



**University of Utah**  
Plan Year: July 1 thru June 30



## MORAN PREMIER

BENEFITS	SERVICES AT JOHN A. MORAN VISION CENTERS	ALL OTHER PROVIDERS
<b>FRAME</b>		
One frame per plan year	Plan pays up to \$175, 10% off balance	NO COVERAGE
<b>LENSES</b>		
Single Vision Bifocal Trifocal Progressive		
<b>LENS OPTIONS (including but not limited to)</b>		
Polycarbonate High Index Photochromic Polarized/Laminated UV Protection Solid Tints & Dyes Scratch Resistance Coating Anti-Reflective Coating	Plan pays up to \$220 combined; 10% off balance	NO COVERAGE
<b>CONTACTS (in Lieu of Glasses)</b>		
Disposable Conventional	Plan pays up to \$175; 10% off balance	NO COVERAGE

Allowances listed are one-time use benefits; no remaining balances carried forward.

### FREQUENCIES

FRAMES	one frame every plan year
LENSES	one pair of lenses every plan year
CONTACTS	(in lieu of glasses) once every plan year

### CLAIMS & CUSTOMER SERVICE

For claims not submitted by the provider, send completed claim form with an itemized receipt:

By Mail:  
Samera Health  
PO Box 126  
Smithfield UT 84335  
(435) 563-0613

By Fax:  
(435) 563-4035

By Email:  
vision@Samerahealth.com

Via Mobile App:  
Download the Samera Health App  
available on the app store!

Claim forms may be obtained on the web at: <https://www.samerahealth.com/claim-reimbursement>

### NETWORK:

Moran Premier claims: Must use John A. Moran Eye Centers to receive the Moran Premier benefits stated above. No benefits available with all other providers.

NOTE: This Summary does not describe all terms, conditions and limitations. Refer to your plan certificate for more details. In the case of a discrepancy, the formal plan documents apply.

RATES:	Per Month
Employee Only	\$7.60
Employee + Spouse	\$15.40
Employee + Child	\$12.70
Employee + Children	\$12.70
Family	\$21.90



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## MORAN PLUS

BENEFITS	SERVICES AT JOHN A. MORAN VISION CENTERS	ALL OTHER PROVIDERS
<b>FRAME</b>		
One frame per plan year	Plan pays up to \$175; 10% off balance	Plan pays up to \$150
<b>LENSES</b>		
Single Vision Bifocal Trifocal Progressive		
<b>LENS OPTIONS (including but not limited to)</b>		
Polycarbonate High Index Photochromic Polarized/Laminated UV Protection Solid Tints & Dyes Scratch Resistance Coating Anti-Reflective Coating	Plan pays up to \$220 combined; 10% off balance	Plan pays up to \$160 combined
<b>CONTACTS (in Lieu of Glasses)</b>		
Disposable Conventional	Plan pays up to \$175; 10% off balance	Plan pays up to \$150

Allowances listed are one-time use benefits; no remaining balances carry forward.

### FREQUENCIES

FRAMES	one frame every plan year
LENSES	one pair of lenses every plan year
CONTACTS	(in lieu of glasses) once every plan year

### CLAIMS & CUSTOMER SERVICE

For claims not submitted by the provider, send completed claim form with an itemized receipt:

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### NETWORK:

No network requirements.

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RATES:	Per Month
Employee Only	\$12.50
Employee + Spouse	\$26.50
Employee + Child	\$21.70
Employee + Children	\$21.70
Family	\$32.90