GVS GENERAL® VISION SERVICES

a nations vision brand

DRIVERS VISION BENEFIT # 8050

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.

VISION BENEFITS	CO-PAYS
EYE EXAMINATION	Every 12 Months
Exam (including dilation when professional indicated)	Covered in full
FRAME ALLOWANCE	Every 12 Months
GVS Classic Collection [1]	Covered in full
GVS Metropolitan Collection [1]	Covered in full
GVS Premier Collection [1]	Covered in full
Non-Collection Frame	$100 allowance
SPECTACLE LENSES	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
MATERIALS	Every 12 Months
Plastic	Covered in full
Polycarbonate	$30 co-pay
Hi-Index	$55 co-pay
COATINGS	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
CONTACT LENSES (in lieu of frame and spectacle lenses)	Every 12 Months
Plan Contact Lenses [2 3]	Up to 6 months
Plan Contact Evaluation, Fitting & follow-Up Visits [2 3]	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.

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

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**
$50 MEMBER COST WITH GVS BENEFIT		**$605** AVERAGE RETAIL COST 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 scroll down to the WebEyeCare section and click on 'learn more' to enter the site.

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 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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General Vision Services

OPEIU Local 153

Account: 8050 Print Amount: 1