

Vision Insurance

CHL offers one vision plan through EyeMed. The plan allows you to use in-network or out-of-network benefits. If out-of-network providers are used, you will be responsible to pay the difference between EyeMed's allowed amount and what the provider may charge, also known as "balance billing." The chart below provides a brief overview of the plan.

EyeMed

1-866-939-3633

www.eyemed.com

Select Network

Plan Year: January 1 – December 31, 2026	EYEMED PARTICIPATING DOCTORS	OUT-OF-NETWORK
EYE EXAM	Every 12 months	
	\$10 copay	Up to \$30
CLEAR STANDARD LENSES	Every 12 months	
Single Vision	\$25 copay	Up to \$25
Bifocal Lenses	\$25 copay	Up to \$40
Trifocal Lenses	\$25 copay	Up to \$60
Lenticular Lenses	\$25 copay	Up to \$60
LENS OPTIONS	Every 12 months	
UV Coating	\$15 copay	\$0
Tint	\$15 copay	\$0
Scratch Resistant	\$15 copay	\$0
Polycarbonate	\$40 copay	\$0
FRAMES	Every 24 months	
	\$25 copay (\$120 allowance)	Up to \$60
CONTACT LENSES	Every 12 months	
Elective	\$135 allowance	Up to \$108
Medically Necessary	\$0	Up to \$200
Weekly Cost for Coverage	VISION/DENTAL RATE (if combined with Medical)	VISION ONLY RATE (if purchased without Medical)
Employee Only	\$3.12	\$.92
Employee + Spouse	\$5.83	\$1.75
Employee + Child(ren)	\$5.49	\$1.84
Employee + Family	\$8.50	\$2.70