# YOUR VISION BENEFITS

#### **ACCOUNT NAME**

### **Open Enrollment Effective Date**

# WELCOME TO YOUR VISION BENEFIT!

To use, simply:

### 1 LOOK-UP YOUR ELIGIBILITY

Visit **generalvision.com** and enter your benefit number. Or call 800. VISION.1 (800.847.4661)

## **2** SCHEDULE AN APPOINTMENT

To find a location, visit us at generalvision.com or call 800.VISION.1 and a dedicated customer service representative will assist you. You may use your benefit in NY to take advantage of the enhanced coverage. You will maximize your benefit when you use GVS in-network locations. There will be hundreds of locations in the greater NY metro area.

# **3** DOWNLOAD THE GVS APP

- Find a Provider
- Preview Your Benefits
- Access Virtual ID Card



VISION BENEFITS	CO-PAYS
EYE EXAMINATION	Every 12 Months
Includes Tonometry	Covered in full
FRAME ALLOWANCE	Every 12 Months
Frames	\$100 Allowance
GVS Collection (up to \$150 retail value)	Covered in full
SPECTACLE LENSES	Every 12 Months
Single Vision	Covered in full
Bi-Focal	Covered in full
Trifocal	Covered in full
Oversize	Covered in full
Standard Progressive	\$50
Premium Progressive	\$80
Deluxe Progressive	\$120
MATERIALS	
Plastic	Covered in full
Polycarbonate for kids (Up to 16 yrs of age)	Covered in full
Polycarbonate	\$30
Hi-Index	\$55
COATINGS	
Tint	Covered in full
Ultra Violet	Covered in full
Scratch Resistant	Covered in full
Plastic Photosensitive (single vision)	\$65
Plastic Photosensitive (bifocal vision)	\$95
Polarized	\$95
Anti-reflective Standard Coating	\$40
Anti-reflective Premium Coating	\$90
CONTACT LENSES (In Lieu of Eyeglasses)	Every 12 Months
Plan Contact lenses	Up to 3 months
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	Covered in full
Non-Plan Contact Lens (excluding colored)	\$100 Allowance
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	\$50

