



# Roofers Local Union 241 2023 Vision Election Form

## BENEFIT SUMMARY

Benefits	In-Network	Out-of-Network
<b>Copayment</b>		
Examination	\$10	Not Applicable
Eyeglass Lens	\$20	Not Applicable
<b>Frequency of Service</b>		
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Contact Lenses	12 months	12 months
<b>Professional Services</b>		
Comprehensive vision examination	Covered in full after copay	up to \$40 allowance
<b>Basic Lenses (Pair)</b>		
Single Vision	Covered in full after copay	up to \$25 allowance
Bifocal	Covered in full after copay	up to \$40 allowance
Trifocal	Covered in full after copay	up to \$55 allowance
<b>Frame</b>		
Eyeglasses frame allowance	\$130 allowance, then 20% off remaining balance	up to \$45 allowance
<b>Contact Lenses</b>		
Elective Conventional	\$130 allowance, then 15% off remaining balance	up to \$105 allowance
Elective Disposable	\$130 allowance (no additional discount)	up to \$105 allowance
Non-Elective Contact Lenses	Covered in full	up to \$210 allowance
<b>Eyeglass Lens Enhancements</b>		
Factory scratch coating included.	Covered in full	Not Applicable
Polycarbonate Lenses for children under 19	Covered in full	Not Applicable
Transitions Lenses for children under 19	Covered in full	Not Applicable
<b>Discounts</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Discount Lens Options</b>	When obtaining eyewear from an In-Network provider, you may upgrade your new eyeglass lenses at the discounted costs below.	
UV Coating	\$15.00	Not Applicable
Tint (Solid Gradient)	\$15.00	Not Applicable
Standard Polycarbonate	\$40.00	Not Applicable
Transition Lenses for Adults	\$75.00	Not Applicable
<b>Progressive Lenses</b>		
Standard Progressive	\$65.00	Not Applicable
Premium Tier 1	\$85.00	Not Applicable
Premium Tier 2	\$95.00	Not Applicable
Premium Tier 3	\$110.00	Not Applicable
<b>Anti-Reflective Coating</b>		
Standard Anti-Reflective Coating	\$45.00	Not Applicable
Premium Tier 1 Anti-Reflective Coating	\$57.00	Not Applicable
Premium Tier 2 Anti-Reflective Coating	\$68.00	Not Applicable
Other	20% Discount off retail pricing	Not Applicable
<b>Laser Vision Correction Surgery</b>		
LASIK refractive surgery	Discount per eye - For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental.	
<b>Dependent Eligibility</b>		
<b>Dependent Age Limits</b>	Child to 26 / Student to 26	
<b>Monthly Premium</b>		
Single Vision	\$5.56	
Double (EE & Spouse or EE & 1 Child)	\$10.56	
Family	\$16.20	

Employee Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

**Plan Election**     Single     Double     Family

Waive Vision Coverage:     Spousal     Medicare/Medicaid     Veterans     Other