



## VSP Essentials Plan Professional Fee Schedule for Routine Services

**Effective Date** January 1, 2014

### Eye Exam

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

### Materials Dispensing

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

### Progressive Lens Dispensing

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

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

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

### Patient Charges for Lens Options

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

### Frame Allowances and Overages

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