

VSP 3 Plus P 250CL Benefits

Effective Date: 1/1/2026



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MESSA Account: Atlanta Community Schools

Employee Group: Administration

In-network providers

Most eye doctors are in VSP's Choice 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 Choice network doctors is available at mess.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 Choice 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 Ophthalmologist	No copayment No copayment	\$35 \$45
Contact lenses (includes contact lens examination)* Elective lenses to improve vision	\$250 allowance	\$150
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	\$200
Eyeglass frames	\$130 allowance	\$66
Eyeglass lenses Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$38 \$60 \$72 \$108
Eyeglass lens enhancements Rose #1 or #2 tint Rimless Oversize Blended Photochromic Progressive	MESSA pays 100% of the approved amount	Member must pay the difference between the approved amount and the provider charge
Tinted Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$42 \$70 \$84 \$118
Polarized Single vision Bifocal Trifocal Lenticular	MESSA pays 100% of the approved amount	\$56 \$90 \$110 \$138

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