## **VSP 3 Plus P Benefits**

1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 • 800-292-4910

Effective Date: 1/1/2025

**MESSA Account: Whiteford Agricultural Schools** 

**Employee Group: Superintendent Secretary** 

In-network providers

Out-of-network providers (Maximum reimbursement to patient)

Most eye doctors are in VSP's Signature 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 Signature network doctors is available at messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

If you choose to see a doctor who is not in the VSP Signature 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<br>Ophthalmologist   | No copayment<br>No copayment           | \$35<br>\$45   |
| Contact lenses (includes contact lens examination) *   |  |  |
| Elective lenses to improve vision (disposable)   | \$250 allowance                        | \$150  |
| Elective lenses to improve vision (non-<br>disposable)<br>Medically necessary - to correct<br>keratoconus, irregular astigmatism,<br>irregular corneal curvature or vision to<br>20/70 in the better eye | MESSA pays 100% of the approved amount | \$200  |
| Eyeglass frames  | \$130 allowance                        | \$66   |
| Eyeglass lenses  Single vision  Bifocal  Trifocal  Lenticular  | MESSA pays 100% of the approved amount | \$38<br>\$60<br>\$72<br>\$108  |
| Eyeglass lens enhancements   |  |  |
| Rose #1 or #2 tint Rimless Oversize Blended Photochromic Progressive   | MESSA pays 100% of the approved amount | Member must pay the difference<br>between the approved amount and the<br>provider charge |
| Tinted   |  |  |
| Single vision<br>Bifocal<br>Trifocal<br>Lenticular   | MESSA pays 100% of the approved amount | \$42<br>\$70<br>\$84<br>\$118  |
| Polarized  |  |  |
| Single vision<br>Bifocal<br>Trifocal<br>Lenticular   | MESSA pays 100% of the approved amount | \$56<br>\$90<br>\$110<br>\$138   |

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