

# VSP-1 B Benefits

Formerly VSP-1 Bronze



## 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> <ul style="list-style-type: none"> <li>■ Optometrist</li> <li>■ Ophthalmologist</li> </ul>	\$10 copayment	\$15
<b>Contacts (includes lenses, examination and fitting)</b> <ul style="list-style-type: none"> <li>■ Elective lenses to improve vision</li> <li>■ Medically necessary – to correct <i>keratoconus, irregular astigmatism, irregular corneal curvature or vision to 20/70 in the better eye</i></li> </ul>	\$85 allowance	\$65
<b>Eyeglass frames</b>	\$130 allowance	\$8
<b>Eyeglass lenses</b> <ul style="list-style-type: none"> <li>■ Single vision</li> <li>■ Bifocal</li> <li>■ Trifocal</li> <li>■ Lenticular</li> </ul>	\$25 copayment	\$20 \$24 \$30 \$40
<b>Eyeglass lens enhancements</b> <ul style="list-style-type: none"> <li>■ Pink #1 or #2 tint</li> <li>■ Rimless</li> </ul>	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
<ul style="list-style-type: none"> <li>■ Oversize</li> <li>■ Blended</li> <li>■ Photochromic</li> <li>■ Progressive</li> <li>■ Tinted               <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul> </li> <li>■ Polarized               <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Lenticular</li> </ul> </li> </ul>	Not covered (discounts may apply)	Not covered