



# YOUR VISION BENEFIT

This is your Full Benefits Summary. Please bring it with you to your appointment. If you need any assistance, please call 888-645-7528.

**Additional Eyewear Discounts:**  
30% off any complete pair of glasses for you or family members not covered by your plan.

**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 note: If you chose to receive services at a Visionworks and they are not listed on your provide locate or you do not have a location within 20 miles, please feel free to use them and submit your receipt to [DEAmembers@gvsbenefits.com](mailto:DEAmembers@gvsbenefits.com). You will be reimbursed in full less any applicable copayments.

Please visit our website [generalvision.com](http://generalvision.com) and enter your benefit number (6101) to receive a complete list of all your vision benefits.



Tell us how we're doing:  
[generalvision.com/survey](http://generalvision.com/survey)

VISION BENEFITS	WITHIN NY	NATIONAL
<b>EYE EXAMINATION</b>	Every 12 Months	Every 12 Months
Eye Exam (including dilation when professionally indicated)	Included	\$35 co-pay outside NY
<b>EYEGLASSES</b>	Every 12 Months	Every 12 Months
Co-payment	Included	Included
<b>FRAME ALLOWANCE</b>		
GVS Classic Collection **	Included	N/A**
GVS Metropolitan Collection **	Included	N/A**
GVS Premier Collection **	Included	N/A**
Non-Collection Frame	\$100 Allowance	\$100 Allowance
<b>SPECTACLE LENSES</b>		
Single Vision	Included	Included
Bifocal	Included	Included
Trifocal	Included	Included
Oversize	Included	Included
GVS Progressive (at gvs locations only)	\$25 co-pay	\$25 co-pay
Standard Progressive	\$50 co-pay	\$50 co-pay
Premium Progressive	\$80 co-pay	\$80 co-pay
Deluxe Progressive	\$130 co-pay	\$130 co-pay
<b>MATERIALS</b>		
Plastic	Included	Included
Polycarbonate for dependent children (up to age 16)	Included	Included
Polycarbonate	\$30 co-pay	\$30 co-pay
High-Index	\$55 co-pay	\$55 co-pay
High-Index - 1.74	\$120 co-pay	\$120 co-pay
<b>COATINGS</b>		
Tints	Included	Included
Ultra Violet	Included	Included
Scratch Resistant Coating - Single Vision	Included	Included
Scratch Resistant Coating - MultiFocal	Included	Included
Plastic Photosensitive Lenses	\$65 co-pay	\$65 co-pay
Polarized	\$60 co-pay	\$60 co-pay
Anti-reflective - Standard Coating	\$33 co-pay	\$33 co-pay
Anti-reflective - Premium Coating	\$48 co-pay	\$48 co-pay
Anti-Reflective - Ultra Coating	\$60 co-pay	\$60 co-pay
Blue Light Filtering	\$25 co-pay	\$25 co-pay
<b>CONTACT LENSES (In Lieu of Eyeglasses)</b>	Every 12 Months	Every 12 Months
Plan Contact lenses**	Up to 12 month supply	Up to 12 month supply
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	Included	Included
Non-Plan Contact Lens (excluding colored)	\$100 Allowance	\$100 Allowance
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	\$50 co-pay	\$50 co-pay

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

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



When you take advantage of your vision benefits, we'll donate a pair of glasses to someone in need.

**SCHEDULE AN APPOINTMENT + USE YOUR BENEFIT = GVS DONATES GLASSES**

# GO TO: [generalvision.com](http://generalvision.com) AND DOWNLOAD THE **GVS App**

simply enter your Benefit Number 6101 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 6101 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	\$300
INCLUDED	Standard Progressive Lenses	\$195
INCLUDED	UV Coating	\$25

**\$0**

MEMBER COST WITH GVS BENEFIT

**\$580**

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](http://generalvision.com/member) scroll down to the WebEyeCare section and click on 'learn more' to enter the site.

### Hearing Program

GVS has partnered with NationsHearing® to give members the tools they need to manage their hearing health.

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?

- 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
- Contact lenses and eyeglasses in the same benefit cycle
- Services not performed by licensed personnel
- Two pair of eyeglasses in lieu of bifocals
- Colored contacts

### Follow us on:



GVS Corporate Headquarters



@gvsbenefits



General Vision Services

