VSP-3 G Benefits



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 www.messa.org or www.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 www.vsp.com or call VSP member services at 800.877.7195.

| Benefit | In-network provider | Out-of-network provider maximum allowance |
|---|--|--|
| Examination | | |
| Optometrist | No copayment | \$35 |
| Ophthalmologist | | \$45 |
| Contact lenses (includes examination) | | |
| ■ Elective lenses to improve vision | \$135 allowance | \$115 |
| Medically necessary – to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye | MESSA pays 100% of the approved amount | \$200 |
| Eyeglass frames | \$130 allowance | \$55 |
| Eyeglass lenses | | |
| ■ Single vision | | \$38 |
| ■ Bifocal | MESSA pays 100% of the approved amount | \$60 |
| ■ Trifocal | | \$72 |
| ■ Lenticular | | \$108 |
| Eyeglass lens enhancements | | |
| Rimless | | |
| Oversized | MESSA pays 100% of the approved amount | Member must pay the difference |
| ■ Blended | | between the approved amount and the |
| ■ Photochromic | | provider charge |
| ■ Progressive | Not covered | |
| ■ Tinted | | |
| Single vision | | \$42 |
| Bifocal | | \$70 |
| • Trifocal | | \$84 |
| • Lenticular | MESSA pays 100% of the approved amount | \$118 |
| Polarized | | |
| • Single vision | | \$56 |
| BifocalTrifocal | | \$90 \$110 |
| Lenticular | | \$110 \$138 |