VSP-3 Plus Benefits



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 Plus Panel Provider	VSP-3 Plus Non-Panel Provider
Exam Deductible Gotometrist Opthalmologist	No Deductible	\$35 max \$45 max
Contact Lens Allowance (includes exam) ■ Cosmetic (Elective)	Covered in Full	\$150 max.
■ Disposable	\$200	
Frame Allowance	\$80	\$66 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		
Tinted	Covered	
 Tinted Single Vision Tinted Bifocal 		\$ 42 max \$ 70 max
● Tinted Trifocal	COVCICU	\$ 84 max
Tinted Lenticular		\$118 max
Polarized		
 Polarized Single Vision Polarized Bifocal 	Covered	\$ 56 max
Polarized Bilocal Polarized Trifocal		\$ 90 max \$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.

