Carrier Name: Eye Med

Plan Name: County of Yuba

In-Network Eye Exam: $25

Out-of-Network Eye Exam: Up to $40

In-Network Single Vision Lens: $0

Out-of-Network Single Vision Lens: Up to $30

In-Network Lined Bi-Focal Lens: $0

Out-of-Network Lined Bi-Focal Lens: Up to $50

In-Network Lined Tri-Focal Lens: $0

Out-of-Network Lined Tri-Focal Lens: Up to $70

In-Network Lenticular Lens: $0

Out-of-Network Lenticular Lens: Up to $70

In-Network Contact Lens Allowance: $105

Out-of-Network Contact Lens Allowance: Up to $74

In-Network Frame Allowance: $100

Out-of-Network Frame Allowance: Up to $70

Exam Frequency: Once every 12 months

Lens Frequency: Once every 12 months

Frame Frequency: Once every 24 months

Out of Network Explanation:

Plan Year:

Network Name:

Member Website: eyemed.com

Customer Service Phone Number: 866.804.0982