## **VSP-3 Plus P-250CL Benefits**



## **In-network providers**

Most eye doctors are in VSP's Choice 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 Choice 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 Choice 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 contact lens exam)*		
Elective lenses to improve vision	\$250 allowance	\$150
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		\$38
Bifocal	MESSA pays 100% of the approved amount	\$60
Trifocal		\$72
Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		Member must pay the difference
Oversize	MESSA pays 100% of the approved amount	between the approved amount and
Blended		the provider charge.
Photochromic		
Progressive		
Tinted		
Single vision		\$42
Bifocal		\$70
Trifocal		\$84
Lenticular	MESSA pays 100% of the approved amount	\$118
Polarized		
<ul> <li>Single vision</li> </ul>		\$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.