



Southern Utah University
 Vision Plan - SILVER 130
 Plan Year: JULY 1 thru JUNE 30

BENEFITS		ANY PROVIDER
EYE EXAM		
Eyeglass Exam or Contact Exam		No Exam Benefit
FRAME ALLOWANCE		
		Plan pays up to \$130 for one frame
LENS		
Single Vision Bifocal Trifocal Progressive		Plan pays up to \$70 for one pair of lens
LENS OPTIONS		
Polycarbonate High Index Photochromic Polarized/Laminated UV Protection Solid Tints & Dyes Scratch Resistance Coating Anti-Reflective Coating		Combined LENS OPTION benefit. Plan pays up to \$100
CONTACTS		
Elective Contacts (in Lieu of Glasses)		Plan pays up to \$130

Allowances listed are one-time use benefits; no remaining balances carried forward.

FREQUENCIES	
Exam	No Benefit
Lens	once every plan year
Frames	once every plan year
Contacts	(in lieu of glasses) once every plan year

CLAIMS & CUSTOMER SERVICE

Submit 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>

NETWORK:

Members may use ANY provider and receive the benefits stated above by submitting an itemized receipt. Members may also access Cache Premier Vision to find providers who will offer a discount and submit a claim on the member's behalf. You may locate Cache Premier Vision providers at www.samerahealth.com/find-care

NOTE: This Summary does not describe all terms, conditions and limitations. Refer to your plan document or contact your Benefits Manager for more details. In the case of a discrepancy, the Plan Document applies.