## **VSP-3 Benefits**



## 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 www.messa.org or www.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	No copayment	\$35
Ophthalmologist		\$45
Contact lenses (includes examination)  Elective lenses to improve vision	\$115 allowance	\$115
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	\$65 allowance	\$55
Eyeglass lenses		
■ Single vision		\$38
Bifocal	MESSA pays 100% of the approved amount	\$60
■ Trifocal		\$72
■ Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		Member must pay the difference
Oversize	MESSA pays 100% of the approved amount	between the approved amount and the
■ Blended		provider charge.
■ Photochromic		
■ Progressive	Not covered	
■ Tinted		
<ul><li>Single vision</li></ul>		\$42
<ul><li>Bifocal</li></ul>		\$70
<ul><li>Trifocal</li></ul>		\$84
• Lenticular	MESSA pays 100% of the approved amount	\$118
<ul><li>Polarized</li><li>Single vision</li></ul>		AFC
Bifocal		\$56 \$00
Trifocal		\$90 \$110
Lenticular		\$110