

# VSP-3 G Benefits

Formerly VSP-3 Gold



## 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	No copayment	\$35
■ Ophthalmologist		\$45
<b>Contacts (includes lenses, examination and fitting)</b>		
■ Elective lenses to improve vision	\$135 allowance	\$115
■ 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
<b>Eyeglass frames</b>		
	\$130 allowance	\$55
<b>Eyeglass lenses</b>		
■ Single vision		\$38
■ Bifocal	MESSA pays 100% of the approved amount	\$60
■ Trifocal		\$72
■ Lenticular		\$108
<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		\$42
● Bifocal		\$70
● Trifocal		\$84
● Lenticular	MESSA pays 100% of the approved amount	\$118
<b>Polarized</b>		
● Single vision		\$56
● Bifocal		\$90
● Trifocal		\$110
● Lenticular		\$138