



## VSP Advantage Network Professional Fee Schedule for Routine Services

**Effective Date** December 10, 2020

### 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 Advantage Lens Enhancement Chart. If covered, both the dispensing and applicable service fee are paid by VSP. If progressives are not covered, see 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 charge back 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 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.