patient has a combined allowance toward contact lens exam services (initial fitting and evaluation, or F&E), calculated at 85% of your U&C fees, and materials. There is no copay for contact lens materials.

Total Allowance – Your patient has a single allowance for the routine eye exam, contact lens exam services (initial fitting and evaluation or F&E), both 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 (routine eye exam plus initial fitting and evaluation and materials) 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 Benefits

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

GLASSES

Charge 80% of U&C for additional materials when complete pairs of prescription and non-prescription glasses, sunglasses, and blue light filtering glasses are dispensed within 12 months of the exam. The benefit:

- is based on your total U&C fee;
- is unlimited for 12 months on or following the date of the last covered eye exam;
- is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at a 80% of U&C;
- 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, charge 80% of U&C for the frame in the year when the patient is eligible for lenses but not for frame.

CONTACT LENSES

Charge 85% of U&C on contact lens exam services (fitting and evaluation). This benefit:

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

RETINAL SCREENING VALUE ADDED FEATURE

- Patients are eligible for routine retinal screening as a value added feature to complement their WellVision Exam® benefit.
- Please see the Retinal Screening section of the **VSP Manual** for more information.

VSP LASER VISIONCARE℠ 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 or Bladeless LASIK.

If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price.

Please visit **VSPOnline** and reference the **Laser VisionCare Program℠** page under **Plans & Coverages** for information on how to participate and a list of participating facilities.

Supplemental Plans

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

ADVANTAGE COMPUTER VISIONCARE℠ PLAN

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

See the VSP Computer VisionCare Plan section of the VSP Manual for more information.

ADVANTAGE ADDITIONAL PAIR

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

MATERIALS COVERAGE – VSP ESSENTIALS PLAN

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

Lenses

COVERED LENS ENHANCEMENTS

If your patient chooses a covered lens enhancement, you'll receive the Advantage Network Lens Enhancements Chart covered service fee. We won't apply the charge-back fee.

OTHER LENS ENHANCEMENTS

If your patient selects any other lens enhancement, charge the patient 80% of your U&C fees and collect the lens enhancement cost directly from the patient. You'll be charged back the Advantage Plan Network charge-back fee for those lens enhancements.

Patient Charges

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

Your U&C fee for progressive is:	$220
Subtract your U&C fee for bifocals (FT28):	-$100
Your U&C add-on fee is:	$120
Deduct 20%:	-$ 24
Patient pays:	$ 96
Single vision lens is covered in full.	
Your U&C fee for the AR coating is:	$ 80
Deduct 20%:	-$16
Patient pays:	$ 64

FLEXIBLE LENS ENHANCEMENTS

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

LAB

Refer to the Using Our Contract Lab System page in the **VSP Manual**.

Submission Instructions

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

Paper Claims: Submit your orders to any contract lab on the VSP National Contract Lab list.

Lab Information

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

First-Time Doctor Redos—Lab Finished Lenses

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

Using Non-Contract Labs

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

Examples of emergencies include:

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

Emergency situations don't include:

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

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

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

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

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

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

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

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

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

VSP ELEMENTS PROGRAM®

For more information on **VSP Elements**, refer to the **Plans and Coverages** section in the **VSP Manual**.

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.
- WellVision® Exams should be billed with the appropriate refractive error diagnosis code. Reasons for encounters diagnosis codes are also acceptable.
- Reasons for encounters diagnosis codes are payable for WellVision® Exams only. Reasons for encounters diagnosis codes may not be billed as primary or as the sole diagnosis code for materials.
- Materials must be billed with the appropriate refractive error diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.
- Bill non-covered materials on a private invoice, even if a VSP contract lab is used. Non-covered lenses may be fabricated at any lab of your choice, including in-office labs.

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**.

