

VSP 3 G Benefits



Effective Date: 3/1/2022

MESSA Account: Lakeview School District

Employee Group: 247G Union Secretary

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 | No copayment | \$35 |
| Ophthalmologist | No copayment | \$45 |
| Contact lenses (includes examination) | | |
| Elective lenses to improve vision | \$135 allowance | \$115 |
| 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 | \$200 |
| Eyeglass frames | \$130 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 | | |
| Single vision | MESSA pays 100% of the approved amount | \$42 |
| Bifocal | | \$70 |
| Trifocal | | \$84 |
| Lenticular | | \$118 |
| Polarized | | |
| Single vision | MESSA pays 100% of the approved amount | \$56 |
| Bifocal | | \$90 |
| Trifocal | | \$110 |
| Lenticular | | \$138 |