



IRON COUNTY SCHOOL DISTRICT
 Vision Plan - SILVER 125
 Plan Year: SEPTEMBER 1 THRU AUGUST 31

BENEFITS	<i>ANY PROVIDER</i>
EYE EXAM	
Eyeglass Exam or Contact Exam	No Benefit
FRAME ALLOWANCE	
	Plan pays up to \$125 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 \$125

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

FREQUENCIES	
Exam	once every plan year
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

Claim forms may be obtained on the web at: www.samerahealth.com

NETWORK:

Members may use ANY provider and receive the benefits stated above.

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 Policy/Certificate applies.