

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
EXAM									
Optometrist	\$10	\$5	No copayment	No copayment	No copayment	\$6.50		No copayment	
Ophthalmologist									
CONTACT LENS ALLOWANCE									
	\$100 ¹	\$115 ¹	\$135 ¹	\$200 ¹	\$250 ¹	\$90	\$110	\$115	\$135
FRAME ALLOWANCE									
	\$100	\$115	\$135	\$80	\$130	\$65	\$130	\$65	\$130
EYEGLOSS LENSES									
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									
EYEGLOSS LENS ENHANCEMENTS									
Rose #1 or #2 tint	MESSA pays 100% of the approved amount			MESSA pays 100% of the approved amount ²			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)		
ADDITIONAL LENS ENHANCEMENTS									
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"> • Anti-reflective coating (covered under MESSA Vision Preferred) • Progressive lenses (standard, premium and custom) • Frame discount in excess of covered allowance • Standard scratch-resistant coating • Polycarbonate lenses • UV protection 									

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

² 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 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.

