VSP 2 Benefits

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michigan 48826-2560
517-332-2581 ● 866-637-0006

Effective Date: 1/1/2027

MESSA Account: Addison Community Schools

Employee Group: LCC FT Parapros-Food Service

In-network providers

Most eye doctors are in VSP's Signature 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 Signature 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 Signature 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	$6.50 copayment	$28.50
Ophthalmologist		$38.50
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	$90 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	$65 allowance after copayment	$44
Eyeglass lenses		
Single vision	$18 copayment	$29
Bifocal		$51
Trifocal		$63
Lenticular		$75
Eyeglass lens enhancements		
Rose #1 or #2 tint Rimless Oversize Blended Photochromic	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Progressive	Not covered	
Tinted		
Single vision	MESSA pays 100% of the approved amount	$33
Bifocal		$61
Trifocal		$75
Lenticular		$89
Polarized		
Single vision	MESSA pays 100% of the approved amount	$47
Bifocal		$81
Trifocal		$101
Lenticular		$119

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