

Voluntary Vision Plan: 2024-2025

Southern Utah University offers the following vision plan through Samera Health:

		Silver E130 Plan Any Provider
Eye Exam Eyeglass or Contact Exam		No Benefit
Frames Allowance Based on Retail Pricing		Once Per Plan Year Plan pays up to \$130 for one frame
Lenses Single Vision, Bifocal, Trifocal, Progressive		Once Per Plan Year Plan pays up to \$70 for one pair of lenses
Lens Options Solid Tints & Dyes, UV Coating, Standard Scratch, Resistance, Standard Polycarbonate, Standard Anti-Reflective, Other Add-ons and Services		Plan Pays up to \$100 one time for any combination of lens options
Contacts (In Lieu of Glasses) Conventional or Disposable		Once Per Plan Year Plan Pays up to \$130 one time for contacts
LASIK or PRK Retail Pricing or Promotional Pricing		No Benefit
		Silver E130 Plan Employee Semi-Monthly Rates
	Coverage Type	
	Employee (EE)	\$1.85
	EE + One	\$3.56
	Family	\$5.67

This is a reimbursement plan. Use any provider.

For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Human Resources or at www.samerahealth.com.

For vision reimbursement, use one of the following methods:

Visit www.samerahealth.com/claim-reimbursement to submit an online vision reimbursement form.

Download the Samera Health app. Navigate to the claim reimbursement page and fill out the vision reimbursement form.

Email an itemized receipt and a vision reimbursement form (available from Human Resources or online at www.samerahealth.com/forms-documents) to vision@samerahealth.com.

Fax an itemized receipt and vision reimbursement form (available from Human Resources or online at www.samerahealth.com/forms-document to **435-563-4035**).

Mail an itemized receipt and vision reimbursement form (available from Human Resources or online at www.samerahealth.com/forms-documents to **Samera Health, PO Box 126, Smithfield UT 84335**).

