

# VSP-3 Plus P-250CL 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	<ul style="list-style-type: none"> <li>\$35</li> <li>\$45</li> </ul>
<b>Contacts (includes lenses and fitting)</b>		
<ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> <li>■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	<ul style="list-style-type: none"> <li>\$250 allowance</li> <li>MESSA pays 100% of the approved amount</li> </ul>	<ul style="list-style-type: none"> <li>\$150</li> <li>\$200</li> </ul>
<b>Frames</b>	\$130 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	<ul style="list-style-type: none"> <li>\$38</li> <li>\$60</li> <li>\$72</li> <li>\$108</li> </ul>
<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	<ul style="list-style-type: none"> <li>\$42</li> <li>\$70</li> <li>\$84</li> <li>\$118</li> </ul>
<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	<ul style="list-style-type: none"> <li>\$56</li> <li>\$90</li> <li>\$110</li> <li>\$138</li> </ul>

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