



TRANSPORT WORKERS UNION

OF GREATER NEW YORK • AFL-CIO • LOCAL 100

Richard Davis
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Recording Secretary

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Brothers and Sisters,

On behalf of the Leadership of TWU Local 100, I am pleased to announce that effective July 1, 2024, you and your dependents will be covered under an enhanced vision plan administered by General Vision Services (GVS).

Enhanced Vision Benefit Plan includes the following:

- No co-payment for Premium Anti-Reflective Coating
- Introducing Blue Light Filtering at no cost to you
- Introducing Retinal Imaging when professionally indicated
- Increased Out-of-Network reimbursement schedule
- Preferred National LASIK Discount Program

Calendar Year Benefit Cycle Change:

- Benefits for all active members and their dependents will refresh on January 1st of each year

Custom Mobile Eye Care Van:

- TWU Branded Mobile Eyecare Van is now solely dedicated to the TWU membership
- Services will be available five days a week, Monday through Friday for TWU only

New Comprehensive Hearing Benefit (for Active Members only):

- Comprehensive Hearing Screening at no cost
- Silver and Gold hearing device levels covered in full
- Increased benefit allowance to \$1,000 per ear for devices outside the covered Hearing Device schedule
- All hearing devices carry a 3-year product warranty
- A 1-year supply of batteries will be included with the hearing device

Hearing Discount Plan (for Spouse, Dependents, and Retirees)

- A discount program will be offered for Active members' spouse and dependent children. Retirees are also eligible
- Discounts at in-network locations for hearing devices can be up to 50% off

See reverse side for vision plan details.

If you have any questions with your optical benefit, please call the TWU Local 100 vision concierge line at 855-653-0584.

TWU LOCAL 100 / BENEFIT #8100

WELCOME TO YOUR GVS VISION BENEFIT!

1 LOOK-UP YOUR ELIGIBILITY

Visit generalvision.com and register to set-up an account. To access provider locations and plan information, enter your Benefit Number 8100 or call 855.653.0584

2 SCHEDULE AN APPOINTMENT

You will maximize your benefit when you use GVS in-network locations. There will be hundreds of locations in the greater NY metro area. To find a location, visit us at generalvision.com or call 855.653.0584 and a dedicated customer service representative will assist you.

3 DOWNLOAD THE GVS APP

- Find a Provider
- Preview Your Benefits
- Access Virtual ID Card



Search GVS in the App store
(IOS or Android Only)

Vision Benefits	
AGE REQUIREMENTS	Up to 26
EYE EXAMINATION	Every 12 Months
Vision Care Exam, with dilation when professionally indicated	INCLUDED
Retinal Imaging, when professionally indicated	INCLUDED
FRAME ALLOWANCE	Every 12 Months
GVS Collection Frame	\$325
Non Collection Allowance	\$325 allowance
SPECTACLE LENSES	Every 12 Months
Single Vision	INCLUDED
Bifocal	INCLUDED
Trifocal	INCLUDED
Standard Progressive	INCLUDED
Blended Bifocal	INCLUDED
Varilux Comfort Progressive or Similar	\$150 co-pay
MATERIALS	Every 12 Months
Plastic	INCLUDED
Polycarbonate for dependents and adults	INCLUDED
Glass SV	INCLUDED
Glass Progressive	INCLUDED
Glass Bifocal (FT28)	INCLUDED
Hi-Index SV	\$75 co-pay
Hi-Index Bifocal (FT28)	\$75 co-pay
Hi- Index 1.60 SV	\$40 co-pay
Hi- Index 1.66 BF	\$69 co-pay
COATINGS	Every 12 Months
Blue Light Filtering	INCLUDED
Anti-reflective Standard Coating	INCLUDED
Anti-reflective Premium Coating	INCLUDED
Cosmetic or Sunglass Tint	INCLUDED
Ultra Violet	INCLUDED
Scratch Resistant	INCLUDED
Plastic Photosensitive SV (Transition)	\$60 co-pay
Plastic Photosensitive BF (Transition)	\$80 co-pay
Plastic Photosensitive Varilux Progressive (Transition)	\$210 co-pay
Polarized - Single Vision	\$74 co-pay
Ultra Anti Glare Coating	\$60 co-pay
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 Allowance (excluding colored)	\$200 allowance
VALUE ADDED SERVICES	
40% off additional glasses & prescription sunglasses, including lens options not covered for above plan design	
25% discount for members/dependents for over the counter medication i.e. additional eyeglass cases & cleaning cloths	
LASIK Discount benefit included	