Carrier Name: Eye Med

Plan Name: State of Tennessee - Basic Plan

In-Network Eye Exam: $10

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

In-Network Single Vision Lens: $20

Out-of-Network Single Vision Lens: Up to $55

In-Network Lined Bi-Focal Lens: $20

Out-of-Network Lined Bi-Focal Lens: Up to $55

In-Network Lined Tri-Focal Lens: $20

Out-of-Network Lined Tri-Focal Lens: Up to $55

In-Network Lenticular Lens: $20

Out-of-Network Lenticular Lens: Up to $90

In-Network Contact Lens Allowance: $105

Out-of-Network Contact Lens Allowance: Up to $75

In-Network Frame Allowance: $105

Out-of-Network Frame Allowance: Up to $55

Exam Frequency: Once every calendar year

Lens Frequency: Once every calendar year

Frame Frequency: Once every 2 calendar years

Out of Network Explanation:

Plan Year:

Network Name:

Member Website: eyemed.com

Customer Service Phone Number: 866.804.0982