

# VSP 3 G Benefits



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**Effective Date: 10/1/2023**

**MESSA Account: Dexter Community Schools**

**Employee Group: WCC Teachers**

## In-network providers

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](http://messa.org) or [vsp.com](http://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 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](http://www.vsp.com) or call VSP member services at 800-877-7195.

| Benefit  | In-network provider                    | Out-of-network provider maximum allowance  |
|--|--|--|
| <b>Examination</b>   |  |  |
| Optometrist  | No copayment                           | \$35   |
| Ophthalmologist  | No copayment                           | \$45   |
| <b>Contact lenses (includes contact lens examination) *</b>  |  |  |
| Elective lenses to improve vision  | \$135 allowance                        | \$115  |
| Medically necessary - <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i> | MESSA pays 100% of the approved amount | \$200  |
| <b>Eyeglass frames</b>   | \$130 allowance                        | \$55   |
| <b>Eyeglass lenses</b>   |  |  |
| Single vision  | MESSA pays 100% of the approved amount | \$38   |
| Bifocal  |  | \$60   |
| Trifocal   |  | \$72   |
| Lenticular   |  | \$108  |
| <b>Eyeglass lens enhancements</b>  |  |  |
| Rose #1 or #2 tint   | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge |
| Rimless  |  |  |
| Oversize   |  |  |
| Blended  |  |  |
| Photochromic   |  |  |
| Progressive  | Not covered                            |  |
| <b>Tinted</b>  |  |  |
| Single vision  | MESSA pays 100% of the approved amount | \$42   |
| Bifocal  |  | \$70   |
| Trifocal   |  | \$84   |
| Lenticular   |  | \$118  |
| <b>Polarized</b>   |  |  |
| Single vision  | MESSA pays 100% of the approved amount | \$56   |
| Bifocal  |  | \$90   |
| Trifocal   |  | \$110  |
| Lenticular   |  | \$138  |

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