# VSP-3 Plus-200CL Benefits

## 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 [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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network provider</th>
<th>Out-of-network provider maximum allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Optometrist</td>
<td>No copayment</td>
<td>$35</td>
</tr>
<tr>
<td>■ Ophthalmologist</td>
<td></td>
<td>$45</td>
</tr>
<tr>
<td>Contact lenses (includes examination)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Elective lenses to improve vision</td>
<td>$200 allowance</td>
<td>$150</td>
</tr>
<tr>
<td>■ Medically necessary – to correct keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/20 in the better eye</td>
<td>MESSA pays 100% of the approved amount</td>
<td>$200</td>
</tr>
<tr>
<td>Eyeglass frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$80 allowance</td>
<td>$66</td>
</tr>
<tr>
<td>Eyeglass lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Single vision</td>
<td>MESSA pays 100% of the approved amount</td>
<td>$38</td>
</tr>
<tr>
<td>■ Bifocal</td>
<td></td>
<td>$60</td>
</tr>
<tr>
<td>■ Trifocal</td>
<td></td>
<td>$72</td>
</tr>
<tr>
<td>■ Lenticular</td>
<td></td>
<td>$108</td>
</tr>
<tr>
<td>Extra lens features</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Pink #1 or #2 tint</td>
<td>MESSA pays 100% of the approved amount</td>
<td></td>
</tr>
<tr>
<td>■ Rimless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Oversize</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Blended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Photochromic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Progressive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Tinted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Single vision</td>
<td>MESSA pays 100% of the approved amount</td>
<td>$42</td>
</tr>
<tr>
<td>■ Bifocal</td>
<td></td>
<td>$70</td>
</tr>
<tr>
<td>■ Trifocal</td>
<td></td>
<td>$84</td>
</tr>
<tr>
<td>■ Lenticular</td>
<td></td>
<td>$118</td>
</tr>
<tr>
<td>■ Polarized</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Single vision</td>
<td>MESSA pays 100% of the approved amount</td>
<td>$56</td>
</tr>
<tr>
<td>■ Bifocal</td>
<td></td>
<td>$90</td>
</tr>
<tr>
<td>■ Trifocal</td>
<td></td>
<td>$110</td>
</tr>
<tr>
<td>■ Lenticular</td>
<td></td>
<td>$138</td>
</tr>
</tbody>
</table>

## 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 [www.vsp.com](http://www.vsp.com) or call VSP member services at 800.877.7195.