



Riverside Sheriffs' Association

Using your MESVision® benefits is easy!

- 1. Select a provider.** Select a participating vision care provider by using the MESVision® provider search feature on our website at mesvision.com. Obtaining services from a Participating Provider will maximize your benefits.
- 2. Make an appointment.** Make an appointment with the Participating Provider of your choice and inform them of your vision coverage.
- 3. You're done!** Your participating vision care provider will take care of the rest. The Participating Provider will contact MESVision® to verify your eligible benefits and submit a claim for services covered by your plan.

MESVision® Provides Real Choice

With MESVision® your vision care Network includes **Real Choices** in providers:

- Independent Ophthalmologists (MD)
- Independent Optometrists (OD)
- Independent Opticians (OPT)
- Optical Chain Locations Including...
- LensCrafters
- Costco
- Wal-Mart
- Sam's Club
- Sears Optical
- Target Optical
- For Eyes Optical
- Fred Meyers
- Site for Sore Eyes
- America's Best
- ECCA
- EyeMart
- ShopKo
- Pearle Vision
- Sterling Optical

And many more...

With MESVision® you can utilize one provider for both your examination and eyewear materials or you can receive your examination from one provider and your materials from another provider. The **Choice** is yours!

With MESVision® your benefit may be used with any frame! Your plan will pay up to the plan allowance. You **Choose!**

With MESVision® you may choose contact lenses in lieu of spectacle lenses and frames according to your plan's benefit schedule. It's up to **You!**

This is a brief outline of the plan and is not to be accepted or construed as a substitute for the provisions of the contract. The policy may contain certain Limitations and Exclusions not stated here. Please refer to your Policy if you require additional information.



Summary of Vision Benefits

| | |
|-----------------------------------|---------------------------|
| Co-pay: | \$10 |
| Comprehensive Vision Exam: | One every 12 months |
| Lenses: | One pair every 12 months |
| Frame: | One frame every 12 months |
| Contact Lenses: | One pair every 12 months |

| | In Network Allowance | Out of Network Allowance |
|-----------------------------------|-----------------------------|---------------------------------|
| Ophthalmologic Exam | Covered | Up to \$40 |
| Optometric Exam | Covered | Up to \$40 |
| Single Vision Lenses | Covered | Up to \$30 |
| Bifocal Lenses | Covered | Up to \$50 |
| Trifocal Lenses | Covered | Up to \$65 |
| Polycarbonate Lenses ³ | Up to \$85 | Up to \$55 |
| Standard Progressive Lenses | Covered | Up to \$65 |
| Premium Progressive Lenses | Up to \$86.81 | Up to \$65 |
| Ultra Progressive Lenses | Up to \$86.81 | Up to \$65 |
| Aphakic Monofocal | Covered | Up to \$125 |
| Aphakic Multifocal | Covered | Up to \$125 |
| Frame ¹ | Up to \$125 | Up to \$75 |
| Contact Lenses ² | | |
| One pair Medically Necessary | Covered | Up to \$250 |
| Cosmetic or Convenience | Up to \$125 | Up to \$125 |

¹ Participating Providers allow a selection of frames that retail up to **\$125.00** with lenses that fit an eyesize less than 61 millimeters. If a more expensive frame is selected, you are responsible for the additional cost above \$125.00. Please refer to your Policy if you require additional information.

² This benefit is in addition to the comprehensive vision exam, but in lieu of lenses and frame. If contact lenses are for cosmetic or convenience purposes, the Policy will pay up to **\$125.00** toward the contact lens evaluation, fitting costs and materials. Any balance is your responsibility. If contact lenses are medically necessary, one pair is a fully covered benefit. Approval from MESVision is required. Please refer to your Policy if you require additional information.

³ For Dependent Children through age 18

Additional Savings

20% Discount

Available for cosmetic extras, such as tints, coatings and other add-on charges to standard lenses, after Covered Services are rendered. Discount is not applied twice when coordinating benefits.

20% Discount

Also applies to additional pairs of glasses and/or pairs of standard contact lenses. This discount is not available at Warehouse or Wholesale locations.

Lasik Discount

Discounts opportunities available through LasikPlus® & QualSight® LASIK.