Refractive Error Diagnosis Codes

H52.01	Hypermetropia, right eye
H52.02	Hypermetropia, left eye
H52.03	Hypermetropia, bilateral
H52.11	Myopia, right eye
H52.12	Myopia, left eye
H52.13	Myopia, bilateral
H52.201	Unspecified astigmatism, right eye
H52.202	Unspecified astigmatism, left eye
H52.203	Unspecified astigmatism, bilateral
H52.211	Irregular astigmatism, right eye

H52.212	Irregular astigmatism, left eye
H52.213	Irregular astigmatism, bilateral
H52.221	Regular astigmatism, right eye
H52.222	Regular astigmatism, left eye
H52.223	Regular astigmatism, bilateral
H52.31	Anisometropia
H52.32	Aniseikonia
H52.4	Presbyopia
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.521	Paresis of accommodation, right eye
H52.522	Paresis of accommodation, left eye
H52.523	Paresis of accommodation, bilateral
H52.531	Spasm of accommodation, right eye
H52.532	Spasm of accommodation, left eye
H52.533	Spasm of accommodation, bilateral
H52.6	Other disorders of refraction
H52.7	Unspecified disorder of refraction

Reasons for Encounters Diagnosis Codes

Reasons for encounters diagnosis codes are payable for WellVision® Exams only. Reasons for encounters diagnosis codes may not be billed as primary or as the sole diagnosis code for materials.

Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
Z01.020	Encounter for examination of eyes and vision following failed vision screening without abnormal findings
Z01.021	Encounter for examination of eyes and vision following failed vision screening with abnormal findings
Z13.5	Encounter for screening for eye and ear disorders
Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses
Z82.1	Family history of blindness and visual loss
Z83.511	Family history of glaucoma
Z83.518	Family history of other specified eye disorder

ADVANTAGE NETWORK 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

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 savings on glasses 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.

CLIENT DETAILS

BLUE CROSS OF IDAHO

The following client details apply to Blue Cross of Idaho True Blue and Secure Blue Medicare Advantage plan patients only (does not include True Blue HMO SNP). Refer to VSP Advantage Plan section for complete coverage details not listed below.

Please note VSP currently covers the Blue Cross of Idaho Medicare Supplement plan members under a Choice Exam Plus plan coverage. This will not change.

Materials Coverage

LENSES

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full, including single vision, bifocal, trifocal, or lenticular lenses in plastic or glass. You'll receive your Advantage Plan lens dispensing fee for covered lenses.

LENS ENHANCEMENTS

Members are covered for standard progressives, scratch coating and UV protection. If a patient chooses a covered lens enhancement, you'll receive the Advantage Plan covered service fee.

If your patient selects a non-covered lens enhancement, charge the patient according to the VSP Advantage Network Lens Enhancements Chart.

LAB

All orders must be sent to VSPOne™ Columbus. In--office finishing equipment or stock lenses may not be used.

Only in an emergency situation may a private lab be used. See Using Non-Contract Labs for more information. If a non-contract lab is used for an emergency situation, the non-Genesis frame allowance would apply.

COVERED FRAME

Frames from the Altair® Genesis collection is covered for patients and will be lab supplied though VSPOne™ Columbus. You'll receive a $19 frame dispensing fee. Genesis frames are fully covered when a complete pair of prescription glasses (lenses and frame) is ordered. Genesis frame only orders are a private transaction and the frame will not be covered by VSP.

You can also use Genesis frames to meet the needs of non-Blue Cross of Idaho patients. Order frames through Altair just as you do today. To inquire or request Genesis frames, contact Altair at **800.505.5557.**

OTHER FRAMES

A patient has the option of supplying their own frame or purchasing a non-Genesis frame from you. The non-Genesis retail frame allowance is $50. We'll pay you up to 55% of the patient's retail frame allowance. When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance. Regardless of the frame brand that's purchased, the benefit for lenses will still follow Advantage Plan pricing (see Lenses section above). In-office finishing equipment or stock lenses may not be used.

CONTACT LENSES

Patients may select contact lenses instead of glasses. Please refer to the Patient Record Report for details.

BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA MEDICARE ADVANTAGE

The following client details apply to Blue Cross Blue Shield Medicare Advantage (PPO and HMO patients only). Refer to VSP Advantage Plan section for complete coverage details not listed below.

Materials Coverage

LENSES

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full, including single vision, bifocal, trifocal, or lenticular lenses in plastic or glass. You'll receive your Advantage Plan lens dispensing fee for covered lenses.

LENS ENHANCEMENTS

If your patient selects a non-covered lens enhancement, charge the patient according to the VSP Advantage Network Lens Enhancements Chart.

LAB

All orders must be sent to VSPOne™ Columbus. In--office finishing equipment or stock lenses may not be used.

