

VSP 2 Benefits



Effective Date: 3/1/2022

MESSA Account: Lakeview School District

Employee Group: 247L Food Service

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/vision or www.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 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 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		\$29
Bifocal	\$18 copayment	\$51
Trifocal		\$63
Lenticular		\$75
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		
Oversize	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Blended		
Photochromic		
Progressive	Not covered	
Tinted		
Single vision		\$33
Bifocal	MESSA pays 100% of the approved amount	\$61
Trifocal		\$75
Lenticular		\$89
Polarized		
Single vision		\$47
Bifocal	MESSA pays 100% of the approved amount	\$81
Trifocal		\$101
Lenticular		\$119