## **VSP 3 Plus P Benefits**

MESSA 1475 Kendale Blvd. PO Box 2560 East Lansing, Michiga 48826-2560 517-332-2581 • 800-292-4910

Effective Date: 1/1/2024

MESSA Account: Warren Consolidated Schools Employee Group: FT CustMaintTrans Local 1346

In-network providers

Out-of-network providers (Maximum reimbursement to patient)

Most eye doctors are in VSP's Signature network. Staying in-network makes sure you get the most value from your benefits and limits your out-of-pocket costs. In-network doctors bill VSP directly as a convenience to you. A directory of Signature network doctors is available at messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

If you choose to see a doctor who is not in the VSP Signature network, your out-of-pocket costs will likely be higher and you must submit the itemized receipts to VSP for reimbursement. For more information, visit www.vsp.com or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist Ophthalmologist	No copayment No copayment	\$35 \$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision (disposable)	\$250 allowance	\$150
Elective lenses to improve vision (non- disposable) Medically necessary - to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	MESSA pays 100% of the approved amount	\$200
Eyeglass frames	\$130 allowance	\$66
Eyeglass lenses  Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
Eyeglass lens enhancements		,
Rose #1 or #2 tint Rimless Oversize Blended Photochromic Progressive	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Tinted		
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118
Polarized		
Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$56 \$90 \$110 \$138

<sup>\*</sup> The cost of the eye exam is covered separately and does not count against the contact lens allowance.