VSP 3 Plus P 250CL Benefits

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

Effective Date: 1/1/2024

MESSA Account: Orchard View Schools

Employee Group: 184A Teachers

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 messa.org or 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 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 | \$250 allowance | \$150 |
| 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 |

^{*} The cost of the eye exam is covered separately and does not count against the contact lens allowance.