VSP 3 Benefits

Effective Date: 1/1/2024

MESSA Account: Orchard View Schools

Employee Group: 184G NonUn Admin & Comm Ed Off Pers & 184IJ Head Start & Great Start

In-network providers

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-ofpocket 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.

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

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	\$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 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	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Progressive	Not covered	-
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.

