Vision insurance

VISION PLAN **EyeMed** Select network

CHL offers one vision plan through EyeMed with in-network and out-of-network benefits. Out-of-network, you may owe the difference between EyeMed's allowance and what the provider charges.

Vision benefit	EyeMed participating providers	Out-of-network reimbursement
EYE EXAM • EVERY 12 MONTHS		
Eye exam	$10 copay	Up to $30
CLEAR STANDARD LENSES • EVERY 12 MONTHS		
Single vision	$25 copay	Up to $25
Bifocal	$25 copay	Up to $40
Trifocal or lenticular	$25 copay	Up to $60
LENS OPTIONS • EVERY 12 MONTHS		
UV coating, tint or scratch-resistant	$15 copay	—
Polycarbonate	$40 copay	—
FRAMES • EVERY 24 MONTHS		
Frames	$25 copay; $120 allowance	Up to $60
CONTACT LENSES • EVERY 12 MONTHS		
Elective	$135 allowance	Up to $108
Medically necessary	$0	Up to $200

EyeMed | **1-866-939-3633** | **www.eyemed.com**

