## VSP-2 S Benefits Formerly VSP-2 Silver

## Good health. Good business. Great schools.

## **In-network providers**

## Out-of-network providers (Maximum reimbursement to patient)

Most eye doctors are in VSP's Signature network. Staying in-network assures that 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 www.messa.org or www.vsp.com. Call VSP member services at 800.877.7195 for assistance.

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 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	\$6.50 copayment	\$28.50
Ophthalmologist		\$38.50
Contacts (includes lenses, examination and fitting)		
■ Elective lenses to improve vision	\$110 allowance	\$90
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	\$175
Eyeglass frames	\$130 allowance	\$44
Eyeglass lenses		
■ Single vision	\$18 copayment	\$29
■ Bifocal		\$51
■ Trifocal		\$63
■ Lenticular		\$75
Eyeglass lens enhancements		
Rimless		
Oversized	MESSA pays 100% of the approved amount	Member must pay the difference
■ Blended		between the approved amount and the
Photochromic		provider charge
■ Progressive	Not covered (discounts may apply)	Not covered
■ Tinted		
<ul><li>Single vision</li></ul>		\$33
Bifocal		\$61
• Trifocal		\$75
Lenticular	MESSA pays 100% of the approved amount	\$89
Polarized		
<ul><li>Single vision</li></ul>		\$47
Bifocal		\$81
• Trifocal		\$101 \$110
Lenticular		\$119