

| Active Employees | Vision Service Plan (VSP)* | | |
|--|--|----------------------------|---|
| *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. | | | |
| Plan Changes are in Orange | 2022 In Network | 2022 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; Walmart and Costco Equivalent Frame \$70 allowance | \$70.00 | The OON CVC frame reimbursement is up to \$35. |
| 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 | The out-of-network contact lens allowance is for the contact lens materials and the contact lens exam. | | |

| Active Employees | Premium Vision Service Plan (VSP)* | | |
|--|--|--------------------------------|---|
| *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. | | | |
| Plan Changes are in Orange | 2022 In Network | 2022 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: \$150 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) | \$150 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 | \$150 allowance; CVC \$90 allowance; Walmart and Costco Equivalent Frame \$80 allowance | \$70.00 | The OON CVC frame reimbursement is up to \$35. |
| Frames - Frequency | Every 12 months | Every 12 months, 24 months CVC | |
| Contact Lenses | | | |
| Medically Necessary | Covered in full | \$210 allowance | OON Reimbursement |
| Elective | \$150 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 | |
| Easy Options: Choice of ONE Upgrade per Member | 1. \$250 Frame allowance; 2. \$200 Contact lens allowance; 3. Anti-Reflective coating; 4. Photochromics; 5. Progressives | n/a | |
| Details | The out-of-network contact lens allowance is for the contact lens materials and the contact lens exam. | | |