

YOUR VISION BENEFIT



ACTIVE FACULTY / GUILD & RETIREE ENHANCED PLAN BENEFIT #6120 / 6121 / 6122 / 6123 / 6129 / 6130 / 6131

1. WHAT YOU GET:

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

For Eligibility and to Utilize Your Vision Benefit: Simply call any of the listed

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.

VISION BENEFITS SUMMARY

Description	Co-pays
EXAMINATION *	
Includes Tonometry	INCLUDED
FRAMES	
Up to \$300 within the GVS Collection	INCLUDED
Non Covered Frame	U&C less \$300
LENSES	
Single Vision	INCLUDED
Flat Top FT28 & FT35	INCLUDED
TriFocals	INCLUDED
Blended Bifocal	INCLUDED
Standard Progressive	INCLUDED
GVS Progressive	INCLUDED
Oversize	INCLUDED
Premium Progressive	\$80.00 co-pay
Deluxe Progressive	\$120.00 co-pay
MATERIALS	
Plastic	INCLUDED
Polycarbonate for children 16 and under	INCLUDED
Polycarbonate	INCLUDED
COATINGS	
Anti-reflective Standard Coating	INCLUDED
Scratch Resistant Coating	INCLUDED
Cosmetic or Sunglass Tint	INCLUDED
Ultra Violet Coating	INCLUDED
Blue Light Filtering	\$25.00 co-pay
Anti-reflective Premium Coating	\$90.00 co-pay
Polarized SV	\$75.00 co-pay
CONTACTS	
Colored Contact Lenses are NOT included	
Fitting and Dispensing Included for the following Lenses	INCLUDED
Spherical Disposables- 12 month supply	INCLUDED
Non-Covered Contacts	U&C less \$250
Non-Covered Contact Lens Fitting Fee	\$50.00 co-pay

LENS BENEFITS CO-PAYS

MATERIALS/HI-INDEX LENSES	
Hi Index Single Vision	\$55.00 co-pay
PLASTIC PHOTOSENSITIVE LENSES	
Plastic Photosensitive Bifocal	\$80.00 co-pay
Plastic Photosensitive Single Vision	\$65.00 co-pay
Transitions	\$150.00 co-pay

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

2. HOW YOU BENEFIT:

DISCOVER THE VALUE OF YOUR VISION BENEFITS			
GVS PLAN	SERVICE	AVERAGE RETAIL COST	
INCLUDED	Eye Examination	\$60	
INCLUDED	GVS Designer Collection Retail	\$300	
INCLUDED	Standard Progressive Lenses	\$195	
INCLUDED	Bifocal Lenses	\$129	
INCLUDED	Cosmetic or Sunglass Tint	\$30	
INCLUDED	UV Coating	\$25	



GO TO: generalvision.com AND DOWNLOAD THE GVS App

simply enter your Benefit Number 6120 / 6121 / 6122 / 6123 / 6129 / 6130 / 6131 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 your benefit number now! (IOS or Android Only)

VALUE SAVINGS**

MAIL ORDER **CONTACT LENSES**

1800AnyLens

15% Off **Every Contact** Lens Purchase Promotion Code: GVS15OFF

Call: 1-833-426-9536 or Visit: 1800anylens.com

LASIK IS NOW EASIER FOR GVS MEMBERS!

Save 40% to 50% off* traditional LASIK services with QualSight LASIK at more than 1,000 locations nationwide. Savings also available on newer technologies such as Custom Bladeless (all laser) LASIK.

Call 888-568-0308 for your FREE consultation.

Visit qualsight.com/-gvs for more information.

*Savings based on overall national average price.

ADDITIONAL SAVINGS



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

Call 800-VISION-1 for more information.

** These Value added programs are included with your vision plan.



SCHEDULE AN APPOINTMENT

> **USE YOUR BENEFIT**

GVS DONATES GLASSES

As part of our ongoing commitment to promote eye health and wellness, GVS is helping the world see clearly. Every time you take advantage of your GVS vision benefits, we'll donate a pair of glasses to someone in need.

Just by making an appointment, you can make a difference. Call us or visit our website now:

800.VISION.1 • generalvision.com

Be sure to click the "See Well, Do Good" icon to learn more about our charitable donations.





