# LINDSEY WILSON UNIVERSITY
# AVESIS SELECTION FORM
# FOR PLAN YEAR 2025

I hereby elect the following vision plan for the 2025 plan year.

| | | |
|---|---|---|
| ☐ | Single Low Option MO | $6.75 |
| ☐ | Single High Option MO | $7.95 |
| ☐ | Family Low Option MO | $17.56 |
| ☐ | Family High Option MO | $21.22 |
| ☐ | EE + Spouse Low Option MO | $11.82 |
| ☐ | EE + Spouse High Option MO | $14.40 |
| ☐ | EE + Child(ren) Low Option MO | $12.83 |
| ☐ | EE + Child(ren) Plan 2 MO | $15.67 |

| | | |
|---|---|---|
| ☐ | Single Low Option BW | $3.38 |
| ☐ | Single High Option BW | $3.98 |
| ☐ | Family Low Option BW | $8.78 |
| ☐ | Family High Option BW | $10.61 |
| ☐ | EE + Spouse Low Option BW | $5.91 |
| ☐ | EE + Spouse High Option BW | $7.20 |
| ☐ | EE + Child(ren) Low Option BW | $6.42 |
| ☐ | EE + Child(ren) High Option BW | $7.89 |

☐ I waive participation in the 2025 vision insurance plan year.

Print Name _____ Employee L# _____

Signature _____ Date _____