To determine whether a provider offers the 20% discount, an insured individual can review their Participating Provider Directory, call MESVision or visit MESvision.com

If you have any questions about your vision benefits, please contact Medical Eye Services at:
PO Box 25209; Santa Ana, CA 92799
800/877-6372 or MESVision.com

Underwritten By:





The Importance of Regular Eye Exams

Regardless of age or physical health, it is important for everyone to have regular eye examinations.



A Complete Eye Exam Will Help Determine:

Your prescription for glasses or contacts Assesses how your eyes work together

Checks your eyes for common eye diseases Evaluates your eyes as an indicator for your overall health.

Why Should You Get Your Eyes Examined?

An eye exam is one of the best ways to protect your vision because it can detect eye problems at their earliest stage - **when they're most treatable**. Regular eye exams give your eye doctor a chance to help you correct or adapt to vision changes. Even if you think your eyes are healthy, you still need an eye exam from time to time.

Guidelines to Follow For Eye Health

Children 5 Years and Younger should screen for eye disease at:



Some factors may put your child at increased risk for eye disease. If any of these factors apply to your child, check with your eye doctor to see how often you should have a medical eye exam:

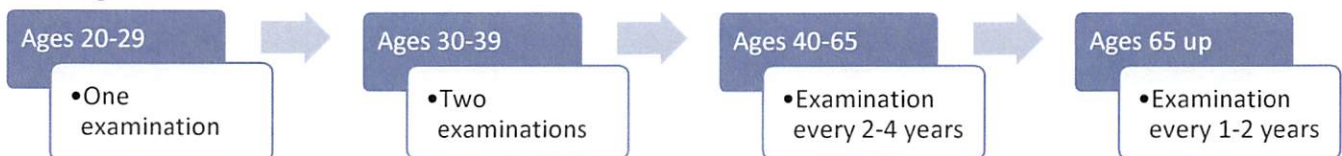
- Developmental delay
- Personal or family history of eye disease
- Use of certain medications (check with your eye doctor)
- Premature birth
- Previous serious eye injury
- Some diseases that affect the whole body (such as diabetes or HIV infection)

School-Age Children and Adolescents

Have your child's vision checked before he or she enters first grade. If your child has no symptoms of vision problems and don't have a family history of vision problems, have your child's vision rechecked every two years. Talk to your child's eye doctor about what checkup schedule is best for your child.

Adults

If you don't wear glasses or contacts, have no symptoms of eye trouble, don't have a family history of eye disease and you don't have a chronic disease, such as diabetes, that puts you at risk of eye disease, have an eye exam at the following intervals:



If you do wear glasses or contacts, you'll need to have your eyes checked yearly. And if you notice any problems with your vision, schedule an appointment with your eye doctor as soon as possible. Blurred vision, for example, may suggest you need a prescription change. A sudden increase in the number of floaters (dark circles darting through your vision) could suggest vision-threatening changes to your retina.

This document is provided for informational purposes only. Please consult an eye care professional about symptoms that may require medical attention and may or may not be covered by your medical plan and/or routine vision plan.

Source: The Mayo Clinic / American Academy of Ophthalmology

MESVision® Customer Service Department
1.800.877.6372
Monday-Friday, 8:00 am to 5:00 pm PST
www.MESVision.com



HOW ACCESS YOUR MESVISION® ACCOUNT ONLINE

- **Go to www.mesvision.com**

Click on **Members tab**.

If you have not set up your username and password, click on "Need an account?"

This takes you to the page where you enter primary subscriber's ID or the last four digits of their SSN and all other information requested.

- **Complete the form**

Click on "**Register**".

You will be sent to the page bearing your employer/company's name. Click on your employer's name.

- **You're done!**

You are now inside your member portal where you can search for a doctor and/or obtain information and forms by clicking on the tabs – **Your Plan, Your Claims, Useful Forms**.

TO LOCATE A PARTICIPATING PROVIDER

- On the page Find an Eyecare Professional, you can search by address, name or location.
- Type in the zip code or a combination of city, state, and zip code or a full address.
- Specify the radius: 5 miles, etc.
- A list of Participating Providers within the specified radius will come up.
- Select the Provider of your choice.

TO PRINT YOUR PERSONALIZED ID CARDS

- Click on tab – **Your Plan** – and click on **Print Your ID Card**
- You will be asked "**Do you want to open or save this file?**" Click "**Open**"
- Your personalized ID Card will pop up. You may save this and/or print it. (The card is not required to receive services, but it will provide you with helpful information about your coverage.)

