

Vision Service Plan
 Optional Riders/Underwritten by VSP
 Group Sizes 51-249

EXAM PLUS PLAN											
<input type="checkbox"/>	Two Tier			<input type="checkbox"/>	Three Tier			<input type="checkbox"/>	Four Tier		
	Single	\$	1.01		Single	\$	1.01		Single	\$	1.01
	Family	\$	2.63		Double	\$	2.27		Double	\$	2.27
					Family	\$	2.83		EE + Child (ren)	\$	2.02
									Family	\$	2.89

SIGNATURE PLAN A											
<input type="checkbox"/>	Two Tier			<input type="checkbox"/>	Three Tier			<input type="checkbox"/>	Four Tier		
	Single	\$	4.27		Single	\$	4.27		Single	\$	4.27
	Family	\$	11.10		Double	\$	9.60		Double	\$	9.60
					Family	\$	11.94		EE + Child (ren)	\$	8.53
									Family	\$	12.23

SIGNATURE PLAN C											
<input type="checkbox"/>	Two Tier			<input type="checkbox"/>	Three Tier			<input type="checkbox"/>	Four Tier		
	Single	\$	8.12		Single	\$	8.12		Single	\$	8.12
	Family	\$	21.13		Double	\$	18.26		Double	\$	18.26
					Family	\$	22.73		EE + Child (ren)	\$	16.23
									Family	\$	23.28

Group Name: _____

Group #: _____

Signature: _____

Date: _____

Please select a vision option and submit completed form with Medical Plan Selection.
 Tier structure must match Medical Plan structure. All employees and dependents enrolled in a
 Presbyterian Medical plan will be enrolled with the VSP vision rider option selected.