

VSP Choice Plan[®]

Options Chart



Effective July 1, 2012

Use this chart to determine what to charge patients and reconcile your VSP[®] Vision Care Explanation of Payment.

Patient Fee

Charge patients the listed patient fee or 80% of your usual and customary fee (U&C), whichever is lower. For options without a patient fee listed, charge 80% of your U&C.

Charge Back

This is the amount charged to you for noncovered options to cover lab fees. You won't be charged for covered options.

Service Fee

You'll receive the listed service fee for patient options. VSP will reimburse this fee for covered options. For noncovered options, this will be included in the patient fee you collect from the patient.

VSP Choice Plan

Effective July 1, 2012

Charge patients the listed patient fee or 80% of your U&C, whichever is lower. If no patient fee is listed, charge 80% of your U&C.

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
IA	Near Variable Focus – Plastic A	--	--	--	\$16	\$18	80% of U&C
IL	Near Variable Focus – Plastic B	--	--	--	\$22	\$22	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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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

+This option code is always in conjunction with a base lens option 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.

VSP Choice Plan

Effective July 1, 2012

Charge patients the listed patient fee or 80% of your U&C, whichever is lower. If no patient fee is listed, charge 80% of your U&C.

Glass Tints and Color Coatings		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	\$85	\$52	\$33	\$85
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	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33

Oversize		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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

Miscellaneous		Single Vision			Multifocal		
Code	Option Description	Charge Back	Service Fee	Patient Fee	Charge Back	Service Fee	Patient Fee
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	Option Description	In-office Lab*	Service Fee	Patient Fee	In-office Lab*	Service Fee	Patient Fee
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

*If ordered with SunSensors or SunGray photochromics, option code PP includes payment for mid-index materials.

*In-office Lab - For the patient options your office can fulfill in-house, you'll be reimbursed this listed fee for covered options. For noncovered options, this will be included in the patient fee you collect from the patient.

Charge patients the listed patient fee or 80% of your U&C, whichever is lower. If no patient fee is listed, charge 80% of your U&C.

Progressive				
Code	Option Description	Charge Back	Service Fee**	Patient Fee
NA	Progressive N – Plastic	\$95	\$80	\$175
NA + NB	Progressive N – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$175 + 80% of U&C*
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C*
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$48	\$175 + 80% of U&C*
NA + ND	Progressive N – Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N – Polarized	\$51	\$31	\$175 + 80% of U&C*
OA	Progressive O – Plastic	\$79	\$71	\$150
OA + OB	Progressive O – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$150 + 80% of U&C*
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C*
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$48	\$150 + 80% of U&C*
OA + OD	Progressive O – Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O – Polarized	\$51	\$31	\$150 + 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*
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C*
FA + FJ	Progressive F – High-index Plastic 1.70 & Above	\$77	\$48	\$105 + 80% of U&C*
FA + FD	Progressive F – Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F – Polarized	\$51	\$31	\$105 + 80% of U&C*
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*
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C*
JA + JJ	Progressive J – High-index Plastic 1.70 & Above	\$77	\$48	\$95 + 80% of U&C*
JA + JD	Progressive J – Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J – Polarized	\$51	\$31	\$95 + 80% of U&C*
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*
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C*
KA + KJ	Progressive K – High-index Plastic 1.70 & Above	\$77	\$48	\$55 + 80% of U&C*
KA + KD	Progressive K – Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K – Polarized	\$51	\$31	\$55 + 80% of U&C*
KE	Progressive K – Glass/High-index Glass (Clear)	\$53	\$27	\$80
LA	Progressive L – Plastic	\$28	\$27	\$55
LA + LB	Progressive L – High-index Plastic 1.53–1.60/Trivex	\$25	\$22	\$55 + 80% of U&C*
LA + LH	Progressive L – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C*
LA + LJ	Progressive L – High-index Plastic 1.70 & Above	\$77	\$48	\$55 + 80% of U&C*
LA + LD	Progressive L – Polycarbonate	\$15	\$20	\$55 + \$35
LA + LP	Progressive L – Polarized	\$51	\$31	\$55 + 80% of U&C*
LE	Progressive L – Glass/High-index Glass (Clear)	\$43	\$27	\$70

*To determine the option price, subtract your U&C price of the standard option, i.e., KA progressive, from your U&C price of the premium material option, i.e., KP polarized.

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

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