VSP 2 S Benefits

MESSA
1475 Kendale Blvd. PO Box 2560
East Lansing, Michiga 48826-2560
517-332-2581 ● 800-292-4910

Effective Date: 1/1/2024

MESSA Account: L'Anse Creuse Schools

Employee Group: 005K Principals

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 www.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	$110 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	$130 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.**

PO Box 610
Southfield, MI 48037
248-901-3705

L'ANSE CREUSE PUBLIC SCHOOLS Dental Benefits Plan Group # 10346

Administrators

The Plan-at-a-Glance	PPO Networks: ADN Dental Network, DenteMax
Maximum Benefits	**January 1st through December 31st**
Annual Maximum	$1,000 per eligible individual for covered class I, II and III services.
Lifetime Maximum	$1,300 per eligible individual for covered class IV services
TMJ Services	Applies to annual maximum, up to lifetime maximum of $1000
Class I Preventive Services – 100%	
Routine Oral Examinations	Twice per plan year
Prophylaxis (Cleaning), Periodontal Maintenance	Twice per plan year
Topical Application of Fluoride	Twice per plan year to age 18
Bitewing X-Rays	Twice per plan year
Full-Mouth Series or Panoramic X-Rays	Once per 36 months
All Other X-Rays	
Class II Restorative Services – 80%	
Composite and Amalgam fillings**	
Sealants	Up to age 14
Space Maintainers	Up to age 14
Root Canal Therapy	
Periodontal Root Planing	
Periodontal Surgery	
Oral Surgery and Extractions	Medical plan primary for certain procedures
General Anesthesia or IV Sedation	With covered oral surgery or medically necessary
Occlusal Guards	For Bruxism Only
TMJ Appliances and Services	
Class III Major Services – 80%	
Inlays, Onlays and Crowns	
Complete and Partial Removable Dentures	
Fixed Partial Dentures (Bridges)	
Denture Repair and Adjustment	
Denture Reline or Rebase	
Addition of Teeth to Partial Dentures	
Class IV Orthodontic Services – 80%	
Limited and Interceptive Treatment	Removable and Fixed Appliance Therapy, up to age 19
Comprehensive Treatment	Fixed Appliance Therapy, up to age 19
Not Covered	
Implants and Related Restorations	Cosmetic Treatment

Deductible – None
Missing Tooth Clause – None
12 Month Billing Limitation
Waiting Periods – None
COB – Standard

**Composite and resins are not covered for posterior teeth, alternate benefit applies
**Prosthetics are considered on delivery date

****Note – Quotes of benefits do not constitute a guarantee of payment. Eligibility is determined at time of service. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan document for additional coverage details and limitations. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding $250.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment.**