



TOWN & COUNTRY
LIFE INSURANCE COMPANY

101 South 200 East, Suite 300 Salt Lake City, Utah 84111

801-715-7123

800-657-6363

Certificate of Coverage

Group Name:	SOUTHERN UTAH UNIVERSITY
Group Number:	SUU07012023
Effective Date:	07/01/2025

Notice to Buyer: This Certificate provides vision coverage only.

To be filled in by employer in the event this document is used to develop a Summary Plan Description:

NAME OF EMPLOYER:

NAME OF PLAN:

PRINCIPAL ADDRESS:

EMPLOYER I.D.#:

POLICY #:

PLAN ADMINISTRATOR:

ADDRESS:

PHONE NUMBER:

REGISTERED AGENT FOR SERVICE OF LEGAL PROCESS, IF DIFFERENT FROM PLAN ADMINISTRATOR:

ADDRESS:

This form is a summary of the Policy provisions and is presented as a matter of general information only. The contents are not to be accepted or construed as a substitute for the provisions of the Policy itself. A specimen copy of the Policy will be furnished upon request.

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DEFINITIONS:

ADDITIONAL BENEFIT RIDER	The document attached to this Evidence of Coverage, when purchased by Group, which lists selected vision care services and vision care materials that a Covered Person is entitled to receive by virtue of the Policy.
ANISOMETROPIA	A condition of unequal refractive state for the two eyes, one eye requiring a different lens correction than the other.
BENEFIT AUTHORIZATION	Authorization issued by TOWN & COUNTRY identifying the individual named as a Covered Person of TOWN & COUNTRY, and identifying those Plan Benefits to which a Covered Person is entitled.
COPAYMENTS	Any amounts required to be paid by or on behalf of a Covered Person for Plan Benefits which are not fully covered.
COVERED PERSON	An Enrollee or eligible dependent who meets TOWN & COUNTRY's eligibility criteria and on whose behalf Premiums have been paid to TOWN & COUNTRY, and who is covered under the Policy.
EMERGENCY CONDITION	A condition, with sudden onset and acute symptoms, that requires the Covered Person to obtain immediate medical care, or an unforeseen occurrence requiring immediate, non-medical action.
ENROLLEE	An employee or member of Group who meets the criteria for eligibility specified under section VI. ELIGIBILITY FOR COVERAGE of the Policy.
EXPERIMENTAL NATURE	Procedure or lens that is not used universally or accepted by the vision care profession, as determined by TOWN & COUNTRY.
GROUP	An employer or other entity which contracts with TOWN & COUNTRY for coverage under this Policy in order to provide vision care coverage to its Enrollees and their eligible dependents.
KERATOCONUS	A development or dystrophic deformity of the cornea in which it becomes coneshaped due to a thinning and stretching of the tissue in its central area.
SERVICE PROVIDER	Any optometrist, optician, ophthalmologist, or other licensed and qualified vision care provider who provides vision care services and/or vision care materials to Covered Persons of TOWN & COUNTRY.
PLAN BENEFITS	The vision care services and vision care materials which a Covered Person is entitled to receive by virtue of coverage under the Policy, as defined on the enclosed insert or in the Schedule of Benefits attached as Exhibit A to the Group Policy document maintained by your Group Administrator.
PREMIUMS	The payments made to TOWN & COUNTRY by or on behalf of a Covered Person to entitle him/her to Plan Benefits, as stated in the Schedule of Premiums attached as Exhibit B to the Group Policy document maintained by your Group Administrator.
RENEWAL DATE	The date on which the Policy shall renew or terminate if proper notice is given.
SCHEDULE OF BENEFITS	The document, attached as Exhibit A to the Group Policy document maintained by your Group Administrator, which lists the vision care services and vision care materials which a Covered Person is entitled to receive by virtue of the Policy.
SCHEDULE OF PREMIUMS	The document, attached as Exhibit B to the Group Policy document maintained by your Group Administrator, which states the payments to be made to TOWN & COUNTRY by or on behalf of a Covered Person to entitle him/her to Plan Benefits.

ELIGIBILITY FOR COVERAGE

Enrollees: To be eligible for coverage, a person must currently be an employee or member of the Group, and meet the criteria established in the coverage criteria mutually agreed upon by Group and TOWN & COUNTRY.

Eligible Dependents: If dependent coverage is provided, the persons eligible for coverage as dependents shall include the legal spouse of any Enrollee, and any child of an Enrollee who has not attained the limiting age as shown on the enclosed insert, including any natural child from the moment of birth, legally adopted child from the moment of placement for adoption with the Enrollee, or other child for whom a court holds the Enrollee responsible.

