

2026



Presbyterian Health Plan Vision
Large Employer Groups - Level Funded
(Please check one)

Vision Plus
Selection

Employee	\$3.84
Employee + Spouse	\$8.10
Employee + Children	\$6.91
Family	\$11.51

Vision Premier
Selection

Employee	\$6.04
Employee + Spouse	\$12.75
Employee + Children	\$10.88
Family	\$18.13

Vision Premier Plus
Selection

Employee	\$8.40
Employee + Spouse	\$17.73
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 an 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: _____

Printed Name of Authorized Signer: _____ Date: _____

Signature of Authorized Signer: _____

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 yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'it'áa' jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áa' ákodaat'éhígíí dóo bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éi t'áa' jiik'eh hóló. Kohjji' 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'í' hanidziih.

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

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