

# Summary of Changes

4/1/24 - 6/1/24



## PLEASE DISTRIBUTE TO ALL EMPLOYEES

Below is an overview of changes and updates that could affect your group at renewal. For a complete listing of all of your group's benefits, limits, and exclusions, please refer to the Evidence of Coverage or Certificate of Insurance.

## EYEMED (PROVIDED BY AMERITAS): EMPLOYER SPONSORED AND VOLUNTARY PLANS

### Platinum, Gold and Silver

The Standard Progressive Lenses (IN) has changed from "\$65 Copay" to "**Covered in Full**"

## VSP® VISION CARE: EMPLOYER SPONSORED AND VOLUNTARY PLANS

VSP Vision Care is pleased to announce that Essential Medical Eye Care and VSP LightCare™ benefits will be included at no additional cost. With Essential Medical Eye Care, members will have access to supplemental coverage for urgent and medical eye care. With VSP LightCare, members can use frame and lens benefits to get non-prescription eyewear from a VSP network doctor.

Additional benefit changes are below:

### Platinum

The Frames benefit (IN) has changed from "\$180 Allowance" to "**\$250 Allowance**"

The Contact Lenses benefit (IN) has changed from "\$150 Allowance" to "**\$200 Allowance**"

### Gold

The Frames benefit (IN) has changed from "\$180 Allowance" to "**\$200 Allowance**"

The Contact Lenses benefit (IN) has changed from "\$150 Allowance" to "**\$180 Allowance**"