Carrier Name: Eye Med

Plan Name: Tower Semiconductor – Union

In-Network Eye Exam: $10

Out-of-Network Eye Exam: Up to $42

In-Network Single Vision Lens: $20

Out-of-Network Single Vision Lens: Up to $35

In-Network Lined Bi-Focal Lens: $20

Out-of-Network Lined Bi-Focal Lens: Up to $49

In-Network Lined Tri-Focal Lens: $20

Out-of-Network Lined Tri-Focal Lens: Up to $74

In-Network Lenticular Lens: $20

Out-of-Network Lenticular Lens: Up to $74

In-Network Contact Lens Allowance: $120

Out-of-Network Contact Lens Allowance: Up to $96

In-Network Frame Allowance: $130

Out-of-Network Frame Allowance: Up to $60

Exam Frequency: Once every 12 months from the date of service

Lens Frequency: Once every 12 months from the date of service

Frame Frequency: Once every 24 months from the date of service

Out of Network Explanation:

Plan Year:

Network Name:

Member Website: eyemed.com

Customer Service Phone Number: 866.804.0982