

# VSP-3 Plus-200CL Benefits



Good health. Good business. Great schools.

## 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 [www.messa.org](http://www.messa.org) or [www.vsp.com](http://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 Choice 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](http://www.vsp.com) or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
<b>Exam</b>		
<ul style="list-style-type: none"> <li>■ Optometrist</li> <li>■ Ophthalmologist</li> </ul>	No copayment	\$35 \$45
<b>Contacts (includes lenses and fitting)</b>		
<ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> <li>■ Medically necessary – <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	\$200 allowance MESSA pays 100% of the approved amount	\$150 \$200
<b>Frames</b>	\$80 allowance	\$66
<b>Lenses</b>		
<ul style="list-style-type: none"> <li>■ Single vision</li> <li>■ Bifocal</li> <li>■ Trifocal</li> <li>■ Lenticular</li> </ul>	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
<b>Extra lens features</b>		
<ul style="list-style-type: none"> <li>■ Pink #1 or #2 tint</li> <li>■ Rimless</li> <li>■ Oversize</li> <li>■ Blended</li> <li>■ Photochromic</li> <li>■ Progressive<sup>1</sup></li> </ul>	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"> <li>■ Tinted                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> </ul>	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118
<ul style="list-style-type: none"> <li>■ Polarized                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> </ul>	MESSA pays 100% of the approved amount	\$56 \$90 \$110 \$138

<sup>1</sup>Check with your eye care provider on any limitations or restrictions that may apply.