

VSP 3 Plus P 250CL Benefits



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Effective Date: 1/1/2025

MESSA Account: Ontonagon Area Schools

Employee Group: APA - UP

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 messa.org or vsp.com. Call VSP member services at 800-877-7195 for assistance.

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 vsp.com or call VSP member services at 800-877-7195.

Benefit	In-network provider	Out-of-network provider maximum allowance
Examination		
Optometrist	No copayment	\$35
Ophthalmologist	No copayment	\$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	\$250 allowance	\$150
Medically necessary - to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i>	MESSA pays 100% of the approved amount	\$200
Eyeglass frames		
	\$130 allowance	\$66
Eyeglass lenses		
Single vision		\$38
Bifocal	MESSA pays 100% of the approved amount	\$60
Trifocal		\$72
Lenticular		\$108
Eyeglass lens enhancements		
Rose #1 or #2 tint		
Rimless		
Oversize	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Blended		
Photochromic		
Progressive		
Tinted		
Single vision		\$42
Bifocal	MESSA pays 100% of the approved amount	\$70
Trifocal		\$84
Lenticular		\$118
Polarized		
Single vision		\$56
Bifocal	MESSA pays 100% of the approved amount	\$90
Trifocal		\$110
Lenticular		\$138

* The cost of the eye exam is covered separately and does not count against the contact lens allowance.