



VSP Advantage Plan: Intel Corporation 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.

| Bifocal Dispensing PLUS: | Progressive Lens | Service Fee | Total Reimbursement |
|---------------------------------|-------------------------|--------------------|----------------------------|
| | 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 the lesser of 80% of your usual and customary (U&C) add-on fee or the [VSP Advantage Plan Options Chart](#) amount. For options not listed, charge 80% of your U&C add-on fee. The charge back amount will 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.