# Moran Premier

**University of Utah**

**Plan Year:** July 1 thru June 30

## Moran Premier Benefits

### Services at John A. Moran Vision Centers

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>FRAME</th>
<th>SERVICES AT JOHN A. MORAN VISION CENTERS</th>
<th>ALL OTHER PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FRAME</td>
<td>One frame per plan year</td>
<td>Plan pays up to $175, 10% off balance</td>
<td>NO COVERAGE</td>
</tr>
<tr>
<td>LENSES</td>
<td>Single Vision, Bifocal, Trifocal, Progressive</td>
<td>Plan pays up to $220 combined; 10% off balance</td>
<td>NO COVERAGE</td>
</tr>
</tbody>
</table>

### Lens Options

- Polycarbonate
- High Index
- Photochromic
- Polarized/Laminated
- UV Protection
- Solid Tints & Dyes
- Scratch Resistance Coating
- Anti-Reflective Coating

### Contacts (in Lieu of Glasses)

- Disposable
- Conventional

Plan pays up to $175; 10% off balance

### Frequencies

<table>
<thead>
<tr>
<th>FREQUENCIES</th>
<th>FRAMES</th>
<th>LENSES</th>
<th>CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>one frame every plan year</td>
<td>one pair of lenses every plan year</td>
<td>(in lieu of glasses) once every plan year</td>
</tr>
</tbody>
</table>

### 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](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.

### Rates:

<table>
<thead>
<tr>
<th>RATES:</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$7.60</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$15.40</td>
</tr>
<tr>
<td>Employee + Child</td>
<td>$12.70</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$12.70</td>
</tr>
<tr>
<td>Family</td>
<td>$21.90</td>
</tr>
</tbody>
</table>

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.
# MORAN PLUS

**Benefit Information**

**FRAME**

<table>
<thead>
<tr>
<th>Plan Year: July 1 thru June 30</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERVICES AT JOHN A. MORAN VISION CENTERS</strong></td>
</tr>
<tr>
<td>One frame per plan year</td>
</tr>
</tbody>
</table>

**LENS OPTIONS (including but not limited to)**

- Polycarbonate
- High Index
- Photochromic
- Polarized/Laminated
- UV Protection
- Solid Tints & Dyes
- Scratch Resistance Coating
- Anti-Reflective Coating

**LENS OPTIONS**

- Single Vision
- Bifocal
- Trifocal
- Progressive

Plan pays up to $220 combined; 10% off balance

Plan pays up to $160 combined

**LENS OPTIONS**

- Disposable
- Conventional

Plan pays up to $175; 10% off balance

Plan pays up to $150

**FREQUENCIES**

- One frame every plan year
- One pair of lenses every plan year
- (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
- Via Mobile App: Download the Samera Health App available on the app store!
- By Email: vision@Samerahealth.com

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

**NETWORK:**

No network requirements.

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</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Employee + Spouse</td>
<td>$26.50</td>
</tr>
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<td>Employee + Children</td>
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</tr>
<tr>
<td>Family</td>
<td>$32.90</td>
</tr>
</tbody>
</table>

Samera Health, a product of Town & Country Life Insurance Co.