

VSP-1 B Benefits

Formerly VSP-1 Bronze



Good health. Good business. Great schools.

In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network assures that 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.

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 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 <ul style="list-style-type: none"> ■ Optometrist ■ Ophthalmologist 	\$10 copayment	\$15
Contacts (includes lenses, examination and fitting) <ul style="list-style-type: none"> ■ Elective lenses to improve vision ■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> 	\$85 allowance	\$65
Eyeglass frames	\$130 allowance	\$8
Eyeglass lenses <ul style="list-style-type: none"> ■ Single vision ■ Bifocal ■ Trifocal ■ Lenticular 	\$25 copayment	\$20 \$24 \$30 \$40
Eyeglass lens enhancements <ul style="list-style-type: none"> ■ Pink #1 or #2 tint ■ Rimless 	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
<ul style="list-style-type: none"> ■ Oversize ■ Blended ■ Photochromic ■ Progressive ■ Tinted <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular ■ Polarized <ul style="list-style-type: none"> ● Single vision ● Bifocal ● Trifocal ● Lenticular 	Not covered (discounts may apply)	Not covered