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Accompanying Documents

PVCS Wholesale Price List
PLAN OVERVIEW

The PVCS Vision Advantage Plan is very different from other vision care plans. From the service provider's viewpoint unique aspects of the PVCS Vision Advantage Plan include the following:

- Verification of plan member eligibility is quick, easy, and accomplished by logging in to our website at www.pvcs-usa.com.
- Very few limits or restrictions on the conduct of your Optometric practice.
- PVCS pays for provider services while the patient pays for eyewear materials (frames, lenses, etc).
- Materials provided to covered plan members are sold at "wholesale cost" as defined by the plan.
- Eye Exams are not limited to once a year.
- There is no limit to the quantity of prescription eyewear materials offered under the plan covenants.
- Service claims are easy to submit and claim payments are prompt.
- Provider reimbursement statement can be quickly and easily reconciled.

ELIGIBILITY

Internet

Visit our Website at www.pvcs-usa.com. You will need a user name and password.

(Call PVCS to receive a user name and password for your office)

Click on the Doctor/Provider tab.

- Enter your user name and password.
- Select “Check Membership”.
- Enter the sponsor’s/member’s social security number, patient’s date of birth and patient’s first and last name.
- Click “yes” to authorize, you will receive an authorization number to be filed with claim.

Phone

Call PVCS (1-888-357-6912) to verify patient eligibility.

To ensure a timely response, please have:

- Enrollee’s (Member/Sponsor) Social Security Number
- The correct spelling of the Enrollee’s (Sponsor’s) name, Patient’s name
- Patient’s date of birth
SERVICES COVERED

Office calls for general vision problems.

Eye Exams – when needed -- either intermediate or comprehensive in scope.

Eyeglass fittings – any and all fittings for eyeglasses are to be provided. You are paid a service fee for each pair you dispense. Simply select the number of pairs and type of lenses you supplied for each patient on the claim form. For frame and single vision lenses, select the Single Vision RX. For frame and multifocal lenses, select Multi-Focal RX and indicate Lined or Progressive and select quantity. For frame only or Lenses only, please indicate on claim form. Materials (lenses, frames, and options) are to be provided to patient at “wholesale cost” as defined below.

Contact lens fittings – (CL Fit) Doctor may collect a $50.00 service fee on soft contacts; $75.00 on rigid gas permeable; and a $150 service fee (copayment) on hybrid contact lenses, including Synergeyes for first time contact lens wearers or new patients in addition to the material’s wholesale cost. A contact lens fitting involves a major change in the wearer’s contact lens prescription or fit, such as a change from daily wear to disposable. Contact lens replacements or routine power changes should not charge the service fee, but should collect the wholesale cost of the materials as defined below.

Contact lens visits – do not file separate claims for contact lens progress visits or check-ups relative to an original fit for which you have previously billed. Those billings are considered global for the first 6 months after a fitting up to the time for the next scheduled exam when you may again bill for the appropriate level of service.

Eyeglasses repairs and adjustments – no reimbursement for these services. You may charge for any material costs incurred.

WHOLESALE COST

The “wholesale cost” for frames is defined as:
1) the current catalog listed wholesale price in Frames magazine for eyeglass frames,
2) plus applicable shipping costs and sales tax rounded up to the nearest $5.00 increment.
(For example, by this definition, a frame with a catalog list price of $39.99 would have a wholesale cost of $50.00)

The "wholesale cost" for eyeglass lenses is defined as:
1. the local or customary wholesale laboratory posted rate sheet for eyeglass lenses and options,
2. plus applicable shipping costs and sales tax rounded up to the nearest $5.00 increment.

The “wholesale cost” for contact lenses is defined as:
1) the manufacturer's or distributor’s published wholesale charge for any materials costs incurred, price per-lens or per-box,
2) plus applicable shipping costs and sales tax rounded up to the nearest $5.00 increment.
   Example 1), by this definition, one Acuvue Oasys 12 pack would have a wholesale cost of $50.00. (Current Manufacturer List price $40.95 + $3.58 Tax + $3.00 shipping = $47.53 rounded to $50.00)
   Example 2) one box of Air Optix Aqua would have a wholesale cost of $35.00.
   Example 3) one box of Biofinity would have a wholesale cost of $35.00

These definitions of “wholesale cost” may leave a small buffer. Any volume buying, group, or prompt pay discounts belong to the doctor. Prudent management of materials purchases will work to your benefit. PVCS provides you with a standard wholesale price listing for lenses and some options. However, we recommend you make or review your own wholesale price list using your wholesaler’s information to insure you are covering your costs.

