

# YOUR VISION BENEFIT

This is your Full Benefits Summary.  
Please bring it with you to your  
appointment. If you need any  
assistance, please call 646.453.2965 .

## Additional Eyewear Discounts:

30% discount will apply to services  
outside the plan such as non-covered  
lens options & treatments for members  
and/or dependents. GVS also provides  
a 30% discount off a complete second  
and third pair of eyeglasses. Second  
and third pair discounts must be  
purchased at the same time as the  
insured pair. Offer not available at  
nation retail locations.

## For Eligibility and to Utilize Your Vision Benefit:

Simply call any of the listed  
providers for a convenient eye exam  
appointment.

Any additional services that surpass  
the benefit are the responsibility of the  
patient.

Please visit our website  
**generalvision.com** and enter  
your benefit number (8050) to  
receive a complete list of all  
your vision benefits.



Tell us how  
we're doing:  
**generalvision.  
com/survey**

| VISION BENEFITS                                                    | CO-PAYS         |
|--------------------------------------------------------------------|-----------------|
| <b>EYE EXAMINATION</b>                                             | Every 12 Months |
| Exam (including dilation when professional indicated)              | Covered in full |
| <b>FRAME ALLOWANCE</b>                                             | Every 12 Months |
| GVS Classic Collection <sup>1</sup>                                | Covered in full |
| GVS Metropolitan Collection <sup>1</sup>                           | Covered in full |
| GVS Premier Collection <sup>1</sup>                                | Covered in full |
| Non-Collection Frame                                               | \$100 allowance |
| <b>SPECTACLE LENSES</b>                                            | Every 12 Months |
| Single Vision                                                      | Covered in full |
| Bifocal                                                            | Covered in full |
| Trifocal                                                           | Covered in full |
| Oversize                                                           | Covered in full |
| Standard Progressive                                               | \$50 co-pay     |
| Premium Progressive                                                | \$80 co-pay     |
| Deluxe Progressive                                                 | \$120 co-pay    |
| <b>MATERIALS</b>                                                   | Every 12 Months |
| Plastic                                                            | Covered in full |
| Polycarbonate                                                      | \$30 co-pay     |
| Hi-Index                                                           | \$55 co-pay     |
| <b>COATINGS</b>                                                    | Every 12 Months |
| Scratch Resistant                                                  | Covered in full |
| Cosmetic or Sunglass Tint                                          | Covered in full |
| Ultra Violet                                                       | Covered in full |
| Anti-reflective Standard                                           | \$40 co-pay     |
| Anti-reflective Premium                                            | \$90 co-pay     |
| Polarized                                                          | \$95 co-pay     |
| Plastic Photosensitive Single Vision                               | \$65 co-pay     |
| Plastic Photosensitive Bifocal                                     | \$95 co-pay     |
| <b>CONTACT LENSES</b> (in lieu of frame and spectacle lenses)      | Every 12 Months |
| Plan Contact Lenses <sup>2,3</sup>                                 | Up to 6 months  |
| Plan Contact Evaluation, Fitting & follow-Up Visits <sup>2,3</sup> | Covered in full |
| Non-Plan Contact Lenses (In Lieu of Plan Contacts)                 | \$100 allowance |
| Non-Plan Contact Evaluation, Fitting & follow-Up Visits            | \$50 co-pay     |

Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

1 The GVS Private Collection is available at most participating New York provider locations. The GVS Private Collection is subject to change.

2 At GVS proprietary network. Copay and lens options may vary at Out of Area locations.

3 Menicon monthly disposables; excludes all other brands and types of contacts.

Please note: Your provider reserves the right to not dispense materials until all member costs, fees, and co-payments have been collected.

GO TO: **generalvision.com** AND DOWNLOAD THE **GVS App**

simply enter your Benefit Number 8050 to:

- **FIND A PROVIDER**
- **SCHEDULE AN APPOINTMENT• REVIEW YOUR BENEFITS**
- **VIEW VIRTUAL ID CARD**

or call **800.VISION.1** for more information



**Search GVS in the App store  
and Register with 8050 Now!  
(IOS or Android Only)**

#### DISCOVER THE VALUE OF YOUR VISION BENEFITS

| GVS PLAN                                       | SERVICE                       | AVERAGE RETAIL COST                                        |
|------------------------------------------------|-------------------------------|------------------------------------------------------------|
| INCLUDED                                       | Eye Examination               | \$60                                                       |
| INCLUDED                                       | GVS Private Collection Retail | \$325                                                      |
| \$50                                           | Standard Progressive Lenses   | \$195                                                      |
| INCLUDED                                       | UV Coating                    | \$25                                                       |
| <b>\$50</b><br>MEMBER COST<br>WITH GVS BENEFIT |                               | <b>\$605</b><br>AVERAGE RETAIL COST<br>WITHOUT GVS BENEFIT |

### VALUE ADDED SAVINGS

#### Mail Order Contact Lenses

Receive up to 20% off every contact lens purchase with WebEyeCare. Call (888) 250-2204 or visit [generalvision.com/member](http://generalvision.com/member) scroll down to the WebEyeCare section and click on 'learn more' to enter the site.

#### Hearing Program

NationsHearing® provides significant discounts on many hearing devices offered in the industry.

Call 800-480-0558 or Visit [generalvision.com](http://generalvision.com), click on the GVS Perks tab and select Nations Hearing Program.

#### LASIK

Members save 20-35% on LASIK with QualSight at more than 800 locations nationwide. Savings also available on newer technologies such as Custom Bladeless (all laser) LASIK.

#### Additional Savings

A 30% discount will apply to services outside the plan such as non-covered lens options & treatments for members and/or dependents. GVS also provides a 30% discount off a complete second and third pair of eyeglasses.

Contact us at: [generalvision.com](http://generalvision.com) or 800.VISION.1

#### Are there any exclusions to the vision benefits?

- Contact lenses and eyeglasses in the same benefit cycle
- Non-collection frame allowance cannot be applied to all frame brands (i.e. Meta, Cartier, Dita)
- Your vision plan does not cover medical treatment of eye disease or injury
- Vision therapy
- Special lens designs or coatings, other than those described herein
- Replacement of lost eyewear
- Non-prescription (plano) lenses
- Services not performed by licensed personnel
- Two pair of eyeglasses in lieu of bifocals
- Colored contacts
- Executive bifocals are not offered as a bifocal option
- 30% discount not available at national retail locations

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**GVS Corporate  
Headquarters**



**@gvsbenefits**



**General Vision  
Services**



Account: 8050 Print Amount: 1