

## LIMITATIONS

- ♦ Lenses or frames which were furnished under the plan and which have been lost, stolen or broken will not be replaced, except when benefits are otherwise available.
- ♦ Eyewear when there is no prescription change, except when benefits are otherwise available.
- ♦ Non-standard (“custom”) lenses such as polycarbonate, progressive/no-line blended, occupational, beveled, faceted, coated (anti-reflective, scratch, UV), or oversized exceeding the allowance for covered “standard” lenses
- ♦ Contact lenses will be limited to the Schedule of Allowances.
- ♦ If contact lenses are non-elective, they are a fully covered benefit. Non-elective means: Following cataract surgery; or when contact lenses are the only means to correct visual acuity to 20/40 for certain conditions of Keratoconus or Anisometropia; or for certain conditions of Myopia, Hyperopia or Astigmatism. **A report from the provider and approval from Medical Eye Services is required.**

## EXCLUSIONS

- ♦ Conditions covered by Workers’ Compensation.
- ♦ Services which begin prior to the insured’s effective date or after benefits have terminated.
- ♦ Services and supplies in connection with special procedures such as orthoptics or vision training and subnormal vision aids.
- ♦ Non-prescription (plano) eyewear.

*continued. . .*

## EXCLUSIONS (CON’T)

- ♦ Frame cases.
- ♦ Tints, other than Rose and Pink #1 and #2, except when noted specifically provided.
- ♦ Contact lens fitting charges, except when specifically provided.
- ♦ Contact lens insurance, care kits and supplies.
- ♦ Medical or surgical treatment of the eyes.
- ♦ Charges for which the insured is not required or legally obligated to pay.
- ♦ Eye examinations required by an employer as a condition of employment.
- ♦ Any service or material provided by another vision plan.

## WE ARE HERE TO HELP

If you have any questions regarding your vision coverage, you can contact the MES Customer Call Center at 1-800-877-6372 or 714-619-4660, Monday through Friday, from 8:00 a.m. to 5:00 p.m. (Pacific time), and a Customer Service Representative will assist you.



P.O. Box 25209  
Santa Ana, CA 92799  
(714) 619-4660  
(800) 877-6372  
TTY/TDD (877) 735-2929  
**www.mesvision.com**

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.

## Benefit Shedule #5

## Vision Plan

### *Summary of Benefits For Professional Musicians Local 47 & Employers’ Health and Welfare*



*Underwritten By*  
**Gerber Life Insurance Company**  
*A separate subsidiary of Gerber Products*  
White Plains, New York

*Administered By*



## CONGRATULATIONS!

MES Vision is one of the leading vision plans in the country. The Trustees understands the importance of good visual health and the need for regular eye examinations. This Gerber Life Vision Plan, administered by Medical Eye Services (MES), is designed to provide you with access to qualified eye care professionals and coverage for a comprehensive vision examination and materials (eye glasses or contact lenses).

With Gerber Life's "A" rating and MES' claims administration and network, you and your eligible dependents now have access to over 6,000 participating providers including Ophthalmologists, Optometrists and Opticians/Optical Chain locations.

## OBTAINING SERVICES IS EASY

Follow these simple steps:

1. Select a participating provider from the participating provider directory or visit [www.mesvision.com](http://www.mesvision.com).
2. Make an appointment directly with the selected provider.
3. Participating Providers will have claim forms available. If you select a Non-Participating Provider, claim forms are available at [www.mesvision.com](http://www.mesvision.com).
4. At your appointment, you will pay any applicable copayment and optional eyewear costs (if any). Leave the claim form with the provider for processing (there are no forms for you to file).

## GERBER LIFE INSURANCE VISION PLAN – SUMMARY OF BENEFITS

	Participating Provider (Member Pays)	Non-Participating Provider (Maximum Plan Pays)
<b>Examination</b> (Every 12 Months)	\$5.00 Copay	\$ 5.00 Copay \$ 60.00 Ophthalmologic \$ 50.00 Optometric
<b>Material Copay</b>	None	None
<b>Frame Allowance</b> (Every 12 Months)	No Charge up to <b>\$75.00</b> Retail Cost.  Member pays any amount over allowance.	\$ 40.00
<b>Standard Lenses</b> <b>(up to 61mm)</b> (Every 12 Months)	No charge for: <ul style="list-style-type: none"><li>▪ Single vision</li><li>▪ Bifocal</li><li>▪ Trifocal</li><li>▪ Aphakic Monofocal</li><li>▪ Aphakic Multifocal</li></ul>	\$ 43.00 \$ 60.00 \$ 75.00 \$ 120.00 \$ 200.00
<b>Lens Options</b>	No Charge for Pink or Rose Tints #1 or #2	Not Covered
<b>Elective Contact Lenses</b> In lieu of frame and lenses (Every 12 Months)	No Charge up to <b>\$100.00</b> Retail Cost.  Member pays any amount over allowance.	\$ 100.00
<b>Non-elective Contact Lenses</b>	No Charge	\$ 250.00

## YOU HAVE A CHOICE

How much you pay for vision coverage is up to you. By visiting a participating provider you maximize your dollar as these providers have accepted pre-negotiated fees as payment in full for covered services. If you wish, you may visit a non-participating provider, but out-of-pocket expenses may be greater.