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EMIHealth.com

Group: Southern Utah University (Plan #0144)
Plan: Vision 130B
 Underwritten by / Administered by: Opticare of Utah / Educators Mutual Insurance Association
 Plan Type: Voluntary
 Effective Date: 7/1/2020
 Benefit Year: Contract

	In-Network	Out-of-Network	
Eye Exam	No Eye Exam Benefit		
Lenses			
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		
Lens Options			
*Progressive (Standard no-line)	\$50 Co-pay		
*Premium Progressive Options	No Discount		
Glass Lenses	15% Discount		
Polycarbonate	25% Discount		
High Index	25% Discount		
Coatings			
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		
Frames			
Allowance Based on Retail Pricing	\$130 Allowance	▲ \$90 Allowance	
**Additional Pairs of Glasses Throughout the Year	Up to 50% Off Retail		
Contacts			
Contact benefits is in lieu of lens and frame benefit.	\$130 Allowance	▲ \$90 Allowance	
Additional contact purchases:			
***Conventional	Retail		
***Disposables	Retail		
Frequency			
Lenses, Frames, Contacts	Every 12 Months	Every 12 Months	
Refractive Surgery			
****LASIK	\$250 Off Per Eye	Not Covered	
Monthly Rates			
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.