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Group: UTAH VALLEY UNIVERSITY - (Plan # 128)
Plan: Vision
Underwritten and Administered by: Educators Mutual Insurance Association
Plan Type: Voluntary
Effective Date: 7/1/2009

	Benefit
Examination	Up to a maximum of \$31.20
Standard Lenses	In Lieu of Contact Lenses
Single Vision	Up to a maximum of \$24.40 per lens
Bifocal	Up to a maximum of \$37.60 per lens
Trifocal	Up to a maximum of \$49.04 per lens
Lenticular	Up to a maximum of \$104.80 per lens
Frames	Up to a maximum of \$52.50 per frame
Contact Lenses	In Lieu of Standard Lenses and Frames
Necessary (Permanent)	Up to a maximum of \$168.00
Necessary (Disposable)	Up to a maximum of \$84.00
Frequency	
Examination	Once every 12 Months
Standard Lenses	One pair every 24 Months
Contact Lenses (Permanent)	One pair every 24 Months
Contact Lenses (Disposable)	Up to maximum every contract year
Frames	One pair every 24 Months
Repair of Damage	One repair every 24 Months
Other Services	
Repair of Damage	50% of Table of Allowances
Over-sized / Over-power lenses	Additional 15% of Lens Benefit
Discounts	
Standard Optical	35% off all frame and lens merchandise
Monthly Rates	
Employee	\$3.96
Employee + One Dependent	\$7.92
Family	\$12.88
Limitations & Exclusions	
Non-prescription lenses and non-prescription sunglasses	
Services or materials provided by any other group benefit providing for vision care	
Notes	
Benefits illustrated are in summary only. Refer to your Vision handbook for a complete description of benefits, limitations and exclusions.	
Benefits are allowed for one of the following every 24 months: 1. Standard lenses and frames; 2. Permanent contact lenses; or 3. Disposable contact lenses. These benefits may not be combined.	