

2024 VSP Plan Renewals

VSP groups with the following plans will receive <u>a rate</u> <u>pass</u> and the Essential Medical Eyecare benefit:

Choice Plan B 25 Affiliate
Choice Plan C \$10/25 \$150 Easy Options
Choice Plan C \$10/25 \$150 Easy Options Voluntary
Choice Plan C \$10/\$25 \$180 Voluntary
Choice Plan C \$20/\$20 \$200 Voluntary
Choice Plan C 25 \$130
Choice Plan C 25 \$150
Choice Plan C 25 \$150 Voluntary

 VSP groups with the following plans will receive a rate discount based on the group size, and Essential Medical Eyecare benefit:

Choice Plan B 20/20 \$150	
Choice Plan B \$25 \$130	
Choice Plan B \$10/\$25 \$180	
Signature Plan C \$10	

• The following Signature and "A" plans are being terminated and replaced with Choice plans providing <u>richer benefit frequencies and lower rates</u> for most of the plans. (Frequency of exams/lenses/frames in months: A=12/24/24, B=12/12/24, C=12/12/12)

Current Plan	New Plan	EE Only Rate Impact	EE+1 Rate Impact	EE+2 Rate Impact
Choice Plan A 20	Choice Enhanced B 25 \$130	-\$0.50	-\$0.90	-\$1.10
Choice Plan A 25/25	Choice Enhanced B 25 \$130	\$1.10	\$1.60	\$3.00
Signature Plan A \$25	Choice Plan B 25	-\$0.60	-\$1.90	-\$1.40
Signature Plan B \$25	Choice Plan C 25	\$0.10	-\$1.00	\$0.20
Signature Plan B 0/20	Choice Plan C 25	-\$2.80	-\$5.50	-\$7.30
Signature Plan B 10 Voluntary	Choice Plan C 25 Voluntary	-\$5.90	-\$10.40	-\$15.30
Signature C 0/20	Choice Plan C \$10/25 - \$150 Easy Option	-\$4.10	-\$7.70	-\$10.70