



## VSP Advantage Network Professional Fee Schedule for Routine Services

**Effective Date** January 01, 2026

### **Eye Exam**

Exam 80% of your U&C fee up to a maximum of \$47.00

### **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 will receive your bifocal dispensing fee PLUS the applicable service fees for covered and non-covered progressives. Service fees are subject to change and may be found in the VSP Advantage Plan Lens Enhancement Chart. If covered, both the dispensing and applicable service fee are paid by VSP. If progressives are not covered, see the Patient Copay column for information on patient charges.

### **Patient Charges for Non-covered Lens Enhancements**

Charge the patient the lesser of 80% of your usual and customary (U&C) add-on fee or the VSP Advantage Plan Lens Enhancement Chart amount. For lens enhancements not listed, charge 80% of your U&C add-on fee. For non-covered lens enhancements, the lab allocation amount will be deducted from your VSP payment. You will not be charged for covered lens enhancements.

### **Frame Allowances and Overages**

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

For Enhanced Advantage Plan members, Essentials Plan members, and some VSP members whose coverage is under certain, specific client groups, other reimbursement rates may apply. For a listing of such rates, which are hereby incorporated by reference, please refer to VSP's Provider Reference Manual.