

VSP-1 B Benefits

Formerly VSP-1 Bronze



In-network providers

Most eye doctors are in VSP's Choice 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 Choice 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 Choice 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 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
Contact lenses (includes examination) <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	Not covered