

Advantage



VSP[®] Advantage Network Manual

Check out the **Manuals** on **VSPOnline**.

Effective January 1, 2014

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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.

Participating doctors must:

- Maintain an active status with the VSP Network.
- Agree that all VSP doctors within their practice, including all offices, will see Advantage Network patients.
- Provide VSP with written notice 90 days prior to the termination date if the practice discontinues participation in the Advantage Network.
- Agree that if the owner doctor terminates from the Advantage Network, then all doctors associated with the practice will be terminated from 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	VSP Signature	Advantage Network	You'll be reimbursed based on the VSP Signature Plan COB

Plan or VSP Essentials Plan	Plan		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 Essentials Plan	VSP Choice Plan	Non-Advantage Network	We'll reimburse the patient based on the VSP Choice Plan non-VSP provider reimbursement schedule if 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 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: 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).

Important! Maximize your reimbursement for VSP Advantage Plan and VSP Essentials Plan patients. Earn up to an additional \$34 per order with Enhanced UNITY[®] Savings and Marchon[®] Savings. Or deliver glasses faster and increase your bottom line with VizTec and VSP In-Office Finishing. [Learn more.](#)

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 & Patient 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 Copay

For lens enhancements that are covered with 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 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 UNITY PLx Trivex (mid-index) is:	\$260
Subtract your U&C fee for UNITY PLx 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 coverage.

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

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 (fitting and evaluation, or F&E) and a separate allowance for contact lens materials. The patient pays the contact lens exam services (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 (fitting and evaluation, or F&E), 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 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 on eligible additional pairs of glasses, including plano sunglasses, if 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 LENS

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.

VSP LASER VISIONCARESM 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.

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 ProgramSM page under Plans for information on how to participate and a list of participating facilities.

VSP LASER VISIONCARESM PROGRAM

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Please visit VSPOnline and reference the Laser VisionCare ProgramSM page under Plans for information on how to participate and a list of participating facilities.

MATERIALS COVERAGE – VSP ESSENTIALS PLAN

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

Important! Maximize your reimbursement for VSP Advantage Plan and VSP Essentials Plan patients. Earn up to an additional \$34 per order with Enhanced UNITY® Savings and Marchon® Savings. Or deliver glasses faster and increase your bottom line with VizTec and VSP In-Office Finishing. [Learn more.](#)

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.

LAB - CALIFORNIA

VSP**One** Sacramento or VSP**One** San Diego must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a Doctor In-Office Lens Enhancement, or you're using the [VizTec](#) service or VSP In-office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Sacramento at:

3131 Fite Circle
Sacramento, CA 95827
800.952.5518
VSP**One**.com

Contact VSP**One** San Diego at:

2651 La Mirada Drive
Vista, CA 92081
866.569.8800
VSP**One**.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

VizTec is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

VSP In-Office Finishing enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to **First-Time Doctor Redos** in the VSP Manual for instructions.

LAB – FLORIDA

VSPOne Ft. Lauderdale or VSPOne Tampa must fabricate covered lenses dispensed to your patients—**unless there's an emergency**, you're providing a **Doctor In-Office Lens Enhancement**, or you're using the **VizTec** service or VSP In-office Finishing Program. Some orders with proprietary lenses or coatings will be fulfilled by HOYA – Largo, FL.

Refer to the **VSP In-Office Finishing Program** section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Ft. Lauderdale at:

6611 NW 15th Way
Fort Lauderdale, FL 33309
800.327.3718
VSPOne.com

Contact VSPOne Tampa at:

5600 115th Avenue North
Clearwater, FL 33760
866.587.6141
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

VizTec is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

VSP In-Office Finishing enables you to use your in-office finishing equipment to

earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Ft. Lauderdale or VSPOne Tampa, refer to **First-Time Doctor Redos** in the VSP Manual for instructions.

LAB - OHIO

VSPOne Columbus must fabricate all covered lenses dispensed to VSP patients—**unless there's an emergency**, you're providing a **Doctor In-Office Lens Enhancement**, or you're using the **VizTec** service or VSP In-Office Finishing Program. Refer to the **VSP In-Office Finishing Program** section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Columbus at:

2605 Rohr Road
Lockbourne, OH 43137
800.251.5150
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

VizTec is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

VSP In-Office Finishing enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to **First-Time Doctor Redos** in the VSP Manual for instructions.

