

# Vision Plan Comparison: Envolve & EyeMed PY 2024

University Health offers two vision plans: **Envolve** and **EyeMed**.

Envolve is included with your medical benefits at no additional cost. EyeMed is available at an additional cost.

	Envolve visionbenefits.envolvehealth.com	EyeMed eyemed.com
	<b>Vision Care Benefits (In-Network)</b>	
<b>Comprehensive Annual Vision Exam</b>	\$10 copay	\$20 copay
<b>Frames</b>	\$0 copay (\$125 allowance)	\$0 copay with 20% off over \$140 allowance
<b>Standard Plastic Lenses (Single, Bifocal, Trifocal, Lenticular)</b>	\$0 copay (paid in full)	\$20 copay
<b>Lens Options/Add-ons:</b>		
<b>Progressive</b>	\$85 copay	Standard - \$20 copay Premium - 20% off retail price over \$120 allowance
<b>Polycarbonate</b>	\$35 copay	Over age 19 - \$40 copay (Standard) Under age 19 - \$0 copay (Standard)
<b>Photochromic/Transition</b>	\$40 copay	Over age 19 (non-glass) - 20% off retail Under age 19 (non-glass) - \$0 copay
<b>Scratch Resistant</b>	\$15 copay	\$15 copay (Standard plastic)
<b>Anti-Reflective Coating</b>	\$40 copay	\$45 copay (Standard)
<b>UV Treatment</b>	\$15 copay	\$15 copay
<b>Tint (Solid or Gradient)</b>	\$15 copay	\$15 copay
<b>High Index</b>	\$50 copay	20% off retail price
<b>Other Lens Options</b>	80% of usual customary	20% off retail price
<b>Contact Lenses Fitting &amp; Follow-up</b>	\$125 allowance (in lieu of glasses; allowance includes contact lens purchase)	Over age 19 - up to \$40 copay (Standard) Under age 19 - \$0 copay (Standard)
<b>Contact Lenses (Medically Necessary)</b>	Covered in full, in lieu of glasses	\$0 copay
<b>Contact Lenses (Elective) in lieu of glasses</b>	\$125 allowance (in lieu of glasses; allowance includes fitting & follow-up)	Disposable - \$140 allowance with \$0 copay Conventional - \$0 copay with 15% off balance over \$140 allowance
	<b>Plan Frequencies</b>	
<b>Vision Exam</b>	Once every calendar year	Once every calendar year (Twice every calendar year for children)
<b>Frames</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every other calendar year
<b>Lenses</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every calendar year (Twice every calendar year for children)
<b>Contact Lenses</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every calendar year
	<b>Additional Benefits</b>	
<b>Discounts</b>	Discounts on contacts, sunglasses, and eyeglasses available at FramesDirect.com	Online: Rayban.com, Glasses.com, ContactsDirect.com, SunglassHut.com Additional prescription pair - 40% off
<b>Non-Covered Items</b>	No discounts	20% off non-covered items
<b>Hearing Aids</b>	No discounts	Amplifon discounts - hearing aids and exams
<b>LASIK</b>	No discounts	15% off retail (5% off promo price) LASIK or PRK from U.S. Laser Network

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## EXCLUSIONS - ENVOLVE & EYEMED

- 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.

## LOCATE YOUR PROVIDER

### FIND A PROVIDER - ENVOLVE

1. Locate an in-network provider at <https://visionbenefits.envolvehealth.com> by entering the following information:

Find a Vision Provider

State Dropdown  
Texas

Plan Dropdown  
Community First Health Plans

Product Dropdown  
Community First Health Plans (Commercial)

SEARCH

2. Make an appointment with an in-network provider and show your Community First Member ID.
3. Your Envolve provider will take care of the rest.

### FIND A PROVIDER - EYEMED

1. Locate an in-network provider at [EyeMed.com](https://www.eyemed.com) by choosing the "Select" network, or download the mobile app to your phone.

Find an eye doctor

Search by location

Search by doctor

Network  
Select Network

USE MY LOCATION

2. Make an appointment with an in-network provider.
3. Your EyeMed provider will take care of the rest.

## Frequently Asked Questions

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

No. It is not necessary to pre-select your vision provider or to give Community First the name of the provider prior to receiving services. Just select your provider, make your appointment, and identify yourself as a Community First Member to the provider.

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

There are no pre-authorization requirements prior to receiving services.

### Can I get my eye examination with one provider and vision materials at another?

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

### 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.