## **VSP-3 Plus 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 messa.org or 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 **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 contact lens exam)		
■ Elective lenses to improve vision (disposable)	\$200 allowance	\$150
■ Elective lenses to improve vision (non-disposable)		
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	\$80 allowance	\$66
Eyeglass lenses  Single vision  Bifocal	MESSA pays 100% of the approved amount	\$38 \$60
■ Trifocal	. ,	\$72
■ Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		
Oversize	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and
■ Blended		the provider charge.
■ Photochromic		
■ Progressive		
■ Tinted		
<ul><li>Single vision</li></ul>		\$42
<ul><li>Bifocal</li></ul>		\$70
<ul> <li>Trifocal</li> </ul>		\$84
<ul><li>Lenticular</li></ul>	MESSA pays 100% of the approved amount	\$118
■ Polarized		
<ul><li>Single vision</li></ul>		\$56
<ul><li>Bifocal</li></ul>		\$90
<ul><li>Trifocal</li></ul>		\$110
<ul> <li>Lenticular</li> </ul>		\$138