

Chicago Federation of Musicians 2026 Vision Summary & Rates

Network Benefits	United Healthcare
Well Vision Exam Copay	\$10
Exam Frequency	12 Months
Materials Copay (Frames & Standard Lenses)	\$10
Network Frame Allowance	\$150
Network Elective Contacts Allowance	\$150
Elective Contacts Fitting Copay	Up to \$40
Necessary Contacts	Up to \$65, including fitting
Lenses Frequency	12 Months
Covered in Full Lense Enhancements	Standard Scratch Coating & Polycarbonate Lenses for Children up to Age 19
Lense Enhancements	See Benefit Summary for Estimates
Frames Frequency	24 Months
MONTHLY COST	
Member Only	\$8
Member and Spouse	\$16
Member and Children	\$15
Family	\$23