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	**2027 In Network**	**2027 Out of Network**	**Comments**
Plan Information			
Annual Deductible	$25 Copay	$25 Copay	OON copay must be fulfilled before plan will pay reimbursement. CVC $25 is copay.
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 allowance	
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)	See above	See above	See above
Exams - Frequency	Every 12 months	Every 12 months	
Lenses and Frames			
Lenses- single vision	Covered in full	$50 allowance	OON Reimbursement
Lenses- bifocal	Covered in full	$75 allowance	Lined Bifocal
Lenses- lenticular	Covered in full	$125 allowance	OON Reimbursement
Lenses- trifocal	Covered in full	$100 allowance	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 allowance	The OON CVC frame reimbursement is up to $35.
Frames - Frequency	Every 12 months, 24 months CVC	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.		