

# VSP-2 S Benefits

Formerly VSP-2 Silver

Plan Year is July 1 – June 30



Good health. Good business. Great schools.

## In-network providers

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

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