A dependent, unmarried child over the limiting age as shown on the enclosed insert may continue to be eligible as a dependent if the child is incapable of self-sustaining employment because of mental or physical disability, and chiefly dependent upon the Enrollee for support and maintenance.

PREMIUMS

Your Group is responsible for payments to TOWN & COUNTRY of the periodic charges for your coverage. You will be notified of your share of the charges, if any, by your Group. The entire cost of the program is paid to TOWN & COUNTRY by your Group.

PROCEDURE FOR USING THE POLICY

1. When you desire to receive Plan Benefits, written proof (receipt and the Covered Person's identification information) of all claims for services received shall be submitted by Covered Person or Service Provider to TOWN & COUNTRY within three hundred sixty-five (365) days of the date of service.
2. You are responsible for payment in full to the Service Provider. The Covered Person may ask the Service Provider to submit a claim to TOWN & COUNTRY on behalf of the Covered Person. If the Service Provider chooses not to comply with this request, then the Covered Person should pay the Service Provider the total cost of the services provided. Covered Person should then mail the original bill(s) to TOWN & COUNTRY for reimbursement directly to the Enrollee. You will be reimbursed by TOWN & COUNTRY in accordance with the reimbursement schedule shown on the enclosed insert, less any applicable Copayments.
3. In emergency conditions, Covered Person is not covered by TOWN & COUNTRY for medical services and should contact a physician under Covered Person's medical insurance plan for care. For emergency conditions of a non-medical nature, such as lost, broken or stolen glasses, the Covered Person should contact TOWN & COUNTRY's Customer Service Department for assistance.

BENEFIT AUTHORIZATION PROCESS

TOWN & COUNTRY authorizes Plan Benefits according to the latest eligibility information furnished to TOWN & COUNTRY by Covered Person's Group and the level of coverage (i.e. service frequencies, covered materials, reimbursement amounts, limitations, and exclusions) purchased for Covered Person by Group under this Policy. When Covered Person requests services under this Policy, Covered Person's prior utilization of Plan Benefits will be reviewed by TOWN & COUNTRY to determine if Covered Person is eligible for new services based upon Covered Person's Policy's level of coverage. Please refer to the attached Schedule of Benefits for a summary of the level of coverage provided to Covered Person by Group.

BENEFITS AND COVERAGES

TOWN & COUNTRY provides Plan Benefits to Covered Persons, subject to the limitations, exclusions, and Copayment(s) described herein. When you wish to obtain Plan Benefits, you should contact the Service Provider of your choice, identify yourself as a TOWN & COUNTRY member, and schedule an appointment.

IMPORTANT: The benefits described below are typical services and materials available under most TOWN & COUNTRY Policies. However, the actual Plan Benefits provided to you by your Group may be different. Refer to the attached Schedule of Benefits and/or Disclosure to determine your specific Plan Benefits.

1. Eye Examination: A complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated.
2. Lenses: The Service Provider will order the proper lenses necessary for your visual welfare. The doctor shall verify the accuracy of the finished lenses.
3. Frames: The Service Provider will assist in the selection of frames, properly fit and adjust the frames, and provide subsequent adjustments to frames to maintain comfort and efficiency.
4. Contact lenses: Unless otherwise indicated on the enclosed insert, contact lenses are available under this Policy in lieu of all other lens and frame benefits described herein for the current eligibility period.
5. Laser Correction: If shown as a rider to the policy, laser correction surgery benefits are available under this Policy at the benefit level stated.

EXCLUSIONS AND LIMITATIONS OF BENEFITS

NOT COVERED

There is no benefit under this plan for professional services or materials connected with:

1. Orthoptics or vision training and any associated supplemental testing; plano lenses (less than $\pm .50$ diopter power); or two pair of glasses in lieu of bifocals.
2. Replacement of lenses and frames furnished under this plan which are lost or broken except at the normal intervals when services are otherwise available.
3. Medical or surgical treatment of the eyes.
4. Corrective vision treatment of an Experimental Nature.
5. Costs for services and/or materials above Plan Benefit allowances indicated on the enclosed insert.
6. Services/materials not indicated as covered Plan Benefits on the enclosed insert.

