VSP-3 Benefits

MESSA
Good health. Good business. Great schools.

Panel Providers

When you see a MESSA VSP participating panel provider for services which are covered charges (exam, lenses and frame allowance or exam and contact lenses), the provider bills VSP directly for the covered charges. If the cost of the frames or contact lenses exceeds the maximum benefit allowance specified in the chart below, the member will have to pay the provider directly for excess costs. A directory of MESSA VSP panel providers is available on the Web at **www.messa.org** > Members > Provider Search > Find an Eye Doctor.

Non-Panel Providers

Maximum Reimbursement to Patient

Non-panel providers are providers who do not participate with MESSA's VSP plan. Benefits for examinations, lenses or frames which are obtained from a non-panel (non-participating) provider are subject to a maximum reimbursement. Members and dependents who choose to see a non-panel provider must pay the provider and submit an itemized receipt to VSP for reimbursement. The member is responsible for the difference. The reimbursement will be limited to the maximum amount for each covered charge as indicated in the chart below.

Features	VSP-3 Panel Provider	VSP-3 Non-Panel Provider
Exam Deductible		
■ Optometrist	No Deductible	$35 max
■ Opthalmologist		$45 max
Contact Lens Allowance (includes exam)		
■ Cosmetic (Elective)	$115	$115 max
■ Disposable		
Frame Allowance	**$65**	**$55 max**
Lenses		
■ Single Vision	Covered	$ 38 max
■ Bifocal		$ 60 max
■ Trifocal		$ 72 max
■ Lenticular		$108 max
Extra Lens Features		
■ Pink #1 or #2 tint	Covered	**
■ Rimless		
■ Oversize		
■ Blended		
■ Progressive	Not Covered	
Tinted		
● Tinted Single Vision	Covered	$ 42 max
● Tinted Bifocal		$ 70 max
● Tinted Trifocal		$ 84 max
● Tinted Lenticular		$118 max
Polarized		
● Polarized Single Vision	Covered	$ 56 max
● Polarized Bifocal		$ 90 max
● Polarized Trifocal		$110 max
● Polarized Lenticular		$138 max

***Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement.The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.*

MES - FS
Rev. 03/28/12
Pr. 3/12 - 1PDF