

Vision Insurance

Bracalente offers one PPO vision plan through EyeMed, which offers both in-network and out-of-network coverage.

EyeMed

1-866-800-5457

www.eyemed.com

Plan Year: January 1 – December 31, 2026

VISION PLAN

IN-NETWORK	
EYE EXAM	Every 12 months \$10 copay
LENSES	Every 24 months
Single Vision, Bifocal, or Trifocal	\$25 copay
Standard Progressive Lenses	\$90 copay
Premium Progressive Lenses	\$110 - \$135 copay
Lenticular	\$25 copay
FRAMES	Every 24 months
Extra \$20 on featured frame brands	\$0 copay; \$100 allowance; \$20 off balance over \$100
CONTACT LENSES	Every 12 months
Conventional	\$100 allowance + 15% discount over \$100
Disposable	\$100 allowance + balance over \$100
Medically Necessary	\$0 copay
OUT-OF-NETWORK – Refer to Summary of Benefits and Coverage at www.bracbenefits.com/legal	
WEEKLY COST FOR VISION COVERAGE	
Employee Only	\$0.96
Employee + Spouse	\$1.82
Employee + Child(ren)	\$1.91
Employee + Family	\$2.81