

# Routine Vision Member Benefits

## University Family Care Plan - PY2021

### ROUTINE VISION MEMBER BENEFITS INCLUDE:

**Vision Exam:** Comprehensive eye exam from our network of opticians, optometrists, & ophthalmologists at independent and retail locations.

**Frames:** Any frame up to the retail allowance. If the frame exceeds plan limits, you simply pay the difference.

**Lenses:** Plastic single vision, flat top bifocal, and flat top trifocal lenses are covered in full. Elective Contact Lenses: In lieu of eyeglasses, benefits may be used for the fitting, follow-up, and/or purchase of contact lenses.

**Medically Necessary Contact Lenses:** Covered in full, in lieu of eyeglasses.

**Online Discounts:** Discounts on contacts, sunglasses, and eyeglasses are available to Envolve members at [www.framesdirect.com](http://www.framesdirect.com)

### PLAN FREQUENCIES

- Exam once every 12 months
- Lenses once every 24 months
- Frames once every 24 months
- Contacts once every 24 months

### COPAY

Exam: \$10.00  
Hardware: \$0

Benefits	Network Doctor <i>(after copayment)</i>
Eye Exam	Paid in Full
<b>Lenses (per pair)</b>	
Single	Paid in Full
Bifocal	Paid in Full
Trifocal	Paid in Full
Lenticular	Paid in Full
<b>Contact Lenses</b>	
Fitting, follow-up, & lenses (in lieu of glasses)	\$125.00 allowance
Frame - Retail Value	\$125.00 allowance

### UTILIZING YOUR BENEFITS

- Locate a network provider at <https://visionbenefits.envolvehealth.com/>.
- Make an appointment with a provider and provide your Member ID.
- The network provider takes care of the rest.

### LIMITATIONS

Vision Exam and Vision Materials – Fees charged by a provider for services other than Vision Exam or Covered Vision Materials must be paid in full by the covered person to the provider. Such fees or materials are not covered under this policy.

### EXCLUSIONS

- No benefits will be paid for services or materials connected with, or charges arising from, orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Medical and/or surgical treatment of the eye(s) or supporting structures.
- Any eye or Vision Examination, or any corrective eye wear, required by an employer as a condition of employment.
- Services provided as a result of Worker's Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state, or subdivisions thereof.
- Plano (non-prescription) lenses, non-prescription sunglasses, or two pair of glasses in lieu of bifocals.
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next benefit period when vision materials next become available.

Member Maximum Ophthalmic Lens Add-On Liabilities <i>(Per Pair)</i>	
Polycarbonate (V2784)	\$ 35.00
UV Treatment (V2755)	\$ 15.00
Progressive Lens (V2781)	\$ 85.00
High Index (V2782, V2783)	\$ 50.00
Photochromatic / Transition (V2744)	\$ 40.00
Scratch Resistance (V2760)	\$15.00
Anti-Reflective Treatment (V2750)	\$ 40.00
Tint (Solid or Gradient) (V2745)	\$ 15.00
<b>80% of Usual and Customary for miscellaneous add-ons.</b>	



## Member Benefits Frequently Asked Questions

### Is it necessary that I give Community First Health Plans the name of the provider I have selected to receive my vision care services?

No. Unlike some benefit plans, it is not necessary to pre-select your provider or to give Community First Health Plans the name of your provider prior to receiving services. You need only to select your provider, make your appointment, and identify yourself as a CFHP Commercial member to the provider.

### Can I get my eye examination at one location and the materials at another?

Yes. However, each provider will need to make a call to Member Services to verify your eligibility.

### Do I need to obtain authorization prior to receiving services?

There are no preauthorization requirements prior to receiving services.

### Can I combine this insurance with sales offered by the provider?

Although this is not disallowed, most providers prohibit the combination of insurance plans with sales or discounts.

### Is there an Envolve website?

Yes, you will find the website at <https://visionbenefits.envolvehealth.com>. Information you will find on the website includes your plan design and an up-to-date listing of provider locations.

## HOW TO USE YOUR BENEFITS

### Do I need to show an ID card to the provider to receive my benefits?

Your CFHP Commercial ID card identifies you as a member and identifies the plan under which you are covered. We recommend that you show the provider your ID card. However, you may receive services without the ID card. Simply identify yourself as a CFHP Commercial member with proper personal identification, social security number, and the name of your employer. The provider will verify your eligibility and benefits.

### Do my covered dependents need to have ID cards?

No. To use the benefits it is not necessary for dependents to have personal ID cards. However, for member convenience, an individual personal CFHP ID card is issued to each covered member.

### Do I need to bring any forms with me to the provider?

No forms are required for services.

### Under what situations do I make payment directly to the provider?

You pay the provider for the following: Your plan copayment; any charges over and above your plan allowance; any ophthalmic lens add-ons; any service or item that is listed as non-covered by your routine vision plan.