

## Vision Premier Election

If you waived vision premier and want to change the election or who is covered, please read the instructions below.

**Enroll in a Vision Premier Plan**

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Who would you like to enroll in this plan?

Waive this coverage

Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Self

**1. Uncheck Waive this coverage**

**2. Checkmark who you want enrolled**

Benefit Guide

Member Only

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the **Enroll** box next to each individual's name.

Manage Dependents

**Available Plans (1)**

VSP Premier Plan  
Vision Service Plan

**Currently Elected**

\$ 4.58  
My Cost

You now have choices—you can stay enrolled in the VSP Basic Plan, which is included with any medical plan or choose the VSP Premier Plan, for enhanced benefits, such as a \$300 allowance on frames or a \$250 allowance on contacts lenses every calendar year. Anti-reflective lenses are covered in full with a \$25 copay for each. Standard progressive lenses are covered at 100%, with copays for premium and custom progressive lenses. If you elect this coverage, any dependents enrolled in your medical plan, must also be enrolled in the VSP Premier Plan. For more information, visit vsp.com. Click on the blue button below for plan documents.

VSP Premier Plan

Search for providers in this plan

**3. Tap/click Elect this Plan Button will turn green**

**4. Tap/click Save and Continue**

Save and Continue