# VSP 2 Benefits

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 866-637-0006

**Effective Date: 1/1/2027**

**MESSA Account: Dexter Community Schools**

**Employee Group: WCC - PT Support Staff**

**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 - *to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye* | 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<br>Rimless<br>Oversize<br>Blended<br>Photochromic | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge |
| 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.**