

Active Employees	<h1>Vision - VSP - Nationwide</h1>		
Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department.			
	2020 In-Network	2020 Out-of-Network	Comments
Plan Information			
Annual Deductible	\$25 Copay	\$25 Copay	OON copay must be fulfilled before plan will pay reimbursement
Annual Out-of-Pocket Maximum	n/a	n/a	
Annual Maximum Benefit	n/a	n/a	
Vision Care			
Routine Eye Exam	Covered in full	\$50.00	
Exam- Contacts (fitting)	Separate fitting and evaluation copay not to exceed \$60.	\$105 allowance	In-Network: \$120 allowance for contacts lenses. Separate fitting and evaluation copay not to exceed \$60. This aligns with the industry and simplifies the benefit for the member.
Exam- Contacts (follow-up)	\$120 allowance for contact lenses.	See above	See above
Exams - Frequency	Every 12 months	Every 12 months	
Lenses and Frames			
Lenses- single vision	Covered in full	\$50.00	OON Reimbursement
Lenses- bifocal	Covered in full	\$75.00	Lined Bifocal
Lenses- lenticular	Covered in full	\$125.00	OON Reimbursement
Lenses- trifocal	Covered in full	\$100.00	Lined Trifocal
Lenses-tints	Cost controlled	n/a	
Lenses-coatings	Cost controlled	n/a	
Lenses-UV	Cost controlled	n/a	
Lenses-anti-reflective	Cost controlled	n/a	
Lenses - Frequency	Every 12 months	Every 12 months	
Frames	\$120 allowance; CVC \$90 allowance	\$70.00	There actually is OON coverage for CVC. The schedule of allowances may be found on the plan/rate grid attached.
Frames - Frequency	Every 24 months	Every 24 months	
Contact Lenses			
Medically Necessary	Covered in full	\$210 allowance	OON Reimbursement
Elective	\$120 allowance	\$105 allowance	OON Reimbursement
Frequency	Every 12 months	Every 12 months	In Lieu of Lenses and Frame
Other Plan Provisions			
Lasik Eye Surgery	Average 15% Discount	n/a	
Photorefractive Keratectomy (PRK)	Average 15% Discount	n/a	
Details			