Only in an emergency situation may a private lab be used. See Using Non-Contract Labs for more information. If a non-contract lab is used for an emergency situation, the non-Genesis frame allowance would apply.

COVERED FRAME

Frames from the Altair® Genesis collection is covered for patients and will be lab supplied though VSPOne™ Columbus. You'll receive a $19 frame dispensing fee. Genesis frames are fully covered when a complete pair of prescription glasses (lenses and frame) is ordered. Genesis **frame only** orders are a private transaction and the frame will not be covered by VSP.

You can also use Genesis frames to meet the needs of non-Blue Cross Blue Shield of South Carolina patients. Order frames through Altair just as you do today. To inquire or request Genesis frames, contact Altair at **800.505.5557.**

OTHER FRAMES

A patient has the option of supplying their own frame or purchasing a non-Genesis frame from you. The non-Genesis retail frame allowance is $50. We'll pay you up to 55% of the patient's retail frame allowance. When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance. Regardless of the frame brand that's purchased, the benefit for lenses will still follow Advantage Plan pricing (see Lenses section above). In-office finishing equipment or stock lenses may not be used.

CONTACT LENSES

Patients may select contact lenses instead of glasses. Please refer to the Patient Record Report for details.

CALIFORNIA STATE UNIVERSITY (CSU) CLIENT DETAILS

Eligibility & Authorization

COMPUTER VISION CARE (CVC)

Only eligible California State University employees are covered for Computer VisionCare (CVC). Dependents aren't covered. CSU Retirees benefits exclude CVC coverage.

To receive a CVC benefit, employees must obtain a VSP Computer VisionCare Confirmation Form from their CSU campus benefits office and present the form to you at the time of service. Keep a copy of the VSP Computer VisionCare Confirmation Form signed by the patient in their file.

You'll be reimbursed according to the Advantage Plan Professional Fee Schedule for CVC materials dispensed and your Advantage Plan fees for CVC exams. Refer to the CVC section of the VSP Manual for additional information.

VSP COMPUTER VISIONCARE CONFIRMATION FORM

MODA HEALTH MEDICARE ADVANTAGE

The following client details apply to Moda Health Medicare Advantage (Moda Health PPO and Moda Health Plan Medicare Supplement patients only). Refer to VSP Advantage Plan section for complete coverage details not listed below.

Materials Coverage

LENSES

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full, including single vision, bifocal, trifocal, or lenticular lenses in plastic or glass. You'll receive your Advantage Plan lens dispensing fee for covered lenses.

LENS ENHANCEMENTS

Members are covered for standard progressives, scratch coating and UV protection. If a patient chooses a covered lens enhancement, you'll receive the Advantage Plan covered service fee. If your patient selects a con-covered lens enhancement, charge the patient according to the VSP Advantage Network Lens Enhancements Chart.

LAB

All orders must be sent to VSPOne™ Columbus. In--office finishing equipment may not be used.

Only in an emergency situation may a private lab be used. See Using Non-Contract Labs for more information. If a non-contract lab is used for an emergency situation, the non-Genesis frame allowance would apply.

COVERED FRAME

Frames from the Altair® Genesis collection are covered for patients and will be lab supplied through VSPOne™ Columbus. You'll receive a $19 frame dispensing fee. Genesis frames are fully covered when a complete pair of prescription glasses (lenses and frame) is ordered. Genesis frame only orders would be a private transaction and the frame will not be covered by VSP.

You can also use Genesis frames to meet the needs of non-Moda Health Plan patients. Order frames through Altair just as you do today. To inquire or request Genesis frames, contact Altair at **800.505.5557.**

OTHER FRAMES

A patient has the option of supplying their own frame or purchasing a non-Genesis frame from you. The non-Genesis retail frame allowance is $50. We'll pay you up to 55% of the patient's retail frame allowance. When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance. Regardless of the frame brand that's purchased, the benefit for lenses will still follow Advantage Plan pricing (see Lenses section above). In-office finishing equipment or stock lenses may not be used.

CONTACT LENSES

Patients may select contact lenses instead of glasses. Please refer to the Patient Record Report for details.

SUMMIT HEALTH PLAN

The following client details apply to Summit Health Plan patients only. Refer to VSP Advantage Plan section for complete coverage details not listed below.

