



VSP Copay Guide: MauiPassport™ Single Vision

Verify listed copays against Patient Record Report to ensure accurate calculations.

1.67 MAUIPASSPORT SINGLE VISION

Available as 1.67 Clear, 1.67 Maui Blue Light Protect (HEV), or 1.67 Maui High Contrast

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	NA	NA	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.67 Clear Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
		OR	OR	OR

For 1.67 Maui Blue Light Protect (HEV) Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
		OR	OR	OR

For 1.67 Maui High Contrast Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
MN (V2745)	Plastic Dyes – Solid Color (Except Pink I & II)	\$13	\$15	
TOTAL				
	1.67 Clear	\$181	\$198	
	Maui Blue Light Protect	\$181	\$198	
	Maui High Contrast	\$194	\$213	

SIGNATURE PATIENTS
Charge the listed copay or your U&C, whichever is lower.

CHOICE PATIENTS
Charge the listed copay or 80% of your U&C, whichever is lower.

ADVANTAGE PATIENTS
Refer to the Advantage Lens Enhancement Chart to obtain amounts.

Prices accurate as of: 12/2021

1.60 & TRIVEX MAUIPASSPORT SINGLE VISION

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	N/A	N/A	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.60 Clear Select

BB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$27	\$28	
		OR	OR	OR

For Trivex Clear Select

BB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$27	\$28	
TOTAL				
	1.60 Clear	\$152	\$168	
	Trivex Clear	\$181	\$198	

POLYCARBONATE MAUIPASSPORT SINGLE VISION

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	N/A	N/A	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
BD (V2784)	Digital Aspheric Lens – Polycarbonate	\$10	\$10	
TOTAL				
	Polycarbonate	\$135	\$150	

OTHER ENHANCEMENT CODES

Don't forget to use these enhancement codes when applicable

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
RM (V2799)	Frames Stamped 61mm Eye Size or Greater – Plastic <i>Single Vision</i>	\$10	\$11	
SW (V2799)	Rimless Drill	\$30	\$30	



VSP Copay Guide: MauiPassport™ Boost

Verify listed copays against Patient Record Report to ensure accurate calculations.

1.67 MAUIPASSPORT BOOST

Available as 1.67 Clear, 1.67 Maui Blue Light Protect (HEV), or 1.67 Maui High Contrast

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	N/A	N/A	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
TA (V2799)	Technical Add-on	\$10	\$10	

For 1.67 Clear Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
		OR	OR	OR

For 1.67 Maui Blue Light Protect (HEV) Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
		OR	OR	OR

For 1.67 Maui High Contrast Select

BH (V2783)	High Index Plastic 1.66/1.67	\$56	\$58	
MN (V2745)	Plastic Dyes – Solid Color (Except Pink I & II)	\$13	\$15	
TOTAL				
	1.67 Clear	\$191	\$208	
	Maui Blue Light Protect	\$191	\$208	
	Maui High Contrast	\$204	\$223	

SIGNATURE PATIENTS
Charge the listed copay or your U&C, whichever is lower.

CHOICE PATIENTS
Charge the listed copay or 80% of your U&C, whichever is lower.

ADVANTAGE PATIENTS
Refer to the Advantage Lens Enhancement Chart to obtain amounts.

Prices accurate as of: 12/2021

1.60 & TRIVEX MAUIPASSPORT BOOST

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	N/A	N/A	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
TA (V2799)	Technical Add-on	\$10	\$10	

For 1.60 Clear Select

BB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$27	\$28	
		OR	OR	OR

For Trivex Clear Select

BB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$27	\$28	
TOTAL				
	1.60 Clear	\$162	\$178	
	Trivex Clear	\$191	\$208	

POLYCARBONATE MAUIPASSPORT BOOST

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Lens Price	N/A	N/A	
BA (V2400)	Digital Aspheric Lens – Plastic	\$40	\$45	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
BD (V2784)	Digital Aspheric Lens – Polycarbonate	\$10	\$10	
TA (V2799)	Technical Add-on	\$10	\$10	
TOTAL				
	Polycarbonate	\$145	\$160	

OTHER ENHANCEMENT CODES

Don't forget to use these enhancement codes when applicable

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
RM (V2799)	Frames Stamped 61mm Eye Size or Greater – Plastic <i>Single Vision</i>	\$10	\$11	
SW (V2799)	Rimless Drill	\$30	\$30	



VSP Copay Guide: MauiPassport™ Everyday PAL

Verify listed copays against Patient Record Report to ensure accurate calculations.