COMPLAINTS AND GRIEVANCES

If Covered Person ever has a question or problem, Covered Person's first step is to call TOWN & COUNTRY's Customer Service Department. The Customer Service Department will make every effort to answer Covered Person's question and/or resolve the matter informally. If a matter is not initially resolved to the satisfaction of a Covered Person, the Covered Person may communicate a complaint or grievance to TOWN & COUNTRY orally or in writing by using the complaint form that may be obtained upon request from the Customer Service Department. Covered Persons also have the right to submit written comments or supporting documentation concerning a complaint or grievance to assist in TOWN & COUNTRY's review. TOWN & COUNTRY will resolve the complaint or grievance within thirty (30) days after receipt, unless special circumstances require an extension of time. In that case, resolution shall be achieved as soon as possible, but no later than one hundred twenty (120) days after TOWN & COUNTRY's receipt of the complaint or grievance. If TOWN & COUNTRY determines that resolution cannot be achieved within thirty (30) days, a letter will be sent to the Covered Person to indicate TOWN & COUNTRY's expected resolution date. Upon final resolution, the Covered Person will be notified of the outcome in writing.

**TOWN & COUNTRY
Customer Service
PO Box 126
Smithfield UT 84335
(435) 563-0613**

Claim Payments and Denials

A. Initial Determination: TOWN & COUNTRY will pay or deny claims within thirty (30) calendar days of the receipt of the claim from the Covered Person or Covered Person's authorized representative. In the event that a claim cannot be resolved within the time indicated TOWN & COUNTRY may, if necessary, extend the time for decision by no more than fifteen (15) calendar days.

B. Request for Appeals: If a Covered Person's claim for benefits is denied by TOWN & COUNTRY in whole or in part, TOWN & COUNTRY will notify the Covered Person in writing of the reason or reasons for the denial. Within one hundred eighty (180) days after receipt of such notice of denial of a claim, Covered Person may make a verbal or written request to TOWN & COUNTRY for a full review of such denial. The request should contain sufficient information to identify the Covered Person for whom a claim for benefits was denied, including the name of the TOWN & COUNTRY Enrollee, Member Identification Number of the TOWN & COUNTRY Enrollee, the Covered Person's name and date of birth, the name of the provider of services and the claim number. The Covered Person may state the reasons the Covered Person believes that the claim denial was in error. The Covered Person may also provide any pertinent documents to be reviewed. TOWN & COUNTRY will review the claim and give the Covered Person the opportunity to review pertinent documents, submit any statements, documents, or written arguments in support of the claim, and appear personally to present materials or arguments. Covered Person or Covered Person's authorized representative should submit all requests for appeals to:

**TOWN & COUNTRY
Member Appeals
PO Box 126
Smithfield UT 84335
(435) 563-0613**

TOWN & COUNTRY's determination, including specific reasons for the decision, shall be provided and communicated to the Covered Person within thirty (30) calendar days after receipt of a request for appeal from the Covered Person or Covered Person's authorized representative.

If Covered Person disagrees with TOWN & COUNTRY's determination, he/she may request a second level appeal within sixty (60) calendar days from the date of the determination. TOWN & COUNTRY shall resolve any second level appeal within thirty (30) calendar days.

When Covered Person has completed all appeals mandated by the Employee Retirement Income Security Act of 1974 ("ERISA"), additional voluntary alternative dispute resolution options may be available, including mediation and arbitration. Covered Person should contact the U. S. Department of Labor or the State insurance regulatory agency for details. Additionally, under ERISA (Section 502(a)(1)(B)) [29 U.S.C. 1132(a)(1)(B)], Covered Person has the right to bring a civil (court) action when all available levels of reviews of denied claims, including the appeal process, have been completed, the claims were not approved in whole or in part, and Covered Person disagrees with the outcome.

TERMINATION OF BENEFITS

Terms and cancellation conditions of your vision care policy are shown on the enclosed insert. Plan Benefits will cease on the date of cancellation of this Policy whether the cancellation is by Group or by TOWN & COUNTRY due to non-payment of Premium. If service is being rendered to you as of the termination date of the Policy, such service shall be continued to completion, but in no event beyond six (6) months after the termination date of the Policy.

INDIVIDUAL CONTINUATION OF BENEFITS

This program is available to groups of a minimum of two (2) employees and is, therefore, not available on an individual basis. When a Group terminates its coverage, individual coverage is not available for Enrollees who may desire to retain same.

THE CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA)

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that, under certain circumstances, health plan benefits available to an eligible Enrollee and his or her Eligible Dependents be made available for purchase by said persons upon the occurrence of a COBRA-qualifying event. If, and only to the extent COBRA applies, TOWN & COUNTRY shall make the statutorily-required continuation coverage available for purchase in accordance with COBRA.

