

VSP Enhanced Advantage Plan



Lens Enhancements Chart



Effective September 1, 2024

Revised September 1, 2024

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

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 Enhanced Advantage Plan™

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, 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 |
| AE | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| 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 |

| OCCUPATIONAL LENS STYLES | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------------------|------------------------------|--------------------|-------------|---------------|--------------------|-------------|---------------|
| Code | Lens Enhancement Description | VSP Lab Allocation | Service Fee | Patient Copay | VSP Lab Allocation | Service Fee | Patient Copay |
| CA | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| CE | (Lab Use Only) | -- | -- | -- | -- | -- | -- |

| 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 |

| PLASTIC DYES | | SINGLE VISION | | | MULTIFOCAL | | |
|--------------|---|--------------------|-------------|---------------|--------------------|-------------|---------------|
| Code | Lens Enhancement Description | VSP Lab Allocation | Service Fee | Patient Copay | VSP Lab Allocation | Service Fee | Patient Copay |
| MM | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| 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 or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

The VSP Enhanced Advantage Plan Lens Enhancement Chart only applies to the VSP Enhanced Advantage Plan, including VSP Enhanced Advantage Supplemental Additional Pair and VSP Computer VisionCare™ Plan.

VSP Enhanced Advantage Plan

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, 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 |
| MQ | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| 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 |

| OVERSIZE | | 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 |

| MISCELLANEOUS | | SINGLE VISION | | | MULTIFOCAL | | |
|---------------|-------------------------------------|--------------------|-------------|---------------|--------------------|-------------|---------------|
| Code | Lens Enhancement Description | VSP Lab Allocation | Service Fee | Patient Copay | VSP Lab Allocation | Service Fee | Patient Copay |
| 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 |
| SH | (Lab Use Only) | -- | -- | -- | -- | -- | -- |
| ST | (Lab Use Only) | -- | -- | -- | -- | -- | -- |

| 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.

VSP Enhanced Advantage Plan

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Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

| 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 Enhanced Advantage Plan bifocal lens dispensing fee.

| PROGRESSIVE CATEGORIES ² AS OF 1/1/2025 | | |
|--|---|---|
| Custom | N | Unity® V3 Elite~/Mobile~/Wrap~, Unity Via Elite VR~, aura Natural Vision, Hoyalux 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~, 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, Amplitude BKS, aura Performance~, Kodak Precise PB, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light 2 3D |
| Standard | K | Ethos, Everyday/Ultimate B, Hoyalux 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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Classification: Restricted