1.67 MAUIPASSPORT EVERYDAY

Available as 1.67 Clear, 1.67 Maui Blue Light Protect (HEV), or 1.67 Maui High Contrast

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
NA (V2400)	Progressive N - Plastic	\$160	\$175	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.67 Clear Select

NH (V2782)	High Index Plastic 1.66/1.67	\$72	\$78	
		OR	OR	OR

For 1.67 Maui Blue Light Protect (HEV) Select

NH (V2782)	High Index Plastic 1.66/1.67	\$72	\$78	
		OR	OR	OR

For 1.67 Maui High Contrast Select

NH (V2782)	High Index Plastic 1.66/1.67	\$72	\$78	
MN (V2745)	Plastic Dyes - Solid Color (Except Pink I & II)	\$13	\$15	
TOTAL				
	1.67 Clear	\$317	\$348	
	Maui Blue Light Protect	\$317	\$348	
	Maui High Contrast	\$330	\$363	

SIGNATURE PATIENTS
Charge the listed copay or your U&C, whichever is lower.

CHOICE PATIENTS
Charge the listed copay or 80% of your U&C, whichever is lower.

ADVANTAGE PATIENTS
Refer to the Advantage Lens Enhancement Chart to obtain amounts.

1.60 & TRIVEX MAUIPASSPORT EVERYDAY

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
NA (V2400)	Progressive N - Plastic	\$160	\$175	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.60 Clear Select

NB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$42	\$47	
		OR	OR	OR

For Trivex Clear Select

NB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$42	\$47	
TOTAL				
	1.60 Clear	\$287	\$317	
	Trivex Clear	\$287	\$317	

POLYCARBONATE MAUIPASSPORT EVERYDAY

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
NA (V2400)	Progressive N - Plastic	\$160	\$175	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
ND (V2784)	Polycarbonate	\$30	\$35	
TOTAL				
	Polycarbonate	\$275	\$305	

OTHER ENHANCEMENT CODES

Don't forget to use these enhancement codes when applicable

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
RM (V2799)	Frames Stamped 61mm Eye Size or Greater - Plastic <i>Progressive</i>	\$12	\$14	
SW (V2799)	Rimless Drill	\$30	\$30	



VSP Copay Guide: MauiPassport™ Office

Verify listed copays against Patient Record Report to ensure accurate calculations.

1.67 MAUIPASSPORT OFFICE

Available as 1.67 Clear, 1.67 Maui Blue Light Protect (HEV), or 1.67 Maui High Contrast

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
IA (V2799)	Near Variable Focus	\$46	\$50	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.67 Clear Select

II (V2782)	High Index Plastic 1.66/1.67	\$45	\$50	
		OR	OR	OR

For 1.67 Maui Blue Light Protect (HEV) Select

II (V2782)	High Index Plastic 1.66/1.67	\$45	\$50	
		OR	OR	OR

For 1.67 Maui High Contrast Select

II (V2782)	High Index Plastic 1.66/1.67	\$45	\$50	
MN (V2745)	Plastic Dyes – Solid Color (Except Pink I & II)	\$13	\$15	
TOTAL				
	1.67 Clear	\$176	\$195	
	Maui Blue Light Protect	\$176	\$195	
	Maui High Contrast	\$189	\$210	

SIGNATURE PATIENTS
Charge the listed copay or your U&C, whichever is lower.

CHOICE PATIENTS
Charge the listed copay or 80% of your U&C, whichever is lower.

ADVANTAGE PATIENTS
Refer to the Advantage Lens Enhancement Chart to obtain amounts.

1.60 & TRIVEX MAUIPASSPORT OFFICE

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
IA (V2799)	Near Variable Focus – Plastic	\$46	\$50	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	

For 1.60 Clear Select

NB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$21	\$24	
		OR	OR	OR

For Trivex Clear Select

NB (V2782)	High Index Plastic 1.53-1.60/Trivex	\$21	\$24	
TOTAL				
	1.60 Clear	\$152	\$169	
	Trivex Clear	\$152	\$169	

POLYCARBONATE MAUIPASSPORT OFFICE

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
(V2100)	Base Price FT-28	N/A	N/A	
IA (V2799)	Near Variable Focus – Plastic	\$46	\$50	
QV (V2750)	Anti-Reflective Coating D	\$75	\$85	
BV (V2755)	UV Protection Backside	\$10	\$10	
ND (V2784)	Polycarbonate	\$17	\$20	
TOTAL				
	Polycarbonate	\$148	\$165	

OTHER ENHANCEMENT CODES

Don't forget to use these enhancement codes when applicable

LEC	VSP Product Description	Signature Copay	Choice Copay	U&C
RM (V2799)	Frames Stamped 61mm Eye Size or Greater – Plastic <i>Progressive</i>	\$12	\$14	
SW (V2799)	Rimless Drill	\$30	\$30	