

VSP-3 Plus P-250CL Benefits



Good health. Good business. Great schools.

In-network providers

Most eye doctors are in VSP's Choice 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 Choice network doctors is available at www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

Out-of-network providers

(Maximum reimbursement to patient)

If you choose to see a doctor who is not in the VSP Choice network, your out-of-pocket costs will likely be higher and you must submit the 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 |
|---|---|---|
| Exam | | |
| <ul style="list-style-type: none"> ■ Optometrist ■ Ophthalmologist | No copayment | \$35 \$45 |
| Contacts (includes lenses and fitting) | | |
| <ul style="list-style-type: none"> ■ Elective lenses to improve vision ■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | \$250 allowance MESSA pays 100% of the approved amount | \$150 \$200 |
| Frames | \$130 allowance | \$66 |
| Lenses | | |
| <ul style="list-style-type: none"> ■ Single vision ■ Bifocal ■ Trifocal ■ Lenticular | MESSA pays 100% of the approved amount | \$38 \$60 \$72 \$108 |
| Extra lens features | | |
| <ul style="list-style-type: none"> ■ Pink #1 or #2 tint ■ Rimless ■ Oversize ■ Blended ■ Photochromic ■ Progressive¹ | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge. |
| <ul style="list-style-type: none"> ■ Tinted <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular | MESSA pays 100% of the approved amount | \$42 \$70 \$84 \$118 |
| <ul style="list-style-type: none"> ■ Polarized <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular | MESSA pays 100% of the approved amount | \$56 \$90 \$110 \$138 |

¹Check with your eye care provider on any limitations or restrictions that may apply.