

VSP 2 Benefits



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Effective Date: 1/1/2026

MESSA Account: Walled Lake Consol Schools

Employee Group: 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 or 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 or call VSP member services at 800-877-7195.

| Benefit | In-network provider | Out-of-network provider maximum allowance |
|--|--|--|
| Examination | | |
| Optometrist | \$6.50 copayment | \$28.50 |
| Ophthalmologist | | \$38.50 |
| Contact lenses (includes contact lens examination) * | | |
| 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 |
| Eyeglass frames | \$65 allowance after copayment | \$44 |
| Eyeglass lenses | | |
| Single vision | \$18 copayment | \$29 |
| Bifocal | | \$51 |
| Trifocal | | \$63 |
| Lenticular | | \$75 |
| Eyeglass lens enhancements | | |
| 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 | |
| Tinted | | |
| Single vision | MESSA pays 100% of the approved amount | \$33 |
| Bifocal | | \$61 |
| Trifocal | | \$75 |
| Lenticular | | \$89 |
| Polarized | | |
| 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.