

# VSP-3 G Benefits

Formerly VSP-3 Gold



Good health. Good business. Great schools.

## In-network providers

Most eye doctors are in VSP's Signature network. Staying in-network assures that 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](http://www.messa.org) or [www.vsp.com](http://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 receipts to VSP for reimbursement. For more information, visit [www.vsp.com](http://www.vsp.com) or call VSP member services at 800.877.7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
<b>Examination</b>		
<ul style="list-style-type: none"> <li>■ Optometrist</li> <li>■ Ophthalmologist</li> </ul>	No copayment	\$35 \$45
<b>Contacts (includes lenses, examination and fitting)</b>		
<ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> <li>■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	\$135 allowance MESSA pays 100% of the approved amount	\$115 \$200
<b>Eyeglass frames</b>	\$130 allowance	\$55
<b>Eyeglass lenses</b>		
<ul style="list-style-type: none"> <li>■ Single vision</li> <li>■ Bifocal</li> <li>■ Trifocal</li> <li>■ Lenticular</li> </ul>	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
<b>Eyeglass lens enhancements</b>		
<ul style="list-style-type: none"> <li>■ Rimless</li> <li>■ Oversized</li> <li>■ Blended</li> <li>■ Photochromic</li> </ul>	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
<ul style="list-style-type: none"> <li>■ Progressive</li> </ul>	Not covered (discounts may apply)	Not covered
<ul style="list-style-type: none"> <li>■ Tinted                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> <li>■ Polarized                             <ul style="list-style-type: none"> <li>● Single vision</li> <li>● Bifocal</li> <li>● Trifocal</li> <li>● Lenticular</li> </ul> </li> </ul>	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118 \$56 \$90 \$110 \$138