



The United Welfare Fund is pleased to announce it has entered into an agreement with General Vision Services (GVS) to provide quality eye care benefits to our members and their eligible dependents. There are no deductibles applied when you stay within your United Welfare Fund benefit plan and the General Vision Network.

For Eligibility and to Utilize Your Vision Benefit:

Visit our website, generalvision.com, or call **800-VISION-1** for a convenient eye exam appointment. Please identify yourself as a member of the United Welfare Fund; Account Number 8518.

Yearly Comprehensive Eye Examination:

Included (outside of New York, there is a \$20 patient co-payment).

Updated Benefit effective April 2016:

Selection of Various Frames:

Up to a retail value of \$200 (within the GVS collection). Frame benefit is once every year from date of service. For frames over \$200 within the GVS collection, patient will receive an additional 30% discount off the difference on the cost of the frame.

Selection of Lenses in Plastic:

- Single Vision
- Conventional Bifocals
- Conventional Trifocals
- Standard Progressives - Navigator/Navigator Short
- Polycarbonate lenses INCLUDED for children under 18
- Safety
- Oversize
- Cataract

Coatings

- Ultra violet

Lenses are **every year from date of service**.
Cosmetic or sunglass tints are included under the program.

Contacts in Lieu of Glasses:

- Cooper standard hard or soft daily wear, or
- Cooper extended wear spherical lenses, or
- 9-month supply (6 boxes) of two week spherical GVS Cooper Vision disposables.

For any other contacts, patient will pay Usual & Customary ("U&C") retail less \$200 for a full year supply. Additional co-pays may apply out of New York State. Colored contact lenses are not included. A \$50 Exam/Fitting fee for contacts will apply to a member if not purchasing contacts at time of exam/fitting for contacts.

Lasik Surgery:

\$500 per eye lifetime benefit in lieu of glasses or contact lenses. Member must be eligible for full services to receive this benefit.

Loss/Damage Protection Plan:

Included with a \$25 co-pay based on frames within the GVS collection and lenses covered within the program. Surcharges will still apply if member upgraded above the plan benefits.

GVS SPECIAL DISCOUNT PROGRAM

A 30% discount off a complete pair of eyeglasses or contact lenses (discount applies only to the first visit on disposable contact lenses) and \$5.00 off the eye exam fee to the family of members not covered under the program, or to any member or dependent wanting an additional pair of glasses.

Discounted Pricing for Services Not Included in this Plan are Listed on Back

United Welfare Fund Benefits Summary

CATEGORY	DESCRIPTION	CO-PAY
Coatings		
	Scratch Guard	\$10.00 copay
	Standard Anti-Reflective	\$10.00 copay
	Premium Anti-Reflective	U&C less 30%
	Crizal Anti-Reflective	\$90.00 copay
	Zeiss Anti-Reflective	\$90.00 copay
Lens Materials		
	Polycarbonate-children	Included
	Polycarbonate-adult-SV	\$30.00 copay
	Polycarbonate- Bifocal	\$80.00 copay
	Polycarbonate-Std Progressive	\$150.00 copay
	Polycarbonate-Prem Progressive	U&C less 30%
	1.60 hi-index-SV	\$100.00 copay
	1.60 hi-index Bifocal	\$110.00 copay
	1.60 Std Progressive	\$210.00 copay
Progressive Lens		
	First tier; navigator	Included
	Second tier, navigator short	Included
	Varilux Progressive	\$140.00 copay
	Prem Plus Progressive	\$100.00 copay
Photochromic (Light to Dark)		
	Photo Sensitive Lenses-SV	\$65.00 copay
	Photo Sensitive Lenses-hi-index SV	115.00 copay
	Photo Sensitive Lenses-FT28	\$140.00 copay
	Photo Sensitive Lenses-hi-index-FT28	\$175.00 copay
	Photo Sensitive Lenses-Trifocal	\$150.00 copay
	Photo Sensitive-Std Progressive	\$150.00 copay
	Photo Sensitive -Prem Progressive	\$175.00 copay
Sunglasses		
	Polarized Lenses - Single Vision	\$145.00 copay