Materials Coverage

LENSES

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full, including single vision, bifocal, trifocal, or lenticular lenses in plastic or glass. You'll receive your Advantage Plan lens dispensing fee for covered lenses.

LENS ENHANCEMENTS

Members are covered for standard progressives, scratch coating and UV protection. If a patient chooses a covered lens enhancement, you'll receive the Advantage Plan covered service fee.

If your patient selects a non-covered lens enhancement, charge the patient according to the VSP Advantage Network Lens Enhancements Chart.

LAB

All orders must be sent to VSPOne™ Columbus. In--office finishing equipment or stock lenses may not be used.

Only in an emergency situation may a private lab be used. See Using Non-Contract Labs for more information. If a non-contract lab is used for an emergency situation, the non-Genesis frame allowance would apply.

COVERED FRAME

Frames from the Altair® Genesis collection are covered for patients and will be lab supplied through VSPOne™ Columbus. You'll receive a $19 frame dispensing fee. Genesis frames are fully covered when a complete pair of prescription glasses (lenses and frame) is ordered. **Genesis frame only** orders would be a private transaction and the frame will not be covered by VSP.

You can also use Genesis frames to meet the needs of non-Moda Health Plan patients. Order frames through Altair just as you do today. To inquire or request Genesis frames, contact Altair at **800.505.5557.**

OTHER FRAMES

A patient has the option of supplying their own frame or purchasing a non-Genesis frame from you. The non-Genesis retail frame allowance is $50. We'll pay you up to 55% of the patient's retail frame allowance. When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance. Regardless of the frame brand that's purchased, the benefit for lenses will still follow Advantage Plan pricing (see Lenses section above). In-office finishing equipment or stock lenses may not be used.

CONTACT LENSES

Patients may select contact lenses instead of glasses. Please refer to the Patient Record Report for details.

VITALITY HEALTH PLAN OF CALIFORNIA

The following client details apply to Vitality Health Plan of California patients only. Refer to VSP Advantage Plan section for complete coverage details not listed below.

Materials Coverage

LENSES

Spectacle lens coverage under the VSP Advantage Plan is designed to provide necessary lenses covered in full, including single vision, bifocal, trifocal, or lenticular lenses in plastic or glass. You'll receive your Advantage Plan lens dispensing fee for covered lenses

LENS ENHANCEMENTS

Members are covered for standard progressives, polycarbonate lenses, photochromic lenses, AR coatings, tints, scratch coating and UV protection. If a patient chooses a covered lens enhancement, you'll receive the Advantage Plan covered service fee.

If your patient selects a non-covered lens enhancement, charge the patient according to the VSP Advantage Network Lens Enhancements Chart.

LAB

All orders must be sent to VSPOne™ Columbus. In-office finishing equipment may not be used.

Only in an emergency situation may a private lab be used. See Using Non-Contract Labs for more information. If a non-contract lab is used for an emergency situation, the non-Genesis frame allowance would apply.

COVERED FRAME

Frames from the Altair® Genesis collection are covered for patients and will be lab supplied through VSPOne™ Columbus. You'll receive a $19 frame dispensing fee. In-office finishing equipment or stock lenses may not be used. Genesis frames are fully covered when a complete pair of prescription glasses (lenses and frame) is ordered. Genesis frame only orders would be a private transaction and the frame will not be covered by VSP.

You can also use Genesis frames to meet the needs of non-Vitality Health Plan patients. Order frames through Altair just as you do today. To inquire or request Genesis frames, contact Altair at **800.505.5557.**

OTHER FRAMES

A patient has the option of supplying their own frame or purchasing a non-Genesis frame from you. The non-Genesis retail frame allowance is $50. We'll pay you up to 55% of the patient's retail frame allowance. When the frame exceeds the retail allowance, charge the patient 80% of the retail price exceeding the allowance. Regardless of the frame brand that's purchased, the benefit for lenses will still follow Advantage Plan pricing (see Lenses section above). In-office finishing equipment or stock lenses may not be used.

CONTACT LENSES

Patients may select contact lenses instead of glasses. Please refer to the Patient Record Report for details.

VSP Advantage Network

Lens Enhancements Chart

vsp vision care

Effective March 1, 2021

Revised March 1, 2021

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. For lens enhancements without a copay listed, charge 80% of your U&C.

