DavisVision By MetLife

Visioncare plan administrator for Jackson HEALTH SYSTEM

MyHealth Plan Options

Effective date: January 1, 2026

Plan Feature	Low Option	High Option
Eyehealthexamination (inclusive of dilation when professionally indicated)	Once every calendar year	Once every calendar year
Spectacle lenses	Once every calendar year	Once every calendar year
Frame	Once every 2 calendar years	Once every calendar year
Contact lens evaluation, fitting & follow-up	Once every calendar year	Once every calendar year
Contact lenses (in lieu of eyeglasses)	Once every calendar year	Once every calendar year
Copayments		
Eyehealthexamination	$25	$10
Spectacle lenses	$25	$0
Contact lens evaluation, fitting & follow-up care	15% savings[2]	15% savings[2]
Frame Benefit		
Non-Collection frame allowance (retail)	Visionworks: $150[1] Up to $100 retail allowance; 20% off overages[2]	Visionworks: Covered in Full[1]; Up to $160 retail allowance; 20% off overages[2]
Exclusive Collection		
Fashion level	Included	Included
Designer level	$15	Included
Premier level	$40	Included
Eyeglass Benefit: Spectacle Lenses		
Clear plastic single vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	Included	Included
Tinting of plastic lenses	$15	Included
Standard Scratch-resistant coating / Premium	Included / $30	Included / $30
Polycarbonatelenses (Child/ Adult)	Included / $35	Included / $30
Ultraviolet coating	$15 member copay	$12 member copay
Standard anti-reflective (AR) coating / Premium / Ultra/ Ultimate	$40 / $55 / $69 / $85 member copay	$35 / $48 / $60 / $85 member copay
Standardprogressive lenses / Premium/ Ultra/ Ultimate	$65 / $105 / $140 / $175 member copay	$0 / $90 / $140 / $175 member copay
High-index lenses (1.67 / 1.74 powers)	$60 / $120 membercopay	$55 / $120 membercopay
Polarized lenses	$75 member copay	$75 member copay
Plastic photochromic lenses	$70 member copay	$65 member copay
Scratch protection plan (singlevision / multifocal)	$20 / $40 member copay	$20 / $40 member copay
Contact Lens Benefit (in lieu of eyeglasses)[3]		
Non-Collection contact lenses materials allowance	Up to $100 retail allowanceplus 15% off overage[2]	Up to $120 retail allowanceplus 15% off overage[2]
Exclusive Collection of Contact Lenses	n/a	Covered in Full[3]
Evaluation, fitting, and follow-up care: Standard lens Type Specialty lens type	15% discount[2]	15% discount[2]

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Planfeature	Low Option	High Option
Extra Savings		
Retinal imaging	$39 member copay	$39 member copay
Hearing aid discount	An average of 40% on premium discreet hearing aids	An average of 40% on premium discreet hearing aids
Laser vision correction (LASIK)	Up to 25% off U&C or 5% off advertised specials	LASIK procedures 10%–50% off
Outwork-of-Network Reimbursements		
Exams	Up to $40	Up to $40
Frames	Up to $50	Up to $50
Single Vision Lenses	Up to $40	Up to $40
Bifocal / Progressive Lenses	Up to $60	Up to $60
Trifocal Lenses	Up to $80	Up to $80
Lenticular Lenses	Up to $116	Up to $116
Contact Lenses (in lieu of eyeglasses)	Up to $100	Up to $120
Visually Required Contacts	Up to $210	Up to $210

Vision Plan Rates	*Per Pay Period*
Low Option	
Employee Only	$1.91
Employee + One	$3.83
Employee + 2 or more	$7.03
High Option	
Employee Only	$4.59
Employee + One	$9.87
Employee + 2 or more	$19.06

1. Up to $300 retail. Certain brands are excluded regardless of price. 2. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 3. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 4. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. 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.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan's specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Davis Vision, Inc. ("Davis Vision"), a New York corporation. Davis Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.