## **VSP 2 S Benefits**

MESSA.

1475 Kendale Blvd. PO Box 2560
East Lansing, Michiga 48826-2560
517.332.2581 • 800.292.4910

Effective Date: 1/1/2023

**MESSA Account: Mancelona Public Schools** 

Employee Group: 687F PT Bus Drivers without medical V 7u" )

In-network providers

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

Most eye doctors are in VSP's Signature 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 Signature network doctors is available at messa.org/vision 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 itemized 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<br>maximum allowance                                       |
|---|--|--|
| Examination   |  |  |
| Optometrist<br>Ophthalmologist  | \$6.50 copayment                       | \$28.50<br>\$38.50   |
| Contact lenses (includes examination)   |  |  |
| Elective lenses to improve vision   | \$110 allowance                        | \$90   |
| 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 | \$175  |
| Eyeglass frames   | \$130 allowance after copayment        | \$44   |
| Eyeglass lenses  Single vision Bifocal Trifocal Lenticular  | \$18 copayment                         | \$29<br>\$51<br>\$63<br>\$75   |
| Eyeglass lens enhancements  Rose #1 or #2 tint Rimless Oversize Blended Photochromic  | MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge |
| Progressive   | Not covered                            |  |
| Tinted Single vision Bifocal Trifocal Lenticular  | MESSA pays 100% of the approved amount | \$33<br>\$61<br>\$75<br>\$89   |
| Polarized   |  |  |
| Single vision<br>Bifocal<br>Trifocal<br>Lenticular  | MESSA pays 100% of the approved amount | \$47<br>\$81<br>\$101<br>\$119   |

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| In-network provider                    | Out-of-network provider<br>maximum allowance  |
|--|---|
|  |   |
| \$6.50 copayment                       | \$28.50<br>\$38.50  |
|  |   |
| \$90 allowance                         | \$90  |
| MESSA pays 100% of the approved amount | \$175   |
| \$65 allowance after copayment         | \$44  |
|  |   |
| \$18 copayment                         | \$29<br>\$51<br>\$63<br>\$75  |
|  |   |
| MESSA pays 100% of the approved amount | Member must pay the difference between the approved amount and the provider charge  |
| Not covered                            |   |
|  |   |
| MESSA pays 100% of the approved amount | \$33<br>\$61<br>\$75<br>\$89  |
|  |   |
| MESSA pays 100% of the approved amount | \$47<br>\$81<br>\$101<br>\$119  |
|  | \$6.50 copayment  \$90 allowance  MESSA pays 100% of the approved amount  \$65 allowance after copayment  \$18 copayment  MESSA pays 100% of the approved amount  Not covered  MESSA pays 100% of the approved amount |