Offices using their own laboratories are considered by PVCS as operating two businesses. In this case, your Laboratory is acting as a Wholesaler to your practice. We recognize you have laboratory operating and inventory costs that must be accounted for in calculating your particular practice’s “wholesale cost”. We offer the use of our published “PVCS Wholesale Price List” to assist you in calculating the appropriate wholesale price to be paid by the patient.

Some doctors may be uncomfortable using the descriptor “wholesale cost” when discussing charges with the patient. In this case, we offer the use of “co-payment” as an accurate, widely recognized descriptor of the material charges. Please understand that patients are aware you “mark-up” materials and that this has not been a problem. However, if admitting mark-ups is a sore spot, please go ahead and use the “co-payment” terminology when dealing with your patient.

**Limitations and Exclusions**

**Exclusions:**

What is NOT covered under this plan? Services such as:

- Vision therapy
- Laser treatments, refractive surgery, or other forms of ophthalmic surgery
- Photography
- Corneal Topography
- Orthokeratology - By whatever associated name, is a non-covered item in that the doctor may charge his usual and customary fees. PVCS will pay an exam fee ($75) and a contact lens fitting ($60) and this amount should be deducted from the doctor’s usual and customary fee. The doctor can bill the remaining balance to the patient.
- Other non-routine procedures
- Medical eye care
- Keratoconus contact lens fittings - Keratoconus is a medical condition and by definition is a non-covered service. These fittings should be filed with the member’s health insurance. In the event the health insurer refuses to pay, contact PVCS for assistance.
- Medications other than those used in the exam
- Non-prescription eyewear (sun or safety glasses)
- New technology not considered routine at the inception of a contract

**What do you charge for services NOT covered under this plan?**

Your usual and customary fee, paid by the patient.
Limitations:

- Luxury frames with a “Wholesale” cost of more than $100.00 will receive a 20% discount off your usual and customary fee.
- Premium Prescription lenses with a “Wholesale” cost of more than $300.00 not including add-ons like tints, coatings, etc, are non-covered items but will receive a 20% discount off your usual and customary fee.

A claim should be filed for Luxury frames and Premium Prescription Lenses to receive dispensing fee.

CLAIM SUBMISSION

How do you file a claim for services covered under this plan?

All claims are filed directly on our website www.pvcs-usa.com. You will need a username and password. If you do not have a username and password for our site, please call our office at 1-888-357-6912 and request one.

Select Doctors/Providers Tab

Enter your username and password

![Login](Image)
Click on “File a Claim”

Enter Authorization number and patient’s information will appear.

Enter the Date of Service

Select services and/or materials provided
Verify all information is correct and complete

Submit claim

Note: Select only one of the three possible contact lens services.

Simply dispensing or updating contact lenses for a patient does not constitute a contact lens fitting.

What about filing a claim for unusual circumstances (doesn’t fit the standard categories)?
In these cases, simply click in the box labeled “Additional Information”. Type a brief explanation of the case plus appropriate supporting data (For Example: John Doe, Keratoconus procedure -- include the amount of additional work performed). The PVCS Medical Director will review the claim, possibly talk with the doctor, and assign a value to the services provided.
When do you submit claim forms?
Daily, Weekly -- PVCS will process all claims received by the last day of the month. Payments will be deposited via EFT Direct Deposit on the 5th day of the month for the previous month’s work. All claims submitted after this time will automatically be added to the next month’s claims.

Claims must be submitted to PVCS no later than 90 days from date of service to be considered a valid claim for reimbursement. Any claim received after the 90 days valid claims period will not be reimbursed.

CLAIM REIMBURSEMENT

When and how will you be paid?
Payments are made via EFT Direct Deposit by the 5th of each month. An email will be sent notifying you that a deposit was made.

How much will you be paid?
PVCS uses a unique modified capitation method based on assigned service points and a targeted service point value to determine your fee.

Payment for Optometrist’s services will be made monthly after Optometrist submits claims to PVCS. The services performed by the Optometrist will be assigned a numerical value, or service points, for each of the defined Plan services (i.e., value of 30 for an Office Call [Off Call] or 75 for a Comprehensive Eye Exam [Comp Exam]). A dollar value per service point will be assigned by PVCS. Such dollar value will be applied to and paid for each unit of service the Optometrist has performed. For example, a service point is worth $1.00 and the Optometrist claims a single Comp Exam (75 service points), PVCS would pay the Optometrist $75.00 against the claim item.

PVCS assigns service point values relative to the amount of money available in the Monthly Claims Distribution Fund each month divided by the total number of service points claimed by all Optometrists participating in the PVCS Plan. A target value is established annually by the PVCS Board of Directors.