For Questions or assistance regarding a claim, please contact:

MESVision® Customer Service Department:

714.619.4660 or 800.877.6372

TTY/TDD 877.735.2929

New contacts
in the
blink of an eye.



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OPTICS®

Complete Line of Top Brand
Contact Lenses are a Click Away.

*You do not need to be an MESVision member to access MESVisionOptics.

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Our Quick and Easy Ordering.

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Now a **NATIONWIDE**
In-Network Participating Provider!

MESVision® plan participants can now utilize their **In-Network** benefits for their eyewear needs at all **COSTCO Optical** locations throughout the country!

To find your nearest **COSTCO** location, please visit our website at
www.MESVision.com
or call our Customer Care Center at 800-877-6372

No COSTCO membership is required for vision exam. A COSTCO membership is required to purchase lenses, frames or contacts.

Gerber Life Insurance Company
 1311 Mamaroneck Avenue
 White Plains, New York 10605

Mail to: Medical Eye Services, Inc.
P.O. Box 25209
Santa Ana, CA 92799

Enrollment Form for Large Group Coverage
For New Enrollment/Change Request – Please Submit This Form to Your Employer

| |
|--------------------------|
| Employee Effective Date: |
| Group Number: |
| Sub-Group Number: |

Employee Information

| | | | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|----------------|-----------------------------|
| Last Name: | | First Name: | | MI: |
| Address: | | Employee ID No./Social Security No.: | | Date of Birth: (mm/dd/yyyy) |
| City: | | State: | Zip Code: | Date of Hire: (mm/dd/yyyy) |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | Employee Email Address: | | Employer Name: | |

Please Enroll/Change My Plan as Indicated

| | | | |
|---------------------------------------|-------------------------------------------|----------------------------------------------|------------------------|
| <input type="checkbox"/> New Enrollee | <input type="checkbox"/> Add Dependent(s) | <input type="checkbox"/> Delete Dependent(s) | Qualifying Event Date: |
|---------------------------------------|-------------------------------------------|----------------------------------------------|------------------------|

Eligible dependents may be your spouse, domestic partner and unmarried children as stated in your policy. Coverage granted to individuals listed herein shall be subject to all provisions and limitations of the Vision Plan Certificate and any applicable Rider.

☐ Change my name as shown. My former name is:

List Below All Eligible Dependents to be Covered

| Last Name | First Name | MI | Relationship | Gender | Address, if different from Employee | Date of Birth (mm/dd/yyyy) | Change |
|-----------|------------|----|--------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------|---------------------------------------------------------------------------------------|
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary | | | Effective Date <input type="checkbox"/> Add <input type="checkbox"/> Delete |

Note: Nonbinary is defined by the state of CA as people with gender identities that fall outside of the traditional conceptions of strictly either female or male.

Disclosure

THIS IS VISION-ONLY INSURANCE, UNLESS A HEARING BENEFIT RIDER TO THE VISION POLICY IS SELECTED. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE OR OTHER MINIMUM ESSENTIAL COVERAGE MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Attestation

I attest that I have Minimum Essential Coverage ☐ Yes ☐ No

Every eligible employee must sign this enrollment form. If you are declining coverage for yourself or dependents, please complete the section below:

Waiver of Coverage

I have been given the opportunity to apply for my company's group vision insurance and have decided to proceed as follows:

- ☐ I am applying for myself only and declining dependent coverage.
- ☐ I decline coverage on dependents and myself.
- ☐ Other:

Signature: _____

Date: _____

Notice: California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

Note to Group Administrators

All additions or changes to the original group enrollment should be reported on the Eligibility Control Form and submitted with your monthly premiums.



Medical Eye Services, Inc. (MESVision) is the administrator for the Vision Care Preferred Provider Insurance Policy.

FRAUD WARNING

NOTICE TO CALIFORNIA APPLICANTS: THE FALSITY OF ANY STATEMENT IN THE APPLICATION FOR THIS POLICY SHALL NOT BAR THE RIGHT TO RECOVERY UNDER THIS POLICY UNLESS SUCH FALSE STATEMENT WAS MADE WITH ACTUAL INTENT TO DECEIVE OR UNLESS IT MATERIALLY AFFECTED EITHER THE ACCEPTANCE OF THE RISK OR THE HAZARD ASSUMED BY US.