LAB – OREGON, WASHINGTON

VSPOne Olympia must fabricate covered lenses dispensed to your patients—**unless there's an emergency**, you're providing a **Doctor In-Office Lens Enhancement**, or you're using the **VizTec** service or VSP In-office Finishing Program. Some orders with proprietary lenses or coatings will be fulfilled by HOYA – Eugene, OR; HOYA – Portland, OR; or HOYA – Seattle, WA.

Refer to the **VSP In-Office Finishing Program** section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Olympia at:

8719 Commerce Place Drive NE, Suite D
Lacey, WA 98516
888.352.7502
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

VizTec is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

VSP In-Office Finishing enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Olympia, refer to **First-Time Doctor Redos** in the VSP Manual for instructions.

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.
- All eye exams should be billed with V72.0, V80.2 or the appropriate refractive diagnosis code, and materials must be billed with the appropriate refractive disorder diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.

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.

VSP ADVANTAGE PLAN 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.



HEALTHSPAN CLIENT DETAILS

Effective October 1, 2013, Kaiser Permanente of Ohio changed their name to HealthSpan.

HealthSpan HMO, Added Choice® Point-of-Service, Medicare Plus (Medicare Cost), Commercial, and eligible HealthSpan HMO-VSP Elements members can receive a WellVision exam from any doctor on the Advantage Network.

ID CARDS

Members will have a HealthSpan card with the HealthSpan logo identifying their plan type.

		HEALTHSPAN			
Tier 2 and Tier 3 Underwritten by Kaiser Permanente Insurance Company					
Added Choice® ----- POS					
NAME		SEX		EFFECTIVE DATE 12/01/13	
DOB		MRN			
TIER 1		TIER 2		TIER 3	
OV Copay	PCP\$20/SCPS20	OV Copay	PCP\$20/SCPS40		
PREV OV	\$0	PREV OV	\$0		
ER Copay	\$200	Coins	20%	Coins 30%	
UC Copay	\$35	UC Copay	\$75		
MedImpact Network RxBIN #003585 Carrier #70000					
Read important information on back of card					

HealthSpan Integrated Care Kaiser Permanente Insurance Company	
In a medical emergency, call 911 or go to the nearest emergency facility. HealthSpan Customer Relations (216) 621-7100 or 1-800-686-7100. To make an appointment with a HealthSpan Tier 1 Provider Call 1-800-524-7377. 24-hour Care Line - 1-800-524-7377	ALL INPATIENT AND SELECTED OUTPATIENT AND DIAGNOSTIC SERVICES REQUIRE PRECERTIFICATION. CALL 1-866-433-1333. Send claim forms and bills to: HealthSpan, Claims Department, P.O. Box 5316, Cleveland, OH 44101-0316 MedImpact Pharmacy Support Line Pharmacists call 1-800-788-2949. For details on your plan benefits, coinsurance, and deductibles, see your Member Handbook, Evidence of Coverage, and Certificate of Insurance.
To locate a Tier 2 Provider in Ohio call HealthSmart at 1-888-552-8336 or visit www.healthsmart.com. To locate a Tier 2 Provider outside of Ohio: Call PHCS at 1-888-507-7427 or visit www.multiplan.com/kaiser.	THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY AND DOES NOT GUARANTEE PAYMENT FOR SERVICES.
PHCS	healthspan.org/welcome

		HEALTHSPAN		CO-PAYS	
NAME		MEDICAL RECORD NO.		EFFECTIVE DATE	
PLAN HMO		RxBIN: 011248		RxPCN: OHHPD	
		OV \$0		PREV OV \$0	
		ER \$0		UC \$0	
		DED \$2500/\$5000			

HealthSpan	
In a medical emergency, call 911 or go to the nearest emergency facility. 24-hour Care Line - 1-800-524-7377 24-hour Appointment Cancellation Line (216) 749-7170 or 1-800-589-7170 Customer Relations Department: (216) 621-7100 or 1-800-686-7100	ALL INPATIENT AND SELECTED OUTPATIENT AND DIAGNOSTIC SERVICES REQUIRE PRECERTIFICATION. CALL 1-866-433-1333. Send claim forms and bills to: HealthSpan, Claims Department, P.O. Box 5316, Cleveland, OH 44101-0316 For Health Plan details see your Member Handbook and Evidence of Coverage.
healthspan.org/welcome	THIS CARD IS FOR IDENTIFICATION PURPOSES ONLY AND DOES NOT GUARANTEE PAYMENT FOR SERVICES.

