

# VSP 2 Benefits



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**Effective Date: 1/1/2026**

**MESSA Account: Lenawee County Consortium**

**Employee Group: LCC FT TRANS LCC FT Transportation**

## 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 [vsp.com](http://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	\$6.50 copayment	\$28.50
Ophthalmologist		\$38.50
<b>Contact lenses (includes contact lens examination) *</b>		
Elective lenses to improve vision	\$90 allowance	\$90
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	\$175
<b>Eyeglass frames</b>	\$65 allowance after copayment	\$44
<b>Eyeglass lenses</b>		
Single vision	\$18 copayment	\$29
Bifocal		\$51
Trifocal		\$63
Lenticular		\$75
<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	\$33
Bifocal		\$61
Trifocal		\$75
Lenticular		\$89
<b>Polarized</b>		
Single vision	MESSA pays 100% of the approved amount	\$47
Bifocal		\$81
Trifocal		\$101
Lenticular		\$119

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