



February 1, 2023

Daniel Cassella, President
Amalgamated Transit Union Local 726
40 Yukon Ave
Staten Island, NY 10414

General Vision Services ("GVS") and ATU Local 726 mutually agree to abide by the enclosed letter of agreement ("Agreement") and Business Associate Agreement (Exhibit B) for the sole purpose of offering vision through GVS for ATU Local 726 members and their covered dependents. GVS and the ATU Local 726 will also be referred to herein each as a ("Party") and collectively as the ("Parties").

GVS OPTICAL PROGRAM FOR ATU LOCAL 726

Effective 3/1/23, GVS and ATU Local 726 have agreed to the current agreement for a three (3) year period. GVS will maintain and offer the applicable vision services for ATU Local 726 (i.e., plan design, frequency, and funding arrangement) in accordance with guidelines referenced below and in accordance with Exhibit A – Specific Plan Information.

- A.** A Vision Care Eye Examination (for glasses) conducted by a network of credentialed Optometrists and Ophthalmologists who agree to provide high quality professional and material vision services for this purpose (see Exhibit A for frequency of benefit).
- B.** A Retail Allowance or Credit will be provided for frames at in-network locations. GVS locations will also offer a collection of frames that will be offered to members at no or fixed cost (co-payment) (see Exhibit A for specific plan information).
- C.** Selection of any prescription plastic lenses (CR39) including single vision, bifocals (FT28), and trifocals will be covered under the comprehensive programs offered (see Exhibit A for specific plan information).
- D.** Coverage Levels for Lens options and treatments will be offered at no cost or fixed discounted co-payment(s) (see Exhibit A for specific plan information).
- E.** Contact lenses are in lieu of glasses under the comprehensive programs. Basic plan disposable contact lenses will be covered for up to a one (1) year supply. Contact lens fitting fee and follow-up visits for plan contacts are included for one year. For non-plan contact lenses, patient will receive a retail allowance or credit. A co-payment will be applied for all related services such as evaluations, fitting fees, and follow-up (see Exhibit A for coverage, plan allowances, copayments, and additional member discounts). Colored contact lenses are excluded.

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F. Both parties agree to the following rate for the three (3) year period:

Per Member Per Month.....\$11.00

A. **Out of Network Reimbursement:** Participants who opt to receive their optical benefits from a non-GVS provider will receive the following out of network reimbursement schedule every 12 months:

Vision Examinationup to \$30
Frames up to \$40
Lenses:
 Single Vision..... up to \$35
 Lined Bifocal up to \$40
 Lined Trifocal up to \$40
 Progressive Lensesup to \$40
Contact Lensesup to \$80

B. **GENERAL VISION SERVICES DISCOUNT PROGRAM** - at in-network locations, GVS will provide up to a 40% discount off services outside the plan coverage or on 2nd pair of eyeglasses (discount only applies to purchases at time of benefit).

GVS will continue to be solely responsible for all administrative functions, communications, regulatory compliance, and network management services offered under ATU Local 726 optical program. Accordingly, GVS will indemnify, defend and hold harmless ATU Local 726 and ATU Local 726' officers, agents, and trustees against any and all claims, demands, liabilities, costs, damages and causes of action or administrative proceedings whatsoever, including reasonable attorney's fees, arising from GVS' negligence, breach, willful misconduct, or non-performance of the terms of this Agreement, including but not limited to any claims arising from any vision services provided to an eligible member under ATU Local 726.

GVS will continue to bill ATU Local 726 for all premiums monthly and will bill the above rates for each member (and eligible dependents) enrolled into the program accordingly. Payments are due within fifteen (15) days from the date the invoice is rendered for ATU Local 726' optical program. The Parties reserve the right to review and direct account payable issues, such as variances in premium collection, to each other; provided that any member counts for under or overpayment must be provided in writing within fifteen (15) days of receipt of the monthly payment received by GVS from ATU Local 726.

ATU LOCAL 726

Benefit Design at:	Plan Renewal
VISION BENEFITS	CO-PAYS
AGE REQUIREMENTS - UP TO 26 IF FULL TIME STUDENT	INCLUDED
EYE EXAMINATION	Every 12 Months
Comprehensive Vision Exam, with dilation when professionally indicated	INCLUDED
FRAME ALLOWANCE	Every 12 Months
Frame	up to \$325 ¹
SPECTACLE LENSES	Every 12 Months
Single Vision	INCLUDED
Bifocal	INCLUDED
Trifocal	INCLUDED
Standard Progressive	INCLUDED
Blended Bifocal	INCLUDED
Varilux Comfort Progressive or Similar	\$150
MATERIALS	
Plastic	INCLUDED
Polycarbonate Lenses	INCLUDED
Glass SV	INCLUDED
Glass Progressive	INCLUDED
Glass Bifocal (FT28)	INCLUDED
Hi-Index SV	\$75
Hi-Index Bifocal (FT28)	\$75
Hi- Index 1.60 SV	\$40
Hi- Index 1.66 BF	\$69
COATINGS	
Cosmetic or Sunglass Tint	INCLUDED
Ultra Violet	INCLUDED
Scratch Resistant	INCLUDED
Plastic Photosensitive SV (Transition)	\$60
Plastic Photosensitive BF (Transition)	\$80
Plastic Photosensitive Varilux Progressive (Transition)	\$210
Polarized - Single Vision	\$74
Anti-reflective Standard Coating	INCLUDED
Anti-reflective Premium Coating	\$48
Ultra Anti Glare Coating	\$60
CONTACT LENSES (In Lieu of Eyeglasses)	Every 12 Months
1 year supply of Basic Disposables	INCLUDED
Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	INCLUDED
Non-Plan Contact Lens (excluding colored)	\$200 credit
Non-Plan Contact Lens Evaluation, Fitting & Follow-Up Visits	\$50 copay

¹ \$225 Allowance at national retailers (America's Best)