Effective Date: 1/1/2023
1475 Kendale Blvd. PO Box 2560 East Lansing, Michiga 48826-2560
517-332-2581 • 800-292-4910
MESSA Account: Mancelona Public Schools
Employee Group: 687E FT Secretaries; 687F PT Bus Drivers; 687L Paras,ChildCare,Teaching Asst; 687N FT Bus Drivers

In-network providers

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.

## Out-of-network providers <br> (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 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 maximum allowance |
| :---: | :---: | :---: |
| Examination |  |  |
| Optometrist Ophthalmologist | No copayment No copayment | $\begin{aligned} & \$ 35 \\ & \$ 45 \end{aligned}$ |
| Contact lenses (includes eye examination and contact lens exam) |  |  |
| 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 <br> Bifocal <br> Trifocal <br> Lenticular | MESSA pays $100 \%$ of the approved amount | $\begin{gathered} \$ 38 \\ \$ 60 \\ \$ 72 \\ \$ 108 \end{gathered}$ |
| Eyeglass lens enhancements |  |  |
| Rose \#1 or \#2 tint <br> Rimless <br> Oversize <br> Blended <br> 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 <br> Bifocal <br> Trifocal <br> Lenticular | MESSA pays 100\% of the approved amount | $\begin{gathered} \$ 42 \\ \$ 70 \\ \$ 84 \\ \$ 118 \end{gathered}$ |
| Polarized |  |  |
| Single vision <br> Bifocal <br> Trifocal <br> Lenticular | MESSA pays $100 \%$ of the approved amount | $\begin{gathered} \$ 56 \\ \$ 90 \\ \$ 110 \\ \$ 138 \end{gathered}$ |