Patient Eligibility for Services

You must look up eligibility with each patient's unique HealthSpan Medical Record Number (MRN), found on the member's identification card. Add leading zeros to make it a nine digit number if you're using practice management software.

EXAM

All active members are fully covered for a WellVision exam, less plan copays. The WellVision exam includes a diabetic retinal exam and glaucoma screening. There is no annual limit on WellVision exams.

MATERIALS

Not all members are eligible for materials. Please check the [Patient Record Report](#) for eligibility.

LENS AND FRAME

Eligible members will have a material allowance that can be used towards any combination of:

- Lenses (including lens enhancements)
- Frame
- Contact lens materials only (contact lens services must be billed under the second pair benefit)

Important! If the entire material allowance is not used on the original date of service, any remaining balance can be used within the same eligibility period. Contact VSP at 800.615.1883 to determine the remaining balance and request an authorization.

CONTACT LENS EXAM

All members with a materials benefit are also eligible for contact lens fitting and evaluation services, including follow-up appointments with a \$50 copay. Coverage for the contact lens exam is available once every 12 months.

Bill the contact lens services under the second pair benefit and the materials under the primary benefit.

Patient Eyecare Report

You must fax a completed [VSP Patient EyeCare Report](#) for every patient seen, within three business days of the exam, to the HealthSpan Ophthalmology Department at 216.297.2678. Save a copy in the patient's file.

Referrals

You are not contracted to provide medical treatment of the eye to HealthSpan members. If a patient requires medical treatment for an eye pathology, illness, or injury, follow the instructions below based on your patient's Primary Care Physician (PCP) network and the care needed.

Call the HealthSpan Customer Relations Department to verify PCP name, network and appointment phone number.

HEALTHSPAN NETWORK

If the patient's assigned PCP is at a HealthSpan Medical Facility and the patient needs urgent care, fax a copy of a completed [Patient Eyecare Report](#) to 216.297.2678 (M-F 8 a.m.-5 p.m. EST), or contact HealthSpan's Emergency Advice Line at 800.686.2240 (after 5 p.m. EST, weekends and holidays).

For non-urgent needs, advise the patient to call 800.524.7377, press 2, and press 3, to speak with an advice nurse and/or schedule an appointment with a HealthSpan Ophthalmologist. Give the patient a copy of the completed [Patient Eyecare Report](#) to provide to the specialist.

ALL OTHER PCP NETWORKS

If the patient's assigned PCP is a participating Network PCP and the patient needs urgent care, call the patient's PCP's office directly and request an urgent referral to a Plan-contracted Ophthalmologist and give the patient a copy of the Patient Eyecare Report to provide to the specialist.

For non-urgent needs, advise the patient to contact his/her PCP for a written referral to an Ophthalmologist who participates under a direct contract with HealthSpan. Give the patient a copy of the completed Patient Eyecare Report to provide to the specialist following receipt of an authorized referral.

Claims

All claims are billed directly to VSP. Don't bill Medicare as primary for Well Vision services provided to HealthSpan Medicare Plus Members.

Laser Vision Correction Surgery

This is not a covered benefit.

Optimapping

This is not a covered benefit. Optimapping is never to be done in place of a dilated eye exam. Discuss the patient's financial responsibility for eye photos in advance of the service.

HOMETOWN HEALTH PLAN INTEGRATED PRIMARY EYECARE

For more information on [Hometown Health Plan Integrated Primary Eyecare](#), refer to the Client Details section in the VSP Manual.

KAISER PERMANENTE OF OHIO CLIENT DETAILS

In addition to Kaiser Permanente of Ohio HMO, Added Choice® Point-of-Service, Medicare Plus (Medicare Cost), and Commercial members, effective 1/1/2014, eligible Kaiser Permanente of Ohio HMO, VSP Elements members can receive a WellVision exam from any doctor on the Advantage Network.

