



# 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](mailto: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](mailto:DEAmember@gvsbenefits.com) for full reimbursement minus any co-payments.

Please visit our website [generalvision.com](http://generalvision.com) and enter your benefit number (6102) 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	METRO 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	\$20 co-pay	\$20 co-pay
<b>FRAME ALLOWANCE</b>	Every 12 Months	Every 12 Months
GVS Collection Frame **	Included	**
Non-Collection Frame	\$100 Allowance	\$100 Allowance
<b>SPECTACLE LENSES</b>	Every 12 Months	Every 12 Months
Single Vision	Included	Included
Bifocal	Included	Included
Trifocal	Included	Included
Oversize	Included	Included
GVS Progressives (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>	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
<b>COATINGS</b>	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
<b>CONTACT LENSES (In Lieu of Eyeglasses)</b>	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
<b>OUT-OF-NETWORK</b>		
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 \$90 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](http://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

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

simply enter your Benefit Number 6102 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 6102 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
<b>\$50</b> MEMBER COST WITH GVS BENEFIT		<b>\$480</b> 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](http://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 (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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GVS Corporate Headquarters



@gvsbenefits



General Vision Services

