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**Group:** Southern Utah University (Plan #144)  
**Plan:** Vision 130B  
 Underwritten by / Administered by: Opticare of Utah / Educators Health Plans Life, Accident & Health  
 Plan Type: Voluntary  
 Effective Date: 7/1/2017  
 Benefit Year: Contract

	In-Network	Out-of-Network
<b>Eye Exam</b>	<b>No Eye Exam Benefit</b>	
<b>Lenses</b>		
Single Vision	\$10 Co-pay	▲ \$85 Allowance for lense, options, and coatings
Bifocal (FT 28)	\$10 Co-pay	
Trifocal (FT 7*28)	\$10 Co-pay	
<b>Lens Options</b>		
*Progressive (Standard no-line)	\$50 Co-pay	
*Premium Progressive Options	No Discount	
Glass Lenses	15% Discount	
Polycarbonate	25% Discount	
High Index	25% Discount	
<b>Coatings</b>		
Scratch Resistant Coating	\$10 Co-pay	
Ultra Violet protection	\$10 Co-pay	
Other Options <i>A/R edge polish, tints, mirrors, etc.</i>	Up to 25% Discount	
<b>Frames</b>		
Allowance Based on Retail Pricing	\$130 Allowance	▲ \$90 Allowance
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail	
<b>Contacts</b>		
Contact benefits is in lieu of lens and frame benefit.	\$130 Allowance	▲ \$90 Allowance
Additional contact purchases:		
***Conventional	Retail	
***Disposables	Retail	
<b>Frequency</b>		
Lenses, Frames, Contacts	Every 12 Months	Every 12 Months
<b>Refractive Surgery</b>		
****LASIK	\$250 Off Per Eye	Not Covered
<b>Monthly Rates</b>		
Employee		\$4.10
Two Party		\$7.90
Family		\$12.60

**Discounts** - Any item listed as a discount in the benefit outline above is a merchandise discount only and not an insured benefit. Providers may offer additional discounts.

\* Co-pays for Progressive lenses may vary. This is a summary of plan benefits. The actual Policy will detail all plan limitations and exclusions.

\*\*50% discount at Standard Optical locations Only. All other Network discounts vary from 20% - 35%

\*\*\*Must purchase full year supply to receive discounts on select brands. See provider for details.

\*\*\*\*LASIK (Refractive surgery) Standard Optical Locations ONLY.

LASIK services are not an insured benefit; this is a discount only. All pre & post operative care is provided by Standard Optical Only and is based on

Standard Optical retail fees.

▲ Out of Network – Allowances are reimbursed at 75% when discounts are applied to merchandise. Promotional items or Online purchases not covered.