

# Vision Plan Comparison: Envolve & EyeMed PY 2025

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 \$180 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 copay with 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 - \$180 allowance with \$0 copay Conventional - \$0 copay with 15% off balance over \$180 allowance
<b>Plan Frequencies</b>		
<b>Vision Exam</b>	Once every calendar year	Once every plan year (Twice every plan year for children)
<b>Frames</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every other plan year
<b>Lenses</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every plan year (Twice every plan year for children)
<b>Contact Lenses</b>	Once every 24 months (Contacts available in lieu of eyeglasses)	Once every plan year
<b>Additional Benefits</b>		
<b>Travel Assistance</b>	N/A	Provides temporary glasses if broken, stolen, or lost
<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 - Up to 66% off hearing aids
<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.engolvehealth.com> by entering the following information:

### Find a Vision Provider

State Dropdown

Plan Dropdown


Product Dropdown

2. Make an appointment with an in-network provider and show your Community First Member ID.
3. Your Engolve 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

[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.