



YOUR OPTICAL BENEFITS



Welfare Fund

United Federation of Teachers Welfare Fund





AS A MEMBER OF THE **UFT WELFARE FUND**, you and your eligible dependents can obtain optical services once every two years. This entitles you to one pair of eyeglasses and an accompanying eye exam, or to contact lenses. Prescription sunglasses are also covered.

CHECK YOUR ELIGIBILITY

You can check your eligibility at www.gvsuft.com. You will be asked for identifying information, such as your UFT ID number, UFT Welfare Fund ID number, or Social Security number. You can also call GVS's UFT-dedicated concierge phone line at **(212) 729-5395** for assistance.

ACCESSING YOUR OPTICAL BENEFITS

If you are eligible for the optical benefit, you can make an appointment or walk in to a participating vision store (for in-network coverage) or a nonparticipating vision store of your choice (for out-of-network coverage).

An additional way to access your benefits is by downloading the GVS app, available in the App store (iOS or Android only). There you can find an in-network provider, preview your benefits and access a virtual ID card.



IN-NETWORK OPTICAL BENEFITS



HOW TO ACCESS YOUR IN-NETWORK BENEFITS

Every two years, you are entitled to your choice of eyeglasses and eye exam, or contact lenses.

Contact one of the 1,500+ participating providers for an appointment or just walk in. It's as simple as that. The provider will offer you all the plan discounts available to you. You are eligible for single-vision, bifocal or trifocal lenses and a basic frame (minimum retail value of \$100).

A basic eye exam is also covered (including a refraction to determine your prescription) with an additional \$20 charge if dilation is necessary. If you buy designer frames, you will receive a 10% discount, and a \$100 frame allowance, in addition to your \$125 benefit credit (for a total discount of 10% and \$225). Progressive lenses are discounted by 10%.

To receive coverage for both the eye exam and glasses, you will need to obtain both services at the same location. **Please note:** a claim for an eye exam only constitutes use of your every two-year benefit.

HOW DO I PAY FOR MY IN-NETWORK BENEFITS?

If you are using a participating provider, there are no claim forms to file. You are covered for the benefits described above, and in the chart at right.

As always, GVS's UFT-dedicated concierge phone line at **(212) 729-5395** is available to support you if you have any questions.

In-Network Reimbursement Schedule

VISION BENEFITS	COPAYS	FREQUENCY
EYE EXAMINATION ¹		Every 24 Months
Exam	Covered in full	
Includes Tonometry	Covered in full	
Dilation ²	\$30	
FRAMES		Every 24 Months
Basic Frame (up to a \$100 retail value)	Covered in full	
Upgraded Frame Discount	10% off retail price	
Frame Allowance	\$100 Allowance	
SPECTACLE LENSES		Every 24 Months
Single Vision	Covered in full	
Bi-Focal	Covered in full	
Trifocal	Covered in full	
Oversize	Covered in full	
Upgraded Lenses	10% off retail price	
MATERIALS		
Plastic	Covered in full	
Polycarbonate	\$35	
COATINGS		
Scratch Resistant	\$20	
Standard Anti-Reflective (glare free)	\$30	
Ultra Violet	\$15	
Less than 40% Tint	\$15	
Greater than 40%	Covered in full	
Plastic Photochromic	\$50	
CONTACT LENSES ³ (In Lieu of Eyeglasses)		Every 24 Months
Contact lenses	\$125 Allowance	

¹ For locations outside of New York, a copay for an eye exam may apply. Any additional services that surpass the benefit are the responsibility of the patient.

² When professionally recommended

³ Colored contacts are not included

OUT-OF-NETWORK BENEFITS



HOW TO ACCESS YOUR OUT-OF-NETWORK BENEFITS

Every two years, you are entitled to your choice of eyeglasses and eye exam, or contact lenses.

You may obtain services outside of the preferred provider network, using the provider of your choice. At these locations, you are responsible to pay for the services provided and then submit a copy of your prescription and your paid, itemized receipt for reimbursement. You will receive reimbursement of up to \$125 in total (included in this is a maximum of \$20 for an eye exam).

To receive coverage for both the eye exam and glasses, you will need to obtain both services at the same location.

Please note: a claim for an eye exam only constitutes use of your every two-year benefit.

HOW DO I CLAIM MY OUT-OF-NETWORK BENEFITS?

You may submit your claim (including a paid, itemized receipt, and a copy of your prescription) on the www.gvsuoft.com website, via the **GVS app** or by **mail**.

On the www.gvsuoft.com website or via the GVS app, you will fill out the required fields and upload supporting documents.

For paper claim submissions, contact GVS's UFT-dedicated concierge phone line at **(212) 729-5395**.



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