TOWN & COUNTRY LIFE INSURANCE COMPANY

101 South 200 East, Ste 300

Salt Lake City UT 84111

Group Name: SOUTHERN UTAH UNIVERSITY

Plan Number: SILVER VISION 130

Effective Date: JULY 1, 2025

Plan Term: 12 MONTHS

**PERSONAL AND DEPENDENT VISION CARE
DISCLOSURE FORM AND CERTIFICATE OF COVERAGE**

PLAN ADMINISTRATOR:

SOUTHERN UTAH UNIVERSITY

(Name)

351 W. UNIVERSITY BLVD

(Address)

CEDAR CITY, UTAH 84720

(City, State, Zip)

MONTHLY PREMIUM:

YOUR GROUP IS RESPONSIBLE FOR PAYMENT TO TOWN & COUNTRY OF THE PERIODIC CHARGES FOR YOUR COVERAGE. YOU WILL BE NOTIFIED OF YOUR SHARE OF THE CHARGES, IF ANY, BY YOUR GROUP.

ELIGIBILITY:

ENROLLEES & ELIGIBLE DEPENDENTS: DEPENDENT CHILDREN ARE COVERED TO THE END OF THE MONTH IN WHICH THEY TURN AGE 26. THE WAITING PERIOD IS THE SAME AS YOUR OTHER HEALTH BENEFITS.

PLAN AND SCHEDULE:

SILVER 130 PLAN

EXAMINATION: N/A

LENSES: ONCE EVERY PLAN YEAR*

FRAMES: ONCE EVERY PLAN YEAR*

*PLAN YEAR BEGINS JULY 1ST

TERM, TERMINATION AND RENEWAL:

AFTER THE POLICY TERM, THIS POLICY WILL CONTINUE ON A MONTH TO MONTH BASIS OR UNTIL TERMINATED BY EITHER PARTY GIVING THE OTHER SIXTY (60) DAYS PRIOR WRITTEN NOTICE.

TYPE OF ADMINISTRATION:

BENEFITS ARE FURNISHED UNDER A VISION CARE PLAN PURCHASED BY THE GROUP AND PROVIDED BY TOWN & COUNTRY UNDER WHICH TOWN & COUNTRYLIFE INSURANCE COMPANY IS FINANCIALLY RESPONSIBLE FOR THE PAYMENT OF CLAIMS.

TOWN & COUNTRY'S ADDRESS IS:

TOWN & COUNTRY LIFE INSURANCE COMPANY
101 South 200 East, Suite 300
Salt Lake City UT 84111

SCHEDULE OF BENEFITS

GENERAL

This Schedule and any Additional Benefit Rider(s), when purchased by Group, attached hereto list the vision care services and vision care materials to which Covered Persons of TOWN & COUNTRY are entitled, subject to any Copayments and other conditions, limitations and/or exclusions stated herein. services as indicated by the reimbursement provisions below, vision care services and vision care materials may be received from any licensed optometrist, ophthalmologist, or dispensing optician.

The benefits described herein are available to each Covered Person.

Allowances listed are one-time use benefits; no remaining balance except for contact lens materials, when applicable.

PLAN BENEFITS

VISION CARE SERVICES

Eye Examination

Complete initial vision analysis which includes an appropriate examination of visual functions, including the prescription of corrective eyewear where indicated
NO BENEFIT AVAILABLE

Subsequent regular eye examinations: **N/A**

VISION CARE MATERIALS

Lenses, including:

Single Vision
Bifocal
Trifocal
Progressive

One pair of the above listed lens type **up to Plan Allowance of \$70**
Available once every plan year beginning on the first day of the plan year.

Lens Options, including:

Polycarbonate
High Index
Photochromic
Polarized/Laminated
UV Protection
Solid Tints and Dyes
Scratch Resistant Coating
Anti-Reflective Coating

Combined benefit covered **up to Plan Allowance of \$100**
Available once every plan year beginning on the first day of the plan year

Frames

Up to Plan Allowance of \$130
Available once every plan year beginning on the first day of the plan year

Lenses and frames include such professional services as are necessary, which shall include:

- Prescribing and ordering proper lenses;
- Assisting in the selection of frames;
- Verifying the accuracy of the finished lenses;
- Proper fitting and adjustment of frames;
- Subsequent adjustments to frames to maintain comfort and efficiency;
- Progress or follow-up work as necessary.

CONTACT LENSES

Contact lenses are available once every plan year in lieu of all other lens and frame benefits available herein. When contact lenses are obtained, the Covered Person shall not be eligible for lenses and frames again for one plan year.

Contact Lens -

Prescription contact lenses
up to Plan Allowance of \$130.

THIS EVIDENCE OF COVERAGE CONSTITUTES ONLY A SUMMARY OF THE VISION PLAN. THE VISION PLAN DOCUMENT MUST BE CONSULTED TO DETERMINE THE EXACT TERMS AND CONDITIONS OF COVERAGE.