

# VSP 3 Plus P Benefits



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**Effective Date: 1/1/2025**

**MESSA Account: Warren Consolidated Schools**

**Employee Group: FT OfficePers Para Local 1815**

## 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](http://messa.org) or [vsp.com](http://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](http://vsp.com) or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
<b>Examination</b>		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
<b>Contact lenses (includes contact lens examination) *</b>		
Elective lenses to improve vision (disposable)	\$250 allowance	\$150
Elective lenses to improve vision (non-disposable) Medically necessary - to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
<b>Eyeglass frames</b>	\$130 allowance	\$66
<b>Eyeglass lenses</b>		
Single vision	MESSA pays 100% of the approved amount	\$38
Bifocal		\$60
Trifocal		\$72
Lenticular		\$108
<b>Eyeglass lens enhancements</b>		
Rose #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
Tinted		
Single vision	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
Trifocal		\$84
Lenticular		\$118
<b>Polarized</b>		
Single vision	MESSA pays 100% of the approved amount	\$56
Bifocal		\$90
Trifocal		\$110
Lenticular		\$138

\* The cost of the eye exam is covered separately and does not count against the contact lens allowance.