



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 use a Visionworks location not listed on the provider locator, just submit your receipts to DEAmember@gvsbenefits.com for full reimbursement minus any co-payments.

If there isn't a location within 20 miles of your home, use any provider you choose and send your receipts to DEAmember@gvsbenefits.com for full reimbursement minus any co-payments.

Please visit our website 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

VISION BENEFITS	METRO NY	NATIONAL
EYE EXAMINATION	Every 12 Months	Every 12 Months
Eye Exam (including dilation when professionally indicated)	Included	\$35 co-pay outside NY
EYEGLASSES	Every 12 Months	Every 12 Months
Co-payment	Included	Included
FRAME ALLOWANCE	Every 12 Months	Every 12 Months
GVS Collection Frame **	Included	**
Non-Collection Frame	\$100 Allowance	\$100 Allowance
SPECTACLE LENSES	Every 12 Months	Every 12 Months
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
MATERIALS	Every 12 Months	Every 12 Months
Plastic	Included	Included
Polycarbonate for dependent children (up to age 19)	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
COATINGS	Every 12 Months	Every 12 Months
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
CONTACT LENSES (In Lieu of Eyeglasses)	Every 12 Months	Every 12 Months
Plan Contact lenses (including evaluation, fitting & followup visits) **	Up to a 12 month supply	**
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
OUT-OF-NETWORK		
Reimbursement	Up to \$100	Up to \$100

Some limitations apply to additional discounts, discounts not applicable at all in-network providers. 2nd and 3rd pairs are available for a \$65 copayment. Benefit will then follow for the additional pairs.

**GVS Private Frame Collection and Plan Contact lenses are covered in full and available at GVS Metro NY locations. See website for further details - generalvision.com



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 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	\$200
\$50	Standard Progressive Lenses	\$195
INCLUDED	UV Coating	\$25
\$50 MEMBER COST WITH GVS BENEFIT		\$480 AVERAGE RETAIL COST WITHOUT GVS BENEFIT

VALUE ADDED SAVINGS

One Year Breakage Warranty

Repair or replacement of your plan covered spectacle lenses or Collection frame.

LASIK

DEA Members now pay \$1,770 per eye for Custom Bladeless LASIK with QualSight at more than 800 locations nationwide. Savings also available on newer technologies such as Custom Bladeless (all laser) LASIK. Call 888.704.2185

Mail Order Contact Lenses

Receive 15% off every contact lens purchase using code: GVS15OFF with 1800AnyLens. Call 833.426.7536 or visit 1800anylens.com.

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).

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.

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 (piano) 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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