

VSP 3 and 3 Plus Plans

Participating Doctors

Features	VSP-3	VSP-3 Gold	VSP-3 Plus	VSP-3 Plus Platinum
EXAM DEDUCTIBLE				
Optometrist Ophthalmologist	No Deductible		No Deductible	
CONTACT LENS ALLOWANCE (Includes exam)				
Cosmetic (Elective) Disposable	\$115	\$135	Covered in full	
			\$200	\$250
FRAME ALLOWANCE	\$65	\$130*	\$80	\$130*
LENSES				
Single Vision Bifocal Trifocal Lenticular	Covered		Covered	
EXTRA LENS FEATURES				
Pink #1 or #2 tint Rimless Oversize Blended Progressive	Covered		Covered	
	Not Covered			
▪ Tinted				
Tinted Single Vision Tinted Bifocal Tinted Trifocal Tinted Lenticular	Covered		Covered	
▪ Polarized				
Polarized Single Vision Polarized Bifocal Polarized Trifocal Polarized Lenticular	Covered		Covered	

**The frame allowance is the total maximum frame benefit payable for each insured person in each year. The frame allowance for VSP-1 Bronze, VSP-2 Silver, VSP-3 Gold and VSP-3 Plus Platinum for materials provided by a panel provider is adjusted periodically based on the average wholesale frame allowance as determined by VSP.*



MESSA
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VSP 3 and 3 Plus Plans

Non Participating Doctors

Features	VSP-3	VSP-3 Gold	VSP-3 Plus	VSP-3 Plus Platinum
EXAM MAXIMUM REIMBURSEMENT				
Optometrist	\$35 max		\$35 max	
Ophthalmologist	\$45 max		\$45 max	
CONTACT LENS MAXIMUM REIMBURSEMENT (Includes exam)				
Cosmetic (Elective) Disposable	\$115 max		\$150 max	
FRAME MAX. REIMBURSEMENT	\$55 max		\$66 max	
LENSES MAXIMUM REIMBURSEMENT				
Single Vision	\$ 38 max		\$ 38 max	
Bifocal	\$ 60 max		\$ 60 max	
Trifocal	\$ 72 max		\$ 72 max	
Lenticular	\$108 max		\$108 max	
EXTRA LENS FEATURES				
Pink #1 or #2 tint				
Rimless				
Oversize	**		**	
Blended				
Progressive				
▪ Tinted				
Tinted Single Vision	\$ 42 max		\$ 42 max	
Tinted Bifocal	\$ 70 max		\$ 70 max	
Tinted Trifocal	\$ 84 max		\$ 84 max	
Tinted Lenticular	\$118 max		\$118 max	
▪ Polarized				
Polarized Single Vision	\$ 56 max		\$ 56 max	
Polarized Bifocal	\$ 90 max		\$ 90 max	
Polarized Trifocal	\$110 max		\$110 max	
Polarized Lenticular	\$138 max		\$138 max	

***Non-panel provider materials including lens features are subject to and limited by the lens and frame maximum reimbursement. The patient is responsible for paying the cost of materials and services above the maximum reimbursement amount.*



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