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March 11, 2015

Mr. Daniel Cassella, President
Amalgamated Transit Union Local 726
40 Yukon Avenue
Staten Island, NY 10414

ATU LOCAL 726 BENEFITS FUND/GVS OPTICAL PLAN

The following plan, effective April 1, 2015 through December 31, 2017 will provide Optical Benefits to all Amalgamated Transit Union members and eligible dependents. Children up to 23 years of age will be covered if enrolled in a college full time.

General Vision (GVS) will provide the enclosed services for each member and eligible dependent once every year as per date of service.

GVS will bill ATU Local 726 at a rate of \$10.00 per member/per month for the first year, \$10.00 per member/per month the second year and \$10.00 per member/per month the third year. GVS will administer the plan and maintain eligibility for all eligible active and retired participants via a monthly updated file.

GVS will provide the following services to all eligible participants:

- A. *A Comprehensive Eye Examination (for glasses or contact lenses), which includes the following:
1. Case history - chief complaint, eye and vision history, medical history
 2. Distance and near acuities – habitual and/or uncorrected
 3. External ocular examination – biomicroscope
 4. Internal ocular examination
 5. Pupillary reflex evaluation
 6. Tonometry
 7. Distance refraction – objective and subjective
 8. Near refraction
 9. Binocular coordination evaluation (distance and near) phorias and ductions motilities, when indicated
 10. Gross visual field by confrontation
 11. Determination of treatment plan
 12. Assessment – advice to member, diagnosis
 13. Form completion – school, motor vehicle, etc


*Dilation when professionally indicated.

B. See exhibit "A" for in-network benefit.

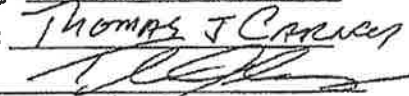
C. See exhibit "B" for out-of-network benefit.

- GVS has developed a user-friendly website to afford members the opportunity to make appointments, view eligibility and certify copayments.
- General Vision Services has a licensed Optometrist on duty who provides visual analysis and determines the corrective eyeglass prescription. If the Optometrist recognizes any pathological or abnormal condition he/she will refer the patient to an Ophthalmologist.
- Lenses are first quality corrective curve (in original envelope) and comply with the standards of the American National Standards Institute (ANSI). Where possible lenses are American made.
- There is no charge for unlimited adjustments or minor repairs for eyeglasses. Breakage of lenses, frames and hinges due to defects in manufacturing are guaranteed up to a year.

This benefit will be automatically renewed unless either party submits notice of termination in writing.



Ken Levin
President, General Benefits Division

Accepted By: ATU Local 726 Benefits Fund
Print Name: Thomas J. Carney
Signature: 
Date: 3/11/15

ATU LOCAL 726 BENEFITS FUND

VISION BENEFITS

IN-NETWORK

Benefit	Description	ATU Co-Pay	Frequency
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Vision Exam	Focus on your eyes and overall wellness	0	Every 12 Months
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Benefit	Description	ATU Co-Pay	Frequency
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Frames	\$275 allowance for the 1st year, \$300 for the 2nd year and \$325 for the 3rd year from a wide selection of frames in the GVS collection	0	Every 12 Months
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Lenses	Single Vision	0	Every 12 Months
	Lined Bifocal	0	
	Lined Trifocal	0	
	Blended Bifocal	0	
	Progressive Lenses	0	

Lens Options	Tints	0	
	Scratch Guard Coating	0	
	Ultra Violet Coating	0	
	Polycarb Lenses for children 19 and under	0	
	Anti-reflective Coating	0	
	Polycarb Lenses over 19 (SV & BF)	\$30.00	
	Transition SV	\$60.00	
	Transition BF	\$80.00	
	Transition Varilux or similar	\$210.00	
	Varilux Comfort Progressive or similar	\$150.00	
	Hi Index SV	\$75.00	
	Hi Index BF	\$75.00	
	Hi Index 1.6 SV	\$69.00	
	Hi Index 1.66 MF	\$75.00	
	Premium AR	\$48.00	
	Ultra AR	\$60.00	
	Polarized	\$74.00	

Benefit	Description	ATU Co-Pay	Frequency
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Contact Lenses	One Year Supply of Disposables 1st year - \$150 allowance for upgraded contact lenses 2nd year - \$175 allowance for upgraded contact lenses 3rd year - \$200 allowance for upgraded contact lenses Exam/fitting fee included	0	Every 12 Months
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Additional Savings 40% off additional glasses and sunglasses, including lens options above that are not covered.
25% discount for members/dependents for eyeglass cases, cleaning cloths, eyeglass chains etc. (where applicable)

OUT OF NETWORK

(Reimbursements will increase by 10% the second year and 10% the third year over the 3 year contract)

Benefit	Description	Out of Network Reimbursement	Frequency
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Vision Exam		\$20.00	Every 12 Months
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Benefit	Description	Out of Network Reimbursement	Frequency
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Frames		\$30.00	Every 12 Months
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Lenses	Single Vision	\$25.00	Every 12 Months
	Lined Bifocal	\$30.00	
	Lined Trifocal	\$30.00	
	Progressive Lenses	\$30.00	

Benefit	Description	Out of Network Reimbursement	Frequency
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Contact Lenses		\$60.00	Every 12 Months
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