

VSP 3 Plus P Benefits



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Effective Date: 1/1/2025

MESSA Account: Warren Consolidated Schools

Employee Group: Administrators

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-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.

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 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 | No copayment | \$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 <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | MESSA pays 100% of the approved amount | \$200 |
| Eyeglass frames | \$130 allowance | \$66 |
| Eyeglass lenses | | |
| Single vision | MESSA pays 100% of the approved amount | \$38 |
| Bifocal | | \$60 |
| Trifocal | | \$72 |
| Lenticular | | \$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 | MESSA pays 100% of the approved amount | \$42 |
| Bifocal | | \$70 |
| Trifocal | | \$84 |
| Lenticular | | \$118 |
| Polarized | | |
| Single vision | MESSA pays 100% of the approved amount | \$56 |
| Bifocal | | \$90 |
| Trifocal | | \$110 |
| Lenticular | | \$138 |

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