Charge Back

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

Service Fee

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.

Effective March 1, 2021

Advantage Network

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

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
AA	Aspheric Plastic 1.50	$10	$21	80% of U&C	$14	$21	80% of U&C
AB	High-index Plastic 1.53 – 1.60/Trivex	$29	$27	80% of U&C	$33	$27	80% of U&C
AH	High-index Plastic 1.66/1.67	$48	$35	80% of U&C	$58	$40	80% of U&C
AJ	High-index Plastic 1.70 and Above	$68	$43	80% of U&C	--	--	--
AD	Polycarbonate	$10	$21	$31	$14	$21	$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60–1.80 (Clear)	$35	$25	80% of U&C	$85	$53	80% of U&C

DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
BA	Digital Aspheric Lenses – Plastic	$24	$21	80% of U&C	$34	$21	80% of U&C
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53 – 1.60/ Trivex	$16	$12	80% of U&C	$16	$12	80% of U&C
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	$37	$21	80% of U&C	$40	$28	80% of U&C
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 and Above	$57	$29	80% of U&C	--	--	--
BA + BD	Digital Aspheric Lenses – Polycarbonate	$10	$0	80% of U&C + $10	$10	$0	80% of U&C + $10

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

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
DA	Polarized Lenses – Plastic A	$36	$21	80% of U&C	$48	$29	80% of U&C
DA + DB	Polarized Lenses – High-index Plastic 1.53 – 1.60/Trivex	$47	$29	80% of U&C	$59	$36	80% of U&C
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	$55	$34	80% of U&C	$67	$41	80% of U&C
DA + DD	Polarized Lenses – Polycarbonate	$13	$18	80% of U&C	$13	$18	80% of U&C
DE	Polarized/Laminated Lenses – Glass	$49	$29	80% of U&C	$63	$38	80% of U&C

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
IA	Near Variable Focus – Plastic	--	--	--	$26	$24	80% of U&C
IA + IB	Near Variable Focus – High-index Plastic 1.53 – 1.60	--	--	--	$11	$13	80% of U&C
IA + II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	$27	$23	80% of U&C
IA + ID	Near Variable Focus – Polycarbonate	--	--	--	$7	$13	80% of U&C
GA	Blended Bifocal – Plastic	--	--	--	$14	$16	80% of U&C

PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I 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.

Effective March 1, 2021

Advantage Network

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

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	$16	$18	$34	$24	$20	$44
MS	Glass Color Coatings – Solid	$22	$20	80% of U&C	$22	$20	80% of U&C
MT	Glass Color Coatings – Gradient	$25	$21	80% of U&C	$25	$21	80% of U&C

PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
PM	Photochromics – Glass	$15	$18	$33	$23	$18	$41
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
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 and Single Gradient (Includes Base Color)	$26	$23	80% of U&C	$26	$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	$30	$25	80% of U&C	$30	$25	80% of U&C
QQ	Scratch-resistant Coating A – Factory Applied	$7	$10	$17	$7	$10	$17
QS	Scratch-resistant Coating B – Other Approved Coatings	$15	$18	$33	$15	$18	$33

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

MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**Charge Back**	**Service Fee**	**Patient Copay**	**Charge Back**	**Service Fee**	**Patient Copay**
SP	High Luster Edge Polish	$6	$10	80% of U&C	$6	$10	80% of U&C
SQ	Edge Coating	$17	$19	80% of U&C	$17	$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	$41	$25	80% of U&C	$41	$25	80% of U&C
SV	UV Protection	$6	$10	$16	$6	$10	$16
BV	UV Protection – Backside	$7	$3	$10	$7	$3	$10
TA	Technical Add-on	$8	$2	$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	Rimless Drill	$25	$5	$30	$25	$5	$30

DOCTOR SUPPLIED[1]		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

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

Effective March 1, 2021

Advantage Network

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

PROGRESSIVE

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

2. The Service Fee for progressives is paid in addition to your VSP Advantage Plan℠ bifocal lens dispensing fee.
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.
3. To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

PROGRESSIVE CATEGORIES[4] AS OF 8/1/2022

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, synchrony Easy Adapt, 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

4. 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.

Classification: Restricted

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