- In the unlikely event that dollars in the Monthly Claims Distribution Fund are less than the total service point target value, Optometrists will receive only a prorated share of the available monthly funds. A record will be kept of such shortfalls.
- If Monthly Claims Distribution Fund contains more dollars than are required to meet the PVCS target value, excess dollars will be recorded as reserves and distributed in-part or in-whole to offset previous Monthly Claims Distribution Fund shortfalls or held in reserve for future potential shortfalls.
- To date, PVCS has always paid its targeted value each month.
### Service Reimbursement Table
(Reflecting the current Target Dollar Value of $1.00)

<table>
<thead>
<tr>
<th>Professional Service Provided</th>
<th>Claim Form Column</th>
<th>Service Points</th>
<th>Plan Pays</th>
<th>Patient Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Call</td>
<td>Off Call</td>
<td>30</td>
<td>$30.00</td>
<td>$0</td>
</tr>
<tr>
<td>Intermediate Exam</td>
<td>Int Exam</td>
<td>60</td>
<td>$60.00</td>
<td>$0</td>
</tr>
<tr>
<td>Comprehensive Exam</td>
<td>Comp Exam</td>
<td>75</td>
<td>$75.00</td>
<td>$0</td>
</tr>
<tr>
<td>Single vision glasses dispensing</td>
<td>SV RX</td>
<td>50</td>
<td>$50.00</td>
<td>Wholesale cost</td>
</tr>
<tr>
<td>Lined Bifocal glasses dispensing</td>
<td>LINED MF RX</td>
<td>60</td>
<td>$60.00</td>
<td>Wholesale cost</td>
</tr>
<tr>
<td>Progressive or No line Multifocal glasses dispensing</td>
<td>PROG RX</td>
<td>70</td>
<td>$70.00</td>
<td>Wholesale cost</td>
</tr>
<tr>
<td>Contact lens fitting (reimbursement includes dispensing minimum 6 month supply of contacts)</td>
<td>CL Fit</td>
<td>60</td>
<td>$60.00</td>
<td>New Patients or 1st time fits pay $50 for soft, $75 for gas permeable</td>
</tr>
<tr>
<td>Hybrid Contact Lens Fitting (reimbursement includes dispensing fee for supply of contacts)</td>
<td>Indicate on form</td>
<td>120</td>
<td>$120.00</td>
<td>Patient pays $150.00 copay for fitting</td>
</tr>
<tr>
<td>Contact lens supply – Non-Disposable</td>
<td>Contact lenses Non-Disp</td>
<td>40</td>
<td>$40.00</td>
<td>Wholesale cost</td>
</tr>
<tr>
<td>Per 3-month supply</td>
<td>Contact lenses Disposable (# Months)</td>
<td>10 ea 3 month supply</td>
<td>$10.00 per 3 month supply</td>
<td>Wholesale cost</td>
</tr>
</tbody>
</table>

**Notes:**
* No additional reimbursement for dispensing a 12 month supply at time of Contact Lens fitting.
** Claim only a contact lens fitting OR contact lens supply non-disposable OR contact lens supply disposable

Example (1), using the above table, a doctor providing a comprehensive exam (75 Svc Pts) and fitting the patient for new contact lenses (60 Svc Pts) for a total of 135 Svc Pts claimed, will receive $135.00 as claim payment from PVCS in addition to the patient paying wholesale cost for contact lenses.

Example (2), a doctor providing a comprehensive exam (75 Svc Pts) and single vision glasses (50 Svc Pts) for a total of 125 Svc Pts claimed, will receive $125.00 as claim payment from PVCS in addition to the patient paying wholesale cost for materials.

A well-managed practice should find these figures quite acceptable under today’s operating conditions.
The reimbursement statement provides both the target and actual service point value for the claim period and consolidated figures for number of plan member encounters, total service points, and total dollar reimbursement (the same value as on the reimbursement check).

**Sample PVCS Provider Reimbursement Statement**

The remaining information is intended to assist in reconciling the reimbursement with your copy of the claims and individual patient records. You will find each claim submitted during the period listed by ascending date. In addition to the date, you will find the patient's name, services claimed, and service points assigned.

- No materials are shown on this statement. *Remember, the plan member pays wholesale price (as defined by the plan) for all materials either at the time of purchase or through provider billing."
- The service reimbursement for an individual patient can easily be computed by multiplying total individual service points by the value of the "actual payment per service point this period" (found as part of the notes in the upper right hand corner of the statement).