

YOUR VISION BENEFIT

This is your Full Benefits Summary. Please bring it with you to your appointment. If you need any assistance, please call 800-VISION-1.

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.

* For locations outside of New York, a co-pay for an eye exam may apply.

Please visit our website **generalvision.com** and enter your benefit number (8067) to receive a complete list of all your vision benefits.



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

VISION BENEFITS	
EYE EXAMINATION	Once every 12 months
Eye Exam (including dilation when professionally indicated)	Included
EYEGLASSES	
Co-payment	Included
FRAME ALLOWANCE	Once every 12 months
GVS Classic Collection * (Up to \$100)	Included
GVS Metropolitan Collection * (\$120-\$200)	Included
GVS Premier Collection * (\$225-\$325)	\$45 co-pay
Non-Collection Frame	\$100 allowance
SPECTACLE LENSES	Once every 12 months
Single Vision	Included
Bifocal	Included
Trifocal	Included
Oversize	Included
GVS Progressives	Included
Standard Progressives	\$50
Premium Progressive	\$80
Deluxe Progressive	\$120
MATERIALS	Once every 12 months
Plastic	Included
Polycarbonate for dependent children (up to age 16)	Included
Polycarbonate	\$30
High-Index	\$55
COATINGS	Once every 12 months
Tints	Included
Ultra Violet	Included
Scratch Resistant	Included
Plastic Photosensitive (single vision)	\$65
Plastic Photosensitive (bifocal)	\$95
Polarized	\$95
Anti-reflective Standard Coating	\$40
Anti-reflective Premium Coating	\$90
CONTACT LENSES (In Lieu of Eyeglasses)	Once every 12 months
Plan Contact lenses	Up to 3 months
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	Included
Non-Plan Contact Lens (excluding colored)	\$100 allowance
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	\$50

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. If you choose an out-of-network provider, reimbursement will be \$20 for an examination and \$80 for materials.

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



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

simply enter your Benefit Number 8067 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 8067 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	\$200
INCLUDED	Standard Progressive Lenses	\$195
INCLUDED	UV Coating	\$25
\$0 MEMBER COST WITH GVS BENEFIT		\$480 AVERAGE RETAIL COST WITHOUT GVS BENEFIT

VALUE ADDED SAVINGS

Hearing Program

General Hearing Services (GHS), a division of GVS, is proud to offer affordable hearing devices and services designed to provide maximum value at minimum cost (up to 50% savings on hearing devices).

Additional Savings

30% off additional eyewear or items not covered under your optical 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.

For More Details

About your vision benefits, or more information about GVS, please log on to our member website generalvision.com or contact us at 800.VISION.1.

* 30% off 2nd pairs is not applicable at National Retailer locations.

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

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Headquarters**



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**General Vision
Services**



Account: 8067 Print Amount: 1