



ATU LOCAL 726

VISION CARE BEYOND COMPARE

GVS provides vision benefits for you and your family members

Visit the GVS website at
www.generalvision.com,
enter your benefit number (8726) to:

Check Eligibility

View/Print Your Benefits

View Designer Frames

Schedule Appointments

Find Locations

Call GVS at **855.653.0586** and talk with one of our bilingual customer service representatives who will assist you with any of your optical needs.



ATU LOCAL 726 BENEFITS FUND VISION BENEFITS

IN-NETWORK

Benefit	Description	ATU Co-Pay	Frequency
Vision Exam	Focus on your eyes and overall wellness	0	Every 12 Months
Benefit	Description		
Frames	\$325 towards a wide selection of Designer Frames.	0	Every 12 Months
Lenses	Single Vision	0	Every 12 Months
	Lined Bifocal	0	
	Lined Trifocal	0	
	Blended Bifocal	0	
	Progressive Lenses	0	
	Single Vision Clear Glass	0	
	FT28 Clear Glass	0	
	Progressive Clear Glass	0	
	Oversize	0	
Lens Options	Tints	0	
	Scratch Guard Coating	0	
	Ultra Violet Coating	0	
	Polycarbonate Lenses	0	
	Anti-reflective Coating	0	
	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	\$40.00	
	Hi Index 1.66 MF	\$69.00	
	Premium AR	\$48.00	
	Ultra AR	\$60.00	
	Polarized	\$74.00	

Benefit	Description	ATU Co-Pay	Frequency
Contact Lenses	One Year Supply of Disposables Exam/fitting fee included for plan disposables \$200 allowance for non-plan contact lenses	0	Every 12 Months
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

(Members must submit a claim form along with a paid receipt of services for reimbursement)

Benefit	Description	Out of Network Reimbursement	Frequency
Vision Exam		\$30.00	Every 12 Months
Benefit	Description	Out of Network Reimbursement	Frequency
Frames		\$40.00	Every 12 Months
Lenses	Single Vision	\$35.00	Every 12 Months
	Lined Bifocal	\$40.00	
	Lined Trifocal	\$40.00	
	Progressive Lenses	\$40.00	
Benefit	Description	Out of Network Reimbursement	Frequency
Contact Lenses		\$80.00	Every 12 Months