

2026 Presbyterian Health Plan Vision Large Employer Groups



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Please check one

Vision Plus					
<input type="checkbox"/> 2-tier		<input type="checkbox"/> 3-tier		<input type="checkbox"/> 4-tier	
Employee	\$3.74	Employee	\$3.70	Employee	\$3.84
Employee + family	\$9.13	Employee + 1	\$7.15	Employee + Spouse	\$8.10
		Family	\$10.75	Employee + Children	\$6.91
				Family	\$11.51
Vision Premier					
<input type="checkbox"/> 2-tier		<input type="checkbox"/> 3-tier		<input type="checkbox"/> 4-tier	
Employee	\$5.89	Employee	\$5.83	Employee	\$6.04
Employee + family	\$14.37	Employee + 1	\$11.26	Employee + Spouse	\$12.75
		Family	\$16.92	Employee + Children	\$10.88
				Family	\$18.13
Vision Premier Plus					
<input type="checkbox"/> 2-tier		<input type="checkbox"/> 3-tier		<input type="checkbox"/> 4-tier	
Employee	\$8.19	Employee	8.10	Employee	\$8.40
Employee + family	\$19.99	Employee + 1	15.66	Employee + Spouse	\$17.73
		Family	23.54	Employee + Children	\$15.13
				Family	\$25.21

Please select a vision plan option and submit this completed form with your medical plan new business or renewal paperwork. All employees and their dependents enrolled in the employer's Presbyterian medical plan will be enrolled in the plan selected.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Group Name: _____

Group Number: _____ Effective Date: _____

Signature: _____ Date: _____

Plans underwritten by Presbyterian Health Plan and administered by Davis Vision.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yánit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jik'eh ná hóló. Bee ahit hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jik'eh hóló. Kohji' 1-855-592-7737 (TTY: 711) hodáilnih doodago nika'análwo'í bich'í' hanidziih.

For more information, visit <https://www.phs.org/nondiscrimination>.