VSP-3 Benefits

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	No copayment	$35
■ Ophthalmologist		$45
Contact lenses (includes eye exam and contact lens exam)		
■ Elective lenses to improve vision	$115 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	$65 allowance	$55
Eyeglass lenses		
■ Single vision	MESSA pays 100% of the approved amount	$38
■ Bifocal		$60
■ Trifocal		$72
■ Lenticular		$108
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	MESSA pays 100% of the approved amount	
• Single vision		$42
• Bifocal		$70
• Trifocal		$84
• Lenticular		$118
■ Polarized		
• Single vision		$56
• Bifocal		$90
• Trifocal		$110
• Lenticular		$138