Your Vision Benefits

Eye Exam: Our comprehensive eye examination by a Doctor of Optometry determines your prescription. It also aids the doctor in detecting High Blood Pressure, Diabetes, Retinal Disorders, and Corneal Disorders. The examination includes Cataract and Glaucoma Screening. * Even if you do not wear eyeglasses, protect your eyesight by scheduling a complete eye exam. Out of network reimbursement up to $10.

Fashion Frames: Selection of various frames, any style, any color, any size up to a retail value of $100 within the GVS Frame Collection. For all non GVS Collection frames, there is a one time credit of $30.

Out of network reimbursement up to $30 for frames and lenses.

High Quality Lenses: All First Quality Single Vision Bifocal (FT28 & FT35), Blended Bifocal, Standard Progressive, Polycarbonate (for dependent children under 16 and under), Cataract, Trifocal, Safety & Oversize lenses.

No Charge

$30............

$130

$50

Transition Brand

Photosensitive...

$150

Hi-Index:

Single Vision 1.60...

$100 Bifocal 1.60...

$80

Hi-Index:

$65

Bifocal...

$80

Trifocal...

$120

Hi-Index...

$130

Poly carbonate: 

Dependent Children...

$30 Single Vision...

$50 Standard Progressives...

$80

Polarized Lenses: Single Vision...

$75

Coating:

Standard Anti-Reflective Coating...

$25

Progressives:

Premium Progressives...

$100 Standard Progressive plastic photo sensitive...

$105 Standard Progressives Hi-Index 1.60...

$150 Standard Progressive – Polycarbonate...

$80

NOTE: The above surcharges are subject to change. GVS will notify the FASCC Benefit Fund of any changes no less than 30 days notice.

Optional Extra Charges for Services Listed Below

These services are not covered by your vision plan.

FIXED FEES PAID BY THE PARTICIPANT

Plastic Photosensitive Lenses:

Single Vision...

$150

Bifocal...

$200

Trifocal...

$250

Hi-Index...

$300

Transition Brand

Photosensitive...

$350

Poly carbonate: 

Dependent Children...

$350

Single Vision...

$500 Standard Progressives...

$750

Polarized Lenses: Single Vision...

$800

Coating:

Standard Anti-Reflective Coating...

$300

Progressives:

Premium Progressives...

$400 Standard Progressive plastic photo sensitive...

$450 Standard Progressives Hi-Index 1.60...

$500 Standard Progressive – Polycarbonate...

$800

Hearing Benefits

Reimbursement up to $225 for medically necessary contact lenses for the correction of keratoconus with prior approval.

Contact Lenses:

**

Account # 6120/6121/6122/6123/6129/6130/6131

Not included in plan.

An exclusive National Hearing Care Program that provides affordable services to GVS active and retiree members, as well as their families.

Instead of Eyeglasses...

Call any one of our participating providers for a convenient eye exam appointment.

For Eligibility and to Utilize Your Vision Benefit: 

Call any one of our participating providers for a convenient eye exam appointment.

Eligibility: once per academic year.

For Eligibility and to Utilize Your Vision Benefit: Call any one of our participating providers for a convenient eye exam appointment.

Eligibility: once per academic year.

Participating Provider Locations

HEARING BENEFIT

GHS

An exclusive National Hearing Care Program that provides affordable services to GVS active and retiree members, as well as their families.

Call 800-480-0588 or visit 1800AnyLens.com

MAIL ORDER CONTACT LENSES

1800AnyLens

15% Off Every Contact Lens Purchase

Promotion Code: GVS15OFF

Call: 1-800-ANY-LENS or Visit: 1800AnyLens.com

Some member offices are independent Doctors of Optometry who work with GHS Vision Care Opticians to provide services to you. Some offices outside of the four New York office locations may have different contact lens selection. Contact lens selection may vary according to your office location and subject to change without notice.

OR Instead of Eyeglasses...

Contact Lenses: 12 month supply of Spherical Disposable Contact Lenses.

For any additional services that surpass the benefit that are the responsibility of the patient.

Account #6120/6121/6122/6130/6130/6131

* Please make an appointment. Doctors hours may vary from store hours. For Florida locations, eye exam is available at co-pay.

For Eligibility and to Utilize Your Vision Benefit: Call any one of our participating providers for a convenient eye exam appointment.

Eligibility: once per academic year.

Added Value Savings

HEARING BENEFIT

GHS

An exclusive National Hearing Care Program that provides affordable services to GVS active and retiree members, as well as their families.

Call 800-480-0588 or visit 1800AnyLens.com

MAIL ORDER CONTACT LENSES

1800AnyLens

15% Off Every Contact Lens Purchase

Promotion Code: GVS15OFF

Call: 1-800-ANY-LENS or Visit: 1800AnyLens.com

Some member offices are independent Doctors of Optometry who work with GHS Vision Care Opticians to provide services to you. Some offices outside of the four New York office locations may have different contact lens selection. Contact lens selection may vary according to your office location and subject to change without notice.

*Not included in plan.