

JACKSON HEALTH SYSTEM BASE VISION PLAN

CLIENT CODE: 8267

FREQUENCY

Exam: Once Every Calendar Year
Lenses & Lens Upgrades: Once Every Calendar Year
Frame: Once Every Other Calendar Year
Contacts, Evaluation & Fitting: Once Every Calendar Year



SIGN UP DURING ANNUAL ENROLLMENT

For more details about the plan, visit davisvision.com and enter your Client Code or call **1 (877) 923-2847** and enter your Client Code when prompted.



EXAMS & SERVICES

Eye Exam copay:
\$25

Contacts evaluation, fitting & follow-up:

CONVENTIONAL LENS
15% Savings¹

SPECIALTY LENS
15% Savings¹



LENSES

Lens copay:
\$25



FRAME

Allowance:

OTHER LOCATIONS
\$100

VISIONWORKS³
+* \$150 +*

+ADDITIONAL 20% OFF any overage.¹



CONTACTS² IN LIEU OF GLASSES

Allowance:

\$100

+ADDITIONAL 15% OFF any overage.¹

OR

The Exclusive Collection copay:

FASHION
Covered in full

DESIGNER
\$15

PREMIER
\$40

USING YOUR CLIENT CODE

Log in using your client code (listed above) at **davisvision.com** to find a list of in-network providers near you and access your benefit information.

THE EXCLUSIVE COLLECTION

The Exclusive Collection of frames is available at close to 9,000 locations across the U.S. Log in to browse frames and find a Collection near you.

FREE BREAKAGE WARRANTY

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.



FIND A NETWORK PROVIDER...

Just enter your client code in the "Member Sign In" section of our website at davisvision.com to locate a provider near you including:





COPAYS FOR OPTIONS & UPGRADES

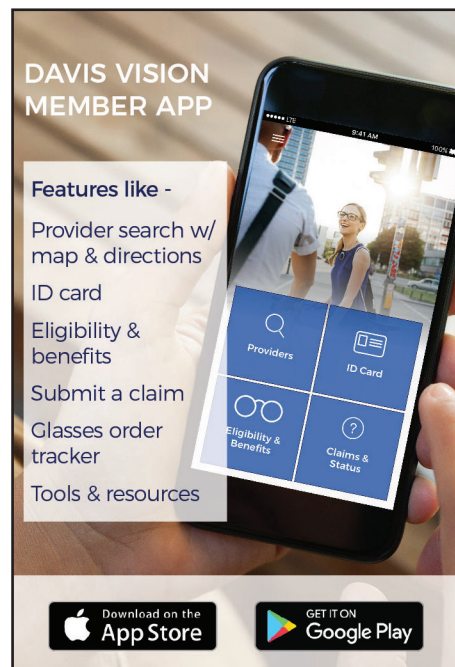
LENS OPTIONS

Clear Plastic Single-Vision, Bifocal, Trifocal or

Lenticular Lenses (any RX).....	\$0
Oversized Lenses.....	\$0
Plastic Lenses.....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0/\$35
High-Index Lenses.....	\$60
Polarized Lenses.....	\$75
Progressive Lenses (Standard / Premium / Ultra).....	\$65 / \$105 / \$140
Anti-Reflective (AR) Coating (Standard / Premium / Ultra).....	\$40 / \$55 / \$69
Ultraviolet Coating.....	\$15
Tinting of Plastic Lenses (Solid / Gradient).....	\$15
Plastic Photochromic Lenses (Transitions® Signature™).....	\$70
Scratch-Resistant Coating.....	\$0
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40

ADDITIONAL SAVINGS

Retinal Imaging (Member charge).....	\$39
Additional Pairs of Eyeglasses.....	30% Savings



EMPLOYEE RATES	BI-WEEKLY
Employee	\$1.91
Employee + One	\$3.83
Employee + Family	\$7.03

OUT-OF-NETWORK BENEFITS

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE (UP TO)

Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$116
Single-Vision Lenses: \$40	Elective Contact Lenses: \$100
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$210

1. Some limitations apply to additional Savings; Savings not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. Excludes Maui Jim® eyewear. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.