

# MESSA vision care plans

## A range of affordable options

An eye doctor can be the first health professional to identify serious conditions such as diabetes, hypertension and heart disease. Your eye doctor plays a key role in keeping you healthy — and a MESSA vision plan helps ensure you have comprehensive coverage.

MESSA offers a choice of nine plan options. For each covered person during the benefit cycle, the plan provides coverage for a routine eye exam and a pair of prescription glasses or contact lenses, subject to your plan's copayments and allowances.

## MESSA's vision plans include:

- Convenient access to the nation's largest network of eye doctors in medical office and retail settings through our partnership with VSP Vision Care.
- Coverage for eye care, preventive services and corrective treatment.
- Significant discounts on prescription sunglasses, additional pairs of prescription glasses, LASIK and lens options.

## Benefit cycle

The benefit cycle begins on the effective date of the group's participation in the vision care plan. The benefit cycle resets Jan. 1 of each year and runs through Dec. 31.

[Benefit options](#) ►

For more information, contact your MESSA field representative at 800-292-4910.



## In-network benefits

FEATURES	MESSA VISION	MESSA VISION ENHANCED	MESSA VISION PREFERRED	VSP-3 Plus-200CL	VSP-3 Plus P-250CL	VSP-2	VSP-2 S	VSP-3	VSP-3 G
<b>EXAM</b>									
Optometrist	\$10	\$5	No copayment	No copayment	No copayment	\$6.50		No copayment	
Ophthalmologist									
<b>CONTACT LENS ALLOWANCE</b>									
	\$100 <sup>1</sup>	\$115 <sup>1</sup>	\$135 <sup>1</sup>	\$200 <sup>1</sup>	\$250 <sup>1</sup>	\$90	\$110	\$115	\$135
<b>FRAME ALLOWANCE</b>									
	\$100	\$115	\$135	\$80	\$130	\$65	\$130	\$65	\$130
<b>EYEGLASS LENSES</b>									
Single vision	\$10 copayment (one copay applies to both lenses and frames)	\$5 copayment (one copay applies to both lenses and frames)	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	MESSA pays 100% of the approved amount	\$18 copayment (one copay applies to both lenses and frames)		MESSA pays 100% of the approved amount	
Bifocal									
Trifocal									
Lenticular									
<b>EYEGLASS LENS ENHANCEMENTS</b>									
Rose #1 or #2 tint	MESSA pays 100% of the approved amount			MESSA pays 100% of the approved amount <sup>2</sup>			MESSA pays 100% of the approved amount		
Rimless									
Oversized									
Blended									
Photochromic									
Polarized									
Tinted									
Progressive	Not covered (discounts available at in-network providers; see below)			Not covered (discounts available at in-network providers; see below)			Not covered (discounts available at in-network providers; see below)		
<b>ADDITIONAL LENS ENHANCEMENTS</b>									
The following items are not covered, unless specified above, but are available from an in-network provider at a discounted price negotiated for MESSA members. Contact your provider for details.									
<ul style="list-style-type: none"> <li>• Anti-reflective coating (covered under MESSA Vision Preferred)</li> <li>• Progressive lenses (standard, premium and custom)</li> <li>• Frame discount in excess of covered allowance</li> <li>• Standard scratch-resistant coating</li> <li>• Polycarbonate lenses</li> <li>• UV protection</li> </ul>									

<sup>1</sup> The cost of the eye exam is covered separately and does not count against the contact lens allowance.

<sup>2</sup> Check with your eye care provider on any limitations or restrictions on progressive lenses that may apply.

To search a directory of in-network vision providers, visit [messa.org/vision](http://messa.org/vision) and select "Find a provider."

There are significant differences between coverage for services provided by in-network providers and out-of-network providers. Please refer to the vision plan coverage booklet for a complete explanation of benefits or call VSP Member Services at 800-877-7195.

