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. Enter Client Code: 7871: [https://davisvision.com/clients/](https://davisvision.com/clients/). Costco has been added to the network provider listing.

**Coverage Options**

<table>
<thead>
<tr>
<th>In-Network Plan Benefits</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examination (every January 1st)</td>
<td>100% after $10.00 co-pay</td>
</tr>
<tr>
<td>Frames (every other January 1st)</td>
<td><em>Davis Vision Designer Collection</em> – 100% after $15.00 co-pay</td>
</tr>
<tr>
<td></td>
<td><em>Network Provider</em> – $150 credit plus 20% discount on overages</td>
</tr>
<tr>
<td>Spectacle Lenses (every January 1st) in lieu of contacts</td>
<td>Lens types and coatings are either included in the cost or covered at a discount</td>
</tr>
<tr>
<td>Contact Lenses (every January 1st) in lieu of eyeglasses</td>
<td><em>Davis Vision contact lens formulary</em> - standard soft, daily-wear, disposable, or planned replacement are covered at 100% after $35.00 co-pay (<em>including fitting fee)</em></td>
</tr>
<tr>
<td></td>
<td><em>Network Provider</em> – $150 credit plus 15% discount on overages</td>
</tr>
</tbody>
</table>

**Lens options**

- Clear plastic single-vision, bifocal, trifocal or
- Lenticular lenses (any RX) .......................................................... $0
- Polycarbonate Lenses (Children / Adults) ................................. $0
- High-Index Lenses 1.67 ............................................................... $55
- High-Index Lenses 1.74 ............................................................... $120
- Polarized Lenses ................................................................. $75
- Progressive Lenses (Standard / Premium / Ultra/ Ultimate) .......... $50 / $90 / $140 / $175
- Anti-Reflective (AR) Coating (Standard / Premium / Ultra/ Ultimate) $35 / $48 / $60 / $85
- Ultraviolet Coating .............................................................. $12
- Tinting of Plastic Lenses (Solid / Gradient) ................................. $0
- Plastic Photochromic Lenses (Transitions® Signature™) ....................... $65
- Scratch-Resistant Coating ......................................................... $0
- Premium Scratch-Resistant Coating ............................................. $30
- Scratch-Protection Plan (Single-Vision | Multifocal) ......................... $20 | $40
- Digital Single Vision Lenses ......................................................... $30
- Trivex Lenses ........................................................................ $50
- Blue Light Filtering .................................................................... $15

**Additional Savings Opportunities:**

- $39 co-pay for retinal imaging: digital image of the retina, blood vessels, and optics nerve located in the back of the eye use to assist in early detection and management of certain eye diseases, including glaucoma, macular degeneration, diabetes, and hypertension.
- 30% discount on additional pair of eyeglasses
- One-year breakage warranty
- Mail order contact lenses
- Laser vision correction

## Premiums

### Monthly Premiums:

<table>
<thead>
<tr>
<th></th>
<th>12-month employee</th>
<th>9-month employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$ 8.74</td>
<td>$11.66</td>
</tr>
<tr>
<td>Employee + 1</td>
<td>$15.36</td>
<td>$20.48</td>
</tr>
<tr>
<td>Family</td>
<td>$23.66</td>
<td>$31.55</td>
</tr>
</tbody>
</table>

*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.

Upon completing Open Enrollment, save changes, and review the **Benefits Summary** for accuracy. Your online election is your official election. You do not have to submit a **Consolidated Enrollment Form** nor a **Benefits Summary** to Human Resources.

All coverage changes become effective January 1, 2023.

Coverage that is active on 12/31/2022 will continue at the same level for plan year 2023 in the absence of an open enrollment election/change.

### IMPORTANT: PLEASE READ AS ACTION MAY BE REQUIRED.

- In order to be in compliance with Form 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 in an insurance plan. This information can be accessed under the ‘Employee’ tab and then by clicking the MyHRTools drop down box and selecting Open Enrollment Step 1: Update Beneficiaries / Dependents. If any information is incorrect, please update.

- 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 2022, 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 selecting Address & Communication Preferences. If any information is incorrect, please update accordingly. Please note, updating your contact information within myOleMiss will update your address with the University, insurance vendors, and the Public Employees’ Retirement System of Mississippi (PERS). Changes to the Optional Retirement Plan (ORP), supplemental 403(b), and Deferred Compensation must be made via your online account with each vendor.