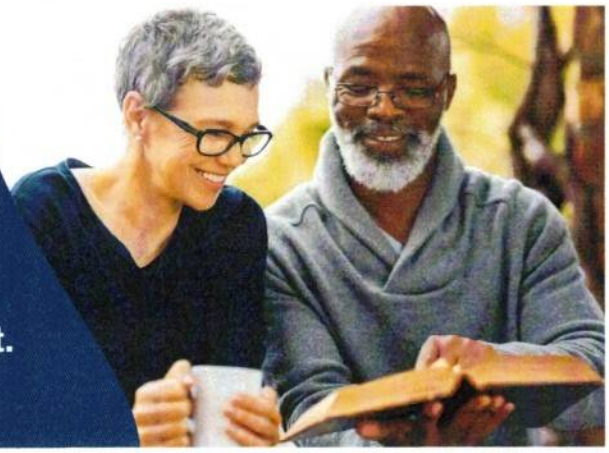
Your GVS Vision Coverage

With GVS and COBANC, your vision comes first.



Value And Savings You Love
Save on eyewear and eye care when you see a GVS network provider.

Quality Vision Care You Need
You'll get great care from a GVS network provider. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

National Vision Network
Our national network has been built with you in mind! Having a balanced mix of independent and retail ophthalmologists, optometrists, and opticians makes it easy to find the right provider for your eye care needs. America's Best, Visionworks, Cohen's Fashion Optical, Sterling Optical and Optical Outlets are just a few of the major retailers who participate with GVS.

National Hearing Discount Program
NationsHearing is proud to offer affordable hearing devices and services designed to provide maximum value at minimum cost. Members receive a no-cost comprehensive hearing evaluation in addition to our significant savings on hearing devices.

GVS | GENERAL VISION SERVICES

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Using your benefit is easy!
Create an account on generalvision.com using your benefit # 7521 / 7522 / 7533 to view your in-network coverage, find the GVS network provider who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have GVS.

America's Best · Visionworks · Cohen's Fashion Optical · Target Optical · Pearle Vision · Optical Outlets (Your Best Buy In Sight)

DISCOVER THE VALUE OF YOUR VISION BENEFITS

GVS PLAN	SERVICE	AVERAGE RETAIL COST
INCLUDED	Eye Examination	$60
INCLUDED	GVS Frame Allowance	$325
INCLUDED	GVS Standard Progressive Lenses	$200
INCLUDED	Standard Scratch Coating	$25
INCLUDED	UV Coating	$25

$0
MEMBER COST WITH GVS BENEFIT

$635
AVERAGE RETAIL COST WITHOUT GVS BENEFIT

Have any questions? Contact us at 646.453.2909 or generalvision.com

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COBANC
BENEFIT # 7521 / 7522 / 7533

YOUR VISION BENEFIT

This is your Full Benefits Summary. Please bring it with you to your appointment. If you need any assistance, please call 646-453-2909.

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 (7521/7522/7533) to receive a complete list of all your vision benefits.

VISION BENEFITS	
EYE EXAMINATION	Once Every 12 Months
Eye Exam (including dilation when professionally indicated)	Included
EYEGLASSES	Once Every 12 Months
Co-payment	Included
FRAME BENEFIT	Once Every 12 Months
GVS Classic Collection [1]	Included
GVS Metropolitan Collection [1]	Included
GVS Premier Collection [1]	Included
Non-Collection Frame (In Lieu of Collection Frame)	$150 allowance
SPECTACLE LENSES	Once Every 12 Months
Single Vision	Included
Bifocal	Included
Trifocal	Included
Oversize	Included
GVS Progressive	Included
Standard Progressive	$75 co-pay
Premium Progressive	$105 co-pay
Deluxe Progressive	$145 co-pay
MATERIALS	Once Every 12 Months
Plastic	Included
Polycarbonate	Included
Hi-Index	$55 co-pay
COATINGS	Once Every 12 Months
Tints	Included
Ultra Violet	Included
Scratch Resistant	Included
Plastic Photosensitive	$65 co-pay
Polarized	$75 co-pay
Anti-reflective - Standard Coating	$35 co-pay
Anti-reflective - Premium Coating	$48 co-pay
Anti-reflective - Ultra Coating	$60 co-pay
CONTACT LENSES (In Lieu of Eyeglasses)	Once Every 12 Months
Plan Contact Lenses [2]	Up to 12 months
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits [2]	Included
Non-Plan Contact Lens (excluding colored)	$150 allowance
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	$50 co-pay

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

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 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.