

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		
Optometrist	\$10 copayment	\$45
Ophthalmologist		
Contact lenses (includes contact lens exam)* Elective lenses to improve vision	\$100 allowance	\$85
Medically necessary – to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye	\$10 copayment	\$210
Eyeglass frames	\$100 allowance after copayment	\$70
Eyeglass lenses	One copayment applies to both lenses and frames.	
Single vision		\$30
Bifocal	\$10 copayment	\$50
Trifocal		\$65
Lenticular		\$100
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		
Oversize	MESSA pays 100% of the approved amount	Not covered
Blended		
Photochromic		
Progressive	Not covered	
Tinted		
 Single vision 		
Bifocal		
Trifocal		
Lenticular	MESSA pays 100% of the approved amount	Not covered
Polarized		
Single vision		
Bifocal		
Trifocal		
Lenticular		

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