



As a member of the UFT Welfare Fund, you and your eligible dependents can obtain optical services once per year. 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 or UFT Welfare ID number, or part of your 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 Google Play (Android). There you can find an in-network provider, preview your benefits and access a virtual ID card.



United Federation of Teachers Welfare Fund



Search GVS in the App Store (iOS) or Google Play (Android)

YOUR OPTICAL BENEFITS



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Updated January 2025

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IN-NETWORK OPTICAL BENEFITS



HOW TO ACCESS YOUR IN-NETWORK BENEFITS

Every 12 months, you are entitled to your choice of eyeglasses and eye exam, or contact lenses.

Contact one of the 3,000+ 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 \$30 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 \$250 benefit credit (for a total discount of 10% and \$350). Progressive lenses and other upgraded 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 time and location.

Please note: A claim for an eye exam only constitutes use of your once-yearly 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 BENEFIT SCHEDULE

Available every 12 months

VISION BENEFITS	COPAYS
EYE EXAMINATION¹	
Exam (includes tonometry, retinoscopy and refraction)	Covered in full
Dilation ²	\$30
FRAMES	
Basic Frame (minimum \$100 retail value)	Covered in full
Upgraded Frame Discount	10% off retail price ³
Frame Allowance	\$100 allowance
Benefit Credit	Up to \$250
SPECTACLE LENSES	
Single Vision	Covered in full
Bifocal	Covered in full
Trifocal	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
Ultraviolet Block	\$15
Tinting less than 40%	\$15
Tinting greater than 40%	Covered in full
Photochromic	\$50
CONTACT LENSES⁴ (in lieu of eyeglasses)	
Contact Lenses	\$250 allowance

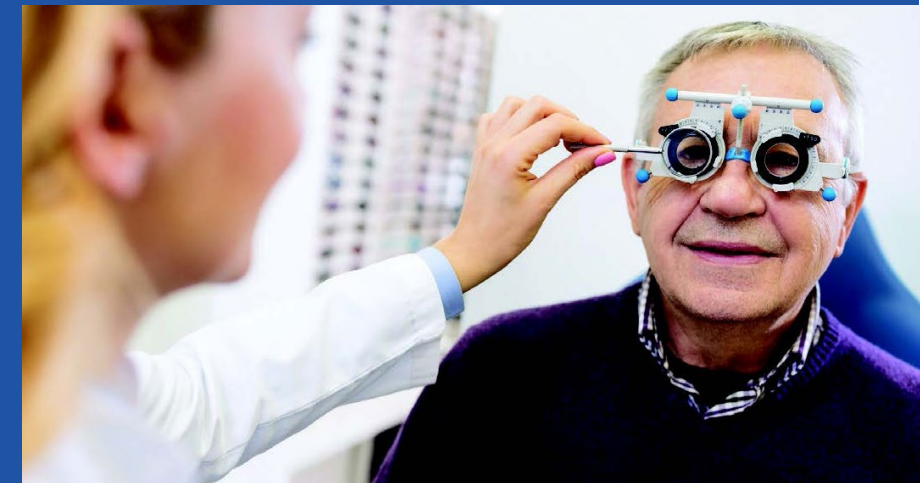
¹ For locations outside of New York, a copay for an eye exam may apply. Any additional services that surpass the benefit are the responsibility of the patient.

² When professionally recommended.

³ Certain frame brands may not be included.

⁴ Colored contacts are not included.

OUT-OF-NETWORK OPTICAL BENEFITS



HOW TO ACCESS YOUR OUT-OF-NETWORK BENEFITS

Every 12 months, 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 for paying for the services provided and then submitting a copy of your prescription and your paid, itemized receipt for reimbursement. You will receive reimbursement of up to \$250 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 time and location.

Please note: A claim for an eye exam only constitutes use of your once-yearly 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) at www.gvsuft.com, via the GVS app or by mail.

For claims via the website or in the app, fill out the required fields and upload supporting documents.

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