

# MESSA Vision Enhanced Benefits



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## 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](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 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](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>		
<ul style="list-style-type: none"> <li>■ Optometrist</li> <li>■ Ophthalmologist</li> </ul>	\$5 copayment	\$45
<b>Contact lenses (includes contact lens exam)*</b>		
<ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> </ul>	\$115 allowance	\$85
<ul style="list-style-type: none"> <li>■ Medically necessary – <i>to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	\$5 copayment	\$210
<b>Eyeglass frames</b>	\$115 allowance after copayment	\$70
<b>Eyeglass lenses</b>	<i>One copayment applies to both lenses and frames.</i>	
<ul style="list-style-type: none"> <li>■ Single vision</li> <li>■ Bifocal</li> <li>■ Trifocal</li> <li>■ Lenticular</li> </ul>	\$5 copayment	\$30 \$50 \$65 \$100
<b>Eyeglass lens enhancements</b>		
<ul style="list-style-type: none"> <li>■ Rose #1 or #2 tint</li> <li>■ Rimless</li> <li>■ Oversize</li> <li>■ Blended</li> <li>■ Photochromic</li> </ul>	MESSA pays 100% of the approved amount	Not covered
<ul style="list-style-type: none"> <li>■ Progressive</li> </ul>	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	Not covered

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