VSP Choice 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

You'll receive the listed 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 Choice Plan®

Effective November 3, 2026.

Charge patients the listed copay or 80% of your usual and customary fee (U&C), 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, handicapped patients, or for patients under the Federal Plan, 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.

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Charge patients the listed copay or 80% of your usual and customary fee (U&C), 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.

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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 Choice 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.

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.

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