



TWU LOCAL 100/GVS OPTICAL PLAN

The following plan, effective September 1, 2014, will provide Optical Benefits to all TWU Local 100 members and eligible dependents of the Health Benefit Trust. Children up to 23 years of age will be covered if enrolled in a college full time.

General Vision (GVS) will provide the below services for each member and eligible dependent once every year. Participants will be entitled to an eye exam, frame and lenses or contact lenses once a year.

- A. *A Comprehensive Eye Examination (for glasses or contact lenses), which includes the following:**
1. Case history - chief complaint, eye and vision history, medical history
 2. Distance and near acuities – habitual and/or uncorrected
 3. External ocular examination – biomicroscope
 4. Internal ocular examination
 5. Pupillary reflex evaluation
 6. Tonometry
 7. Distance refraction – objective and subjective
 8. Near refraction
 9. Binocular coordination evaluation (distance and near) phorias and ductions motilities, when indicated
 10. Gross visual field by confrontation
 11. Determination of treatment plan
 12. Assessment – advice to member, diagnosis
 13. Form completion – school, motor vehicle, etc

*Dilation when professionally indicated.

B. See exhibit "A" for in-network benefit.

C. See exhibit "B" for out-of-network benefit.

- GVS will fund the development of a user-friendly website to afford members the opportunity to make appointments, view eligibility and certify copayments.
- GVS will provide a 25% discount off retail or 15% off GVS advertised "friends, family, price", whichever is greater, for LASIK or PRK procedures.
- General Vision Services has a licensed Optometrist on duty who provides visual analysis and determines the corrective eyeglass prescription. If the Optometrist recognizes any pathological or abnormal condition he/she will refer the patient to an Ophthalmologist.
- Lenses are first quality corrective curve (in original envelope) and comply with the standards of the American National Standards Institute (ANSI). Where possible lenses are American made.
- There is no charge for unlimited adjustments or minor repairs for eyeglasses. Breakage of lenses, frames and hinges due to defects in manufacturing are guaranteed up to a year.

This benefit will be automatically renewed unless either party submits notice of termination in writing.

EXHIBIT A**General Vision Services Local 100 Proposal for Optical Benefits****In-Network**

Benefit	Description Proposed for Local 100	TWU Co-Pay	Frequency
Vision Exam	Focus on your eyes and overall wellness	0	Every 12 Months
Prescription Glasse Description Proposed for Local 100		TWU Co-Pay	Frequency
Frames	\$275 allowance for the 1st year, \$300 for the 2nd year and \$325 for the 3rd year for a wide selection of Designer Frames. 20% off amount over your allowance.	0	Every 12 Months
Lenses	Single Vision Lined Bifocal Lined Trifocal Progressive Lenses	0 0 0 0	Every 12 Months
Lens Options	Tints Scratch Guard Coating Ultra Violet Coating Polycarb Lenses for children 19 and under Anti-reflective Coating Blended BF Polycarb Lenses Transition SV Transition BF Transition Varilux or similar Varilux Comfort Progressive or similar Hi Index SV Hi Index BF Hi Index 1.6 SV Hi Index 1.6 MF Hi Index 1.66 SV Hi Index 1.66 MF Premium AR Ultra AR Polarized	0 0 0 0 0 0 \$30.00 \$60.00 \$80.00 \$210.00 \$150.00 \$75.00 \$75.00 \$40.00 \$40.00 \$69.00 \$69.00 \$48.00 \$60.00 \$74.00	
Contact Lenses	Description Proposed for Local 100	TWU Co-Pay	Frequency
Contact Lenses	One Year Supply of Disposables 1st year - \$150 allowance for upgraded contact lenses 2nd year - \$175 allowance for upgraded contact lenses 3rd year - \$200 allowance for upgraded contact lenses Exam/fitting fee included	0	
Additional Savings	40% off additional glasses and prescription sunglasses, including lens options not covered above 25% discount for members/dependents for over-the-counter medication i.e. eye drops, creams, patches, solutions, additional eyeglass cases and cleaning cloths, eyeglass chains, etc.		

EXHIBIT B

General Vision Services Local 100 Proposal for Optical Benefits

Out of Network

(Reimbursements will increase by 10% the second year and 10% the third year over the 3 year contract)

Benefit	Description	Frequency	Reimbursement Out of Network
Vision Exam		Every 12 Months	\$20.00
Prescription Glasses			
Frames		Every 12 Months	\$30.00
Lenses	Single Vision		\$25.00
	Lined Bifocal	Every 12 Months	\$30.00
	Lined Trifocal		\$30.00
	Progressive Lenses		\$30.00
Contact Lenses			
Contact Lenses			\$60.00