



Roofers Local Union 241 2026 Vision Election Form

BENEFIT SUMMARY

Benefits	In-Network	Out-of-Network
Copayment		
Examination	\$10	Not Applicable
Eyeglass Lens	\$20	Not Applicable
Frequency of Service		
Exam	12 months	12 months
Lenses	12 months	12 months
Frames	24 months	24 months
Contact Lenses	12 months	12 months
Professional Services		
Comprehensive vision examination	Covered in full after copay	up to \$40 allowance
Basic Lenses (Pair)		
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
Frame		
Eyeglasses frame allowance	\$130 allowance, then 20% off remaining balance	up to \$45 allowance
Contact Lenses		
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
Eyeglass Lens Enhancements		
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
Discounts	In-Network	Out-of-Network
Discount Lens Options	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
Progressive Lenses		
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
Anti-Reflective Coating		
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
Laser Vision Correction Surgery		
LASIK refractive surgery	Discount per eye - For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental.	
Dependent Eligibility		
Dependent Age Limits	Child to 26 / Student to 26	
Monthly Premium		
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