## **VSP-3 Plus P Benefits**



## In-network providers

## Out-of-network providers (Maximum reimbursement to patient)

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 www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

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		\$45
Contact lenses (includes examination)  Elective lenses to improve vision (disposable)	\$250 allowance	\$150
Elective lenses to improve vision (non-disposable)		
■ 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	\$130 allowance	\$66
Eyeglass lenses  Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
Extra lens features  Pink #1 or #2 tint Rimless Oversize Blended Photochromic Progressive	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge.
<ul><li>Tinted</li><li>Single vision</li><li>Bifocal</li><li>Trifocal</li><li>Lenticular</li></ul>	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118
<ul><li>Polarized</li><li>Single vision</li><li>Bifocal</li><li>Trifocal</li><li>Lenticular</li></ul>	MESSA pays 100% of the approved amount	\$56 \$90 \$110 \$138