

Routine Vision Member Benefits

Commercial HMO (PY 2026-2027)

ROUTINE VISION MEMBER BENEFITS INCLUDE:

Vision Exam: Eligible Members are entitled to one complete eye exam per 12-month period (based on enrollment date) from our network of optometrists and ophthalmologists at independent and retail locations.

Frames: Eligible Members are entitled to a \$125 retail value frame allowance every 24 months. If the frames exceed 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: Members who elect contact lenses in lieu of glasses are entitled to a \$125 allowance towards the fitting, follow-up, and contact lenses.

PLAN FREQUENCIES

- Exam once every 12 months
- Lenses, frames, and contacts once every 24 months (contacts available in lieu of eyeglasses)

COPAY

Exam: \$20

Hardware: \$0

Benefits	Network Doctor <i>(after copayment)</i>
Eye Exam	Paid in Full
Frames - Retail Value	\$125 allowance
Lenses (per pair)	
Single	Paid in Full
Bifocal	Paid in Full
Trifocal	Paid in Full
Lenticular	Paid in Full
Contact Lenses	
Fitting, follow-up, and lenses (in lieu of glasses)	\$125 allowance

UTILIZING YOUR BENEFITS

1. Locate a network provider at VisionBenefits.EnvolveHealth.com/FAP/CFHP
2. Select your network: Community First Health Plans (Commercial).
3. Update your location.
4. Use the Detailed Search and leave all fields blank to search all network providers. If you already have a provider, use the Quick Name Search to see if they are in network.
5. Call the network provider of your choice to make an appointment.

LIMITATIONS

Vision Exams and Vision Materials: Fees charged by a provider for services other than a 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. (Members should contact Community First Health Plans directly for medical/surgical coverage at 1-800-434-3247).
- 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
UV Treatment (V2755)	\$15
Progressive Lens (V2781)	\$85
High Index (V2782, V2783)	\$50
Photochromatic / Transition (V2744)	\$40
Scratch Resistance (V2760)	\$15
Anti-Reflective Treatment (V2750)	\$40
Tint (Solid or Gradient) (V2745)	\$15
80% of usual and customary for miscellaneous add-ons.	



Vision Benefits: Frequently Asked Questions

Is it necessary that I give Community First Health Plans the name of the provider I have selected in order 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 Community First 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.

HOW TO USE YOUR BENEFITS

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

Your Community First Member ID card identifies you as a Member and the plan under which you are covered. We recommend that you show the provider your ID card. However, you may receive services without your ID card. Simply identify yourself as a Community First Commercial Member with 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. Dependents do not need to have personal ID cards to use their benefits. However, for Member convenience, a Community First Member 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 a 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 not covered by your vision plan.