



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 (when used with prescription lenses)	10% discount; Plan pays up to \$175	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 Avulux	10% discount; Plan pays up to \$220 combined	NO COVERAGE
<b>CONTACTS (in Lieu of Glasses)</b>		
Disposable Conventional	10% Discount; Plan pays up to \$220	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
By Electronic Device: www.samerahealth.com/claim-reimbursement		
Claim forms may be obtained on the web at: <a href="https://www.samerahealth.com/claim-reimbursement">https://www.samerahealth.com/claim-reimbursement</a>		

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	\$8.34
Employee + Spouse	\$16.91
Employee + Child	\$13.94
Employee + Children	\$13.94
Family	\$24.05

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