

MESSA Vision Benefits



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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 messa.org or 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 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	\$45
Contact lenses (includes contact lens exam)*		
<ul style="list-style-type: none"> ■ Elective lenses to improve vision 	\$100 allowance	\$85
<ul style="list-style-type: none"> ■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> 	\$10 copayment	\$210
Eyeglass frames	\$100 allowance after copayment	\$70
Eyeglass lenses	<i>One copayment applies to both lenses and frames.</i>	
<ul style="list-style-type: none"> ■ Single vision 		\$30
<ul style="list-style-type: none"> ■ Bifocal 	\$10 copayment	\$50
<ul style="list-style-type: none"> ■ Trifocal 		\$65
<ul style="list-style-type: none"> ■ Lenticular 		\$100
Eyeglass lens enhancements		
<ul style="list-style-type: none"> ■ Rose #1 or #2 tint ■ Rimless ■ Oversize ■ Blended ■ Photochromic 	MESSA pays 100% of the approved amount	Not covered
<ul style="list-style-type: none"> ■ Progressive 	Not covered	
<ul style="list-style-type: none"> ■ Tinted <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular ■ Polarized <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Lenticular 	MESSA pays 100% of the approved amount	Not covered

*The cost of the eye exam is covered separately and does not count against the contact lens allowance.