

Davis Vision

The University of Mississippi offers a comprehensive vision plan administered by Davis Vision, Inc. Eligibility for vision care benefits is determined by the same rules that apply to your health care benefits. Co-pay is available for in-network services and reimbursement is available for out-of-network services. A list of network providers is available at the following website below and **Enter Client Code: 7871:** https://idoc.davisvision.com/davis/member/member_login.asp.

Coverage Options

In-Network Plan Benefits	Coverage
Examination (every 12 months)	100% after \$10.00 co-pay
Frames (every 24 months)	<i>Davis Vision Designer Collection</i> – 100% after \$15.00 co-pay <i>Network Provider</i> – \$120 credit plus 20% discount on overages
Spectacle Lenses (every 12 months) <i>in lieu of contacts</i>	Lens types and coatings are either included in the cost or covered at a discount
Contact Lenses (every 12 months) <i>in lieu of eyeglasses</i>	<i>Davis Vision contact lens formulary</i> - standard soft, daily-wear, disposable, or planned replacement are covered at 100% after \$35.00 co-pay (*including fitting fee) <i>Network Provider</i> – \$120 credit plus 15% discount on overages

Additional Savings Opportunities:

Lens Options:

\$25.00 Premier Frames	\$20.00 Scratch Resistant Coating
\$12.00 UV coating	\$35.00 Standard Anti-Reflective Coating
\$30.00 Intermediate Vision Lenses	\$20.00 Blended Segment Lenses
\$55.00 High Index Lenses	\$75.00 Polarized lenses
\$20.00 Photo-sensitive glass lenses	\$65.00 Photosensitive plastic lenses
\$50.00 Standard progressive lenses	\$90.00 Premium progressive lenses

Laser Vision Correction services at discounts of up to 25% off a participating provider's normal charges, or 5% off any advertised special. Please check the discount available to you with the participating provider. Start saving up to 50% on replacement contact lenses through LENS123. Call 1-800-LENS-123 or visit www.lens123.com.

For a listing of participating providers and more information please visit Davis Vision's Website:

Using the Benefit is as easy as.....

1. Call the network provider of your choice and schedule an appointment.
2. Identify yourself as a Davis Vision plan participant.
3. Provide the office with the member's ID number and the name and date of birth of any covered dependents needing services.

Premiums

Monthly Premiums:

	<u>12-month employee</u>	<u>9-month employee</u>
Employee	\$ 7.80	\$10.40
Employee + 1	\$14.08	\$18.77
Family	\$21.89	\$29.19

*To receive services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement. Please visit website for details.

Employees electing to enroll in coverage as a new participant, change plan option, add or drop dependents, or cancel existing coverage are required to complete The University of Mississippi: Benefits Enrollment/ Change Form. Instructions are provided to guide you through the form completion process.

All coverage changes become effective January 1, 2018. Completed forms must be received in the University's Human Resources Office no later than November 3, 2017.

IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.

- In order to be in compliance with From 1095-C and Affordable Care Act requirements, please verify that all names, social security numbers and dates of birth are correct for any family members who are currently enrolled or will be enrolled on an insurance plan. This can be done by accessing the Beneficiary/Dependents section of the online Open Enrollment portal in myOleMiss.
- When enrolling eligible dependents on an insurance plan, a copy of the dependent's Social Security Card **MUST** be provided to the Human Resources office. Furthermore, all listed names on insurance applications must be listed as a legal name, nicknames are not permitted.
- In order to ensure the accuracy of W-2 processing for 2017, please verify all contact information (address, phone number etc.) within myOleMiss. This can be accessed under the 'Employee' tab and then by clicking the MyHRtools drop down box and then selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note that updating your contact information within myOleMiss will only update your address with the University, and does not update your contact information with insurance and retirement vendors. Please also complete a **Benefits Information Change form** to update your information with each respective vendor. When changing your contact information within myOleMiss, a link to this form will populate on the right side of the screen. Below is the link to the form.
<http://www.olemiss.edu/hr/ files/benefits/InfoChangeForm.pdf>

Enrollment Application Instructions:

Enroll as a New Participant

Employees interested in enrolling in the vision plan must complete **The University of Mississippi: Benefits Enrollment/Change Form**.

- Page 1 – Provide personal information in the shaded section at the top of the form.
- Page 1 – Provide information for spouse and children who will be covered under this policy.
- Page 1 – Complete the section designated for **Davis Vision**.
 - Select coverage option by marking the box that corresponds to the tier (employee only, employee + 1, or family).
- Read *Cafeteria Plan (Section 125 Plan) Certification and Payroll Deduction Authorization*
- Sign and date the form

Add or Drop a Dependent to Existing Coverage

Employees adding a spouse or child(ren) to their existing vision coverage must complete **The University of Mississippi: Benefits Enrollment/Change Form**.

- Page 1 – Provide personal information in the shaded section at the top of the form.
- Page 1 – Provide information for spouse and children who will be add to this policy.
- Read *Cafeteria Plan (Section 125 Plan) Certification and Payroll Deduction Authorization*
- Sign and date the form

If the addition or removal of a family member changes your coverage type, then select the new coverage option by marking the box that corresponds to the tier (employee only, employee + 1, or family).

Cancellation of Existing Coverage

Employees cancelling vision coverage must print a copy of the *Open Enrollment Benefits Confirmation* available on the Open Enrollment homepage, write DROP next to Davis Vision, sign and date the form and return it to the Human Resources office with other Open Enrollment paperwork.