Note: Kaiser Permanente High Deductible Health Plan (HDHP) members do not have coverage for exams.

Patient Eligibility for Services

You must look up eligibility with each patient's unique Kaiser Permanente Medical Record Number (MRN), found on the member's identification card. Add leading zeros to make it a nine digit number if you're using practice management software.

EXAM

All active members are fully covered for a WellVision exam, less plan copays. The WellVision exam includes a diabetic retinal exam and glaucoma screening. There is no annual limit on WellVision exams.

MATERIALS

Not all members are eligible for materials. Please check the [Patient Record Report](#) for eligibility.

LENS AND FRAME

Eligible members will have a material allowance that can be used towards any combination of:

- Lenses (including lens enhancements)
- Frame
- Contact lens materials only (contact lens services must be billed under the second pair benefit)

Important! If the entire material allowance is not used on the original date of service, any remaining balance can be used within the same eligibility period. Contact VSP at 800.615.1883 to determine the remaining balance and request an authorization.

CONTACT LENS EXAM

All members with a materials benefit are also eligible for contact lens fitting and evaluation services, including follow-up appointments with a \$50 copay. Coverage for the contact lens exam is available once every 12 months.

Bill the contact lens services under the second pair benefit and the materials under the primary benefit.

Patient Eyecare Report

You must fax a completed **VSP Patient EyeCare Report** for every patient seen, within three business days of the exam, to the Kaiser Permanente Ophthalmology Department at 216.297.2678. Save a copy in the patient's file.

Referrals

You are not contracted to provide medical treatment of the eye to Kaiser Permanente of Ohio members. If a patient requires medical treatment for an eye pathology, illness, or injury, follow the instructions below based on your patient's Primary Care Physician (PCP) network and the care needed.

Call the Kaiser Permanente Customer Relations Department to verify PCP name, network and appointment phone number.

OPMG NETWORK

If the PCP is in the Ohio Permanente Medical Group (OPMG) network and the patient needs urgent care, fax a copy of a completed **Patient Eyecare Report** to 216.297.2678 (M-F 8 a.m.- 5 p.m. EST), or contact the Kaiser Permanente Emergency Advice Line at 800.686.2240 (after 5 p.m. EST, weekends and holidays).

For non-urgent needs, advise the patient to call 800.524.7377, press 2, and press 3, to speak with an advice nurse and/or schedule an appointment with an OPMG Ophthalmologist. Give the patient a copy of the completed **Patient Eyecare Report** to provide to the specialist.

ALL OTHER PCP NETWORKS

For all other PCP networks: If the patient needs urgent care, call the patient's PCP's office directly and request an urgent referral to a Plan-contracted Ophthalmologist and give the patient a copy of the Patient Eyecare Report to provide to the specialist.

For non-urgent needs, advise the patient to contact his/her PCP for a written referral to an Ophthalmologist who participates under a direct contract with Kaiser Permanente. Give the patient a copy of the completed Patient Eyecare Report to provide to the specialist following receipt of an authorized referral.

Claims

All claims are billed directly to VSP. Don't bill Medicare as primary for Well Vision services provided to Kaiser Permanente Medicare Plus Members.

Laser Vision Correction Surgery

This is not a covered benefit.

Optimapping

This is not a covered benefit. Optimapping is never to be done in place of a dilated eye exam. Discuss the patient's financial responsibility for eye photos in advance of the service.

Advantage Network

Lens Enhancements Chart



Effective July 1, 2013

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 the listed service fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient copay ¹	Charge Back	Service Fee	Patient copay ¹
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 & Above	\$68	\$43	80% of U&C	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$14	\$21	\$35
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	\$19	\$20	80% of U&C	\$26	\$20	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 & Above	\$57	\$29	80% of U&C	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$20	\$39	\$26	\$20	\$46

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	--	--	--
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 A	--	--	--	\$16	\$18	80% of U&C
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$24	80% of U&C
+IB	Near Variable Focus – High-index Plastic 1.53-1.60	--	--	--	\$11	\$13	80% of U&C
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
+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 & II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17

¹ For VSP Essentials Plan: Refer to Patient Record Report for Patient Copay information. See the Advantage Network Manual to learn more.
 +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 and handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

