

# NEW GVS Vision Coverage

With GVS and Local 211 IUOE Retirees, your vision comes first.



Enroll in GVS Vision Care to get access to savings and personalized vision care from a GVS network provider for you and your family.

## 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

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. Members receive a no-cost comprehensive hearing evaluation and a \$2500 allowance (once every 3 years), on hearing devices.



## Using your benefit is easy!

Create an account on [generalvision.com](http://generalvision.com) using your benefit # 7549 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.



## DISCOVER THE VALUE OF YOUR VISION BENEFITS

GVS PLAN	SERVICE	AVERAGE RETAIL COST
INCLUDED	Eye Examination	\$50
INCLUDED	GVS Frame Allowance	\$325
INCLUDED	GVS Standard Progressive Lenses	\$195
INCLUDED	Premium Anti-Reflective Coating	\$127
INCLUDED	Polycarbonate	\$120
INCLUDED	Scratch Resistant Coating	\$32
INCLUDED	UV Coating	\$25
<b>\$0</b> MEMBER COST WITH GVS BENEFIT		<b>\$849</b> AVERAGE RETAIL COST WITHOUT GVS BENEFIT

Enroll through your employer today.  
Contact us: 800.VISION.1 or [generalvision.com](http://generalvision.com)

# 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 (7549) to receive a complete list of all your vision benefits.



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

VISION BENEFIT	
<b>EYE EXAMINATION</b>	Every 12 Months
Eye Exam	Included
<b>FRAME ALLOWANCE</b>	Every 12 Months
GVS Classic Collection <sup>1</sup>	Included
GVS Metropolitan Collection <sup>1</sup>	Included
GVS Premier Collection <sup>1</sup>	Included
Non-Collection Frame (In Lieu of Collection Frame) <sup>2</sup>	\$200 allowance
<b>SPECTACLE LENSES</b>	Every 12 Months
Single Vision	Included
Bifocal	Included
Trifocal	Included
Oversize	Included
GVS Standard Progressive	Included
Standard Progressive	\$50 co-pay
Premium Progressive	\$80 co-pay
Deluxe Progressive	\$120 co-pay
<b>MATERIALS</b>	Every 12 Months
Plastic	Included
Polycarbonate for kids (up to 16 years of age)	Included
Polycarbonate	\$30 co-pay
Hi-Index	\$55 co-pay
<b>COATINGS</b>	Every 12 Months
Cosmetic or Sunglass Tint	Included
Ultra Violet	Included
Scratch Resistant	Included
Anti-reflective Standard Coating	Included
Anti-reflective Premium Coating	\$90 co-pay
Plastic Photosensitive Lenses (single vision)	\$65 co-pay
Plastic Photosensitive Lenses (bifocal)	\$80 co-pay
Polarized	\$95 co-pay
Blue Light Filtering	\$25 co-pay
<b>CONTACT LENSES (In Lieu of Eyeglasses)</b>	Every 12 Months
Plan Contact Lenses <sup>3</sup>	Up to 12 months
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits <sup>3</sup>	Included
Non-Plan Contact Lens (excluding colored)	\$200 allowance
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	\$50 co-pay

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

<sup>1</sup>The GVS Private Collection is available at most participating New York provider locations. The GVS Private Collection is subject to change. National retailers do not carry the GVS Collection.

<sup>2</sup> \$200 allowance toward your balance at National Retailer locations..  
30% off 2nd pairs is not applicable at National Retailer locations.

<sup>3</sup> At GVS Proprietary network only.

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**