Vision insurance

VISION PLAN **EyeMed** PPO



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

In-network vision benefit	Member cost / allowance	Frequency
Eye exam	$10 copay	Every 12 months
Single vision, bifocal, trifocal or lenticular lenses	$25 copay	Every 24 months
Standard progressive lenses	$90 copay	Every 24 months
Premium progressive lenses	$110 - $135 copay	Every 24 months
Frames	$0 copay; $100 allowance; 20% off balance over $100 (extra $20 on featured frame brands)	Every 24 months
Contact lenses: conventional	$100 allowance; 15% off balance over $100	Every 12 months
Contact lenses: disposable	$100 allowance; balance over $100	Every 12 months
Contact lenses: medically necessary	$0 copay	Every 12 months

EyeMed | 1-866-800-5457 | **www.eyemed.com** | Out-of-network: see the Summary of Benefits and Coverage at **www.bracbenefits.com/legal**