

**University of Utah** 

Plan Year: July 1 thru June 30



	MORAN PREMIER	
DENEEITS	SERVICES AT JOHN A. MORAN VISION CENTERS	
BENEFITS FRAME	SERVICES AT JOHN A. MORAN VISION CENTERS	ALL OTHER PROVIDERS
One frame per plan year	Plan pays up to \$175, 10% off balance	NO COVERAGE
· · ·		NO COVEINCE
Single Vision		
Bifocal		
Trifocal		
Progressive		
LENS OPTIONS (including but not limited to)		
Polycarbonate	Plan pays up to \$220 combined;	
High Index	10% off balance	NO COVERAGE
Photochromic		
Polarized/Laminated		
UV Protection		
Solid Tints & Dyes		
Scratch Resistance Coating		
Anti-Reflective Coating		
CONTACTS (in Lieu of Glasses)		
Disposable	Plan pays up to \$175; 10% off balance	NO COVERAGE
Conventional		
Allowances listed are	e one-time use benefits; no remaining balances o	carried forward.
FRAMES	one frame every plan year	
LENSES	one pair of lenses every plan year	
CONTACTS	(in lieu of glasses) once every plan year	
connere		
LAIMS & CUSTOMER SERVICE		
or claims not submitted by the provider, send complet		
By Mail:	By Fax:	Via Mobile App:
Samera Health	(435) 563-4035	Download the Samera Health App
PO Box 126		available on the app store!
Smithfield UT 84335	By Email:	
(435) 563-0613	vision@Samerahealth.com	
Claim forms may be ob	tained on the web at: https://www.samerahealth.com/claim	n-reimbursement
ETWORK:		
loran Premier claims: Must use John A. Moran Eye C	enters to receive the Moran Premier benefits stated above	. No benefits available with all other providers
OTE: This Summary does not describe all terms, cor	ditions and limitations. Refer to your plan certificate for mo	ore details. In the case of a discremancy, the
rmal plan documents apply.	and in the interactions. There is your plan certificate for the	
ATES:	Per Month	
Employee Only		
Employee only Employee + Spouse	\$7.60	
Employee + Child	\$15.40	
Employee + Children	\$12.70	
	\$12.70	
Family	\$21.90	

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



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Plan Year: July 1 thru June 30



MORAN PLUS			
BENEFITS	SERVICES AT JOHN A. MORAN VISION CENTERS	ALL OTHER PROVIDERS	
FRAME			
One frame per plan year	Plan pays up to \$175; 10% off balance	Plan pays up to \$150	
LENSES Single Vision Bifocal Trifocal Progressive LENS OPTIONS (including but not limited to) 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	
CONTACTS (in Lieu of Glasses) Disposable Conventional	Plan pays up to \$175; 10% off balance	Plan pays up to \$150	
	one-time use benefits; no remaining balances ca	arry forward.	
REQUENCIES FRAMES LENSES CONTACTS CONTACTS CONTACTS CLAIMS & CUSTOMER SERVICE or claims not submitted by the provider, send completed			
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!	
· · ·	ned on the web at: https://www.samerahealth.com/claim-re		
IETWORK: lo network requirements.			
OTE: This Summary does not describe all terms, condit rmal Plan Documents apply.	ions and limitations. Refer to your plan certificate for more	e details. In the case of a discrepancy, the	
ATES:	Per Month		
	\$12.50		
Employee Only			
Employee Only Employee + Spouse			
Employee + Spouse	\$26.50		

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