



University of Utah
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 (when used with prescription lenses)	10% discount; Plan pays up to \$175	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 Avulux	10% discount; Plan pays up to \$220 combined	Plan pays up to \$160 combined
CONTACTS (in Lieu of Glasses)		
Disposable Conventional	10% Discount; Plan pays up to \$220	Plan pays up to \$170

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:

By Mail:	By Fax:	By Email:
Samera Health	(435) 563-4035	vision@Samerahealth.com
PO Box 126		
Smithfield UT 84335		
(435) 563-0613	By Electronic Device:	
	www.samerahealth.com/claim-reimbursement	

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

NETWORK:

No network requirements. Members will receive the best benefit by obtaining services through the John A. Moran Vision Centers. Members may use any provider and receive the "all other providers" benefit listed above. Members may also access Cache Premier Vision to find providers who will provide services and submit a claim on the member's behalf and may also offer a discount. Services obtained from a Cache Premier Vision provider will fall under the "all other providers" benefits listed above. Cache Premier Vision providers may be located at www.samerahealth.com/find-care.

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	\$13.73
Employee + Spouse	\$29.10
Employee + Child	\$23.83
Employee + Children	\$23.83
Family	\$36.12

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