## VSP-3 G Benefits Formerly VSP-3 Gold



## **In-network providers**

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

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 or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

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 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
Contacts (includes lenses, examination and fitting)		
■ Elective lenses to improve vision	\$135 allowance	\$115
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	\$55
Eyeglass lenses		
■ Single vision	MESSA pays 100% of the approved amount	\$38
■ Bifocal		\$60
■ Trifocal		\$72
Lenticular		\$108
Eyeglass lens enhancements		
Rimless		
Oversized	MESSA pays 100% of the approved amount	Member must pay the difference
■ Blended		between the approved amount and the
■ Photochromic		provider charge
■ Tinted		
<ul><li>Single vision</li></ul>	MESSA pays 100% of the approved amount	\$42
Bifocal		\$70
• Trifocal		\$84
• Lenticular		\$118
Polarized		
Single vision		\$56
Bifocal     Trice I		\$90
<ul><li>Trifocal</li></ul>		\$110