VSP 3 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: East Lansing Public Schools

Employee Group: All Staff

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	No copayment	$35
Ophthalmologist	No copayment	$45
Contact lenses (includes contact lens examination) *		
Elective lenses to improve vision	$115 allowance	$115
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	$65 allowance	$55
Eyeglass lenses		
Single vision	MESSA pays 100% of the approved amount	$38
Bifocal		$60
Trifocal		$72
Lenticular		$108
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	$42
Bifocal		$70
Trifocal		$84
Lenticular		$118
Polarized		
Single vision	MESSA pays 100% of the approved amount	$56
Bifocal		$90
Trifocal		$110
Lenticular		$138

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