

# Davis Vision Enrollment Application Mississippi State University



## Employee (Member) Information (Please Print)

Employer/Group Name		Reason For Application:			Check Type of Coverage:		
		<input type="checkbox"/> Addition <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination <input type="checkbox"/> Change <input type="checkbox"/> COBRA <input type="checkbox"/> New			Employee Only <input type="checkbox"/> Employee Plus One <input type="checkbox"/> Family <input type="checkbox"/>		
Employee (Member) First Name / Middle Initial / Last Name							
Mailing Address		City	State	Zip code			
Employee (Member) Social Security Number			Employee Status				
			<input type="checkbox"/> Active <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Cobra				
Employee Phone Number			Employee Hire Date				
			Month	Day	Year		

To be completed by Account Administrator or Human Resources representative only:

Group Number \_\_\_\_\_

Payroll Code \_\_\_\_\_

Branch Code \_\_\_\_\_

Effective Date \_\_\_\_\_

**Please indicate the change(s) that you need to make to your record:**

<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change Birthdate	<input type="checkbox"/> Change Enrollment Status to:	<input type="checkbox"/> Employee Plus One
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change Effective Date	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Family
<input type="checkbox"/> Change of Phone			

Complete If Applicable	First Name / Middle Initial / Last Name	Social Security Number	Change	Sex		Check If		Birth Date*		
				F/M	Student Over 19	Disabled	MM	DD	YY	
Self			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Spouse			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							
<input type="checkbox"/> Child			<input type="checkbox"/> Add <input type="checkbox"/> Term							

**"I certify that this enrollment information is true and correct."**

\* Required for all members/dependents

\_\_\_\_\_  
Member/Employee Signature

\_\_\_\_\_  
Date

# Vision Care – Optional

## Davis Vision

In-network benefits include:

- Annual eye exam covered after \$10 co-pay.
- One pair of standard lenses every 12 months after \$15 co-pay.
- Frames every 24 months are covered (up to \$160; or \$120 retail allowance plus 20% off balance on retail frames).
- Contact lens evaluation covered in full every 12 months after \$35 co-pay; contact lenses every 12 months or \$120 toward retail allowed.

[www.davisvision.com](http://www.davisvision.com)

Coverage For:	Monthly Premium
Employee	7.82
Employee + one	14.08
Family	21.90



## Designer Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

### Paid-in-full eye examinations, eyeglasses and contacts!

**Frame Collection:** Your plan includes a selection of designer, name brand frames that are completely covered in full.<sup>1</sup>

**Contact Lens Collection:** Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.<sup>1</sup>

### One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

### How to locate a Network Provider...

Just log on to the Open Enrollment/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) and click "Find a Provider" to locate a provider near you including:



**Contact your Human Resources department today to enroll.**

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) or call **1.877.923.2847** and enter Client Code **7870**.

<sup>1</sup> The Davis Vision Collection is available at most participating independent provider locations.

<sup>2</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>3</sup> Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

### IN-NETWORK BENEFITS

<b>Eye Examination</b>	Every 12 months, <b>Covered in full</b> after \$10 copayment
<b>Eyeglasses</b>	
<b>Spectacle Lenses</b>	Every 12 months, <b>Covered in full</b> For standard single-vision, lined bifocal, or trifocal lenses after \$15 copayment
<b>Frames</b>	Every 24 months, <b>Covered in full</b> Any Fashion or Designer frame from Davis Vision's Collection <sup>1</sup> (value up to \$175) OR \$120 retail allowance toward any frame from provider, plus 20% off balance <sup>2</sup>
<b>Contact Lenses</b>	
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	Every 12 months, <b>Covered in full</b> Collection Contacts: after \$35 copay OR For Standard Contacts: after \$35 copay
<b>Contact Lenses (in lieu of eyeglasses)</b>	Every 12 months Any contact lenses from Davis Vision's Contact Lens Collection <sup>1</sup> up to: Four boxes/multi-packs of Disposable Two boxes/multi-packs of Planned Replacement OR \$120 retail allowance toward provider supplied contact lenses, plus 15% off balance <sup>2</sup>

### ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0
Standard Anti-Reflective (AR) Coating	\$62	\$35
Standard Progressives (no-line bifocal)	\$154	\$50
Plastic Photosensitive (Transitions <sup>®3</sup> )	\$123	\$65

### Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$100	\$10
Lenses		
Bifocals	\$80	\$15
Scratch-Resistant Coating	\$45	\$0
Transitions <sup>®3</sup>	\$123	\$65
Frame	\$120	\$0
<b>Total</b>	<b>\$468</b>	<b>\$90</b>

Savings up to:  
**\$378**

Employee Contributions	Monthly	Annually
Employee	\$7.62	\$91.44
Employee plus One	\$13.74	\$164.88
Employee plus Family	\$21.36	\$256.32

# Davis Vision plans offer....

## Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

## Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

## Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

## Value-Added Features:

- Replacement contacts through LENS123<sup>®</sup> mail-order contact lens replacement service, saving both time and money.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

## Contact Info

For more details about the plan, just log on to the Open Enrollment/Discount Plan section of our Member site at [davisvision.com](http://davisvision.com) or call 1.877.923.2847 and enter Client Code 7870.

ADDITIONAL LENS OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$33	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$20	\$0
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0
Ultraviolet Coating	\$28	\$12
Standard Anti-Reflective (AR) Coating	\$62	\$35
Premium AR Coating	\$80	\$48
Ultra AR Coating	\$113	\$60
Intermediate-Vision Lenses	\$150	\$30
Standard Progressive Addition Lenses	\$154	\$50
Premium Progressives (Varilux <sup>®/1</sup> , etc.)	\$248	\$90
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Plastic Photosensitive Lenses	\$123	\$65
Scratch Protection Plan (Single vision   Multifocal lenses)		\$20   \$40

<sup>1/</sup> Varilux<sup>®</sup> is a registered trademark of Societe Essilor International

## 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. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

**Vision Care Processing Unit**  
**P.O. Box 1525**  
**Latham, NY 12110**

### OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$46  
 Spectacle Lenses (per pair) up to:  
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$78  
 Elective Contacts up to \$105, Medically Necessary Contacts up to \$210

## **Davis Vision Enrollment Application for New Hires Instructions**

### Reason for Application

- Place a check mark in new

### Type of Coverage

- Place a check mark in the appropriate box for the level of coverage you choose: employee only, employee plus one, or family.

### Employee Information

- Enter your first, middle initial, last name.
- Enter your mailing address, city, state, zip Code.
- Enter your social security number
- Under Employee Status place a check mark in the active box.
- Enter your phone number.
- Enter your hire date.

### Complete if Applicable

- Place a check mark in self, spouse, and/or child box according to the level of coverage you choose.
- List name of each as person you desire coverage for.
- Enter first, middle initial, last name of each person.
- Enter social security number for each person.
- Place a check mark in the: add box: beside each person you wish to add to the plan.
- Enter sex type: M for male F for female
- Place a check mark in the box if the person is a student over the age of 19 and/or disabled
- Enter date of birth: example 03292002 for March 29, 2002.

Sign and date.

Please send completed form to the Human Resource Department via:

- In person: 245 Barr Ave, 150 McArthur Hall
- U. S. Mail: PO Box 9603, Mississippi State, Ms 39762
- Fax: 662 325-0753
- Secure e-mail: contact your benefit specialist listed on the website: [hrm.msstate.edu](http://hrm.msstate.edu) for information how to send secure email. To find your benefit specialist, view the home page, about us, our staff.
- Campus mailstop 9603