VSP Enhanced Advantage Plan

Lens Enhancements Chart

vsp vision care

Effective November 3, 2026

Revised November 3, 2026

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.

VSP Lab Allocation

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.

VSP Enhanced Advantage Plan™

Effective November 3, 2026

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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
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**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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

MYOPIA MANAGEMENT LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**
MA	Myopia Management Lenses - Plastic	$90	$70	$160	--	--	--
MA + MD	Myopia Management Lenses - Polycarbonate	$14	$21	$160 + $35	--	--	--

PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**
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 or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.
Lab use only: Codes AE, CA, CE, MM, MQ, SH, and ST are designated for lab use only and are not displayed on this chart.

The VSP Enhanced Advantage Plan Lens Enhancement Chart only applies to the VSP Enhanced Advantage Plan, including VSP Enhanced Advantage Supplemental Additional Pair and VSP Computer VisionCare℠ Plan.

Effective November 3, 2026

VSP Enhanced Advantage Plan

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**
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**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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

MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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
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	$28	$12	$40

DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	**Lens Enhancement Description**	**VSP Lab Allocation**	**Service Fee**	**Patient Copay**	**VSP Lab Allocation**	**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.
Lab use only: Codes AE, CA, CE, MM, MQ, SH, and ST are designated for lab use only and are not displayed on this chart.

VSP Enhanced Advantage Plan

Effective November 3, 2026

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	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 Enhanced Advantage Plan bifocal lens dispensing fee.

PROGRESSIVE CATEGORIES[2] AS OF 1/1/2026

Custom	N	Unity® V3 Elite^/Mobile^/Wrap^, Unity Via Elite VR^, aura Natural Vision, HOYA iD LifeStyle 4^, Maui Jim Passport 2.0, Sequel PAL^, Shamir Autograph Intelligence^, Varilux Physio extensee^/XR Design^/XR Track^, ZEISS SmartLife Individual^
	O	Unity V3 Plus^, HOYA Array 2^, aura Advance^, Kodak Unique DRO, Shamir Autograph II+^, Varilux Physio extensee CE^/X Design, ZEISS SmartLife Superb^/Plus/Pure
Premium	F	Unity V3, HOYA Array, Kodak Precise Plus, Shamir Spectrum+, Varilux Comfort Max, ZEISS Progressive Light 2 3DV
	J	Ethos® Plus, HOYA Amplitude BKS, aura Performance^, Kodak Precise PB, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light 2 3D
Standard	K	Ethos, Everyday/Ultimate B, HOYA GP Wide, Image, Kodak Easy, Ovation, Shamir Genesis 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.

©2026 Vision Service Plan. All rights reserved.
VSP is a registered trademark; VSP Enhanced Advantage Plan is a trademark; and Computer VisionCare Plan is a service mark of Vision Service Plan.
Unity and Ethos are registered trademarks of Plexus Optix, Inc. All other brands or marks are the property of their respective owners. 145536 VCDR

Classification: Restricted