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 & II & 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 A	\$22	\$25	\$47	\$39	\$31	\$70
PP	Photochromics – Plastic B	\$42	\$28	\$70	\$51	\$31	\$82
^PP	Photochromics – Mid-index	\$42	\$28	\$70	\$51	\$31	\$82

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	80% of U&C	\$52	\$33	80% of U&C
QP	Mirror – Solid & 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	80% of U&C	\$7	\$10	80% of U&C
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$18	80% of U&C	\$15	\$18	80% of U&C

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	80% of U&C	\$6	\$8	80% of U&C
RN	Frames Stamped 61mm Eye Size or Greater – Glass	\$7	\$6	80% of U&C	\$10	\$8	80% of U&C

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
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	(Lab Use Only)	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Lens Enhancement Description	In-office Lab ¹	Service Fee	Patient copay	In-office Lab ¹	Service Fee	Patient copay
IM	Plastic Dyes – Solid Color (Pink I & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes – Solid Color (Except Pink I & 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

¹If ordered with SunSensors® photochromics, lens enhancement code PP includes payment for mid-index materials.

¹In-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.

Progressive

Code	Lens Enhancement Description	Charge Back	Service Fee ²	Patient copay
CM	Custom Measurements (on Eligible Progressive N or O)	\$2	\$8	80% of U&C
NA	Progressive N – Plastic	\$95	\$80	80% of U&C
NA + NB	Progressive N – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	80% of U&C
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	80% of U&C
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$48	80% of U&C
NA + ND	Progressive N – Polycarbonate	\$15	\$20	80% of U&C
NA + NP	Progressive N – Polarized	\$51	\$31	80% of U&C
OA	Progressive O – Plastic	\$79	\$71	80% of U&C
OA + OB	Progressive O – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	80% of U&C
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	80% of U&C
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$48	80% of U&C
OA + OD	Progressive O – Polycarbonate	\$15	\$20	80% of U&C
OA + OP	Progressive O – Polarized	\$51	\$31	80% of U&C
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 & 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 & 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 & 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

¹The Service Fee for progressives is paid in addition to your VSP Advantage Plan bifocal lens dispensing fee.

Please note: For children and handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

²To 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 Categories⁴

Custom	N	Hoyalux® iD LifeStyle/cd*, VSP Reveal® Freeform Vi*, UNITY® PLxpression*, Varilux Ipseo*, Varilux Physio Enhanced Fit*, Zeiss Individual*
	O	Autograph II*, GT2 3D/Short, GT2 3DV, Hoyalux Summit cd/ecp iQ*, Kodak Unique, Reveal Freeform, SOLA HDV, Supercede/Ws Internal, UNITY PLxtra/PLxtreme*, Varilux Ellipse 360, Varilux Physio/Short 360, Varilux Physio Enhanced
Premium	F	Accolade Freedom, AO Easy HD, Creation, Definity/Short, Element/Short, GT2/Short, Hoyalux Summit ecp/cd, Kodak Digital Precise/Short, Presio i/Digital, Reveal, Shamir Spectrum, SOLAOne HD, Succeed Internal, UNITY PLx, Varilux Comfort 2 DRx/Short/Enhanced, Varilux Physio/DRx/Short
	J	AO Easy, Compact ULTRA, Compact ULTRA HD, Essilor Ideal Short/Advanced, Ethos HD/Short, Genesis, Gradal Top, Hoyalux GP Wide, Kodak Precise/Short, Kodak Precise PB/Short, Piccolo, SOLAOne, Varilux Comfort 2/Short, Varilux Ellipse
Standard	K	Accolade, Adapter, Amplitude/Mini, AO Compact, Essilor Ideal, Freedom ID, HD Trinity/Short, Illumina, Image, Instinctive, iRx Pro, Kodak, Kodak Concise, Natural, Navigator/Short, Outlook, Ovation, SmallFit, SOLAMAX, VIP

⁴If a lens is not shown, please refer to the **Product Index** in the **Manuals** on **VSPOnline** at **eyefinity.com**.

*This progressive lens is customizable for the most precise prescription. You'll receive the additional CM service fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. All three measurements are required. Refer to the **Product Index** in your **VSP Manual** for additional eligible lenses.



PO Box 997100
Sacramento, CA 95899-7100
800.615.1883
vsp.com