VSP-3 G Benefits
Formerly VSP-3 Gold

MESSA
Good health. Good business. Great schools.

In-network providers

When you see a MESSA VSP in-network provider for services that are covered charges (exam, lenses and frame allowance, or exam and contact lenses), the provider bills VSP directly for the covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP in-network providers is available on the web at **www.messa.org** > Members > Find a Doctor > VSP Vision (Find an Eye Doctor).

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

Out-of-network providers are providers that do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames that are obtained from an out-of-network provider are subject to a maximum reimbursement. Members and dependents who choose to see an out-of-network provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-3 G In-network provider	VSP-3 G Out-of-network provider
Exam		
■ Optometrist	No copayment	$35 maximum reimbursement
■ Ophthalmologist		$45 maximum reimbursement
Contact lens allowance (includes exam)		
■ Cosmetic (elective)	$135	$115 maximum reimbursement
■ Disposable		
Frame allowance	**$130***	**$55 maximum reimbursement**
Lenses		
■ Single vision	Covered	$38 maximum reimbursement
■ Bifocal		$60 maximum reimbursement
■ Trifocal		$72 maximum reimbursement
■ Lenticular		$108 maximum reimbursement
Extra lens features		
■ Pink #1 or #2 tint	Covered	Patient pays for all materials and services above maximum reimbursement amount.
■ Rimless		
■ Oversize		
■ Blended		
■ Progressive	Not covered	
Tinted		
● Tinted single vision	Covered	$42 maximum reimbursement
● Tinted bifocal		$70 maximum reimbursement
● Tinted trifocal		$84 maximum reimbursement
● Tinted lenticular		$118 maximum reimbursement
Polarized		
● Polarized single vision	Covered	$56 maximum reimbursement
● Polarized bifocal		$90 maximum reimbursement
● Polarized trifocal		$110 maximum reimbursement
● Polarized lenticular		$138 maximum reimbursement

**The frame allowance is the total maximum frame benefit payable for each insured person in each year.*

MES - FS
Rev. 06/23/15
Pr. 6/15 - 1PDF